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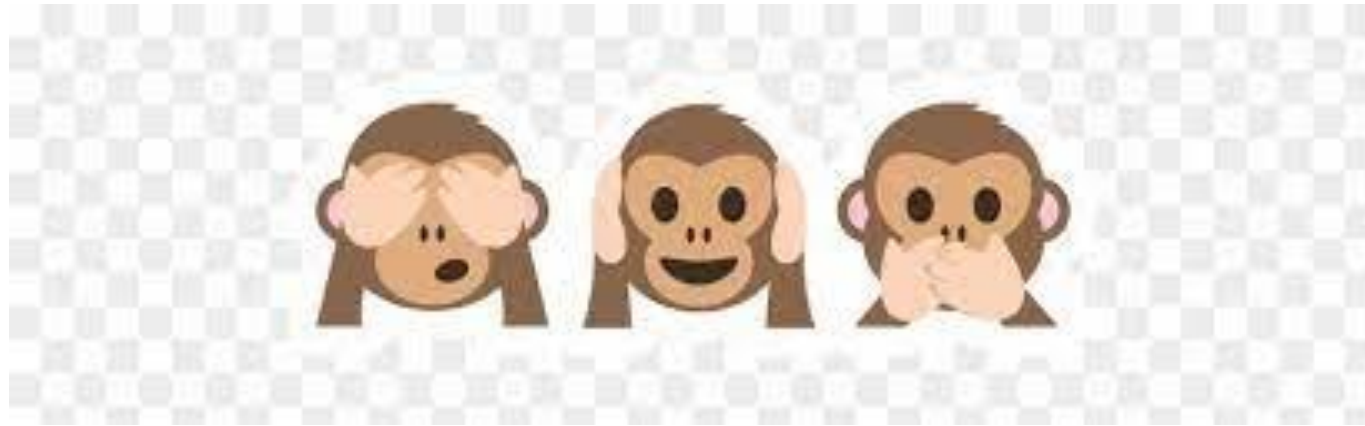
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DON'T BE COLOR-BLIND IN 2023

# THE COLOR OF ADDICTION, TREATMENT AND RECOVERY



- **Introductions**
- **What is the Color of Addiction (SUD), Treatment, and Recovery?**
- **JEDI**
- **Theories, Philosophies, Beliefs, Attitudes**
- **Diversity of Addiction (SUD), Treatment, and Recovery**
- **Beyond the Status-quo of Unpopularity (don't see, don't hear, don't speak)**



# AGENDA

# COLOR-BLIND QUIZ?

## True or False?

- SUD/Addiction sees no color.
- Treatment sees no color.
- Recovery sees no color.
- SUD Policies, Laws, and Practices are color-blind.
- Any and everybody has access to quality treatment and recovery services in US.
- Racial/Ethnic consumer populations treatment outcomes are no different that outcomes of their sustaining majority population counterparts.
- I do not see the color-gender-sex of people I work with.
- I see the complexity of SUD stuff through a lenses of Justice, Equity, Diversity, Inclusion.

# J.E.D.I. STARS

- Justice
  - Equity
  - Diversity
  - Inclusion
- 
- How does JEDI work relate to Addiction, Treatment and Recovery? How does JEDI work impact your work?

# JEDI NEEDED AT WORK

- **Justice**; all/most of the evidence supports the IDEA that there are justice disparities related to SUDs based on the color of a person's skin (ethnicity-race-class-culture)
- Racial Profiling policies like 'broken windows', 'identification checks', and racial bias impact police interactions (individually and institutionally); often related to drug possession and use suspicions
- Arrests; the disparities in law enforcement arrests related to substance use, possession, and distribution is significant between the sustaining majority population and all diverse racial/ethnic populations
- Convictions related to SUDs; most racial/ethnic diverse populations are convicted of Drug related offenses at a much higher rate than conviction rates of Drug related offenses among the sustaining majority population
- Disparity of Juvenile conviction rates are higher than adult rates
- Prison and Probation Sentences related to SUDs are far higher, more serious and longer among racial/ethnic populations than those same sentences among the sustaining majority population

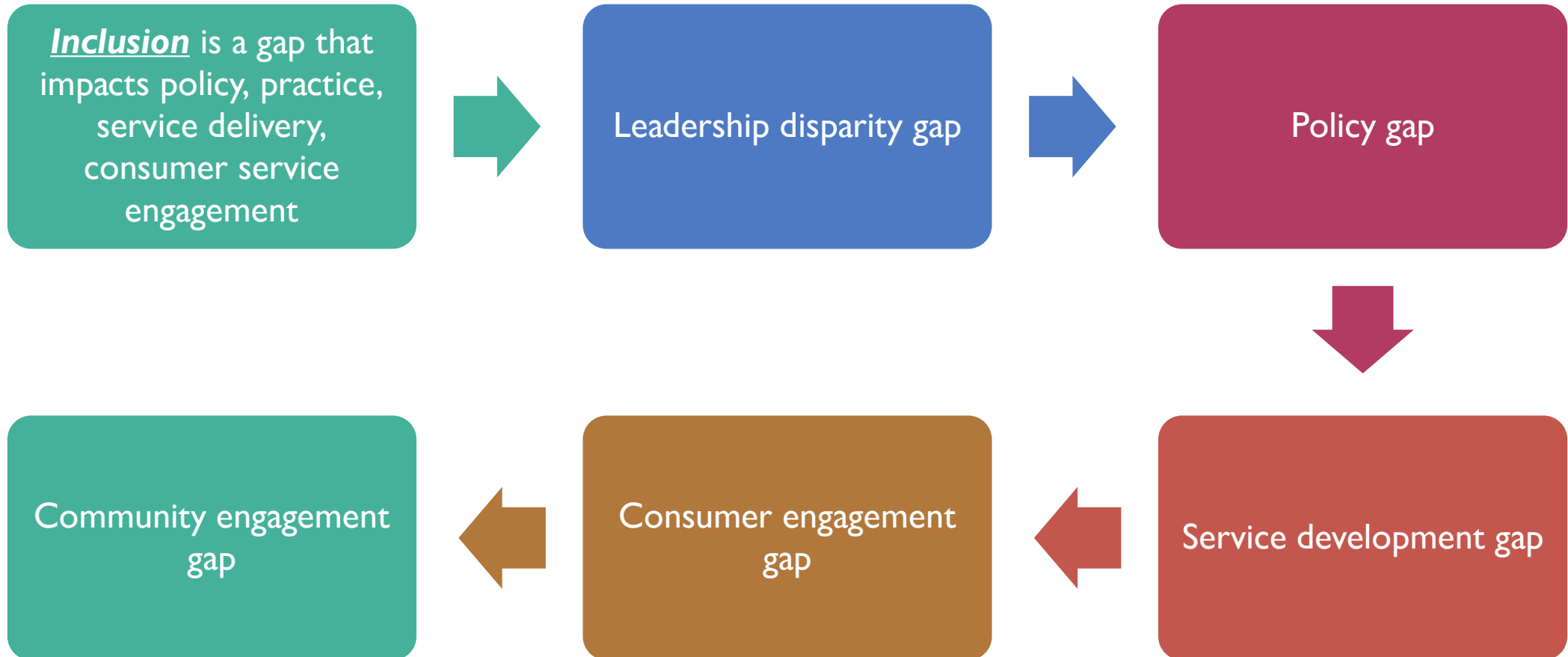
# JEDI NEEDED 2

- **Equity**; all/most of the evidence supports a lack of EQUITY in our education, prevention, intervention, treatment, and recovery support services
- Racial/Ethnic diverse service providers receive less funding than their sustaining majority provider counterparts
- Evidence and Promising practices reach Racial/Ethnic diverse providers and consumer populations much longer after initial dissemination of those practices to sustaining majority populations
- Racial/Ethnic/ LGBT+ provider and consumer populations less likely to be engaged in SUD research than their sustaining majority counterparts
- Racial/Ethnic providers much more focused on survival and sustainability than they are on quality improvement than their sustaining majority counterparts
- Racial/Ethnic/LGBT+ consumer populations have less access to quality services, receive services later in their SUD process, and have lower outcome rates than their sustaining majority consumer population counterparts

# JEDI NEEDED 3

- *Diversity* by consumer population rarely matches diversity by provider population
- Workforce development efforts continually fall short (start-stop-start-stop)
- Treatment outcomes positively affected by diversity representation (when consumers see their respective race/cultures represented at all levels of a service provider entity)
- Services and curriculum rarely reflect the diversity of populations served with exception of the sustaining majority

# JEDI NEEDED 4





# US POPULATION

| PEOPLE  |  |
|---|--|
| Race and Hispanic Origin  |  |
| White alone, percent  | <a href="#">?</a> <a href="#">?</a><br>75.8% |
| Black or African American alone, percent <a href="#">(a)</a>                  | <a href="#">?</a> <a href="#">?</a><br>13.6% |
| American Indian and Alaska Native alone, percent <a href="#">(a)</a>          | <a href="#">?</a> <a href="#">?</a><br>1.3%  |
| Asian alone, percent <a href="#">(a)</a>                                      | <a href="#">?</a> <a href="#">?</a><br>6.1%  |
| Native Hawaiian and Other Pacific Islander alone, percent <a href="#">(a)</a> | <a href="#">?</a> <a href="#">?</a><br>0.3%  |
| Two or More Races, percent  | <a href="#">?</a> <a href="#">?</a><br>2.9%  |
| Hispanic or Latino, percent <a href="#">(b)</a>                               | <a href="#">?</a> <a href="#">?</a><br>18.9% |
| White alone, not Hispanic or Latino, percent                                  | <a href="#">?</a> <a href="#">?</a><br>59.3% |

# THE COLOR OF SUDS (BRUSH STROKES)

- SUD prevalence among diverse populations varies by substance, age, gender, socio-economic status; correlations link prevalence to **Social Determinants of Health** (disparities) and **Adverse Childhood and Persistent Traumatic Experiences**:
  - Linguistic diversity of SUD/addiction among diverse populations is as diverse as the populations themselves. Different racial/ethnic groups define SUD differently.
  - Native American – cultural and spiritual connection deficits
  - Hmong – medical and spiritual connectedness problems
  - Euro-American – Health, medical, character problems, disease victim
  - Somali – religious, psychiatric/psychological/disease/illness, family problems (shame, stigma)
  - African American – religious, social, and moral problems
  - LGBT+ - identity, family, mental health problems
  - Hispanic/Latino American – family and religious problems



**FAMILIA**

# CRITERIA AND COLOR

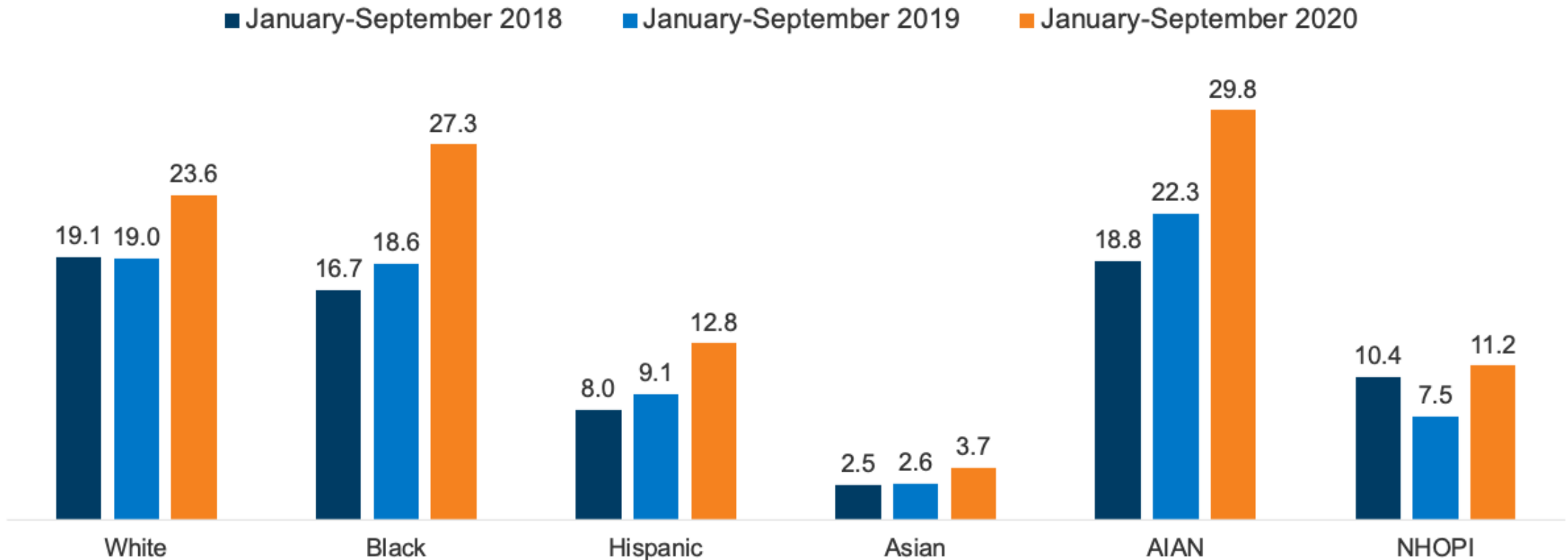
## DSM V

- Used larger amounts/longer
- Hazardous use
- Repeated attempts to control use or quit
- Neglected major roles to use
- Social or interpersonal problems related to use
- Much time spent using
- Activities given up to use
- Physical or psychological problems related to use
- Craving
- Tolerance
- Withdrawal

## ASAM

- Intoxication/Withdrawal
- Biomedical
- Emotional/Behavioral/Cognitive
- Readiness for Change
- Relapse/Continue Use
- Recovery Environment
- How are these criteria evaluated within the context of race/ethnicity/culture?

# Drug Overdose Deaths Per 100,000, by Race/Ethnicity



NOTES: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. AIAN refers to American Indian and Alaska Native people. NHOPI refers to Native Hawaiian or Pacific Islanders.

SOURCE: Estimates for 2018 are from CDC National Center for Health Statistics. Multiple Cause of Death 2018-2019 on CDC WONDER Online Database, from: <https://wonder.cdc.gov/mcd-icd10-expanded.html>. Estimates for 2019 and 2020 are based on provisional CDC, National Vital Statistics System data, from: [https://www.cdc.gov/nchs/data/health\\_policy/Provisional-Drug-Overdose-Deaths-Quarter-Demographic-Q32020.pdf](https://www.cdc.gov/nchs/data/health_policy/Provisional-Drug-Overdose-Deaths-Quarter-Demographic-Q32020.pdf). Population estimates from Census Bureau Monthly Population Estimates.



# THE COLOR OF TREATMENT

- Access limited to mostly sustaining majority population provider services
- Service Models designed, developed, and studied mostly by and on sustaining majority populations
- Mis-diagnosis phenomenon
- SUD curriculum and service adaptations rarely done with fidelity (guess patch-work at best)
- Provider Outcomes of services delivered to SUD consumers show lower rates of service completion, program service goal attainment, and service satisfaction among racial/ethnic diverse consumers than outcomes of sustaining majority consumer populations (what is our training and provider role?)
- Service Environment scans rarely reflect the diversity of populations served, rather décor and textiles reflect the sustaining majority population

# A WAY OF BEING WITH PEOPLE:

- Be a Partner (Collaborative & Engaging)
- Be Evocative & Empowering (Curious about Their Perspective)
- Be Accepting (Unconditional Regard/Worth, Affirmative, Empathic, Allow for Autonomy)
- Be Compassionate (Practice Lovingkindness)

## ❖ *The Spirit of Motivational Interviewing*

- These humanistic attributes exemplify what is possibly the greatest single predictor of client success; the rate in which the helper believes the help-ee can change
- These attributes also exemplify a degree of cultural language and behavior that virtually every cultural group desires

“Imagine if the government chased sick people with diabetes, then sent them to jail. If we did that, everyone would know we’re crazy. Yet we practically do the same thing every day of the week to sick people hooked on drugs.”

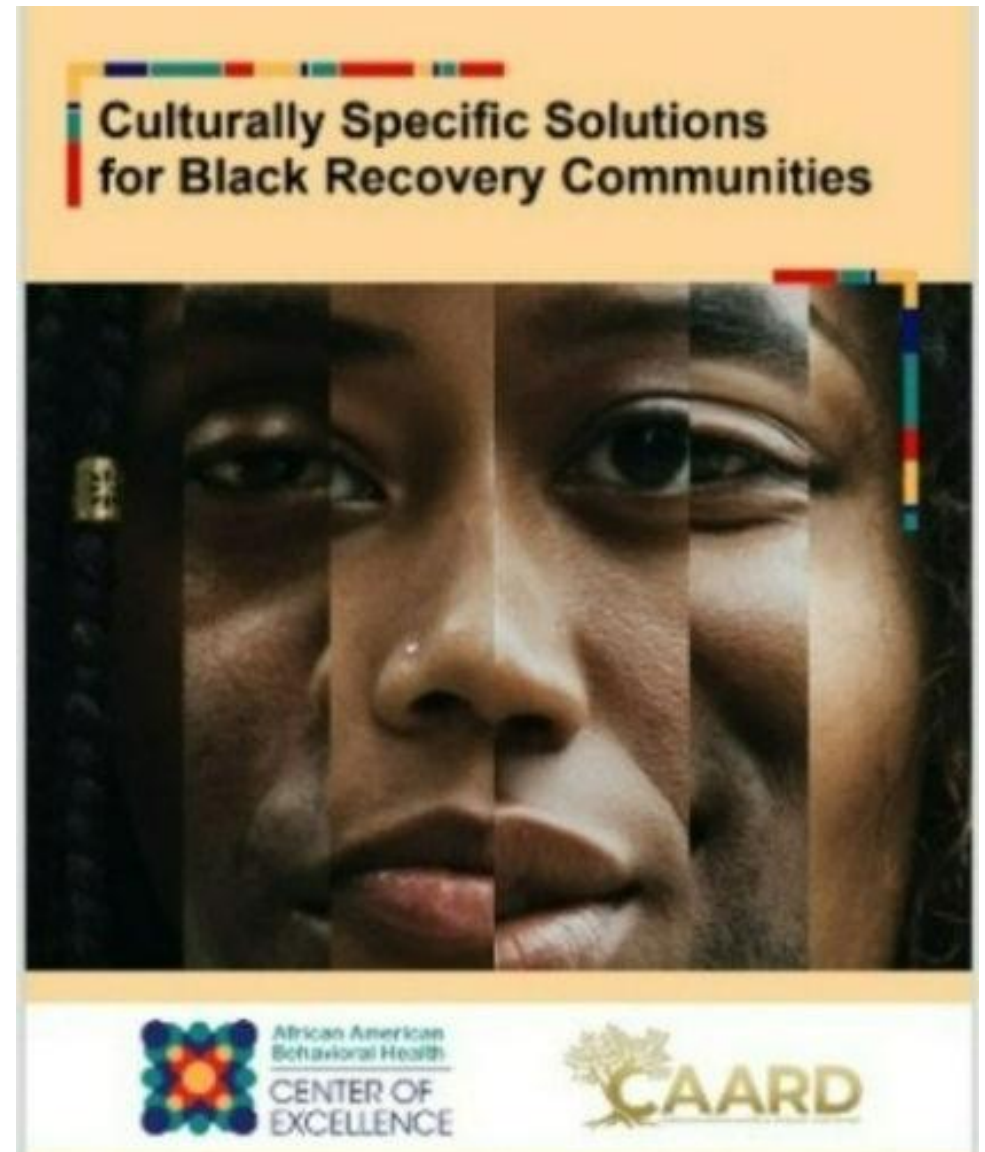
**- Billie Holiday**





# THE COLOR OF RECOVERY

- Linguistic diversity of recovery among diverse populations
- Pathways
- Community Recovery Organizations in diverse communities
- [www.theCAARD.org](http://www.theCAARD.org)



**‘In recovery you  
can move a tree,  
but to sustain  
recovery you must  
heal the land’**

- Don Coyhis, President, White Bison

❖ *paraphrased*



# MULTIPLE PATHWAYS

“Allah has the power to cure any illness or problem. I developed the faith to find His comfort. I also relied on SUD and MH treatment for support”

Farhia Budul, Founder of Niyyah Recovery Initiative

❖ *Photo from the play; Redemption (2022)*



# MULTIPLE PATHWAYS 2

- Abstinence
- Collegiate
- Community
- Cultural Expression and Creativity
- Diet
- Education
- Familial
- Harm Reduction
- Health/Wellness/Exercise
- Holistic
- Religious
- Social



# RECOVERY DIVERSLY DEFINED

- SAMHSA = “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”
- Wellbriety = **to be sober and well**; that we must find sobriety from addictions to alcohol and other drugs and recover from the harmful effects of drugs and alcohol on individuals, families and whole communities.
- African American recovery is restorative, holistic, and preventive; it includes physical, mental, social, and spiritual growth. Recovery embraces values and traditions of African American culture, and it's communal and interconnected with our people. Recovery involves participating in family, neighborhood, community, and individualized healing that contributes to sustained health and wellness.
- Hispanic and Latino people often emphasize the family and community, focus on strengths, and reinforce identity (and intersectionality) when talking about what recovery is to them.

# COLLEGIATE RECOVERY

- Engagement equity gaps
- 1/2 of diverse students with SUD/COD receive services compared to their sustaining majority counterparts
- Diverse students 2x more likely to be punished for SUD related behaviors than their sustaining majority counterparts
- Target engagement, bring these activities to diverse student networks (don't expect them to come to you)
- Inclusion of cultural activities within CRP/CRC services
- Inclusion of diversity lenses within CRP/CRC membership criteria

# DIVERSITY ADVOCACY

- Go to the community
- Get to know the people – make real meaningful connections
- Involve the community/family/elders/youth
- Find some art and other expressive cultural stuff
- Learn diverse language meaning around SUD, treatment, and recovery
- Self-assessment and assess your organizations through JEDI/IDEA lenses
- Call-in and Call-out – create space for growth
- Practice with Lovingkindness



# **BELIEVE**

## **• 100%**

- The degree to which Justice, Equity, Diversity, Inclusion can be achieved
- The degree to which our services can change
- The degree to which All People can change





# A FEW SOURCES

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