



**THIS IS WHO WE ARE.**



**FACES & VOICES  
OF RECOVERY**

ADVOCATE. ACT. ADVANCE.

# LIBERATION IN ACTION

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**The recovery space cannot continue to be racist, misogynistic and homo/transphobic.** *Statistics show us that white cisgender individuals have greater access to reliable quality treatment and recovery support services than Black, indigenous and people of color (BIPOC), members of the LGBTQIA+ community, those living in poverty, and other marginalized folx. These glaring disparities cannot be ignored.* **It is the recovery movement's responsibility to create new advocates who will agitate for systemic change. This work must be grounded in a politic and analysis that fosters lasting change for all individuals impacted by drug use.**

Today we will:

1. Educate ourselves about history, and the intersectionality of gender, race, and class with addiction
2. Uncover our own biases, blind spots & bullshit
3. Develop actionable steps to individually and collectively deconstruct and dismantle policies and practices that enable inequity

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# TOGETHER, LET'S CHOOSE BRAVE.

**A *safe space*** is ideally one that doesn't incite judgment based on identity or experience - where the expression of both can exist and be affirmed without fear of repercussion and without the pressure to educate. While learning may occur in these spaces, the ultimate goal is to provide support.

**A *brave space*** encourages dialogue. Recognizing difference and holding each person accountable to do the work of sharing experiences and coming to new understandings - a feat that's often hard, and typically *uncomfortable*.

## GROUP AGREEMENTS

1. *Acknowledge the difference between intent & impact*
2. *Assume positive intent*
3. *Be aware of your triggers*
4. *Be transparent, authentic & vulnerable*
5. *Embrace curiosity*
6. *Give others room*
7. *Open Ears, Open Mind, Open Heart*
8. *Take responsibility*
9. *We can't be articulate all of the time*

# HOW TO BE LESS STUPID

## On Racism, Sexism & Classism

1. What kind of contact have you had with people of different races, genders, sexual orientation, classes?
2. How comfortable are you with discussing issues related to gender identity and sexuality?
3. Who told you your race, your gender and/or your class? How was it explained to you?
4. Have you ever assumed someone's gender based on their presentation?
5. Have you ever been misgendered or had your gender identity treated as an illness?
6. When were you first aware that there was such a thing as race and racial difference? How old were you?
7. Have you been denied care or treatment b/c of your gender?
8. What kind of messages did you get about race, gender, sex and class as you entered the recovery space?
9. When you were growing up, what kind of information did you get about BIPOC and/or LGBTQIA+ people through media?
10. Are you aware of the resources in your community for non-binary and/or queer folks?
11. Would you be able to discuss how a trans person can increase their recovery capital?
12. When did you discuss gender identity and sexuality in any of your training?
13. Have you been frustrated by the lack of gender-affirming treatment in the SUD community?

*Adapted from Crystal M. Fleming's book: How To Be Less Stupid About Race: On Racism, White Supremacy and the Racial Divide*

# THE ISM'S

**Ableism** is treating non-disabled people as the standard, therefore excluding the disabled

**Classism** is discrimination based on class often involving class superiority

**Racism** discrimination based on race often involving race superiority

**Ageism** is stereotyping of people based on age

**Sexualism** is treating heterosexuality as the standard, excluding gay and lesbian, pan, asexual, etc

**Cissexism** is the belief that transsexuals identified are inferior to, or less authentic than cisgender people

**Sizeism** is discrimination based on body shape, such as disdain toward overweight or underweight people or treating 'normal weight' as the standard

# THE FOUR I'S OF OPPRESSION

**Ideological:** A system of beliefs or ideas

**Institutional:** Using the laws, the legal system, the education system, public policy, media, political power, etc... to maintain ideology

**Interpersonal:** The idea that one group is better than another and has the right to dominate/control the other

**Internalized:** The oppressor doesn't have to exert any more pressure, because we now do it to ourselves and each other

## **Overt White Supremacy (Socially Unacceptable)**

Lynching  
Hate Crimes  
Blackface The N-word  
Swastikas Neo-Nazis Burning Crosses  
Racist Jokes Racial Slurs KKK

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Calling the Police on Black People White Silence Colorblindness  
White Parents Self-Segregating Neighborhoods & Schools  
Eurocentric Curriculum White Savior Complex Spiritual Bypassing  
Education Funding from Property Taxes Discriminatory Lending  
Mass Incarceration Respectability Politics Tone Policing  
Racist Mascots Not Believing Experiences of BIPOC Paternalism  
"Make America Great Again" Blaming the Victim Hiring Discrimination  
"You don't sound Black" "Don't Blame Me, I Never Owned Slaves" Bootstrap Theory  
School-to-Prison Pipeline Police Murdering BIPOC Virtuous Victim Narrative  
Higher Infant & Maternal Mortality Rate for BIPOC "But What About Me?" "All Lives Matter"  
BIPOC as Halloween Costumes Racial Profiling Denial of White Privilege  
Prioritizing White Voices as Experts Treating Kids of Color as Adults Inequitable Healthcare  
Assuming Good Intentions Are Enough Not Challenging Racist Jokes Cultural Appropriation  
Eurocentric Beauty Standards Anti-Immigration Policies Considering AAVE "Uneducated"  
Denial of Racism Tokenism English-Only Initiatives Self-Appointed White Ally  
Exceptionalism Fearing People of Color Police Brutality Fetishizing BIPOC Meritocracy Myth  
"You're So Articulate" Celebration of Columbus Day Claiming Reverse-Racism Paternalism  
Weaponized Whiteness Expecting BIPOC to Teach White People Believing We Are "Post-Racial"  
"But We're All One Big Human Family" / "There's Only One Human Race" Housing Discrimination

## **Covert White Supremacy (Socially Acceptable)**

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# WHAT IS INTERSECTIONALITY

*...the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage...*

Kimberlé Williams Crenshaw

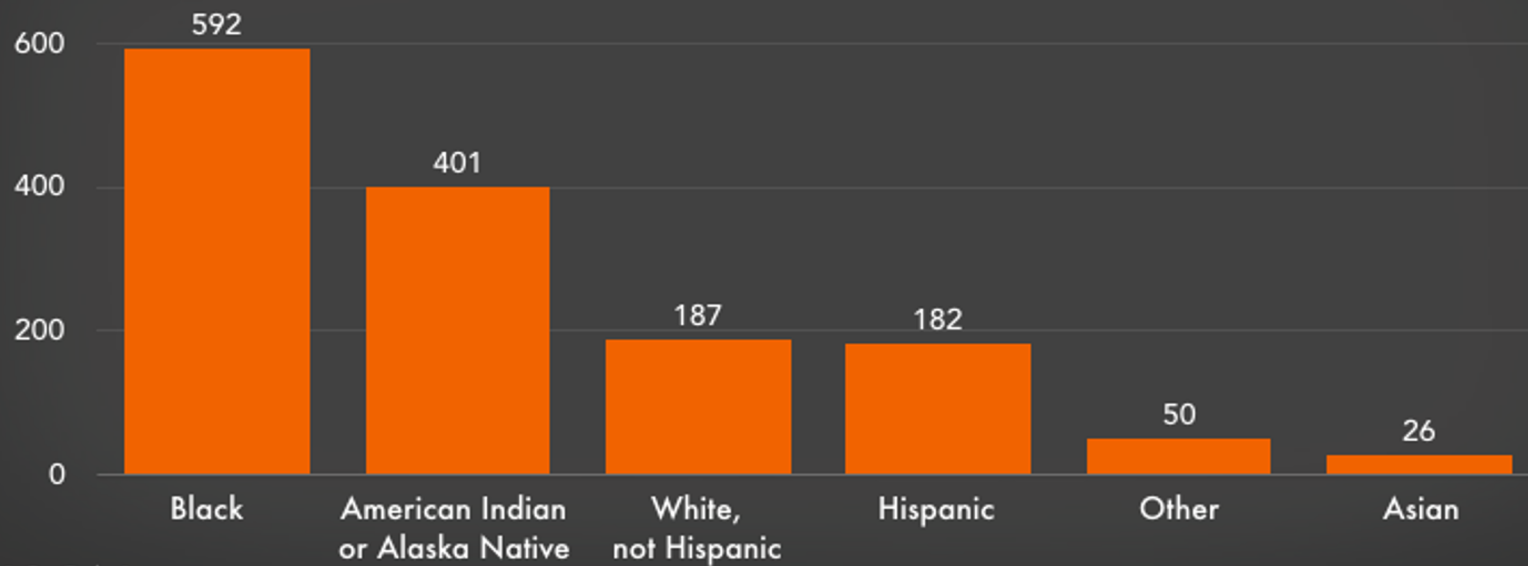


# ADDICTION RELATED STATISTICS

- 2018 National Survey on Drug Use and Health (NSDUH), suggests that substance use as reported by “sexual minority adults” (lesbian, gay, or bisexual) is higher than those reported by heterosexual adults
  - 37.6% of these adults 18 and older reported past year marijuana use, compared to 16.2% reported by the overall adult population.
  - Past year opioid use was also higher with 9% of sexual minority adults aged 18 or older reporting use compared to 3.8% among the overall adult population.
    - **9% of sexual minority adults aged 26 or older reported past year misuse of prescription opioids—an increase from the 6.4% who reported misuse in 2017.**
- Addiction treatment programs that offer *specialized groups for gay and bisexual men* show better client outcomes compared non-specialized programs. But, only 7.4 % of treatment programs offer specialized services for LGBTQIA+ patients

## Racial disparities in local jail incarceration rates, 2018

Number of people incarcerated in local jails per 100,000 people in each racial or ethnic category



**PRISON**  
POLICY INITIATIVE

Source: Bureau of Justice Statistics *Jail Inmates in 2018* Table 2

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Drug addiction has devastated marginalized & disenfranchised communities for decades, and in recent years, the national opioid overdose death rate has increased most quickly among Black populations.



“ADDICTION DOESN’T DISCRIMINATE”

# WHY DOES THIS MATTER?

'Much of Western European History conditions us to see human differences in simplistic opposition to each other: dominant/subordinate, good/bad, up/down, superior/inferior.'

In a society where the good is defined in terms of profit rather than in terms of human need...'

Sister Outsider: *Age, Race, Class and Sex: Women Redefining Difference* --  
**Audre Lorde**



**Allyship** is the practice of emphasizing social justice, inclusion, and human rights by members of an *ingroup*, to advance the interests of an oppressed or marginalized *outgroup*. In order to be an effective and authentic ally, one must clearly know the history of a movement, being aware of the space you take up and your cost to the movement.



**Performative Allyship** can cover a wide scope of behaviors, but it's essentially the practice of words, posts and gestures that do more to promote an individual's own virtuous moral compass than actually helping the causes that they're intending to showcase. Attending marches, having the 'brands,' appropriating terms, chasing the 'feel-goods' about the work and missing the fact that this work is done mostly without recognition.

## TO BE AN ALLY IS TO...

1. Take on the struggle as your own.
2. Transfer the benefits of your privilege to those who lack it.
3. Amplify voices of the oppressed before your own.
4. Acknowledge that even though you feel pain, the conversation is not about you.
5. Stand up, even when you feel scared.
6. Own your mistakes and de-center yourself.
7. Understand that your education is up to you and no one else.

# ALLY CONTINUUM

**APATHETIC**

NO UNDERSTANDING  
OF THE ISSUES

**AWARE**

KNOWS BASIC  
CONCEPTS, NOT  
ACTIVE ON BEHALF  
OF SELF OR OTHERS

**ACTIVE**

WELL-INFORMED,  
SHARING AND SEEKING  
DIVERSITY WHEN  
ASKED/PROMPTED

**ADVOCATE**

COMMITTED, ROUTINELY  
AND PROACTIVELY  
CHAMPIONING  
INCLUSION

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## Becoming Anti-Racist



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# CONSIDERATIONS

## NON-EQUITABLE

- Focusing on abstinence-based recovery
- Using the 12-steps in lieu of treatment
- Using evidence-based practices
- Not seeing racial or gendered oppression as trauma
- Not recognizing that people change or reclaim their identity in treatment
- Not understanding the interlocking nature of oppression
- Not seeing how your facility participates (implicitly or explicitly) in white supremacist culture
- No marginalized folx in positions of power or as decision makers

## EQUITABLE

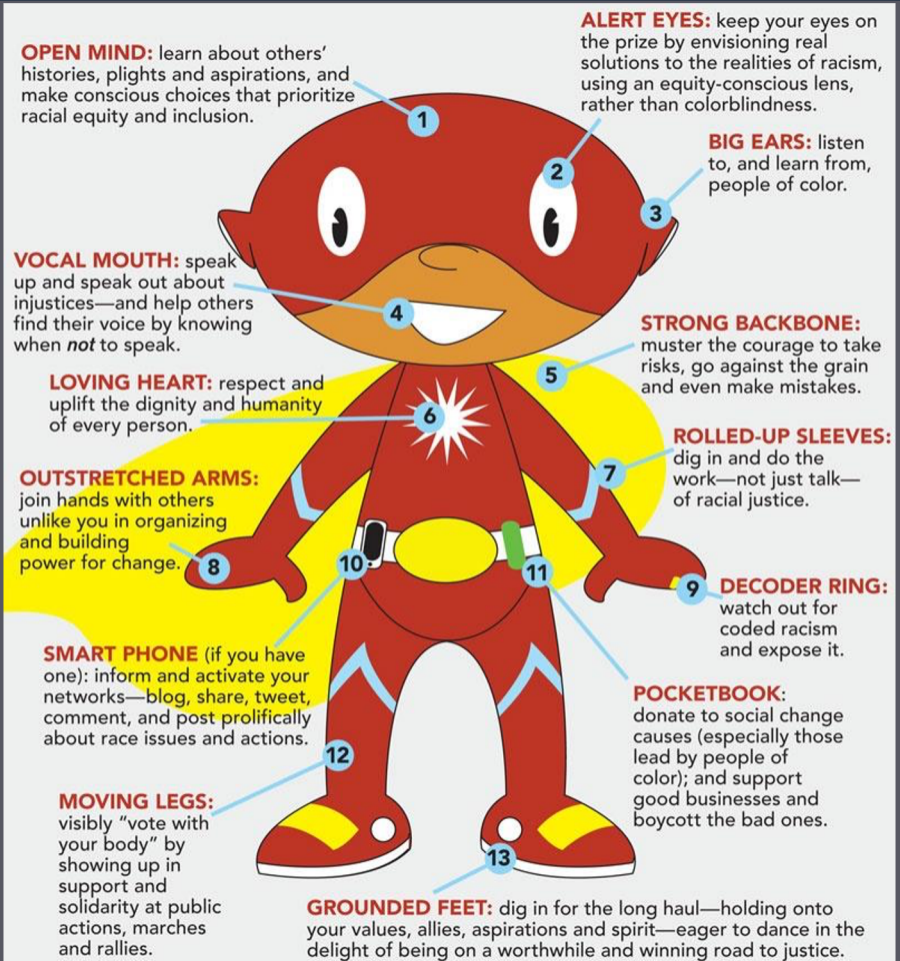
- Marginalized folx in positions of power
- Increased access and specialized treatment for specialized communities
- Treatment/recovery support services centered on marginalized folx
- Rehabilitative versus punitive responses
- Practiced-based evidence models of treatment
- Having a staff that is educated and equipped with helping marginalized communities
- Offering help BEYOND abstinence-based treatment and/or recovery support
- Stop calling treatment with medication MAT or MAR--call it treatment or recovery
- Empower those in the treatment community to make decisions on treatment

# WHAT'S NEXT?

No two communities are the same. No one knows your community like you.

Now, with this new information about the intersectionality of race, gender, class and **ADDICTION**, what needs to be done in your community?

Put in the chat **2 actionable steps** that are realistic and relevant based on your community.



# Completing Evaluations

- Please complete your evaluations in order to receive your CEUs.
- Thank you for joining us!



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