

STIGMA AND THE WORKPLACE

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NGO CELEBRATE RECOVERY

- Sarajevo, Bosnia and Herzegovina, 2008
- Provides help to addicts
- Motivation
- Re-socialization
- Working with families / relatives
- Drug policy work
- Regional networking/
Conferences

RECOVERED USERS NETWORK

- Brussels, Belgium 2013
- 63 member org.
experts, researchers
- Advocacy work towards ROSC
- Provides political voice to
recovered users and recovery
organizations
- Contributes to policies by
raising the voice of recovery
movement/ national, EU, UN
levels

BACKGROUND TO “LIFE IN RECOVERY”

- Faces and Voices of Recovery (2013): 3228 participants
- Australian Life In Recovery (2015): 573 participants
- Balkan Life in Recovery 4 countries (2018): 273 participants
- Primary motive is to challenge exclusion and stigma
- And to start measuring the change

LIFE PROBLEMS IN LAST 30 DAYS

Housing	6.1%
At risk of eviction	6.5%
Injected drugs	1.1%
Offending	0.4%
Involved in the criminal justice system	5.7%
Continuous working full time	49.4%
Continuous working part-time	22.1%
Education	14.8%
Volunteering	30.0%

EMPLOYMENT FACTORS

Did you:	In active addiction	In recovery	In med. assist. recovery	Recovered	Early (<1)	Sustained (1-5)	Stable (>5)
Get good job evaluations	36,9%	54,4%	50,0%	82,8%	47,8%	55,7%	78,2%
Frequently miss school or work	65,8%	6,5%	10,7%	2,0%	5,8%	10,0%	4,8%
Further your education or training	31,2%	41,1%	35,7%	52,5%	29,0%	34,3%	51,6%
Get fired or suspended from work	44,5%	7,2%	3,6%	2,0%	2,9%	15,7%	4,8%
Dropped out of school or university	47,1%	11,0%	14,3%	6,1%	8,7%	14,3%	11,3%

STIGMA AND RECOVERY

What is stigma?

Stigma involves negative attitudes or discrimination against someone based on a distinguishing characteristic such as a mental illness, health condition, or disability.

Stigma and recovery

Related, but contrary concepts

- Recovery claims a “half full” glass of opportunities,
- Stigma points out the “half empty” glass of discrimination and devaluation
- Recovery sees challenges
- Stigma identifies obstacles
- Barrier to recovery is absence of hope, connectedness, and potential for fulfillment.

FACTORS THAT CONTRIBUTES TO STIGMA IN THE WORKPLACE

- Lack of education about the nature of recovery



- Not knowing anyone with a successful recovery story
- Being surrounded by others who share the same prejudicial beliefs
- Wanting to believe there are simple solutions to complex problems

HOW STIGMA CAN BE OVERCOME

No overnight change

Providing accurate information on recovery process.

- Stigma feeds on misinformation
- Changing values and personal beliefs can be a good example

Sharing recovery stories.

- Personal story can be a powerful force to break harmful stigma.
- By showing that addiction can affect anyone and that change is always possible, possibility to change public/employers/co-workers perception.

Creating an ecology that promotes recovery

- Helping hand to someone in recovery without judging them for their past actions
- Small acts of kindness can have a ripple effect in breaking stigma
- Understanding nature of employers expectations
- Understanding potential and limits of person in recovery

Building personal recovery capital

WHY IS RECOVERY CAPITAL IMPORTANT?

Social capital –

intimate relationships, family relationships and social relationships that are supportive of recovery efforts.

Physical capital –

physical health, financial assets, health insurance, safe and recovery-conducive shelter, clothing, food, and access to transportation

Human capital –

values, knowledge, educational/vocational skills and credentials, problem solving capacities, self-awareness, self-esteem, self-efficacy (self-confidence in managing high risk situations), hopefulness/optimism, perception of one's past/present/future, sense of meaning and purpose in life, and interpersonal skills.

Cultural capital –

active efforts to reduce addiction/recovery-related stigma, visible and diverse local recovery role models, a full continuum of addiction treatment resources, recovery mutual aid resources that are accessible and diverse, local recovery community support institutions (recovery centers / clubhouses, recovery homes, recovery ministries/churches), and sources of sustained recovery support and early re-intervention (e.g., recovery checkups through treatment programs, employee assistance programs, professional assistance programs, drug courts, or recovery community organizations)

CROATIAN GOVERNMENT SOCIAL INTEGRATION PROJECT OUTCOMES

- A significant number of people with addiction are involved in various forms of education and employment every year.
- Greater motivation and interest of people in recovery, especially for completing secondary education and in general for all types of education and trainings.
- Increased development of associations that encourage social entrepreneurship for people in recovery, which has encouraged self-employment of people in recovery
- Models of cooperation at the local community level have been established between civil society organizations and state institutions

SOCIAL INTEGRATION PROJECT CHALLENGES

- Lack of sensitivity among employers for employing people in recovery
- Insufficient cooperation and lack of motivation for cooperation of individual stakeholders at the national and local level in the implementation of the Project
- Insufficient representation in the media and lack of sensitivity among the general public for the Project (stigma toward people with a drug addiction is still widespread)
- Lack of involvement of local government in the implementation of project activities (only few local communities are involved in the Project)

CONCLUSIONS

- Employment and importance of personal fulfillment
- Shared responsibility to reduce stigma
- Ghettoisation of people with a drug addiction— a problem that needs to be talked about
- National/local projects that change ecology of recovery
- More people who have recovered from addiction - less stigma

THANK YOU

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