

## Just Addressing the Stigma of Substance Abuse Disorder2.mp3

**Introduction** [00:00:05] Now, this is recording, RTI International Center for Forensic Science presents Just Science.

**Voiceover** [00:00:19] Welcome to Just Science, a podcast for justice professionals and anyone interested in learning more about forensic science, innovative technology, current research, and actionable strategies to improve the criminal justice system. In episode nine, Just Science interviews Clarence Jordan, the Vice President of Wellness and Recovery at Beacon Health Options, to discuss stigma and its impact on the programs designed to support those with substance use disorder and on individual level incomes. There is no shortage of stigma surrounding the overdose crisis facing our nation. The proliferation of stigma and its impact are constant battles for practitioners and organizations dedicated to combating the problem. Clarence Jordan and the rest of his team at Beacon Health Options enhance their efforts to provide recovery-based principles and behavioral health services through education and community engagement. Listen along as our guest discusses peer support programs, stigma as a barrier to mental health treatment, and the role of education in the de-stigmatization of substance abuse disorder in this episode of Just Science. This season is in collaboration with the Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Abuse Program funding. This season is funded by the National Institute of Justice's Forensic Technology Center of Excellence. Here is your host, Paige Presler-Jur.

**Paige Presler-Jur** [00:01:43] Hello and welcome to Just Science. I'm your host, Paige Presler-Jur with the Forensic Technology Center of Excellence, a program of the National Institute of Justice. Our focus today addresses the impact of stigma on outcomes for individuals with substance use disorder and strategies communities can implement to mitigate stigma. We hope this discussion will provide ideas and guidance for communities such as those with the Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Abuse Program funding. This is a critical conversation as stigma impacts all potential strategies that address the substance abuse crisis that threatens the well-being of individuals who use drugs as well as their families, communities, and ultimately the nation. Here to help us with this discussion is Mr. Clarence Jordan, the Vice President of Wellness and Recovery at Beacon Health Options. Clarence leads the company's national wellness and recovery program responsible for putting into operation Beacon's commitment to recovery-based principles and the delivery of behavioral health services. Clarence also served on the Committee on the Science of Changing Behavioral Health Social Norms that helped author the Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change published in 2016 in the National Academies Press. Welcome, Clarence.

**Clarence Jordan** [00:03:12] Well, thank you, Paige. It's great to be here.

**Paige Presler-Jur** [00:03:14] Clarence, can you tell us about your role as the Vice President of Wellness and Recovery at Beacon Health Options and the path that led you to your current work?

**Clarence Jordan** [00:03:23] At Beacon, I provide oversight for peer staff selection, training, and development. I also serve as a company subject matter expert for external stakeholders. My path has taken me from Behavioral Health Service recipient - or consumer, as some would refer to me as - to provider and advocate, all leading to my

current position with a few stops along the way as supervisor and manager of peer programs.

**Paige Presler-Jur** [00:03:52] Your journey is chronicled in the 2013 issue of National Council magazine's 50 Years 50 Stories of Recovery Special Issue to commemorate the fiftieth anniversary of the Community Mental Health Act. I would love to hear how your experiences help you identify with our conversation today.

**Clarence Jordan** [00:04:11] Stigma is a complex, multidimensional phenomena. On a personal level, it can rob its victims of their identity, hopes, and aspiration. Structural stigma is a term given to provider agencies, payers whose policies, practices, and procedures present barriers to recovery-oriented care. Public stigma continues to have an adverse effect on help-seeking, and all too often, individuals' desire to remain in care once there. I believe it was my upbringing and years as a naval officer that has equipped me with a level of resiliency that has enabled me to overcome and bounce back from many negative experiences I've had in life. Recovery is not easy for most, and it certainly wasn't for me either. Often, it can be as messy, if not more so, than the periods when you feel seduced by the illness itself. I believe the thrust of the article in the National Council magazine was about the acknowledgment of the fact that many of us cannot do it alone. Once your perception of yourself changes and your basic social DNA is altered, the journey forward can be extremely difficult because it's so easy to lose one's compass. I liken it to an episode at sea where a ship loses its rudder. And just like the episodes at sea, when steerage is lost, even the smallest tugs can provide an assist to the largest cruise liner. And just like you wouldn't deploy a tow truck to lend such assistance, nor should we not be deploying a skilled workforce with comparable paths and challenges to aid those floundering in their recovery.

**Paige Presler-Jur** [00:05:55] Before we dive into our topic today, peer recovery is such a critical component of your work at Beacon Health Options - I would ask that you define that for our listeners.

**Clarence Jordan** [00:06:06] Peers are individuals with lived experience - out of a sense of gratitude for the relief they found in recovery, they desire simply to give back. For credentialing, they complete their state's training requirements and application to serve others with similar lived experience. They play an essential role in combating stigma, in part because they model personal recovery. Their role is critical in helping individuals to overcome the debilitating forces of self stigma. Peer support programs and services include social and emotional support, as well as practical support related to quality of life decisions. They assist individuals to have a vision of life fulfillment not through promotion but by attraction, resulting in believable hope. Peer support has existed since the 1970s, but in 2001, several states began efforts to certify and train the peer specialist workforce. By 2012, thirty-six states had established such programs. Although there is considerable variation in the certification programs across states, today state peer certification exists in all but one state. State programs vary in terms of stage of development and certification requirements, including the content and process of training, examination criteria, and requirements for continuing education and recertification. One would think, given the mounting evidence attesting to the benefits of peer support services, that there would be tens of thousands, if not more, certified peer specialists providing recovery support services wherever needed. Such is not the case, however. In most states, the current number of certified peer specialists providing clinical support services are but a handful, yet some experts in the field of psychosocial rehabilitation indicate that the most critical moment in the change process would be at that point the person begins to contemplate

making such life changing decisions. I don't think it matters much if you receive care voluntarily or court ordered. Most will have those moments when you think to yourself that you've had just about enough of the madness, you know, the kind of doing the same thing over and over again, expecting different results. What happens when you enter care matters a lot. The reception you receive and by whom, how you are addressed, and the tone that is established can make or break that moment. First impressions, the cleanliness of the grounds, the state of repair of the facility, lighting and sounds all contribute to your assessment of things to come. If what is being presented resembles what you were expected to leave behind, it's difficult to see, think, feel, and act any differently.

**Paige Presler-Jur** [00:09:01] Based on your experience with recovery based principles, can you tell us about how stigma impacts a community's ability to address substance use disorder?

**Clarence Jordan** [00:09:10] Well, scholars and scientists alike have pointed to persistent stigma as a major barrier to the successful treatment of mental health and substance use disorders. Stigma occurs so need to be addressed at multiple levels of society, including the structural or institutional practices, laws and regulations among both the general public and groups such as health care providers, employers, and landlords as well as self stigma which reflects internalized negative stereotypes. The language that is used to discuss mental health and substance use disorders and to refer to people with these disorders is often targeted for change as a strategy for reducing stigma. For example, many stakeholders prefer person-centered first language - that is language that describes a person as having a mental illness rather than being a mentally ill person or addict. The term stigma itself has been targeted for change by some stakeholder groups and the Substance Abuse Mental Health Services Administration itself is moving away from this term. In addition to a fragmented mental health care system, the community and stakeholders concerned about mental illness substance use disorders reflect a multiplicity of goals and at times different and competing agendas. In my opinion, most nonprofits and grant funded programs operate on a margin too slim to maintain viability without community supports. They lack, in particular, the ability to draft and structure programs that payers are looking for. The Blues Project of Memphis represents, again, in my opinion, the best example of community, state, and national collaboration - a model that would then be followed by the Congregational Health Network of the same city that won national acclaim for such collaborative efforts. I would love to have a dollar to spend for every time I've been asked to donate to various causes - it's easy to advocate for these causes. One set up to help battered women, another to help feed the homeless, and yet another to support moms with children in recovery. Yet in the shadows of gleaming monuments to financial prosperity in most cities across the nation, there are homeless shelters. Look closely and you'll see desperate acts of survival, small enclaves of humanity banding together for protection and resource sharing. I was raised in a spiritual home, no radio or TV after sundown on Friday until sundown on Saturday. Stories of hope and readings from the most common publication in this great land of ours was the only outlet I had during these hours. It was at this point in my life that I was educated regarding a place called Lo-debar, a place with no pasture by definition. In modern times, this would mean without resources or supports. It is a place where you can easily and likely encounter individuals on the run, individuals with all manner of disability, leprosy, sickness of mind and body and spirit. It is here that we are likely to find society's castaways, discarded and unloved. My point being is communities like these and the inhabitants of them that received little attention, not even in an election year, promises are easily broken in Lo-debar if ever they are given in the first place. This is the epitome of stigmatization and it's not for a lack of personal responsibility on the part of those individuals. Recovery here

exist in words only. There is no real efforts to do very much beyond the housing and feeding of those, recovery principles don't go beyond spirituality and support for one another. It exists on paper only.

**Paige Presler-Jur** [00:13:20] And can you describe for us the impact stigma has on the outcomes for individuals with substance use disorder and their families?

**Clarence Jordan** [00:13:29] I have seen some remarkable outcomes from providers that really get it. It starts from the top - belief in the science of stigma reduction and the process of human change is key. I have been extremely fortunate to have been associated with some of these programs, quite frankly, some of the finest in the country, both public and private - therapeutic communities that involve the family as part of this holistic approach to care, in my opinion, are truly exceptional. Having the opportunity to work with such providers have been my life's works greatest reward. Teaching the skills and techniques of stigma change is no great chore. There are a number of programs that do it quite well. There is, however, Paige, no substitute for passion. Truly exceptional programs have an abundance of it, from the mailroom to the boardroom. It almost goes without saying that our inability to appropriately minimize stigma can be devastating for many individuals and their families. It is a stigma that is likely to contribute to the inability of successful completion of these treatment programs and emerge with much of a foundation to support those with a diagnosis like a job, safe affordable housing, and positive support group. For the persistent, it suggests yet another treatment facility for those individuals in the near future, leaving family members disillusioned and fearful for their loved ones and worse off for themselves.

**Paige Presler-Jur** [00:15:00] What examples of stigma and its impact have you seen through your personal experience and career?

**Clarence Jordan** [00:15:06] Well, personal stigma and its impact are the most jarring. Unfortunately, I, like thousands of Americans, have lost individuals very close to me because of it. There are oftentimes triumphs of the human spirit that defy all odds. These are the ones that seem to flourish despite all the naysayers. I remember a young man whose only wish it was to have his high school diploma from the only high school in his hometown in South Carolina. I still see the face of the young mother who only wanted to be a good mom for her children, removed from her custody by the courts until she could evidence successful completion of a treatment program. A young woman who not only successfully completed treatment but also went on to take parenting classes and hundreds of hours doing volunteer work at a food pantry. These are the stories we like celebrating, and celebrate we should. I find no fault in mourning losses either, those tragic endings that almost always seem to come too soon. These are the stories we like to celebrate, and celebrate we shall and should. I find no fault, however, in mourning the losses either, those tragic endings that almost always seem to come too soon. For me, it's fond memories of these individuals who are less fortunate that keeps the fire burning hot in the pit of my stomach. It's that unanswerable question of "what if," knowing all the while that it did not need to be so.

**Paige Presler-Jur** [00:16:44] Can you tell us how stigma is both universal across individuals but also impacts different populations with racial and gender bias?

**Clarence Jordan** [00:16:54] This is referred to as intersecting stigmas, and they are real at all levels. We need targeted public anti-stigma campaigns just as we need to address individual or personal stigma, care, and support. The trick is to have these efforts originate

as close to the intended end user as possible, Paige, lest we run the risk of re-traumatization and perpetuation of stereotypes. That is why a strength-based approach to care is far superior to one that has too sharp a focus on deficits. We traffic in terms like failing schools, growing up on the wrong side of the tracks. I grew up in public housing. My mom worked as a domestic much of her life and my dad didn't finish eighth grade. So what does that make me? As an example, I applaud personal identities that aid in the bias experienced by members of the LGBTQ community.

**Paige Presler-Jur** [00:17:53] You mentioned targeted anti-stigma campaigns. Can you tell us more about how important it is to educate the general public on substance use disorder to address issues of stigma?

**Clarence Jordan** [00:18:05] Well, it's very important. Best practice in choosing effective messages first require that a communication campaign develop well-defined goals for each specific group. Effective messages can then be tailored to specific target audiences for defined goals. The best example of a public message campaign that I can remember was the one launched against cigarettes and tobacco. Remember that one? First of all, we taxed the hell out of tobacco. We banned its consumption in public places. We horrified the public with ravishes of smoking, and finally we made it uncool to use tobacco.

**Paige Presler-Jur** [00:18:47] You served on the Committee on the Science of Changing Behavioral Health Social Norms that authored the Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change. Can you speak to the importance of the multidisciplinary approach for this resource?

**Clarence Jordan** [00:19:06] Yeah, the proof is in the charge to the committee of which I was a part - the National Academy of Science was established in 1863 by an act of Congress signed by President Lincoln as a private, non-governmental institution to advise the nation on issues related to science and technology. The National Academy of Engineering was established 1964 under the National Academy of Medicine, which was established in 1970 under a charter from the National Academy of Science to advise the nation on medical and health issues. The committee, like its namesake, was made up of experts in communications, psychiatry, sociology, social work, medicine, advocacy, nursing, human science, work in environmental studies - each of us contributing in our own way, giving our own perspective with regard to our experiences, produced the most comprehensive one hundred and fifty seven page report on the subject I've ever seen, and in my opinion, Paige, a must-read for anyone hoping to provide help and support to those diagnosed with a mental illness and substance use disorder.

**Paige Presler-Jur** [00:20:17] Do you have any strategies that you would highlight that can be used to educate stakeholders and potential partners on programs that support those with substance use disorder?

**Clarence Jordan** [00:20:28] You know, I had the- had the benefit of working with Patrick Corrigan, one of our committee members, just this past week. And I think it reminded me that committee members are in full agreement that the best strategy to combat stigma associated with SUD and support those individuals who are affected is contact strategies. I'm talking about program staff, counselors, therapists, peers, and other support personnel who have lived experience. None of us are so naive to deny that SUD is restricted to a single demographic. And yet most states, indeed most licensors, frown upon, if not outright ban clinical staff from sharing any information and/or any aspect of their lives that suggests personal recovery from SUD.

**Paige Presler-Jur** [00:21:19] And can you speak to the importance of the intersection of the criminal justice system and public health system in designing community programs to serve those with substance use disorder and their families?

**Clarence Jordan** [00:21:32] I believe with advances in the criminal justice reform, there is growing hope that inroads will continue to be made. The double jeopardy imposed by the criminal justice system must be ended. We must abandon the practice of branding citizens in this nation as to restrict their access to what it means to be a productive citizen. If significant headway is to be made, that is the most significant change that must be made, in my opinion.

**Paige Presler-Jur** [00:22:02] Thank you for highlighting that very important point of not branding individuals as a way to reduce stigma in communities. Are there other recommendations that you would have for both the criminal justice system and public health entities in addressing stigma to improve their support of individuals with substance use disorder?

**Clarence Jordan** [00:22:24] Like the work of the committee, my recommendation, I would suggest strongly that it be a multi-dimensional approach. We need to involve all stakeholders in the community, not only family members, individuals who- who find themselves in the criminal justice system, but lawmakers as well as judges, prosecutors, and other social supports in the community. Employers, for example, are critical as well as, as I mentioned before, landlords and/or individuals in the financial institutions. All of us have a key role to play if we are to make significant progress with respect to not necessarily rehabilitation, but helping people to find their place in society again.

**Paige Presler-Jur** [00:23:15] In thinking of the criminal justice and public health systems working together, can you speak on the importance of helping individuals who have intersected with the criminal justice system to provide a holistic approach to help improve their long term outcomes?

**Clarence Jordan** [00:23:30] It has to be a multi-discipline, multifaceted approach. I think we all keenly aware of the fact that our jails become the de facto provider for individuals with substance use disorder and/or mental illness. Therefore, with respect to supporting these individuals, it has to be a multi-discipline approach involving employers, judges, public defender's offices, family members, of course, but also employers and landlords or a representative from public housing and such. It always amazes me to see individuals with these disorders released and have no social supports whatsoever and expect anything but homelessness and continued recidivism with respect to re-incarceration.

**Paige Presler-Jur** [00:24:28] Currently, the world is dealing with a pandemic, and with that comes unique challenges, including those that intersect with stigma. Can you tell us about your experience in how these challenges have impacted peer programs and offer some strategies to communities during this troubling time?

**Clarence Jordan** [00:24:46] Yes, the pandemic has proven itself to be a catalyst for change in attitudes and beliefs. We're seeing a seismic shift in the way individuals are coping with the restrictions and public safety challenges brought about by the pandemic. For perhaps only the second time in our nation's history, we're becoming keenly aware of what it means to walk in another man's shoes. Technology alone cannot make up for the loss in human contact. We must marshal armies of trained human interventionists to help

us cope with the lingering effects of the pandemic to bring stabilization and hope and healing to communities that have experienced just horrific impact brought about by the pandemic, both in terms of employment and housing and food, social supports, education as well as financial institutions.

**Paige Presler-Jur** [00:25:47] What future initiatives or projects would you like to see to decrease impacts of stigma and increase access to community programs for individuals experiencing substance use disorder?

**Clarence Jordan** [00:26:00] I'd like to see continued research with respect to ways in which to engage individuals at all levels, all socioeconomic positions in life. And I believe that contact is still a proven strategy to help individuals who have experienced these challenges. I think that we can and need to get beyond just thinking these issues as impacting individuals who are less fortunate - that is to say, not have the same economic or social supports that we have. I think the pandemic has evidenced the fact that among people at all strata in life, substance use disorders, loneliness, domestic violence have gone up exponentially across the board. And so we need to find ways and we need to do our due diligence and do adequate research to find out the best way of approaching these individuals. And contact still remains, I think, the best strategy with respect to producing change in the lives of these individuals.

**Paige Presler-Jur** [00:27:20] So what's next for Beacon Health Options and your efforts to provide recovery options and services for those in need?

**Clarence Jordan** [00:27:28] Well, believe it or not, we've only addressed a small sliver of the population that we serve with support services of the types that we've been talking about, talking about peer support services now. Typically, that happens in our Medicaid markets or line of business. There are many, many more individuals that could desperately benefit from contact strategy, including Medicare and private pay. But I would also target specific populations - the 55 and older, for example, population that is due to double in the next 10 years is going to demonstrate to us the ongoing need for contact support is particularly beneficial for this population. Why? Because I think that there are comorbid conditions, many of which tend to isolate individuals or- or have them become less engaged in community activity, and therefore support of other types, contact support has to be part of that solution, has to be part of that strategy that we use to provide support for this exploding segment in our population.

**Paige Presler-Jur** [00:28:52] We're running near the end of our time together. Are there any final thoughts you'd like to share with our listeners?

**Clarence Jordan** [00:28:59] One thought I would have is that we need many more programs like this. I think that, you know, and my grandfather was one who would tell me all the time that the more we know, the less knowledgeable we become. And I think that's true in the sense that I think we- we all spend a great deal of our lives moving forward in particular silos or particular niche in life without giving very much credence or credit to other disciplines. And if anything at all that I learned as a result of being on the committee, while having this committee assignment, is the benefit that a multi-dimensional approach can have to resolving problems for us and what I see in my own company is that we have many, many more discussions, many, many more work groups that offer that type of cross-sectional or multi-dimensional approach to providing care and better services for our members. And I think this is- this is going to be key not only as a result of this pandemic, but also the approach that will bring about better outcomes for us in the future.

**Paige Presler-Jur** [00:30:18] I'd like to thank our guest today for sitting down with Just Science to discuss the importance of mitigating the impacts of stigma as part of a community's overall strategy to addressing substance use disorder. Thank you, Clarence.

**Clarence Jordan** [00:30:32] And thank you.

**Paige Presler-Jur** [00:30:34] If you enjoyed today's conversation, be sure to like and follow Just Science on your podcast platform of choice. For more information on today's topic and resources in the field of forensic science, visit [ForensicCOE.org](https://ForensicCOE.org). I'm Paige Presler-Jur and this has been another episode of Just Science.

**Voiceover** [00:30:53] Next week, Just Science sits down with Josh Yohannan to discuss the role that polysubstance use plays in the opioid overdose epidemic currently afflicting our nation. Opinions or points of views expressed in this podcast represent a consensus of the authors and do not necessarily represent the official position or policies of its funding.