

The High Point Pook

HPC strives to guide, educate, encourage, and support their clients

April 2019

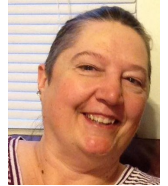
Volume 19

Stigma, prejudice, discrimination—all of us have felt the defeating darkness of those actions. We have probably all been on the receiving and the dishing-out end of them. Stigma, prejudice, discrimination—they all create the defeated, never-can-win attitude that so many of us deal with on a minute-to-minute basis. The what's-the-point mind frame that keeps us from making an effort, moving on, moving out, moving up. This newsletter is about learning why we face these life-draining forces and how we can possibly not only cope but rise above and prosper in spite of the majority opinion.

Stigma, noun—a mark of disgrace or infamy; a stain or reproach, as on one's reputation. Origin: the brand mark on the skin of a slave or criminal.

Prejudice, noun—an unfavorable opinion or feeling formed beforehand or without knowledge, thought, or reason, often unreasonable and hostile.

Discrimination, noun—the act of making a distinction in favor of or against an individual or thing, based on the group, class, or category to which that person belongs rather than on individual merit.—Larae Thompson



One of the most striking things I noticed on my trip to Scotland a few years back to attend the International Society of Addiction Medicine Conference, was the difference in attitudes about Substance Use Disorder (the technical term for "addiction") between the United States and Europe. In Europe, they actually view Substance Use Disorder (the technical term for "addiction") as a disease like any other disease. In Europe, doctors don't discharge someone simply for being on buprenorphine. The police aren't constantly looking for someone who might have drugs on them. And the religious community actually act like Christians. They truly care about everyone. They certainly don't see you as "lesser than" for being on Medication Assisted Treatment (MAT). They care about individuals who suffer from this disease and don't see them as people to be incarcerated or judged. In fact, they don't care at all. Unfortunately that has not been my experience in the United States. Here there is the subtle attitude that there must be something morally wrong with you if you suffer from this disease. I truly wish everyone could go to Europe to experience how freeing that is, and to realize how pervasive negative attitudes are in our country.

Recently Rene', Emily, and I attempted to participate in a "Faith Based Initiative" put on here in the Tri-Cities. It was quite clear from the outset that those of us in the MAT community were not welcome. We were actually sequestered in a remote part of the building and essentially banned from all participation. Even the state-funded Faith Based Initiative has shut us out. We were told in no uncertain terms that our faith wasn't sufficient to warrant inclusion in their tax-funded program. However, you all know me, I wasn't willing to take that lying down. The following is an excerpt from a letter that I sent to the person who told us we weren't good enough to participate.

The three institutions that cause the most damage to people who suffer from addiction are the legal system (for obvious and not so obvious reasons), the medical system (where patients are fired by their family doctors simply for being on buprenorphine), and the religious community. Your email is emblematic of everything that the religious community does to damage people in recover. Make no mistake, the religious community does far more damage than good.

If the church was going to hold a conference about heart disease, the keynote speaker would no doubt be a cardiologist. The same is true of any other disease. Yet the religious community actively obstructs anyone who is not abstinence based from speaking at any faith-based venue. An abstinence-based treatment alone is clearly considered to be malpractice among experts in the field. How can the religious community justify that?

Even if you don't think my walk with Christ is valid, you still have the obligation to present the current scientific evidence and treatment options to your audience. You have used your position of power to judge me, and to censure the truth. Even if you personally don't believe in MAT, that's not your call to deny others the opportunity to choose for themselves. I don't limit my practice to only caring for those who believe like I do, I take care of everyone, even atheists, in the hope that I will some day have an opportunity to speak to them about God in a nonjudgmental fashion and try to undo some of the damage caused by the religious community.

Again, as far as language is concern, it's not so much what you say, it's what you do. And about language specifically, it's not so much single words, it's about whether your words comfort or injure. At the present time, the words coming out of the religious community are doing far more damage than good. As Jesus Himself said, "Every tree is known by its own fruit...."

Our clinic is run by a woman who is faith-based in her recovery, the counselor I work with has a Master's in Divinity, and I started our clinic as ministry at the direction of the Holy Spirit, as the only 501(c)3 non-profit MAT clinic in the state of TN. If we don't pass muster, who will?

Yours in Christ, Vance

Until those who call themselves Christians start acting like Christians, we must look to one another with compassion and encouragement until the day when the religious community decides to fulfill their responsibility that they have thus far abdicated. Keep the faith and keep up the good work!

- Vance Shaw, MD, FSAMA

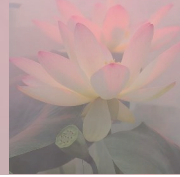


To break free of reducing stigma and stinging shame we must build our self-acceptance. SMART Recovery teaches that *you are not your behavior* because you are indeed a very complex living being who is not fully identified by just some traits or behaviors. Stigma is reductionistic and you are much more than any discriminating, reducing, or demeaning thing that people say about or to you. You are worthy of love, belonging, and joy just because you are alive. When you offer yourself this much needed self-acceptance in the forms of love, belonging, and joy, the labels that others reduce you to can fall away. You are the one you've been waiting for. Wake up and greet the self that is you, and offer her/him love, belonging, and joy.

- Emily Hand, MA, NCC



*The time will come
when, with elation,
you will greet yourself arriving
at your own door, in your own mirror,
and each will smile at the other's welcome
and say, sit here. Eat.
You will love again the stranger who was yourself.
Give wine. Give bread. Give back your heart
to itself, to the stranger who has loved you
all your life, whom you have ignored for another...*
—Derek Walcott, Collected Poems



Unconditional Self-Acceptance Today

I accept myself because I'm alive and have the capacity to enjoy my existence. ***I am NOT my behavior.*** I can rate my traits and my behavior, but it is impossible to accurately and honestly rate something as complex as my self. My self consists of innumerable traits; no single one is all important unless I decide that it is. Exaggerating the importance of any one trait will cause me more grief than it will help me.

I strive for achievement only to enhance the enjoyment of my existence, not to prove my worth.

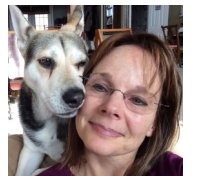
Failing at any task cannot make me a failure. I can choose to accept myself even if I am unwilling or unable to change my character defects, because there is no law of the universe that says I can't.

My approval of myself cannot come from pandering to any external source or bowing to any external authority. My self-acceptance can only come from me, and I am free to choose it at any time. —Nick Rajacic, MSQ

High Point Clinic has a really great website (www.highpointclinic.org)! It has recently been revamped, renewed, and reworked. I believe you will love it. It is filled with lots of resources, articles, and information about medication assisted treatment. There are several areas of the website which may be of interest to you. This is assuming you find this newsletter hitting a nerve, striking a cord, or otherwise jarring you with its subject matter, STIGMA, which is ever so present in the field of addiction and with Medication Assisted Treatment.

While you are cruising at www.highpointclinic.org try these places to continue the discussion about STIGMA: Our own Dr. Shaw has written several articles found on the website under, (what better place?) "Dr. Shaw's Articles." The titles are, "Understanding Addiction," "The War on Addicts," and "Letter to Providers." Also, there is a really great article in the education section of the resource page under #11, MAT-The Stigma Behind Opioid Addiction Treatment entitled, "There's a Highly Successful Treatment for Opioid Addiction but Stigma is Holding it Back." Lastly there are two videos worth taking a gander at in the video section of the resource page. The first is by Tony Hoffman entitled "Stigma of Addiction" and the second one is by Kathryn Helgaas Burgum called "Eliminating the Shame and Stigma of Addiction."

We try very hard through our primary mission of education and with our presence as High Point Clinic to eliminate or at least lessen the heaviness of the stigma which is associated with addiction, addiction recovery, and medication assisted treatment. What can you guys do to help us? - Rene' Shaw, Director



*I like your Christ, I do not like your Christians.
Your Christians are so unlike your Christ.*
— Mahatma Gandhi

