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Good morning and welcome to the second section of the ethic issues surrounding addiction webinar. I will be your host today. Notice the control panel on the right side of your screen permit there is a question box. If you can hear me, please type yes. I already see some people are saying yes, they can't hear me. Great progress be met if you are calling in by phone only, please make sure to email unty@unt.edu to receive quite -- credit for the webinar. I would like to welcome back our presenter, Judith. We are happy to have you back and are looking forward to part 2 today progress back good morning at, and thank you, Crystal and Nick. Hello, everybody. I hope that those of you who are with us today were also joining us last week. If not, if you are new to the webinar, welcome. What I will do now, if nobody minds, is basically kind of touch ace. I know we left off talking about signs and symptoms of addiction. But before we get back to where we left off, I too want to go over the objectives quickly.

Those are to recognize signs and symptoms of addiction when working with consumers. Identify the disability in addiction. Identify the petitioner's responsibility and responded to difficult situations. And to utilize community support services as natural, long-term employment support. So I'd like for you to think about the ethical guidelines that we must consider when supporting a person with a history of substance abuse or dependence. And remember, abuse is not as severe as dependence. Dependence is synonymous with addiction. So think about that. What ethical guidelines must we consider when supporting a person with a history of abuse -- substance abuse or dependence? Anyone have any feedback?

It is not too early in the morning to ask questions. Comments? Hint, hint. Green and white slides that I included in the PowerPoint.

Somebody asked if you would repeat your question.

Okay. What ethical guidelines must we consider when supporting a person with a history of substance abuse? What were the ethical guidelines that we discussed last week? And if you are looking at your handout, that is fine. I won't consider that cheating. That's fine.

Someone said confidentiality was one that they believed we were looking at last week.

Yes. Good. And then also, remember I always ask -- what is the primary responsibility of rehab counselors or rehab professionals and service providers? What is that primary responsibility?

We have people saying respecting the clients, respecting diversity.

Dignity and promoting the welfare of the individual.

Yes, absolutely. And I am going to touch base on these just as a review. Again, just to kind of go over what we discussed last week, but also to share this with those of you who may not have been with us last week. So the primary responsibility of the rehab counselor is to respect the dignity and to promote the welfare of clients. Remember, I mentioned that. That is very important because when we deal with consumers who are recovering from addiction, the dignity and promoting welfare -- their welfare is not something that they have had probably for a long, long time because, as I mentioned, recovery -- addiction, even abuse -- substance abuse, addiction and even recovery still have a lot of stigma attached to it. And so we still face a lot of attitudinal barriers, even though we seem to be more educated about the types of drugs and about dependence and more open to recovery and counseling, there is still a lot of stigma attached to. And again, these consumers really have not been given that dignity. And they haven't even promoted their own welfare, much less having somebody else promote it. Especially the people that they associate or have associated with.

So the rehabilitation and counseling plans -- when we are talking about welfare of those served by the rehabilitation counselors -- the rehab counselors and clients worked jointly, okay? Again, this is part of our code of ethics -- working jointly with the consumers and revising integrated individual mutually agreed-upon rehab counseling plans. And those that offer reasonable promises success. And so we are ethically bound to do that. And that is where self-help, support groups and different types of treatments and self-help come into play. But, sometimes even though consumers with addiction want to remain in recovery, that devising and revising individually mutually agreed-upon brief -- rehab and counseling plans, they often differ with that.

Because recovery is a lot of work. It really is. So we have that obligation, ethically speaking, we have that obligation to lead them, to guide them, and to help them make the decision to make use of that support and that treatment. But recovery -- that work is very hard. There is a lot of introspection, sometimes as an assignment given by a counselor, for example -- breaks your life story. -- Bright -- write your life story. Sometimes it's so hard the consumer does want to go back to that type of counseling

plan. If you include recovery like self-help or counseling session as part of that plan. Because they are having to face all of the ugliness that they survived.

And dig deep into what caused them to use for the very, very first time. Okay. And then, of course the employment needs. Now remember, as it says here, rehabilitation counselors who work with clients who consider employment consistent with their overall abilities -- functional capabilities and limitations. General temperament, social skills and so forth. But again, this is where we are ethically obligated to do this. But with this consumer, this type of consumer, or this population, they may not have those skills. They may not have had them before they started using. Or may have lost them. And then, we will talk about this a little bit more, but work, in itself, can be a trigger. The stress or even the paycheck can be a trigger. So again, we are ethically bound to help them in this way. And be nonjudgmental and provide unconditional positive regard however, we also need them to do their part. But that doesn't always work. But we still have to be ethical progress

And then of course, autonomy. As I mentioned last time, the autonomy -- sometimes that is what has gotten this population into trouble. Too much time on their hands, making their own decisions, making the wrong decision's progress

So although here, it says rehabilitation counselors respect the rights of clients to make decisions on their own. That is a skill that they are still trying to learn to do, okay? Because that autonomy, those choices have led them into trouble or into addiction, into drug use and legal trouble as well.

And then of course, respecting culture. The drug culture is a culture. It has its own language. Its own little etiquette. And again, we need to respect that, not just -- what is our ethnicity? What culture is associated with that? What is the normal culture that society accepts? But we have two, again, be nonjudgmental and respect the drug culture that this consumer came from.

And of course, nondiscrimination -- make sure that we do not condone or engage in discrimination with this population. They are very very prone to it. And we need to keep that in mind whenever we are trying to place some -- placed them in a job of progress

And avoid value in position. When we work at this population, again, our values and morals can come into play, more so if we see that this consumer is lacking in the values and morals and really wants to change. And is coming to you for that guidance, for that advice. We need to help them. We are ethically obligated to help them, but without imposing our own values and morals. So that is a very, very fine line.

And most of all, advocacy and accessibility because they need -- these consumers need to be given a chance. And we may be their only chance. You may be their only chance. And so when you are advocating and considering accessibility as we are ethically bound to do, that may mean you attending, for example, an AA meeting to see if it is accessible. For example, is the site, the venue big enough to accommodate someone in a wheelchair? -- Someone in a wheelchair. Do they offer information in braille, for example? And if you are placing this consumer at a job site, how is that employer going to look at this consumer having not only survived addiction, but possibly having to leave work early sometimes to attend a meeting? Different things like that. So you will have to advocate and be aware with -- aware of accessibility for these consumers progress

And then keep in mind, not only our code of ethics but the principles of ethical behavior, veracity, autonomy. We discussed these last week. Questions or comments on any of these right now?

We don't have any questions but we have a comment that says they appreciate you pointing out the drug culture that someone came from by the oftentimes this is overlooked.

Thank you, I appreciate you saying that. And yes, you are very right. It is overlooked. Again, there are still too many people out there that judge. And you know, at times and rightfully so, because we have to be aware of their culture. That includes being very street-smart. That is what they do to survive. That is how they survive out there.

But again, we need to try to understand it, more so if we are working with these consumers. And really learn it. Again, not just learn about the different drugs that are out there, but learn about the trends. Learned about the language. And as I said, the etiquette and so forth.

Because that shows that you really, really -- you are genuinely trying to help. And again, that may include you having to attend a support group meeting where maybe you never have done that. And there is nothing wrong with going that extra step and asking permission of the person -- from the person that hosts the support group meeting to see if you can fit in, just so you can get an idea of what is available so you can share with your consumer or consumers.

And so we talked about forms and methods of taking drugs. And I appreciated the comment that was made last week where you were talking about whether the pictures I included that showed some signs that you can see on some of the consumers if they

choose to use drugs, rather to shoot up drugs, for example, Heroin. And you will see the track marks and sometimes source. So I will try not to be too gross but it did include some pictures. But that way, it will give you a little bit more insight. But the forms and methods of taking drugs through oral ingestion, topical application, like a nicotine patch, vaginal, rectal, the injections, IV, in the vein, or intramuscular and subcutaneously progress

And of course, inhalation like when your snort -- smoking or snorting, for example snorting cocaine, which affects the mucous membrane.

This is the picture I included. I have similar ones. Down the line. And one thing I wanted to make sure that I touched based on -- because I -- that I touched based on -- because they were out of time last week when I covered this slide. Remember that volatile substances are not drugs. They are chemicals, basically poisons to your body, to the consumer's body. Most of the time, you see these used by the younger generation. For example, the teens or middle school and young adults.

Here are some signs. For example, you can look at the color or rather, their sleeves. If they are wearing long sleeves and at the cuff, they have, for example, markings made by the permanent markers -- what they do is mark their sleeve, the cuff, and they will be smelling that inhaling that. Whiteout. One thing I wanted to -- white out. What they wanted to point it out is that all of these substances are easily obtainable. And it doesn't matter if someone is under age. These are in your own home. For example, the gasoline. If you have a can of gasoline in the garage. Or again, quite out. Markers -- markers, permanent markers. Or those that you worked on a dry erase marker. If you ever used them, some of them smell so much, it can just smell of the whole room -- smell of the whole room. Things like that are easily obtainable and are everywhere. What happens is that we become so used to seeing them, we don't think anything of it. So if a teen is using this and abusing these substances, we may not even notice because it isn't anything out of the ordinary. For example, aerosol, spray paint, deodorant, hairspray and things like that. And glue. So very much, things that we have around the house. Questions, comments on any of this information?

Not at this time.

Okay. So signs and symptoms of addiction. What is the nature of addiction and do users have a choice to first use? Are they forced to use or do they actually have a choice to use? And the reason I ask is because you may be dealing -- if you deal with teens or young adults, they may have been forced to use by their parents but that is not uncommon. So again, if we are not careful and we are judging instead of trying to be ethical about working with this consumer, we may say well, you had that choice. And

a lot of people do say that. They say you have had the choice to use for the very first time or to not use. Or to continue using or to stop. And that may not always be the case. And I remember years ago, I was talking with one of the judges here in Edinburg, and we were talking about perhaps collaborating on some research, a research study. And a grant project. And I remember her telling me -- you know, if I had the answer to how to stop parents from forcing their children to use, to actually teaching them to use for the very first time, she says, boy, that would be worth a lot of money and would solve so many problems. Because she was telling me -- you know, I see that all the time. And parents, again, they don't even think twice about having their children use with them. Or two go and scored drugs with them or to deal. Soulmate always think -- well, you had the choice to pick up for the very first time, pick up that drug or use that drug, but that may not always be the case.

So why the attraction to use? Again, it goes back to -- what is our motive? There is no one factor that explains the development of substance related disorders. The contributing factors are biological, psychological, social, cultural, and environmental. As I was talking about the parents, that is their culture. And in that family, that Mr. culture progress

Look at the environment that the child is in. And they grow into middle school or high school or they are a young adult and they remain in that same environment. That is what is familiar. That is their culture. So again, that is the drug culture. But all in all, people used to relieve -- people use to relieve stress, pain, tension. They do it for pleasure, the user to enhance mystical experience -- a spiritual experience or enhance worked performance. And of course to relieve pain or symptoms of an illness. And that is where prescription drug use comes into play progress

Missions, comments, at all?

You have a question. Somebody asked -- what is the typical age that this begins happening with parents teaching their children to use and to deal?

Well, we used to say it was middle school. And it usually is because you know about that age, 12, 13. The child can be good at learning how to deal, right? And perhaps that's how the family is going to make their money. So they had that concept -- that so-called business concept. But it is not uncommon for them, for a parent to start engaging their child at a very -- at a much younger age or to having them use for the first time at a much younger age. Several years ago -- and this is over 10 years ago, I had a family member that was a teenager that was put into a rehab program -- 30 days. And he liked to use spray paint. And going over there, and visiting, and of course, talking to counselors and so forth, you get to see and know some of the other people

that are in there at the same facility. There was, at that time, I believe an eight or nine-year-old boy that had already experienced using hair when, shooting up here one. Be parents helped, and that was many years ago. Things have progressed. They have worsened. So again, the common age was middle school, but it is not uncommon to see a child that is younger already involved in this culture.

Now I ask you, isn't it kind of hard not to be -- to really try to be nonjudgmental? What if you are working with that parents now? What if that parents -- and you know the history -- did this to their child and that a consumer? How hard is it for you? Or how hard would it be for you to truly be ethical, nonjudgmental, and provide unconditional positive regard? That is just something for you to think about. If you want to come -- if you want to comment, by all means, go ahead.

One person said that the very challenging situation.

Yes, very much so. And for people to decide to go into counseling, personal counseling, a lot of times, they do not want to work with this population because it is so challenging. And not to be judgmental, but you know, the little joke Holt shoe when they say how do you know when an addict is lying? When he or she is moving their mouth. So you have to be aware of that. But again, that is how they have survived. And knowing this background, this type of culture, a lot of counselors will say no, I will stick to mental health instead of becoming, for example, a licensed chemical dependency Counselor. But we need more LCD seas -- LCDCs of the. But it is fair -- very rewarding. Because when you see the change or even if you are around the population and you see them in recovery and you listen to their stories and you're sitting there and going oh my God, I cannot believe you survived that or you are thinking well, and I thought I had it at -- that is deposited that comes out of this, where you learn to appreciate the everyday blessings. And it is even more rewarding when you see them starting to appreciate the everyday blessings, even having a job and keeping a job and just not using for that one day. It is very, very rewarding. And you learn a lot. You really do. Even just attending support group meetings, you learn a lot.

Okay. So [Indiscernible] the nature of drug use, it used -- was a pharmacological factors, cultural factors, social factors and contextual factors. So the key factors to consider in understanding drug abuse is the person's personality. That is a big, big part. The person to drug of choice. And the persons context of drug use. Again, where are they? Where do they like to use? Who are they with? One of their environments -- that Amanda like? These factors are connected and cannot be separated.

Let me back up. The person's drug of choice -- some people may say yeah, well I used coke and I am not addicted. I didn't use it anymore. I used it once it didn't use it

anymore. Well, that's not so much that they have that strength to not use again. But it could be -- and most of the time is -- that drug was not their drug of choice. Now let's say marijuana is and then they use it for the first time the following weekend. That maybe their drug of choice and that is what they start using. So if somebody says well, I didn't use that again. I only used it once. That's probably because they had a bad experience and it just wasn't their drug of choice. So that is in the want to consider as well.

And then when do they usually abuse? Depend on the amount of drug taken. That does not necessarily determine abuse. Remember, we said you could misuse a drug or start abusing a drug. But again, was very, very important is the motive for taking the drug. That is extremely important for you to remember. What caused it? Why did they turn to that drug use for the very first time? What was the motive? And initial drug abuse symptoms include excessive use, constant preoccupation about the availability and supply of the drug, refusal to admit excessive use and reliance on the drug. Again, at the root of all addiction is pain. And if you really -- and again, you immerse yourself in that culture, so to speak, by learning more about the culture. Sitting in on support group meetings and just listening. You really realized that this is very true. At the root of all addiction is pain and I will show you why.

I love this picture because it really helps put into perspective that statement. That at the root of addiction is pain. Okay. So just like when you plant a tree, a little tree, you worry about the soil. You want it to nurture that tree, the roots so it will grow well. And the soil of addiction often is physical abuse, sexual abuse, emotional abuse, and spiritual abuse. This is what they have experienced. So that foundation, that soil is already unhealthy.

Then, the little stretch growing, right? You have rejection, shame, fear, loneliness, anger, grief, and hereditary factors go into to play as well. Anger from the sexual abuse. Maybe rejection, maybe the person was abandoned or rejected when they tried to say I was sexually abused, but they were rejected. Or they were abandoned and not taken care of and put into that situation. And so there it goes. That little tree of addiction stretch growing and growing and the person becomes addicted. The search out alcohol, any other drugs, gambling, sex, work, people, which we call codependency. That's when a person is addicted to another person. And this is very common in the drug culture. Very common. That's when you have in a blur's, which we will discuss in a minute.

But we don't have to just focus on drugs. Food can be a drug. Work can be a drug. Or religion. Questions on this at all?

We do not have any questions but we do have people commenting saying they really do like this visual representation of this as well.

Thank you. I appreciate that comment. I am a visual learner so that's why I like to include pictures but I have to be careful not to include really gross ones.

And some major risks Dr. -- risk factors. Because here's a person dealing with all of this. So the risk factors for addiction are the use of alcohol and other drugs -- using those alone. Or using alcohol and other drugs in order to help stress or anxiety. Or the availability of drugs. Again, if that is very common in the environment in which the person is living or existing or working around, drugs are right there. So if they are in recovery, how are they going to stay strong enough to say no, I am not going to allow myself to relapse or even slip? Slip, we usually say is when somebody goes and uses for perhaps two weeks. Really, no more than two weeks. And they go back and they get back into recovery. Relapse is one they continue using more than that. As I said last week, some people will actually get lost for weeks -- maybe even a month or two because they are just so busy using. They are preoccupied with the use of drugs and getting those drugs. Abusive or neglectful parents, dysfunctional family, misperception of peer norms, regarding the extent and or drug -- the extent of call in our drug use. Alienation factors, isolation and so forth. Remember that risk factors differ for each person's social, cultural and age groups and individual and family idiosyncrasies or quirks. So that also comes into play. So they differ.

Now, the family itself can be a risk factor. Their powerlessness over addiction. This is where the codependency comes into play. So here is the family trying to prevent that addict from hitting rock-bottom, refusing to believe that addiction is a disease. And their rescue from addiction consequences, they are rescuing their family member, the addict. And you will see here they are, all the family members in the picture are trying to do everything they possibly can to keep the alcoholic in the picture from the sickly going off a cliff. And perhaps dying. And that is what happens. They are a risk factor because they get so consumed with trying to do everything they can to have that power over the addiction, they don't realize that they are powerless. And they become the enablers. And they become codependent. And so trying to keep someone in recovery with a family that is like that -- that is a risk factor. Because what happens is they get so used to trying to save or help, enabling and being codependent to the person with the addiction that when that person recovers, that is something new to them so they don't understand it and they don't like it because they are not needed anymore.

So that the something, again, that this person is considering along with -- please place me in a job where I can start working and get my life back together. So again, when

you are working with this population, consider all of the factors when you are trying to be -- to work with them in an ethical manner. It is very, very challenging. It really is but I know you can do it.

Okay. High risk factors -- we talked about enabling. I love this car to because I said yes, this is it.

Son, I completed all 12 steps for you. There in your bedroom with your clean laundry. But the mom has the little courage to change picture on her wall. But she is not changing. He did, but she is not purpose of this pretty much what happens.

And again, they like to give the person with the addiction money and help them. And when the person starts working, they start earning money. And when they are using and when they relapse, as Dr. Phil says -- here's a very simple solution. You don't give a drug addict cash. I don't care if they save my hair is on fire and I need an extinguisher, you don't give a drug addict cash. So I always say if someone asks me for money -- I need money for gas or I need \$20 per you see these people panhandling at convenience stores, I always say, why don't you pull your car up to the gas pump and I will pay for the gas. I need money for groceries. Okay, the stores across the street. Whenever you need, I will buy your groceries but I don't give cash. Questions so far?

No, just a couple of comments saying that they understand where you are coming from.

Okay. We talked about drug dependency. Physical dependence and psychological dependence. We touched base on those. Addiction, remember, refers to mind and body dependence. Tolerance, withdrawal, this is what a lot of people with addictions will experience -- that compulsiveness, that increasing time spent in substance related activities. Going out and trying to obtain drugs and using it and recovering from the effects. It is just a cycle. Tolerance -- remember that with tolerance, that means that the person needs more of that drug that they were taking, the same dose no longer suffices. For example, my back is injured, and I have been given muscle relaxants. 5 mg used to help me cope with the back pain, when I would have it. If I kept taking it, that pretty much would it help anymore. I would have to increase it to maybe 10 or 15. So that is tolerance. When you're taking the same drug but you need more of it because that first dose just doesn't work anymore.

Okay, so stages of drug dependence -- that increased use and preoccupation and the addiction cycles are going to act out. They feel guilty for using, and the shame and depression sets in. So then they stay in recovery for a while. Maybe a day, maybe a

month, maybe eight year. And then all of a sudden, there they go. They relapse again. And they give into that stress, that stress that caused them to act out. So that is pretty much the cycle.

And you can tell. You learn to be able to distinguish if they are acting out, if they are depressed. If they are in danger of relaxing. Once you've really started working with this population, and you really start trying to learn the culture, you to recognize. But I always say, when you sit in -- when you asked to sit in the support group meetings, that is when you really learn a lot.

And then major models of edition -- moral model and disease while. Moral model says poor morals and lifestyle are the reason that a person uses. Summa models even say well, your personality -- that predisposition are the causes for the addiction.

So the signs and symptoms when you are working with consumers, again, they don't care about themselves. They are not going to be dressing up. They may not look very clean. They will look a little disheveled. They start using drugs to deal with a problem. They have legal problems. They are irritable. Maybe they start arguments. Or there is a violent outburst. There is inappropriate spending and so forth. And a big, big key factor is that depression and anxiety. And then again, look at their environment. The dilator constricted pupils, slurred speech, blackouts, insomnia, that low self-esteem. That is a big, big red flag. The low self-esteem. Any resentment. Not being able to forgive themselves for doing what they did, for harming themselves and others. Questions so far?

We have a question. Are there strategies for working around constraints of agencies when you are working with someone with an addiction?

Ethically speaking, you really, really need to abide by what your agency says, what they expect. What they expect you to do and not do. My way around it would be to look at it as networking. And hopefully, we will get to those slides. But networking -- that is a big help to you and to your consumers because you need to become aware of whatever supports are out there, correct? That includes the self-help, the AA, the NA. That is why I recommend sitting in with one or two of the sessions. If you don't feel comfortable in that group, find another NA group aware that if you don't take the best if you don't like the venue facility where it is -- maybe it's in a bad location. Find another one. But be aware of that. This is how I would approach it. I would say -- well, you know, I know our agency doesn't allow this, this, and that. However, in the month of September, that is national recovery month. And I know some of the agencies out there, some of the support groups. Why don't we try to collaborate with them? Why don't we try to help them and see how they can help us for the betterment

of our consumers? That is how I would approach it. Anybody else have an idea? And also, did I answer your question?

Yes, you entered the person's question.

Okay. Networking is a big thing. And who is going to really say no to try to collaborate with other agencies? That happens, but really, if you approach it in a manner that is all good and we are trying to help each other this the big problem and we're trying to help each other and help our consumers. And we're trying to be ethical because we're obligated to share this information. We are obligated. Wind that? Why not -- why not ask and appreciative that matter?

These are the pictures I included. You will see up at the top in the top left-hand corner, those are needle marks but they are fresh needle marks. It's almost as if you go and get a flu shot. You can see the mark right away, it is kind of fresh. Right below that, you will see where sores have already developed. A lot of times, people will think that addicts will shoot up only on their arms. No. Neck, legs, feet, not just in the arms purpose if you are looking for track marks, fresh or old track marks on a person, for example, on a consumer, don't be surprised if you also see track marks around their neck. And addiction, it's not just drug addiction, but when you are looking at, for example, somebody dealing with anorexia. It is still an addiction. It is still an addiction. And in their minds, they are looking at themselves as being fat, even though they are as skinny as the girl shown in the picture. When someone uses mass -- meth, for example? You see how they age so quickly. These can quickly become a consumers, because for example, the picture of Heather there , just in three years, she changed dramatically. She was actually cooking meth and there was an explosion. That usually happens. It is not uncommon. And so she was burned. And so now, she is someone not just with an addiction, but with a disability because it affected her whole body. And then of course, another sign is if you see the person's teeth -- we call that meth mouth . And looking back -- again, let's think about ethics. How do we not judge this? Or how to we advocate for this consumer when an employer sees that they have meth mouth and is perhaps aware of -- okay, I know what that is and I know that this person does. And you are trying to advocate for your consumer with that employer. Questions, comments?

We have one purpose is referring to pictures, I have seen addict who don't display weight loss. Is that because some drugs cause increased appetite?

For example, somebody that uses marijuana -- that is a big thing is the munchies. That is why people with cancer will say they want to use it for medicinal first -- purposes or someone with HIV. For example, if someone cancer is going through chemo and

they cannot eat, then yes, so they smoke marijuana and they will get the munchies. And probably end up at Sonic. No, just kidding. But yes, they do gain weight. And sometimes, it could be not just so much the drug not allowing them to lose weight. But it could be the stage of use. For example, maybe they are just abusing and they are not into full-blown addiction yet. So therefore, you look at them and you are, like, no, they couldn't be using drugs. But they are really not in full-blown addiction and experiencing all of the other major side effects and illnesses that come with that.

Be disability and addiction -- again, the stages of addiction cycle -- basically, there is just drugs on the brain. And ABA protects the following types of disability. The ones that are current, recorded, or regarded. 's a physical or mental impairment that is a substantial limitation of a major life activity -- those are, for example, the ABA's manual tasks learning. And as I mentioned a few minutes ago, we need to consider the residual effects of drug use. I showed you the picture of Heather, but there are others that all of a sudden are diagnosed with HIV or by the time they seek medical attention, if they do, instead of may be ending up in an emergency room because of an overdose, they may be in full-blown -- they may have full-blown AIDS. Hepatitis C from sharing dirty needles -- and it's not abscesses, it is abscesses, as he saw the picture.

So that record of record physical methylparaben substantially limits left activity -- that is drug activity -- drug addiction. It substantially limits a major life activity. Even recovery can limit a major life activity because they have to learn a whole new way of living. They cannot just say -- oh yes, I'm going to keep this job. I am going to get the paycheck and I'm going to be fine. Those can be triggers. The stress of the job, getting that money in their pocket and all of a sudden, they have had a very stressful day. You don't have to go to work the next day and guess what? It is Friday. Time to party. 's even that paycheck can be a big trigger. So addiction -- yes, it does cause a record -- of physical or mental impairment that substantially limits a major life activity.

And regarded as having such an impairment. Again, we need to consider others attitude -- that attitudinal barrier. So when the consumer doesn't have impairments but who is treated by a public entity -- entity as having a -- and impairment that limits a such a major life activity like an addiction, they can be identified as having that disability and be protected under ADA. Questions or comments?

We don't have any questions -- well, I guess we do have a question. Do you think that people with addiction, if they knew that they could maybe qualify under ADA, they might be more open to discussing that? Their addiction?

I would say yes, provided that -- in this is what I am leading to in the next slide -- provided that they know it is a safe environment to discuss that. Because there is so much self-pity and they are just so hard on themselves. When they really try to get into recovery, there is so much shame and guilt that they are embarrassed to talk about it. What they try to look at meetings or even through counseling -- in this is where you come in -- being aware of -- who are the LCDCs in our area, who are the substance abuse counselors in our area? Where are the support group meetings? How open are we to work with these consumers and really listening to their stories? Because it is so incredible to listen to their stories. But at the same time, we have to be careful that we don't let them get carried away and those become horror stories. Because when they are bragging, again, that war story can become a trigger for someone else in recovery. So it is a fine line -- and again, it is kind of being strict, not being judgmental, just providing good headlines and being open to that. And I actually think that, yes, they would.

Some people that I know in recovery, they have asked -- what is that ADA and whether qualify? But they would always come back to -- how understating will they be of addiction? And my recovery? That's a good question. Any comments or questions?

You have a question. Are there rehab facilities that provide support for drug addicts with low income or without health insurance?

We had here in the Rio Grande Valley, we used to have what is called text commission alcohol and drug abuse. That is now a different part of the department of health services and think it is now. And we used to have an office that was overseen by two, despite tocata. They would offer free counseling, or depending on if the person was already working and just trying to stay in recovery, needed counseling sessions, maybe we would pay five dollars per session -- or maybe would pay five dollars a session. But if somebody was in full-blown addiction and was trying to recover, they could go there and that office was responsible for looking for the proper facility. Maybe it is an inpatient. Maybe somebody would be better at an outpatient facility. How much money do they have? Well, they don't have any.

Okay, I know this facility in corpus or this facility in Edinburg that has a bad. And they receive funds so the person with the addiction doesn't have to pay anything if they qualify. So yes, actually there is also a place out in Fredericksburg. And if a person qualifies, to receive free services at that rehab center and it said 28, 30 day inpatient. They can go in and stay there for 28, 30 days, as long as there is a bed and they don't have to pay anything. And -- but again, those are very hard to come by because it lot of these people who need to be in recovery or D2 coming to an inpatient

facility don't have insurance. Maybe they did but once the addiction -- once the addiction took over, there goes everything. That's a good question. But there are facilities of the. They are just hard to find. Other comments or questions?

We had one comment. It says currently, there are many programs where addicts are incarcerated or become incarcerated provides used think some sort of legislation will pass to help the many future?

I believe it will. Again, if we have more of us working towards that we need to, in a sense, look at the families, the backgrounds of some of the senators,, --, Congressman and so forth.

For example, we had one of our state representatives that was very active, did a lot for our area. With his son died of an overdose when he was about 17 and he had already peak -- been a father -- he already had a baby girl. When the sun passed away, then defocused changed. So no -- more work was needed to be done in that area. More awareness by this representative and he also was instrumental in getting a facility for teens -- an inpatient facility for teens built here in our area. So it can be done. But again, we have to be open, nonjudgmental. And do what we can, what we are ethically bound to do. We need to be to was it advocate for that, to change things. But yes, good questions. I love all these questions and comments. Awesome.

Any other questions, comments? Not at this time progress

Okay, so I am going to jump ahead because I know we are limited on time. But I do -- I had a case study but I think we've pretty much covered a lot of this. The recovery -- again, please be aware of AA, narcotics anonymous, cocaine anonymous, Alcoholics Anonymous, 12 steps. Be aware of these, and be open to learning about them is sharing about the, letting consumers know you know what? I may not understand everything but I'm trying and it's okay. It is safe for you to discuss this. And we talked about the life skills training, really trying to learn how to start life all over again. Something as simple as taking care of themselves to -- as something -- something as simple as how not to go out and use when they have a paycheck from a job. And people do relapse? It is almost impossible for someone not to relapse. And that is okay, as long as they get up in the -- they keep going and say it recovery. And you helped them. If that's your consumer. Encourage them. It's very, very rare when someone does not relapse. When they just say, that's it. I'm done with this and doesn't relapse. Likely, one of my friends who is a counselor was one of those people who just said I've had enough.

So recovery has to come first. Everything that the person lives in life does not have to come last, like it always has. So recovery is of utmost importance. Benefit. It has to be a way of life, not just for the person in recovery but for the family because remember, they become the enablers and become codependent. So they need to get into recovery as well. And that is part of the battle.

And I want to ask you -- I want you to think -- what visual awareness is in your agency? Do you have posters or resources as a list of AA meetings? Are you aware that September is recovery month?

[Event has exceeded scheduled time. Captioner must proceed to captioner's next scheduled event. Disconnecting at 1:03 p.m.]