

# Shine a Light on Stigma Podcast

## Transcript - Episode 4: The Lived Experience of Stigma - A Conversation with Certified Peer Recovery Coach Gresha Eberly

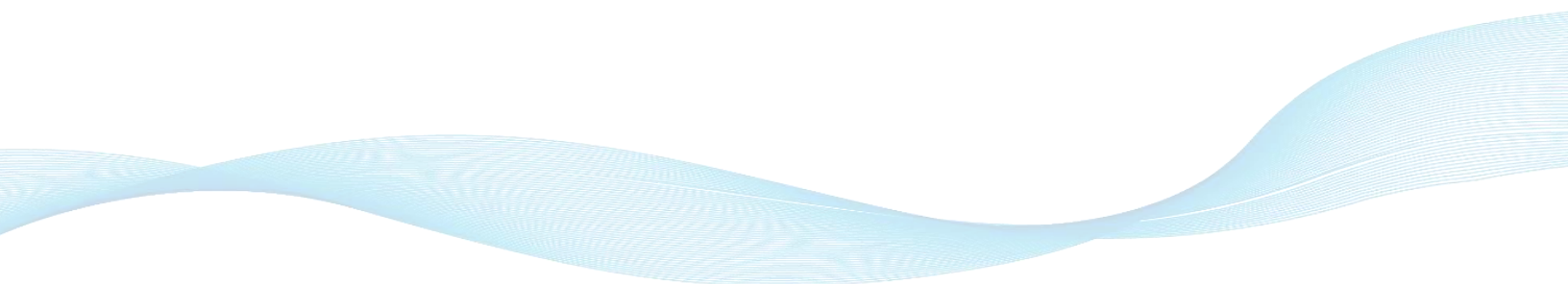
*Note: The Shine a Light on Stigma Podcast is produced for the ear and designed to be heard. This transcript is intended to augment the recording.*

*This podcast is part of a series that explores ways to eliminate stigma and help people with substance use disorders access the medical care they need. Produced by Superior Health Quality Alliance and Telligen, Quality Innovation Network-Quality Improvement Organizations under contract with the Centers for Medicare and Medicaid Services, an agency of the U.S. Department of Health and Human Services.*

**Brittany Rodriguez:** Hello and welcome to the Stigma Podcast. In this podcast, we're talking about the ways that stigma impacts people living with substance use disorder. We aim to inspire and empower our listeners to shift away from the culture of stigma towards one that promotes healing and recovery in a supportive and respectful way. I'm Brittany, and I'm here with Mia, as well as our guest today, Gresha Eberly. Before we jump into our conversation with Gresha, just a reminder that if you haven't already listened to our first three podcasts, we encourage you to go back and give them a listen. We think there's some pretty good stuff in there, and we want you to join the conversation. Send us your comments, questions, ideas for future topics to stigma podcast@telligen.org. Mia, how are you?

**Mia Croyle:** I'm doing well. We're just keeping on, keeping on. But I am so excited today, Brittany, about our guest. I feel like we've really got a great guest to have some conversation with, and I'm just super excited to, to jump in with her. But first, I just want to tell everybody a little bit about the fabulous Gresha Eberly. Gresha is a public advocate who has been working to de-stigmatize addiction treatment within health care settings. She's been featured in several media outlets. We'll try and throw some links in our description if we can. And her background is as an individual coming up on 10 years in recovery. So, she brings that lived experience to the conversation as well as the professional experience of having been a recovery coach since 2017. She's worked in an inpatient addiction consult service, and she is currently the project manager for the Heart Initiative. And I'll have her tell you a little more about that once we get going, with Michigan State University. So, she just brings a multifaceted approach to this conversation, and I'm so excited to get to talking with her. Yeah. So welcome Gresha and thank you. We're going to start, I'm going to start by asking you our traditional kickoff question, which is, what is your why? And what I mean by that is what makes the topic of stigma meaningful for you?

**Gresha Eberly:** First of all, I want to thank you guys for the opportunity to be a guest on this podcast today. I think the work that you guys are doing is really important and stigma needs to have a light shined on it, a lot more. my why is it comes down to not wanting anybody to feel like they have to go through this alone, like I did 10 years ago. I didn't have any, I didn't have any resources. I live in a rural area as well. and, uh, I didn't have any resources. I didn't have any, I didn't know anybody that, you know, that had a substance use disorder. I didn't know, I didn't know anybody in recovery. So I didn't have anybody. So when, when people are at the point that they are ready to get to seek treatment for substance use disorder, they're at their lowest point. I mean, we are at our lowest point. we're weak, we're vulnerable, guilt ridden and ashamed. And more times than not, we're facing withdrawal soon or we are in full tilt. so, a lot of times, people will go to their local ER, especially if they live in a rural area. And, you know, when you're walking into the ER or the emergency department, or I mean, any health care center, it could be your family practice anything like that. You're, you're at rock bottom, so you're super, you're scared to death about what's going to happen, what's going to happen in the future. Is this going to be the time that I don't get help and I die? Yeah, at the point that we are ready to get help, we are at rock bottom. So, walking into the emergency department and, having a physician come in already on the defensive because he has read your red flag chart, it makes it that much harder. It makes it that much scarier because when, when you're going



in there, you feel so small already. And then for a doctor to come in already on the defensive because he knows what you're going to ask for, or he thinks he knows. It brings a hopeless feeling. But there was already a barrier there for you. Like, just to even get help, there's...

**Brittany:** Already a barrier to overcome. One of just entering of going and knowing you're going to be judged or feeling like, you know, you're going to be judged.

**Gresha:** Right. Yeah.

**Brittany:** That's tough.

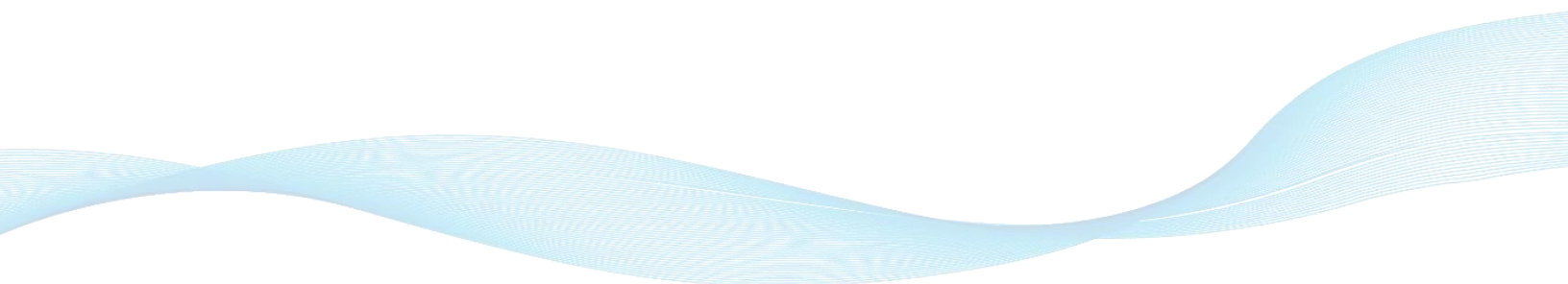
**Gresha:** It is. It's a tough thing to go through, and especially to go through it alone. So I try to put my face out there, my voice out there. I want people to know that they don't have to do this alone, that there is a whole recovering community out there waiting, ready, and willing to help. because facing stigma, it just, like I said, it's a hopeless feeling when you walk out of that hospital being discharged with nothing. I mean, it's a feeling of despair, really. So, I have a couple stories. One is a personal story. When I had dropped to my knees one day, decided to get treatment, I did not want to live like this anymore. I was on the verge of dying. I was having seizures every day. So, I went to my parents and said, I need to ride to the hospital. I'm going to get better, you know? And they were like, okay, we'll see. So, they dropped me off at the local, small rural hospital, and I waited in that tiny room in full detox for, I was dropped off at six p.m. and I didn't see anybody until about one o'clock in the morning. When the nurse came in, she took my vitals, walked out, and then the doctor came in. And when he first got into the room, he said, I know what you're here for, and it's not happening today. You're not getting anything prescribed. We're not giving you narcotics. I know you're just here drug seeking or doctor shopping, you know, and, I just felt, I feel like he would've treated my dog better than me, you know?

**Brittany:** How did you react to that in that moment, you know, of someone immediately telling you those things when you knew you were there to try to get help?

**Gresha:** I didn't know what to do. I was speechless. And then I told him that I was not, I'm not here for that. I'm here for the complete opposite reason. I need help. And he says, oh, we'll see. And walks out. So, I wait a few more hours in that tiny room, super sick, and then a social worker comes in and says, she just says, there's nothing we can do for you today. And then the nurse came in and discharged me, and then I walked out completely hopeless. And I used that same day, and I ended up having a pretty bad seizure that night because I was in withdrawal from benzo, from benzodiazepines, from Xanax. So, if they would've kept me and actually did an evaluation, they would've caught that. They would've caught that, and I wouldn't have suffered that seizure.

Another instance, just like mine happened to a girl I was working with. She walked out of the hospital, and she didn't use because she had a seizure before she could get to it. And the seizure, she fell on the side of her head and cracked her skull. And she was in the hospital for, I don't know, a couple weeks. Discharged, and she is still having problems today, from bleeding on the brain. So, if we would've got the proper evaluation, I don't think that would've happened.

**Mia:** That's so frustrating to hear those stories too, and it really, you know, it strikes me at first when you were talking, what struck me was how devoid of any, you know, human compassion. I mean, when we're, no matter what, when we're not feeling well, the thing that can be most healing is just a little tenderness, you know, a little, a little care. but then as you went on, what I found is I was just getting more and more angry because it's not just the lack of compassion, like this is bad care. Like, it, it's, it's almost like criminally bad care. You know, I can't think of another disease where it would be acceptable to do such a, bad job at evaluating the situation. And to send someone out of your facility in such rough shape and just sort of say, well, fend for yourself. You know, we wouldn't do that with someone with diabetes who was having, you know, a blood sugar crisis and couldn't get their blood sugars under control. We wouldn't just say, well, you know, you probably shouldn't have ate that and kick 'em up, you know, kick



'em to the curb. But for some reason, this idea that it's okay to do that to other human and to just, you know, completely shirk our responsibility as medical providers. I don't understand where, I mean, I do understand where that comes from, but it just infuriates me.

**Gresha:** Yeah. I mean, I don't want to sound like, you know, all health care professionals are awful. I mean, there's so many out there that do such a good job, you know, but I found more in the rural areas. that's where they need a little bit more stigma, education and training. I mean, I faced stigma almost daily for the last 20 years. I mean, I still do today. I mean, I was stigmatized for having a substance use disorder, stigmatized for, having or substance use during pregnancy, and then not stigmatized for being on medication for opioid use disorder. So, it's, it's everywhere for a lot of us and it's just, it's tough. It's tough to get it. I mean, it's, it's hard because you got to deal with, you got to deal with this disease daily, you know? And it's for the rest of your life, and you're thinking, gosh, am I going to ever get on the other side of this? So yeah.

**Brittany:** Right because it's even after the fact, right? Like you're no longer using, any kind of substance and, and yet still you're facing these, these stigmatizing, you know, comments or maybe just the bias that comes with it. But I guess the one thing that's giving me a little hope hearing these stories is knowing the work you're in right now, because it directly affects the way that you were stigmatized as, uh, someone who was struggling with a substance use disorder and showed up at an er. So I was wondering if you would tell us a little bit about that, because I think it really exemplifies the best practice that could be happening.

**Gresha:** The Hospital Engagement Addiction Resources team, HAR is the recipient of the Michigan Health Endowment grant funds. We partner with the Michigan Health and Hospital Association, to provide technical assistance for hospital systems interested in starting or expanding inpatient addiction treatment services within the hospital setting. We're, we know that hospitalization or, somebody with a substance use disorder can absolutely be a reachable moment, because like I said, they're at their lowest points. Some people come in with, you know, abscesses from injection use and a lot of things like that. And I've seen a lot of, endocarditis infection. Infection in the heart, and it's a reachable moment because like I said, they're at their lowest point. So, it's a very pivotal moment. And addressing the substance use disorder in patients who are hospitalized is associated better with better patient outcomes. And it decreases the likelihood of those patients returning to the emergency department or being rehospitalized. We do provide technical assistance as far as understanding billing, creating protocols, for example, protocols for initiating buprenorphine inpatient, and we help connect the hospitals with their surrounding local resources, like their community mental health just to kind of smooth out the transition from being discharged to outpatient treatment. So that's pretty much what we do. And we've been doing a lot of stigma education and training as well. We have a couple coming up in fall, some presentations in fall, so the hospitals are responding really well with the stigma training.

**Mia:** Yeah, that's awesome. It, it sounds to me like as you describe this, heart initiative, it almost sounds to me like you're creating sort of the easy button for hospitals. Like they're saying, we want to, sure. We'd be open to doing this, and then your program can really come in and help them with all those things that could be a barrier for hospitals to really get programs up and running or expanded. So, you know, like you said, the billing, the, the protocols connecting with other providers in the community, and you're able to help with all of those things. All they have to do is bring like the care. Which, you know, I love that idea of like, how can you just really make it plug and play and really easy for the hospitals because we know that, you know, there, like you said, there are good people within these systems who want to do what's right and it's hard. and so, bringing, bringing what you bring really does sound like a best practice for, for generating more availability of treatment, which is what something we know is really needed. And then bringing along like that stigma education as well. I think that's really great because you're helping to sort of, guide people through unpacking some of that bias so they can really connect with the patients in a less stigmatizing way.

**Gresha:** It really is amazing. they're, our team consists of two doctors and myself as the project manager. I, Dr. Kara Poland, and Dr. Paul Trowbridge. they both graduated from Wayne State University. They received their medical degree and they both trained at Boston Medical Center in Addiction Medicine. So, wow. And they've done some amazing things. And Dr. Trowbridge actually helped in creating the first, one of the first addiction inpatient addiction consult services at Boston Medical Center. And Dr. Poland created the inpatient addiction consult service at Corewell Health in 2020. The one that I worked on is recovery coach, both champions in the addiction medicine field.

**Brittany:** And that peer to peer is, you know, huge, especially in the medical field. And so, as providers, they can show, this is how you can participate in this, you know, this type of care. It's more meaningful maybe than just coming from a policy standpoint from a hospital. Right. Or saying, you need to start offering this. But having that peer-to-peer support, even to answer questions and to help them feel comfortable with that type of care is, is huge.

**Gresha:** Yeah. The stigma presentations, I mean, having physicians as well as somebody to put a face on substance use disorder. We're normal people. We're just like, we're just like everybody else. We're human.

**Mia:** Taking that unknown into something that's visible and known. Oh, I'm so sad. We're nearing the end of our time today. I told you it would just fly by. But Gresha, thank you so much for sharing part of your story with us and for telling us about the amazing work you're doing with the Heart Initiative as a best practice for creating more treatment availability. And Brittany, I think you have some exciting news about our next episode.

**Brittany:** I do. I am excited to introduce you all to another organization that's also in this world working on addressing stigma. So, we are going to be meeting with Drew Cook, with Shred the Stigma, which is a group out of Oklahoma City, Oklahoma, that is really addressing the work that's needed in areas where people can't always access it themselves. They're actually a mobile harm reduction unit. So, I'm really excited for you guys to meet them and to hear about how this work was started and how it can be implemented where you're at as well. So please tune in next month for that episode as well. And then feel free to reach out to us. Like we said earlier, we want to hear from you. We want to listen to your comments or feedback or, really anything you would like to share with us. We are open ears, so you can reach us at [stigmapodcast@telligen.com](mailto:stigmapodcast@telligen.com).

**Mia:** And if you want to make sure to not miss a future episode, you can subscribe to our podcast at your favorite podcast streaming service. Otherwise, you can always find us on both Telligen's website and the Superior Health Quality Alliance website. Thanks for listening, and we'll talk to you next time. And thank you so much, Gresha.

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