Disability Culture, Addiction, and Recovery

DAODAS
November 7, 2024

Today's Presenter:

Ebony Deloach (she/her)
Disability Health Equity Coordinator

Mandy Halloran (she/her)
Director of Public Health and Disability Integration

Who We Are

Able SC is a disability-led organization seeking transformational changes in systems, communities, and individuals.

Since 1994, we've remained a consumer-controlled, community-based, cross-disability nonprofit that seeks to make South Carolina a national model of equity and inclusion for all people with disabilities.

- We are the state's oldest and largest federally recognized disability-led organization.
- More than ¾ of our staff are people with disabilities, as are over half of our Board of Directors.

We practice equity, disability justice and representation, and true inclusion through consumer-driven independence and disability pride.

We didn't just learn this.

As people with disabilities, our work doesn't end when we leave the office. Disability is part of who we are. We live this every day.

Able SC's Mission & Vision

Mission

We are an organization of people with disabilities leading the charge to:

- **Equip** people with disabilities with tools to foster pride and to direct their own lives;

- **Educate** the community to challenge stereotypes and eliminate barriers; and

- **Advocate** for access, equity, and inclusion at the individual, local, state, and national level.

Vision

A South Carolina that is a national model of equity and inclusion for all people with disabilities.

Topics of Focus

- Disability Rights Laws
- Understanding Disability
- Barriers
- Language and Identity
- Full Inclusion and Equity
- Questions

CDC Information

Disability Impacts All of Us

61 million Americans have a disability.

1 in 4 Americans have a disability.

1 in 3 South Carolinians have a disability.

Definition of Disability

According to the ADA:

- A disability is a substantial limitation in being able to perform one or more daily living activities.

Examples of Daily Living Activities

Photo credit – Disabled and Here.

- Vision
- Movement
- Thinking
- Remembering
- Learning
- Communicating
- Hearing
- Mental health
- Social relationships

Questions about the ADA

ada.gov

Specific Disabilities

- Cognitive
- Physical and Mobility
- Speech
- Learning
- Psychiatric
- Hearing
- Visual
- Intellectual and Developmental
- Substance Use Recovery
- Temporary

Disability and Addiction 1

64.1% of adults with disabilities reported experiencing adverse mental health symptoms or substance use, compared to 36.0% of adults without disabilities. Additionally, past-month substance use was higher among adults with disabilities (40.6%) than among those without disabilities (24.5%).

- **Social and Treatment Barriers**
    - People may seek treatment for substance use rather than mental illness, as substance abuse is more socially acceptable than mental health challenges.
    - Adults with disabilities experience mental distress 4.6 times more often than those without disabilities.
    - More than half of adults with both cognitive and mobility disabilities report frequent mental distress.

- **Co-occurring Disorders: Definition and Dynamics**
    - Co-occurring disorders involve two or more disorders that interact and impact each other, often with synergistic effects.
    - These disorders may develop independently and are not hierarchical; there is no "primary" diagnosis.
    - Individuals with trauma or mental illness may use substances like alcohol and drugs as a coping mechanism.
    - SAMHSA's 2021 National Survey on Drug Use and Health estimates that approximately 9.2 million adults in the U.S. have a co-occurring disorder.

Disability and Addiction 2

- **Health and Lifestyle Correlations**
  - Adults with disabilities who report behaviors or conditions like smoking, depressive disorders, insufficient sleep, obesity, physical inactivity, or unmet healthcare needs due to cost also report higher levels of mental distress.
  - Poverty and lack of healthcare access due to costs are more common among adults with disabilities, correlating with higher rates of addiction and mental health challenges.
- **Supportive Interventions**
  - Increasing social cohesion, community involvement, access to health promotion opportunities, and the provision of mental health screening and support services can help reduce mental distress and addiction rates among adults with disabilities.

Centers for Disease Control

People with disabilities are entitled to fair treatment, and they should:

- Be treated with respect and dignity.

- Have their privacy protected.

- Receive services appropriate for their age and culture.

- Understand treatment options and alternatives.

- Receive care that doesn't discriminate based on age, gender, race, or type of illness

Disability Rights Laws

Can a disabled individual fully access all your services?

Disability Rights Compliance

- **Americans with Disabilities Act** - prohibits discrimination on the basis of disability in programs, places, and services and requires state and public entities to be accessible. This includes individuals with alcohol addiction and those in recovery from opioid and other substance use disorders.
  - TITLE I: Employment
  - TITLE II: Public Services - State and Local Government
  - TITLE III: Public Accommodations
  - TITLE IV: Telecommunications
  - Title V: Miscellaneous

- **Section 504 of the Rehabilitation Act of 1973 (as amended)** - protects people with disabilities from being treated unfairly because of their disability.

- **Section 508 of the Rehabilitation Act of 1973 (as amended)** - requires federal agencies to provide information in a way accessible to everyone with disabilities.

Accessibility of Public Accommodations for Individuals with Disabilities

- Provide goods and services in an integrated setting unless separate or different measures are necessary to ensure equal opportunity.
- Eliminate unnecessary eligibility standards or rules that deny individuals with disabilities an equal opportunity to enjoy the goods and services of a place of public accommodation.
- Make reasonable modifications in policies, practices, and procedures that deny equal access to individuals with disabilities unless a fundamental alteration, like the goods and services provided, would result.
- Furnish auxiliary aids when necessary to ensure effective communication unless an undue burden or fundamental alteration would result.

Public Accommodations and Commercial Facilities (Title III) ada.gov

Effective Communication

- Public accommodations and commercial facilities must ensure that applicants, participants, and members of the general public have communication access that is as effective as that provided to people without disabilities.

- Public accommodations and commercial facilities must give "primary consideration" to the communication preference of the person with a disability.

Effective Communication and the ADA
ada.gov

The Bare Minimum

Disability rights laws are just the bare minimum – the floor, not the ceiling.

We don't want to be placated or simply accommodated, we want to be fully welcomed and included as part of society. Disability is a natural part of life, and it's time to stop excluding us.

We deserve to belong, just like everyone else.

All people with disabilities are not the same!

How we differ:

- Accommodations

- Supports

- Communication Styles

- Personalities

- How tasks are done

Barriers to Receiving Services

- Architecture/Physical
- Transportation
- Policies
- Programs
- Social
- Attitude

Architecture/Physical Barriers

1. Accessible entrance into the facility- parking, entrances, check-in desks, etc
2. Access to goods and services – access to offices, exam rooms, equipment, etc
3. Access to restrooms
4. Any other measures necessary – anything not addressed above!

Physical Accessibility Recommendations

- Walk your space and look for barriers - determine who can remove them if it isn't you!

- Have portable ramps available if your building does not have a ramp

- Ensure directional signage is available, accurate, and read-able – don't assume that because you see the ISA, it means its accessible!

- Have wheelchairs available for use

- Have adjustable, comfortable, and varied seating options in waiting rooms and offices

- Adjustable lighting options for sensory-sensitivities (lamps, blinds the close, curtains, etc)

- If there are elements of your office that are not accessible – inform visitors ahead of time – allow for planning

- Avoid use of strong scents in office (candles, incense, plug-ins, sprays, etc)

- Be prepared to provide orientation of your space if necessary – where are restrooms, which office you are meeting in, etc

- Maintain what you have – check batteries, electronic parts, paint, surfaces – monitoring is part of compliance!

Transportation Barriers

- Transportation to services are:
  - Inaccessible
  - Inconvenient
  - Unavailable
  - Unsafe
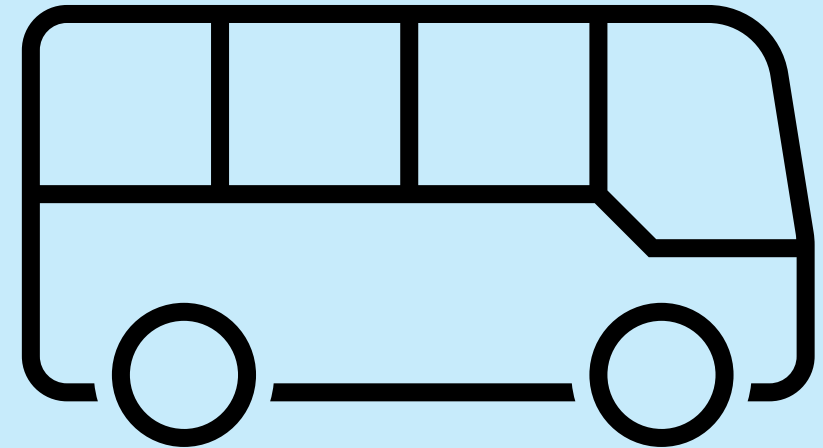
Policy and/or Program Barriers

- Appointment times hard to attend
- Lack of accessible equipment and materials
- Inadequate and/or inaccessible communication with clients/consumers
- Service providers don't have accurate knowledge or understanding of disability
- Misunderstanding of program accommodations and how easy they can be implemented
- Effective Communication with provider, scheduler, billing, etc
- Stigma from secretaries, counselors, interns – anyone that a person might encounter while seeking services

Program Accessibility Examples

- Reassigning services to accessible locations
- Providing more places to sit/rest/observe
- Purchasing equipment
- Auxiliary aids and services to ensure effective communication
- Converting information to plain language
- Having Braille or large print materials available
- Assisting someone with completing paperwork if needed

Alternatives to Barrier Removal

- Delivering goods/services to alternate locations or relocating activities

- Retrieving information from inaccessible shelves or racks

- Providing tele-services even if policy has returned to in-person only (ensure they are accessible platforms!)

- Opening an "employee only" restroom that is compliant when others are not

- Delivering items/resources to the car/outside

- Don't be afraid to get creative – is there another office you can use? A public meeting space with private rooms? Accessibility is often easier than we think.

Diversity

- Disability intersects with all populations.

- There is no "one-size fits all" approach to working with people with disabilities.

- Two people with the same disability may have significantly different needs.

- People with disabilities are adaptable with the proper supports.

Understand Stigma and Health Disparities for Individuals with Disabilities

- Recognizing the intersection of disability with other forms of oppression is critical, especially because the rates of disability are significantly higher among Black, People of Color, LGBTQIA, Asian Americans, Pacific Islanders, and Indigenous people. - National Council on Disability

- It's important that equitable, disability-inclusive, and affordable health care is available for all people, regardless of age, income, race, ethnicity, sexual orientation, gender identity, and geography.

Marginalization of People with Disabilities

- Bias
- Disability is often not associated with human rights
- Access to services, programs, accommodations
- Paternalistic views about disability - over protected
- Systemic Ableism

- Perceptions of quality of life
- Low Expectations
- Lack of Information on Sex Education and Healthy Relationships.
- Isolation, Exploitation, and Marginalization
- Segregation

The Impact of Multiple Marginalization

- Disability reaches across all other marginalized groups.

- People with disabilities are also members of other cultural and socio-economic groups.

- Discrimination negatively impacts both the physical and mental health of minority groups. This impact can be multiplied for those who also have a disability.

Language and Identity

Disability is NOT a bad word.

- Disability is a legal term that conveys access to protections

- Use "disability" rather than using offensive terms like "special needs," "handicapable," "physically or mentally challenged," "differently-abled," etc.

Language to Avoid

- Cripple
- Suffering from
- Wheelchair-bound
- Handicapped
- Special or special needs
- The "R" word
- Also patronizing language, like referring to all people with disabilities as your "friend" or buddy"

Person-First Language

- Describe the person, not the disability.
- Remember that disability is just one aspect of the person.

- Examples:
  - Person with an intellectual disability
  - Person with a physical disability
  - Wheelchair user
  - Accessible parking space
  - Person without a disability

able
SOUTH CAROLINA

Identity-First Language

- Many people with disability also embrace 'identity-first' language, which positions disability as an identity category.

- This language is known as 'identity-first' because the identifying word comes first in the sentence and highlights the person's embrace of their identity.

- Examples:
  - Disabled
  - Autistic

Individual Preference

- People with disabilities are all different.
- May want to be referred to in a specific way.
- When in doubt, ask their preference!
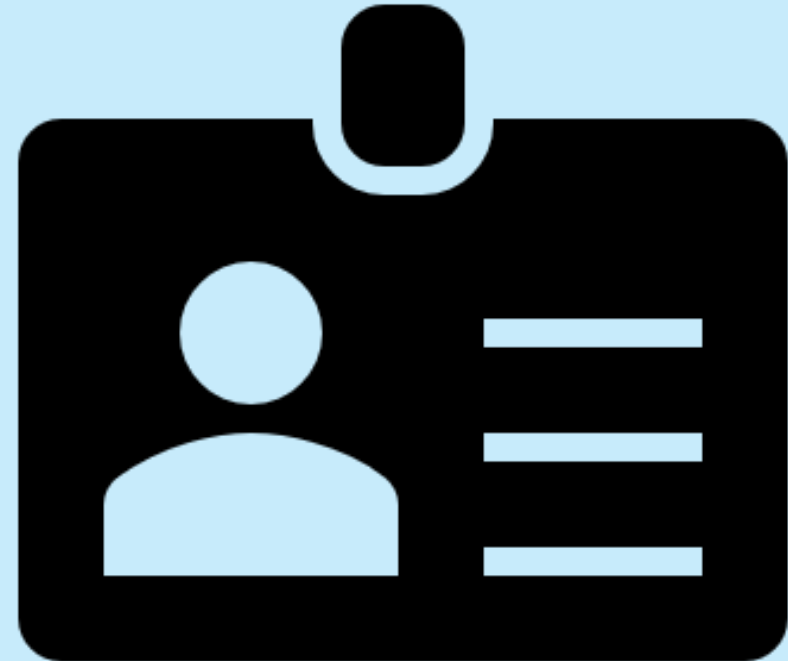
Recognizing Medical Ableism

- Medical ableism refers to discriminatory attitudes, practices, or policies within the medical/recovery field that discriminate against or marginalize individuals with disabilities.

- This discrimination can manifest in various ways:
  - inadequate access to healthcare
  - lack of accommodations,
  - biased treatment decisions
  - stigmatization of individuals with disabilities.

- Seen in healthcare providers' assumptions about capabilities, overlooking their unique needs, or providing substandard care.

- Extends to systemic issues within healthcare systems through multiple barriers

Avoid Medical Ableism by Promoting Inclusivity

- Ensure that individuals with disabilities are included in all discussions and decision-making processes regarding the creation of programs, policies, laws, etc.

- Trust our experiences and refrain from dismissing them as feigned or exaggerated

- Respect our requests for accommodations and actively listen to our needs.

- Avoid treating individuals with disabilities as "special" or different in a condescending manner.

- Seek consent before taking actions on behalf of individuals with disabilities.

Avoid Medical Ableism by Promoting Inclusivity II

- Refrain from speaking on behalf of individuals with disabilities or their communities without their explicit consent.

- Respect privacy and avoid asking invasive questions about their disability unless those questions apply specifically to their course of care.

- Avoid using language that perpetuates stereotypes or discrimination against individuals with disabilities.

- Ensure the full inclusion of individuals with disabilities in all aspects of society.

- Reject pity and recognize that individuals with disabilities lead their own lives with dignity and autonomy.

Dignity of Risk

- Adults have the right to make their own decisions, and to be assumed to have the capacity to do so, unless there is evidence to the contrary.

- Capacity should be viewed as decision-specific.

- Adults should be offered all reasonable support and assistance in making and following through on decisions before others step in to make decisions for them.

Don't avoid risks, but instead focus on how you can support the persons safely.

Presume Competence

- All adults should be presumed to have the capacity and the right to be able to live in the manner they wish and to accept or refuse support, assistance, or protection as long as they do not harm themselves or others.

- All adults should be able to be informed about and, to the best of their ability, participate in the management of their affairs

- The values, beliefs, wishes, and traditions that an adult holds should be respected in managing an adult's affairs

- The way an adult communicates with others is not grounds for deciding they are unable to make decisions

Give people a chance and provide them with the proper tools.

Simple changes to implement for greater inclusivity
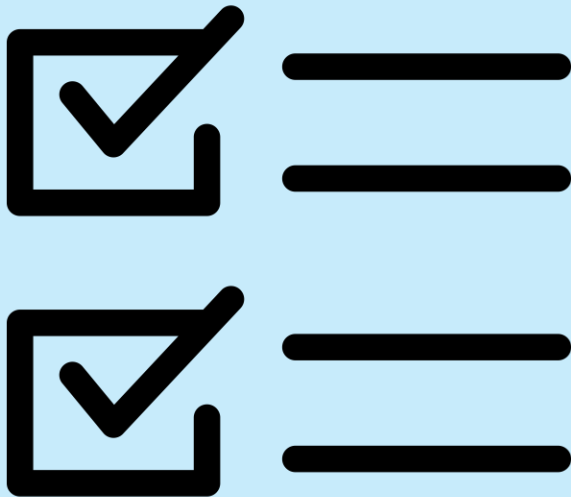
Created by MOCROIS
from Noun Project

1. Review policies and procedures to evalute for accessibility – and ableism

2. Become a FRAGRANCE-FREE workplace.

3. Provide clients with bottled water and snacks.

4. Communicate clearly and in Plain Language.

5. Rethink Disability and how you use the word

6. Partner with Disability-led organizations and listen to disabled people about their needs in recovery

7. Prioritize accessibility and universal design – make it the standard, not the exception

8. Promote self-determination and dignity of risk in ALL of your consumer interactions

QUESTIONS

Created by Icons Field
from Noun Project

Able Access: able-sc.org

Able SC staff can assist with ensuring your location, information, and services are fully accessible!

- Architectural Assessments
- Professional Training for Staff
- Digital Accessibility testing and training
- Policy and Procedure Review
- Assistive Technology and Durable Medical Equipment

Stay in touch

- Website: able-sc.org

- Email: info@able-sc.org

- Phone: 803-779-5121

- TTY: 803-779-0949

- Columbia, SC Office:
  720 Gracern Rd. Suite 106

- Greenville, SC Office:
  135 Edinburgh Ct. Suite 101

- Join Email List:
  Text ABLESC to 72572

Social Media:

- Facebook: @AbleSC
- Twitter: @able_sc
- Instagram: @able_sc
- LinkedIn: Able South Carolina
- YouTube: Able South Carolina

Resources

JAMA.Journals

Effective Communications for People with Disabilities Guide - National Council on Disability

ADA Best Practices for State and Local Governments General Effective Communication Requirements under Title II of the ADA - ADA, ada.gov

ADA Best Practices for State and Local Governments General Effective

Centers for Disease Control

CDC Morbidity and Mortality Weekly Report

Communication Requirements under Title II Title II Checklist. Website Accessibility – ada.gov

Drugs, Alcohol and the ADA

Plain Language Guidelines – Plain Language, plainlanguage.gov

SAMHSA Co-Occurring Disorders and Other Health Conditions