

Substance use disorder stigma impacts individuals, families

By Laura Denon Oct 2, 2022



The CARE Coalition of Transylvania County hosted an event at the library to share the many unexpected ways substance use impacts the lives of individuals and their families. (Times photo by Laura Denon)



Lori Ashenfelder, whose son died last year from fentanyl, said substance use and its impact on a family are very difficult to talk about.

“You tend to stay isolated, a lot more than you normally would,” she said. “For me, it was a lot about staying in the shadows, staying in the background, don’t talk about it.”

Last Thursday, the CARE Coalition of Transylvania County hosted “Transylvania CARES: Stories of Addiction and Hope” at the library to share the many unexpected ways substance use disorder stigma impacts the lives of individuals and their families.

A panel discussion featured five community members, including Ashenfelder, who each have had lived with either substance use or family members impacted by substance abuse, and represented individuals from the fields of medicine, social work and nonprofit organization advocacy. Before and after the meeting, resource tables provided information on behavioral health support services and programs available in western North Carolina to continue the dialogue.

Ashenfelder and her husband started the initiative DJ's Wish – Freedom From Fentanyl to spread awareness in the county and encourage community awareness.

“Recovery heals, addiction kills. If addiction is the murderer, I would say that stigma is the co-defendant,” said Phillip Cooper, a coordinator for Land of Sky Regional Council. “Stigma was the one that went and got the pistol for them. It's de-humanizing a person, judging a person, looking at a person less than, not even having hope for the person.”

Cooper said stigma continues to effect marginalized communities.

“For me, what I still see to this day — especially in the Black community specifically — is people who are not proud to be in recovery,” he said. “I still know some brothers who even when they do get clean, they don't want anybody to know that they go to meetings. When guys get out of prison, one of the first things I do, before I even assess their needs, I'll let them know who I am. I'll let them know I used to do dope. I'll let them know I'm in recovery. I've been to treatment. So, I can normalize that.”

Cooper said a lot of times he meets people who do not admit that they have a problem.

“And that's something I've been ranting and raving about for the past couple of years because the diagnosis is dependent upon the assessor — and if you don't trust the assessor, then you won't be honest with the assessor to get the diagnosis,” he said. “And in this day and age if you don't get the diagnosis, you're not going to get the resources.”

Patience Camp, SAFE of Transylvania County's community outreach and volunteer specialist, lost a brother and a niece to drug abuse disorder.

“Being in a small community, everyone knows everyone and they’re seeing this person that is using and then turning to look at that family and say, ‘well it must be the family’s fault or they’re not doing something right,’” she said. “And a lot of times that’s not the case.”

Dr. Susan McDowell is a family practice physician at MAHEC in Asheville who specializes in substance use disorders and has a brother who has a long-term substance use disorder.

She said only about 20 percent of people that need treatment get treatment and stigma continues to create barriers to receiving medical care.

“I think there’s even stigma in the medical community,” she said. “There’s a study that came out in 2019, when they surveyed a bunch of primary physicians through Johns Hopkins, and 33 percent of providers still did not believe that medication for opioid use disorder was effective — and that’s a big problem that we have.”

Blue Ridge Health’s licensed clinical social worker and addiction specialist Taylor Ludwig said she felt stigma is what ruined her family when she was growing up.

“I was born addicted and addiction has definitely been a part of my family’s story, and I’m really passionate about breaking that cycle and helping others break it as well,” she said.

Even though she experienced trauma and the system failed her she continues to have hope.

“I just have always felt a fire in me, and I’m so grateful for that, because I knew what was happening around me was not okay and I did not want that for myself. I did not want that for my little brother,” said Ludwig. “I was angry for a very long time, and I’m still angry and I think anger’s okay. It’s one of those emotions we say is not okay to have but I’m still angry. I’m still angry at the failures. I’m still angry that addiction is taking people’s lives.

“I decided to try to make a difference in the system even though I’ve been told that I couldn’t, that I’m just one person, and that it doesn’t matter. But every single person that I have an interaction with, it matters.

“My philosophy for life and for clinical work is if you’re alive we have something to work with. So we just have to keep people alive long enough until they can get help.”

The panelists also discussed the interrelated corollaries of substance abuse and mental illness, the importance of talking about substance misuse and supporting family members who are also impacted by their loved ones using substances.

“You have to have community because the opposite of addiction is connection,” said Cooper. “You have to have that connection — because we can’t do it by ourself. Isolation is addiction’s best friend.”

For more information, visit www.care.transylvaniacounty.org or call (828) 884-1750.