UNT RTP asked members of the UNT RTP Communities of Practice to share experiences of stigma and/or discrimination they have seen or been victim to. These are some of the stories we received.

**Personal Experiences with Stigma**

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| I work for a large company, within a division that does technical assistance delivery for state grantees delivering SUD services in integrated settings. As of this month, I am one of only two staff members in long-term recovery. In the time leading up to meetings when all the staff is together, the conversation often leads to stories about drinking wine, needing a drink because of the stress, etc. probably pretty typical conversation. However, due to the type of work we do and my own recovery status, I thought this was quite tone deaf.  I brought this up to our VP and was essentially brushed off since it was just team members socializing and there was nothing “immoral” about enjoying a legal substance. While this is true, and to be honest the conversation wasn’t triggering to me, it seems highly inappropriate. If other types of inappropriate language or conversation was occurring (I.e. marijuana use; sexual exploits; etc.) it would not have occurred nor been acceptable. That the claim also wasn’t taken seriously I think speaks to the types of microaggressions and covert discrimination those of us in recovery can experience in the workplace. |
| This happened to someone close to me. This individual is in the health profession, RN to be exact. As an adult she contracted a major case of chicken Pox. Was given pain meds (opioids). Leading up to this she had been a Charge Nurse at a very well-known hospital.  Things spiraled from there with her ultimately surrendering her license and eventually went as far down as losing everything and having to live at the Salvation Army (thankfully they took her in). She went through Rehab twice then never looked back. She eventually worked for the rehab in a number of positions over five years.  She petitioned the Nursing Board to re-instate her Licensure, and guess what ? They did! With some stipulations of course. Now comes the shaming and stigma part.  The agency she worked for had several nursing positions open she applied, many fit perfectly with her stipulations. Well, the Chief Medical Director denied her and even went so far as to say she should not be alone with patients. Mind you, she had 8-years of nursing experience prior this all happening.  Additionally, she applied to multiple other hospitals specifically to jobs that her stipulations could easily be worked around. One is a major county hospital that always is needing nurses. Again, she was shamed in an interview with three current nursing managers. The medical field has a long way to go in taking care of their own who are in long-term recovery. The great thing is that she remained persistent, and after applying to over 50 medical facilities, and doing twenty in- person interviews, a local Psychiatric hospital had the foresight to give her a  chance. She has done such an outstanding job, even with her license restrictions (which will be up in 6 months) that they are grooming her to become a manager and have even offered her money to go back to school to get her Bachelors. |
| I recently had a friend with severe Alcohol Use Disorder (AUD) in the hospital for excessive alcohol complications. When I mentioned that I was in LCDC-I the nurse automatically assumed that I had had a Substance Use Disorder (SUD), as well. Not all LCDCs have had a SUD. |