We Are Called to Be Advocates

By Mita M. Johnson, EdD, LPC, MAC, SAP, CTHP-II, NAADAC President

I made it through two graduate programs without ever discussing advocacy in action. It never occurred to me that as a professional working in the helping professions, I would be required to draw attention to the work we do and the clients we serve. Uncomfortable with the idea of politics and government influencing my career aspirations, I would have shied away from any discussion that would require me to consider engaging legislators and other decision-makers about addictions and mental health. I would have told you that I am not articulate enough to talk to legislators – surely, they will talk circles around me without listening to my head or heart. I just want to serve clients and the people who serve clients. Let those who are called to be advocates do what they do best. Well, we can all see how well that worked out for me!

What have I learned, since graduate school, along this career journey I have been on? My clients didn't wake up this morning and decide they wanted to have a substance use or mental health disorder. My clients didn't want to have an alcohol or heroin or meth use disorder. They didn't seek out anxiety and depression. They needed the pain to stop. They sought connection. They wanted a way out of their trap. They found a means to cope. Stigma, shame, society, family systems, criminal justice systems, race, age, trauma – all of these and so much more have silenced the voices of our clients. They are not being seen or heard by those who could help change the systems they find themselves in.

An advocate is, according to the Merriam-Webster Dictionary, a person who pleads the cause of another. An advocate educates and defends. An advocate supports or promotes the interests or needs of a group or a cause. Advocates demand equal treatment of all people. What I am learning is that I cannot use my lack of confidence or experience in advocacy as an excuse for remaining silent. I cannot make excuses for not advocating for our clients. Our clients need us to be their voice when they cannot be their own voice. They need us to advocate on their behalf, by bringing attention to their biopsychosocial-spiritual-emotional-relational needs. Stigma is real and it comes from all levels of education and all walks of life. Stigma is a barrier to accessing the treatment and recovery support resources our clients so desperately need. Stigma is a barrier to seeing our clients as individuals with a name and not as "those people." Working in the trenches with co-occurring disorders, we see how our clients are perceived and treated by the criminal justice system, healthcare system, and societal and political systems.

Our clients continue to have access to no care or substandard care. They continue to get blamed and rejected. Funding continues to go to other causes deemed more important than the hurting members of our communities. What drew me to NAADAC so many years ago was not only its mission but its people. The people who work for and with NAADAC – all the employees, volunteers, members, and allies – understand, care, and are willing to put themselves out there if it will promote scientific research and clinical practices that benefit clients. NAADAC is not afraid to put a spotlight on the compelling challenges we face around polysubstance use and co-occurring mental health and addictive behavior disorders.

NAADAC willingly and unceasingly speaks out for appropriate allocation of federal and state funding that supports the entire continuum of care from prevention to treatment to recovery support services. NAADAC actively and unabashedly bends the ear of any person who is in a position of influence, who can help us help those who cannot help themselves by themselves. If you are reading this article and thinking, like I did, that you have no idea what to do or where to start, or do not know how to articulate what needs to be said – you are not alone. I am grateful that NAADAC has a Public Policy Committee led by seasoned professionals who can help us learn how to influence emerging policy at the federal and state levels.

As professionals and service providers, we are called to be advocates. We may not realize it, but we are advocating for our clients on a regular basis with our colleagues, peers, supervisors, employers, funding sources, referral sources, and educators. We are advocating at the individual, group, institutional, and societal levels. We are advocating within systems – political, professional, and legal. Whenever we are talking about clients and their needs – we are advocating. Whenever we are talking about the issues and the barriers – we are advocating. So, while I may have thought early in my career that advocacy is best left to those who are passionate about being advocates, I no longer have the luxury of thinking that way. As all of us progress in our careers we enter more and more spheres of influence. To remain silent in those spheres of influence – to not give voice to the problems and barriers that we see and encounter on behalf of our clients daily – is to contribute to the stigma and problem. I truly believe it is our ethical and professional responsibility to advocate for those we serve whenever the opportunity arises. Please join NAADAC and me in raising up the needs and concerns of our clients, whenever and wherever you can.

Reference

"Advocate." *Merriam-Webster.com Dictionary*, Merriam-Webster, https://www.merriam-webster.com/dictionary/advocate. Accessed 12 Apr. 2021.

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