It Is Painfully Obvious That Discrimination Remains Our Greatest Challenge

Painfully Obvious was the propaganda campaign that Purdue
Pharma deployed to teach school children in America that addicted people are bad people. What is also painfully obvious is it is far too easy to influence Americans discriminatory and stigmatizing ideas that affirm existing biases. The graphic here is from Purdue Pharma's "drug abuse prevention" media campaign. Part of a 4-million-dollar prescription drug awareness program to teach kids that addicted people are gross and experience things like "spastic shaking," "projectile vomiting" and "explosive diarrhea." I found this article about what they did, which of course was part of a larger campaign to sell oxycontin by fueling stigma and hammering "abusers" as noted by the Attorney General of the State of Massachusetts in their lawsuit against Purdue. Vile stuff.

Four million dollars to teach kids (who are now adults who most likely still hold these negative attitudes) to see addiction as shameful and that people who become addicted or die from addiction as stupid and weak. They were making over a Billion a year, so it cost them less than one day of earnings. As I recently articulated in my post about pseudo addiction and truthiness, they did it because it works. It is not hard to get people to believe that persons who become addicted are flawed humans, less than everyone else as our collaborative survey with Elevyst and RIWI shows is commonly perceived nationally.

What is also painfully obvious is that this discriminatory narrative is used in other ways to influence public policy. Tongue in cheek as it is, I hold that the First Law of Addiction Recovery funding is that that there is an inverse relationship between grassroots lived recovery community and the level of public funding across the states. The law also holds that the most money ends up with groups who are farthest removed from recovery. The less lived recovery experiences a group has, the more robust the funding. More marginalized communities add in additional dynamics of paucity of support. What other explanation can there be for why grassroots RCOs holds bake sales to buy printer cartridges and large academic groups and national foundations cash checks from our public well in the multimillion-dollar range? Discrimination plays out in terrible ways, and we need to talk openly about, fix it

NO ONE WANTS TO BE AROUND SOMEONE WHO'S SHAKING, STINKING AND PUKING The physical effects of abusing prescription drugs include severe shaking, diarrhea and throwing up. THEY'RE VERY BORING Other effects include dizziness. heavy sweating and loss of consciousness. The worst effects of abusing prescription drugs are addiction and death. PAINFULLY OBVIOUS Between addiction and death there is lying, cheating and stealing. Families are broken and friendships are destroyed. If you haven't gotten it by now, the reasons not to abuse prescription drugs are... For more information: www.painfullyobvious.com

and make this ugly stuff ancient history. Purdue was blatantly discriminatory in its propaganda to sell oxycontin. Much of what is done now is often more subtle, yet with the same impact.

The entity that has done the most to support Recovery Community Organizations (RCOs) over the last 20 years in America is SAMHSA. They have been our key leader in respect to recovery support. SAMHSA has managed to keep a focus on recovery across multiple administrations. SAMHSA, look at what you helped us accomplish! We could not have done it without you. The evidence of what we can do is all around us, yet still quite fragile. The truth is that federal support has not translated to dependable funding for RCOs in the states. If you are one of those people in SAMHSA who helped move things in this direction, THANK YOU! But we need more than federal support. We need dedicated RCO funding in all 50 states. Discrimination in the form of implicit bias is the primary barrier to this goal.

Our RCOs contributions often become culturally misappropriated over time. Recovery community is not the dominant culture in the addiction service space. All it takes is to raise concerns about the ethics or mental capacity of recovering people. It is the very same dynamic of discriminatory practices and devaluing people who have used drugs that the

Sackler's deployed to sell their oxycontin. "Those people" are different, they are flawed, they deserve to be treated as less than others. "Those people" are ethically challenged, they need more training in a more regimented fashion than others. We cannot trust recovering people with money, they need extra oversight and smaller, if any allocations. This is the reason that funding that actually goes to authentic recovery groups is a rounding error in our federal allocations to the states.

When I talk with colleagues around the country, the story if quite similar state to state, with a few exceptions. If you are in state government and are working to change these dynamics thank you. There is a lot more to be done to fix this. It is not acceptable; it is quite simply discriminatory. In February of this year, a number of statewide RCOs sent a letter to Congress talking about the lack of funding and the need to increase the block grants to the state and to support statewide recovery community and other, regional authentic recovery community organizations. Our statewide gets not one penny of support from our Single State Authority (SSA). African American run RCOs seem to have it even worse than other RCOs. Here in PA, one of our original RCOs, a founding member of ARCO started and operated by the African American community closed shop forever because they could not get any public funding. No one in government lifted a finger to save it. It is gone now, forever. I know of another African American run RCO that gets zero public dollars and repeatedly gets passed by when they seek local or state support. What exactly is happening here?

If you work in a SSA, help us, you have unprecedented resources, use them to support us in meaningful ways. If you are a federal or state level legislator, start looking at this formally. Be part of the solution. We need you. You need us. We are all in this together. It is our community that is dying. It is our community that once in recovery becomes the vital element for healing for our families and for our communities. We are part of the solution, treat us as such instead of as a group to be tokenized on one hand and marginalized on the other.

These are common themes across the nation. It is discrimination, and we cannot end discrimination without openly acknowledging and addressing it as uncomfortable as such a process may be. Support the <u>recovery set aside in front of Congress</u>. Perhaps

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SAMHSA can put in place some specific requirements to the states that a percentage of dollars go to authentic RCOs run by and for persons in recovery from an SUD and have it monitored by our statewide RCOs. Not just organizations that add recovery to their name to take advantage of recovery as a brand. Not a process of go along to get along to get funded. If we need support in Congress to do so, let's start building it. We have real value; we need to be funded as such. We should be treated as worthy partners and not pariahs. Given that opportunity and basic human respect, we deliver. History shows as much.

What is painfully obvious is that we need to change things, and that starts with openly talking about it and then actually changing it. "Behaving" got us here. It is time to stand up and speak out. If you are in government and reading this and it makes you upset or uncomfortable, it may be a sign that there is something to look at. Please do so and see us as allies in our own healing and not some token group to include on occasion when it benefits another agenda. That is unfair to us and marginalizes us when we are the vital link to supporting recovery for thousands of Americans. We should be in this together. We have to do this. Lives depend on it.

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