Rethinking How we Approach Substance Use Conversations

Cardea Conversations Podcast Part 1 of 2

Melanie Ogleton:

Welcome to our Cardea Conversations podcast, where we explore topics and areas that are important to us in the communities with which we work. My name is Melanie Ogleton, Chief Strategy Officer at Cardea, and thank you for joining us as we dive into insightful conversations with 2 of our amazing senior training managers focused on substance, use, and the intersection of harm reduction, Mar Padilla and Sarah Orton.

We look forward to engaging in dialogue that honors those before us, and those currently engaged in work to address a myriad of intersecting issues associated with substance, misuse, and in ways that keep community and people at the center.

Mar and Sarah will share insights, stories and experiences around the latest trends in the substance use and harm reduction space. So, whether you're here to learn, grow, or simply engage with us on today's topic, we are happy that you've tuned in and hope that you leave with knowledge, information, and perspectives.

Who is Cardea? We are a national women of color led organization with more than 50 years of experience in social impact evaluation, policy advancement, capacity development, and professional learning. We envision a world in which optimal health and well-being, equity, and justice are realities for all communities, and our mission is to address complex program policy and systems issues by co-creating solutions that center community strengths and wisdom.

As a woman of color led organization, we lean into our team's life experiences and understand the impact of historical, systemic, structural, and institutional issues on health, economic, and social conditions. You'll see this show up in our various conversations, where we'll have real discussion around topics that are of interest to our organization's vision and mission.

So, let's get started. So, Mar and Sarah, thank you for joining me today. Let's start by having you all tell us a bit about you and what brings you to this conversation.

Sarah Orton:

Thanks, Melanie. My name's Sarah. I use she/her pronouns. I'm a senior training manager at Cardea. I've been engaging in activism and organizing and working in community since my teens, primarily doing a lot of anti-war organizing, working on issues, feminist issues, and reproductive justice and harm reduction, even though a lot of us didn't have the language to describe what it was that we were doing back then. Yeah. I think this is one of those topics where our personal experiences so heavily influence our perspective, as they should. And so for me, a lot of what that looks like is growing up in communities and still belonging to communities of people who use drugs, people who are disproportionately impacted by overdose, in a state, sometimes, of constant and perpetual grief, and also trying to leverage some of those experiences into the frameworks and language, and, I don't know, the ways that we come to this issue in more professionalized and public health spaces as well.

Melanie Ogleton:

Thank you, Sarah, for that. Really appreciate how you've shown up in the ways that you mentioned and look forward to learning more. Mar?

Mar Padilla:

Yes, my name is Mar Padilla. I use they/them pronouns, and I'm a senior training manager at Cardea Services. Like Sarah, I have some lived experience, but mine is much more limited. I came into harm reduction more professionally from having provided HIV and hepatitis C testing and counseling services, which came about after I was an LGBTQ community justice organizer. So I understand the way that many people come to this work through professional spheres, through public health, through social work, and I think it's really crucial that especially those of us who don't have as much experience with friends who are passing from overdose and communities that are grieving, that we take leadership from those of us who do have those experiences. So, I wouldn't consider myself an expert in this realm, but it is something that's really close to my heart, that I'm really passionate about. I was an intern at Vocal New York that does amazing work, and then I became a senior harm reduction counselor at the New York Harm Reduction Educators in East Harlem. Went back to study social work where I also did an internship at Austin Harm Reduction Coalition and continue to be involved in harm reduction efforts, both for political reasons but also for personal reasons. The people that I live and love with are drug users and people who have been in the sex trades, and so it's personal and professional for me now.

Melanie Ogleton:

Thank you, Mar. That is an amazing testament, amazing background, and again, likewise, thank you for bringing those experiences to today's discussion. You both mentioned a range of people that touch on this issue and in different ways, and I mentioned at the start that this is relevant for people that are working professionally in substance use and recovery spaces as well as people that just have a direct or indirect connection to the conversation. But from your perspective, and as we move forward, who are we speaking to right now?

Sarah Orton:

Yeah, people who are directly impacted either by grief, loss, substance use, directly or through people that they love, impacted by bad policy, the war on drugs, all of it, really see themselves and their experiences reflected in the conversations that we have, and we're not just having conversations about people that are not accessible to those people. And as someone who is immersed in the professional culture, I think that that means do our best to be mindful of the jargon and the frameworks that we use to talk about people's lives. But for me, the hope is always yes, of course people who are working in these spaces professionally, but also people who are just living life and not typically the people being talked to in these conversations.

Melanie Ogleton:

Thanks, Sarah. Thanks for adding that historical context. It's really important, and we know from our three respective experiences in this space that the harm reduction conversations in the initial work around substance use and even acknowledging recovery, and recovery is a very personal journey, was messy. I still have a hard time as a Black person with the term, and we'll get into terminology in a bit, but the war on drugs. That's traumatizing to me to even say that term because it decimated Black families and it continues to, that term in context continues to be used to decimate Black families. And so, I do think we come to this with different triggers, so to speak, and yeah, appreciate, look forward to taking a dive even into how we use the words and the framing around this topic. Mar, anything to add around who are we speaking to today?

Mar Padilla:

I think really Sarah hit it on the head. We want to speak to people who are both professionally involved and personally involved in harm reduction and in the movements to take care of each other really.

Melanie Ogleton:

Thanks Mar. And so, I said that we would come back to language and terminology and that's important in our respective roles here at Cardea by centering language, words, terminology that we want to elevate and show up in conversation and words that we want to avoid. I think it's important that we pause for a bit and talk some about the terms that people will hear and will show up in our discussion versus those that they're likely not to hear as we move forward. Any thoughts on language, terminology and words as we move forward?

Sarah Orton:

I will preface this by saying that I am a person who loves language, who loves words, and as a person who really loves language and really loves just finding the right or the best way to say something, there are a lot of terms in this work that I don't love or that I only love in certain contexts or that I feel like are really loaded. I think coming to this conversation, of course we talk about this in sex-ed and reproductive justice spaces and LGBTQ + activism spaces like de-stigmatizing language is essential for any population that's heavily stigmatized. One of the ways that we can, I think reduce a little bit of the stigma and substance use is staying away from terms that are highly stigmatizing, and I think these are becoming more outdated every day, but where it's addict or abuser or even drug abuse or using words like clean or dirty to describe people's drug use status or even to describe injection equipment or whatever the case may be.

I think always it is good to use neutral language. We can describe the behavior that we're talking about without using this really values laden language to talk about it. Perhaps a little bit more controversial is that for me, myself personally, I do not love words like disease or disordered. I find it a little bit offensive or activating when people that I don't know or don’t know well use these terms to describe my own history with substances, for example. I will say that with the caveat, that's a personal thing and some people really, really deeply relate to this framing. And usually when we encounter that kind of tension or schism, I would consider that being in-group terminology or insider language, basically meaning that it's okay for people to use this language if they're using it to describe their own experiences, but don't go around applying these terms to people you don't know whose behaviors you aren't fully familiar with. Or even if you are, without knowing how that person defines and describes their own experiences,

Melanie Ogleton:

Right, Sarah, like, ask, right? At the end of the day, it's ask what's preferred. And I think we, of course, you're in public health and you love a terminology, and you love a framework. We just do, right? We just love a framework, we love a terminology, but at the end of the day, it's leaning into that community again, that community voice, wisdom and perspective. And I think you nailed that so perfectly. Thank you for that.

Sarah Orton:

Yeah, yeah, totally. Just ask or just be intuitive and mirror people's language. Be careful about how you're applying umbrella terms. I feel similarly about words like recovery and relapse. Again, recovery is a really big spectrum if that's framing that you use at all. Are we talking about abstinence? Are we talking about moderation management? Are we talking about other forms of self-managed use? Also, just because somebody has changed their relationship with drugs or alcohol, or other substances doesn't necessarily mean that they consider themselves as being recovered. This is sort of another arm of the disorder/disease framing. And so, for this conversation, I think that we'll be using terms that are neutral and specific. We like to describe the behavior instead of using a little bit more of loaded umbrella terms. So, if we're talking about abstinence, we'll say abstinence instead of recovery. Thank you.

Melanie Ogleton:

Mar, anything to add to that?

Mar Padilla:

Yes. I'm thinking about how I'm not really interested in preventing substance use or even misuse as much as I am the harms that can come because of legal, social, and health related consequences. And so sure, for some people using substances, for example, using crystal meth for three days in a row can cause somebody to have psychosis and people can want to avoid that. At the same time. That is a much talked about issue, the personal and health related harms of drug use, but often what's missing is the bigger picture, the structures, how the war on drugs, as you mentioned, created boogeyman of crack users, particularly Black mothers. And this notion of crack babies to decimate entire communities, particularly Black communities, brown communities. And so, when we're talking about language, it also locates us within power and within histories. So, something else I try to avoid is saying things like “high-risk people” or “high-risk populations”, and instead say “communities that are disproportionately burdened by the war on drugs” or “by HIV”; “people put at risk”; “made vulnerable” because it points back to the socioeconomic and political power and history of colonization and systemic deprivation, from which that power was derived.

Melanie Ogleton:

Yeah, those are good points. And I think as we acknowledged in the beginning that what we are talking about really is the intersectionality of multiple issues, issues of social determinants of equity, layered on top of issues of social determinants of health, all linking back to systems of racism and oppression. And that makes today's topic extremely and deeply personal for us for different ways. We're coming to this discussion from deeply personal perspectives, some of which all the three of us have shared already. And I also think the way you all are sharing or that there are numerous pathways for a person that's interested in changing their relationship with substances. It doesn't have to blame them or put them at the center, but when we think about the accessibility and the comprehensive support for that person, what are the options? We could take a step back and just unpack for a bit some of the options that are available to support people, but then there's also this added layer of how do we ensure the accessibility and the comprehensiveness and that support. So, it's a two-part question that you all can go take any direction that you want.

Sarah Orton:

Oh, the options. I mean, of course we have our abstinence-based group of 12 step models. We have AA and NA of course, and so many different iterations and even spinoff groups on that, even some that are not abstinence based, that are “12 steppy”, but also include more of a moderation management approach or a self-managed use approach. There's also medication assisted treatment, which I think is good. Methadone, suboxone, those kinds of things, which I think is kind of an interesting, people don't necessarily love to talk about it this way, but it’s kind of an interesting converging of harm reduction with sort of the goal of abstinence or the convergence of recovery models and harm reduction models; which I don't see as being at odds with each other, but that's a side tangent. And then of course, we're talking about, or we would be remiss not to talk about harm reduction services, including syringe service programs, including wide, deep, deep naloxone or Narcan saturation, sterile supplies – I mean so many.

The majority of harm reduction programs are out there doing street-based outreach. And in addition to providing sterile, unused supplies, depending on the route of administration, people are out there providing sexual health supplies and basic needs supplies and referral connection. And anyway, there's so many different pathways and I think that we really limit ourselves when we don't provide people with the full menu of options and really just unbiased education about each option that's available. I think connection and relationship is so, so important, it’s really just at the center of this work and that people are more receptive to connecting with you when you acknowledge them as the experts of their own experiences. Something that I've heard Shira Hassan say, who literally wrote the book on liberatory harm reduction, is that everybody is all about self-determination until it's an answer that you don't like. And that's something that, that's a…

Melanie Ogleton:

Good one, Sarah. It's so true. It's so true.

Sarah Orton:

It's so true. And I think we've all seen it. Those of us that have worked in provider spaces, we've seen it. Those of us who have ever gone to the doctor have probably seen it, right? There's so many ways in which that shows up. And so, something that I think it can be useful to remind oneself of that when working with others.

Melanie Ogleton:

Yeah, so true. And I went through it immediately in my mind, the myriad of times where I'm like, yes, I'm all about my path, my path, until someone tells me about myself. And I'm like, well, you don't know my path. So, it's like, yeah, you don't know. How do you know? But anyway, yeah, we could do a whole other podcast on that and unpacking that, but thank you. Thank you, Sarah. Mar, anything to add to this part of our discussion?

Mar Padilla:

Yeah, I really, really like what Sarah said, and I've heard the phrase, “the opposite of addiction is connection” used. And there are a lot of people who have adopted that philosophy and others who've critiqued it with good reason. But I think focusing only on making sure that people have Narcan, which is now very popular, is so, so important and really limited if we're not also looking at the big picture. And so, if we're not decriminalizing drugs, if we're not decriminalizing sex work, then the harms that the state causes are not going to be addressed. So, I think harm reduction can also, or part of the paths can look like advocacy work to change laws and policies. And obviously indigenous communities are not a monolith, but there's a way of talking about medicine for a lot of Native nations that understand it differently from just a pharmaceutical that you would be prescribed by a doctor. But medicine can be laughter, medicine can be family, medicine can be community and children and connection. And so, I think about that a lot as well.

Melanie Ogleton:

Yeah, that's a good one. Thank you for bringing up that perspective. What feeds your soul, right? What feeds you from the perspectives that are important to you or that person? Thank you both for your expertise. To our listeners, please join us for part two where we will continue our discussion.