

# Steering Committee Members



The Steering Committee is made up of scientists, clinicians, RCC leadership and persons with lived experience from multiple organizations and institutions from across the US.

## Principal Investigators:



John F.  
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# Nationwide Survey of RCCs

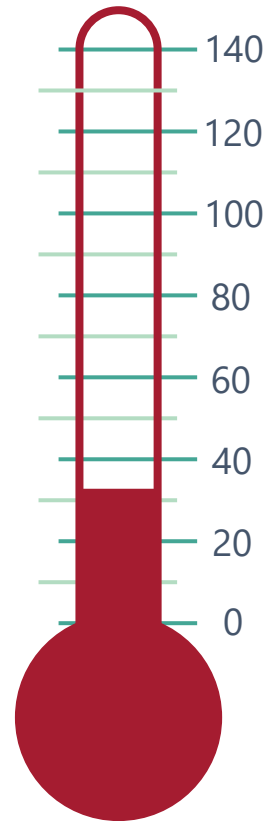


## Goals of this study:

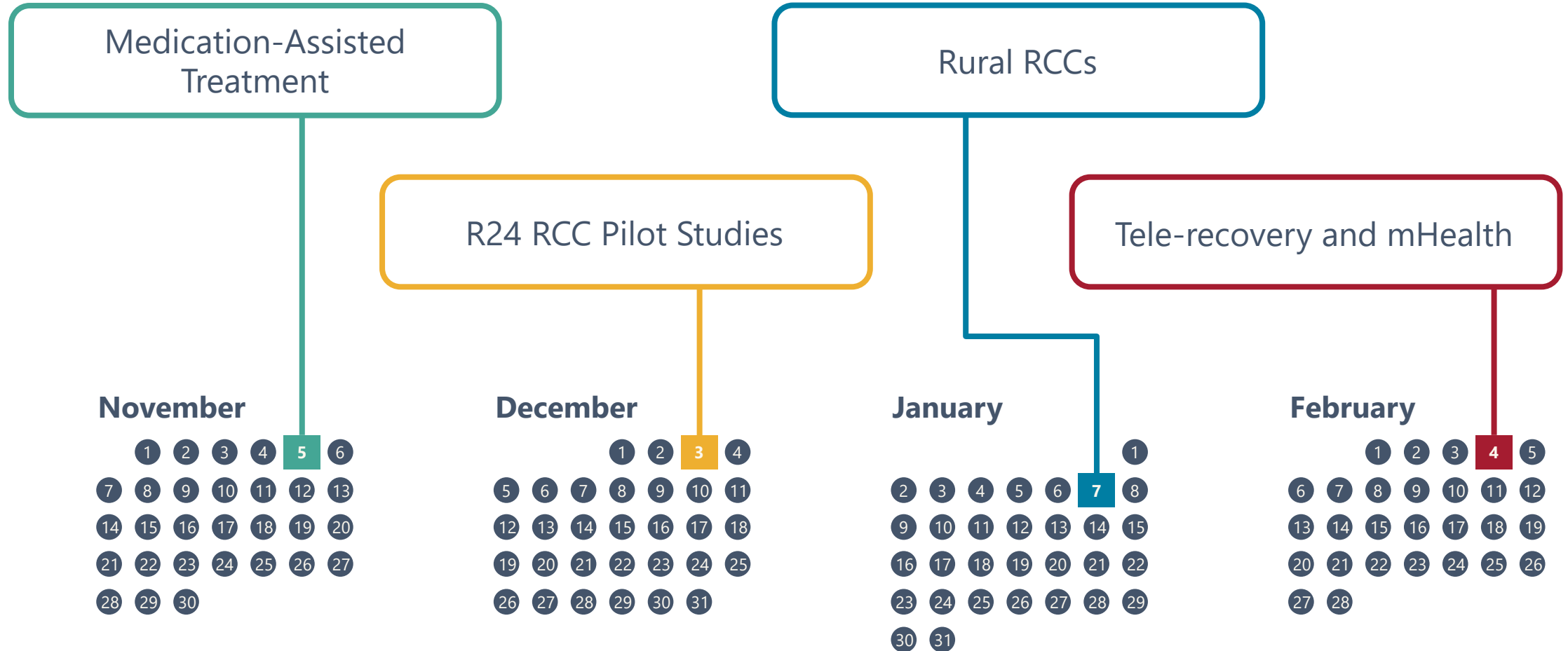
- To gain insight into the types of recovery community centers (RCCs) that exist, and the communities which they serve
- To gain feedback from RCC leadership about potential outcome measures that could be used to capture the positive impact RCCs make on the individuals and communities they serve

*If your RCC has not received a link to this survey, please email us at [recoveryseminars@mgh.harvard.edu](mailto:recoveryseminars@mgh.harvard.edu) or call us at (617) 724-7932 and we will send you a link.*

**Goal: 150 RCCs**



# Upcoming Seminars



# RCC Live Feature

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We are featuring a different RCC at the start of each of our seminars in order to allow all participants to learn first-hand about RCCs

Michelle Harter

Anchor Recovery  
Community Center



**Anchor Recovery**  
Community Center

<https://anchorrecovery.providencecenter.org/>

# Polling Questions



## Who are you? Select ALL that apply.

- Recovery community center (RCC) participant
- Recovery community center (RCC) staff / leader
- Clinician
- Prescriber (of medications for opioid use disorder)
- Recovery support staff / peer worker / volunteer
- Scientist (including scientists in training)
- Recovery advocate
- Healthcare decision maker (e.g., hospital leadership, department of health, etc.)
- Person with lived experience (regarding recovery)
- None of the above

## What is your gender? Select one.

- Male
- Female
- Other

## What is your race? Select ALL that apply.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Other

## Do you identify as Hispanic or Latino?

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

## Please read each statement, and click the check box if you believe them to be TRUE:

- Most users of illicit drugs are White, but people of color represent the vast majority of arrests and convictions
- There is currently an 18:1 disparity in sentencing for possession of crack vs. powder cocaine
- Black and Latinx Americans are less likely than Whites to receive specialized addiction treatment
- In 2019, Black Americans had the highest rates of opioid-related overdose deaths
- White patients are more likely to be prescribed buprenorphine, whereas patients of color are more likely to be prescribed methadone



# Presenters

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**Monica Skewes**  
Associate Professor at  
Montana State University



**David Njabulo Whiter**  
Founding member of  
AAFRO



**Laurie Johnson-Wade**  
Co-founder of Lost  
Dreams Awakening RCO,  
member of AAFRO

Our next seminar will focus on medications for opioid use disorder, and the role RCCs can play in addressing them. If you are an RCC director, and would like to be a speaker at that seminar, please contact us!





# Harm Reduction and Anti-Racism in Addiction Treatment

Monica Skewes, Ph.D.

Department of Psychology and  
Center for American Indian and Rural  
Health Equity, Montana State University

[monica.skewes@montana.edu](mailto:monica.skewes@montana.edu)

October 1, 2021





# Drug Laws and Racism

- In 1980, drug offenders comprised 6% of prison populations. Currently, nearly 50% of federal inmates are incarcerated for drug offenses.

—Federal Bureau of Prisons, 2015

- Drug laws in the U.S. were developed within a context of racism and xenophobia, not as a response to public health threats.

--Lusane, 1991; Hart, 2013

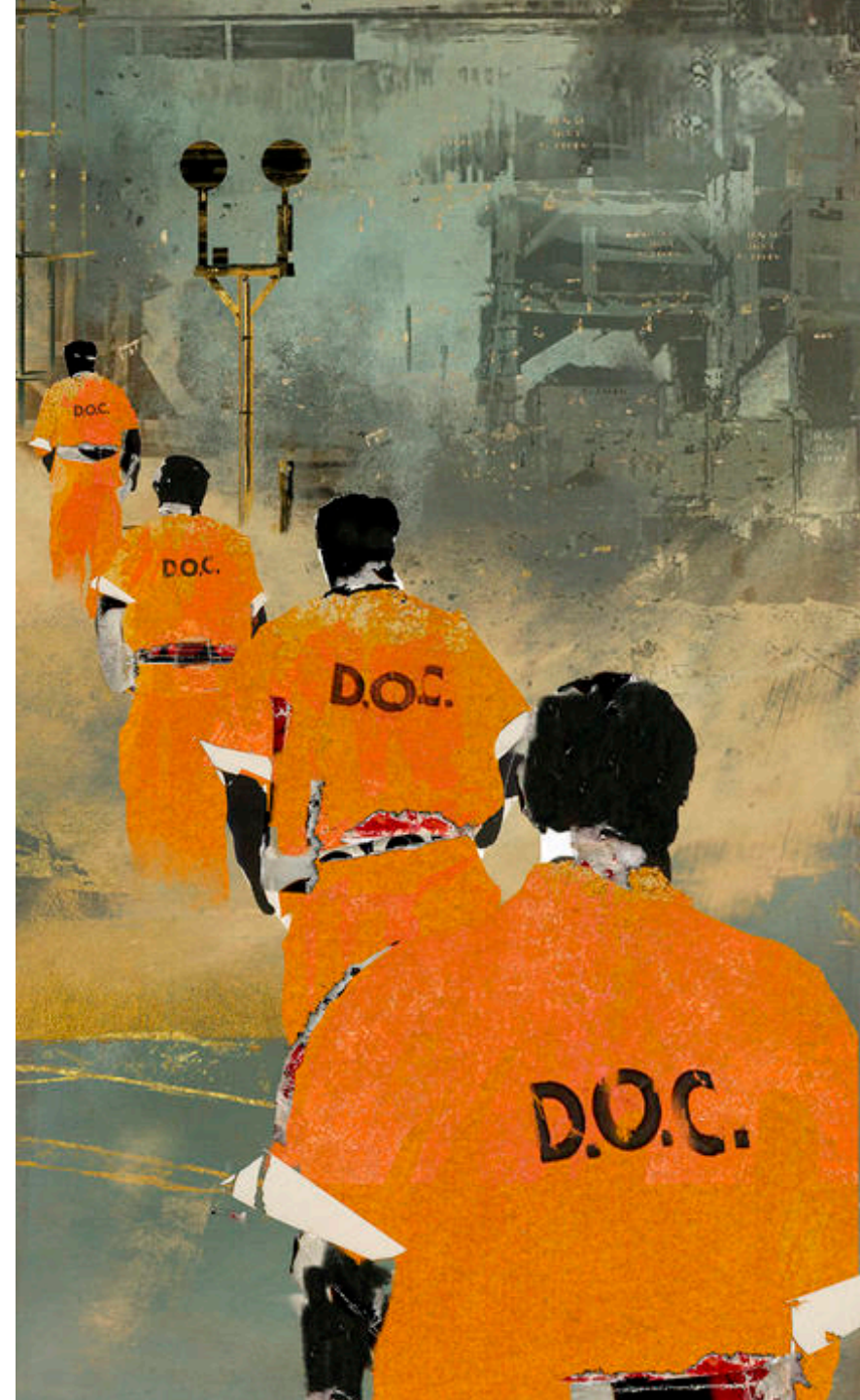


“The war on drugs has failed, with devastating consequences for individuals and societies around the world.”

-Global Commission on Drug Policy, 2011

# Racist Drug Policies Persist

- Most users of illicit drugs are White, but people of color represent the vast majority of arrests and convictions –Hart, 2013
  - Risk of incarceration is 7 times greater for Black than White people who use drugs monthly –Hinton, 2018
  - People of color also receive harsher penalties when convicted –Hart, 2013
- Anti-Drug Abuse Act in 1986:
  - Mandatory minimum sentence of 5 years in prison for 5 grams of crack cocaine or 500 grams of powder cocaine
  - 100:1 sentencing disparity affected primarily Black Americans
- Fair Sentencing Act in 2010:
  - Changed to 18:1 sentencing disparity (still illogical)





# Systemic Racism in SUD Treatment

- Black and Latinx Americans are less likely than Whites to receive specialized addiction treatment –SAMHSA, 2019
- In a recent NSDUH, Black Americans had the highest rates of opioid-related overdose deaths –SAMHSA, 2020
- Black patients with OUD are less likely to be prescribed buprenorphine – Lagisetty et al., 2019
- People of color more likely to receive methadone, a burdensome treatment regimen that is highly stigmatized –Lagisetty et al., 2019
- Many Black patients avoid seeking treatment out of fear of punitive responses and moral judgments –SAMHSA, 2020





# Compassionate Care and Harm Reduction

- Pragmatic public health approach rooted in compassion
- Involves a variety of strategies to reduce harm associated with addictive behaviors
- Examples:
  - Supporting non-abstinence recovery goals
  - Medications for SUDs
  - Safe injection sites
  - Housing First models

# Supporting Non-Abstinence Recovery Goals

- Patients are more likely to achieve goals they set for themselves compared to goals set by others –Sobell et al., 1992
  - Small successes build self-efficacy and increase motivation –Prochaska & DiClemente, 1984
- Reductions in substance use are clinically meaningful and align with patients' goals more strongly than abstinence –Falk et al, 2019
- Any reduction in WHO risk drinking level during treatment was associated with meaningful improvements in alcohol consequences and mental health up to 1-year post-treatment –Witkiewitz et al., 2017





# Medications for SUDs

- There are FDA-approved drugs to treat nicotine, alcohol, and opioid dependence
- Longer buprenorphine treatment (15+ months) is associated with reductions in inpatient and emergency medical care, opioid-related hospital use, overdoses, and prescription opioid use –Samples et al., 2020
- MOUD is the gold standard of care, but not all patients have equal access –NASEM, 2019
  - White, insured or private pay patients are more likely to receive buprenorphine –Andraka-Christou, 2021
  - 35 White patients received a buprenorphine prescription for every patient of color –Lagisetty et al., 2019



# Safer Injection Facilities

- Provide all the services of needle exchange programs but also provide a safe, clean environment in which to use injection drugs
- Participants monitored and treated for overdose, offered basic medical care, education, and referrals to treatment
- Overwhelming evidence for preventing disease transmission, preventing overdose deaths, and increasing SUD treatment engagement –Marshall et al., 2011



# Housing First

- Addresses unstable housing among people with substance use and other psychiatric disorders by moving people into their own apartments as an alternative to shelters or transitional housing
  - Does not require abstinence or SUD treatment engagement
- HF participants remained stably housed over time, did not have increased substance use or psychiatric symptoms –Tsemberis et al., 2004; Padgett et al., 2006
- HF in Seattle saved taxpayers more than \$4M during the first year of operation alone –Larimer et al., 2009
- Participants had significant decreases in drinking compared to a wait-list control group –Larimer et al., 2009



# Harm Reduction and Anti-Racism

- Harm reduction encompasses any measure to reduce the harm associated with substance use
- Provides opportunities to promote health among stigmatized populations
  - Focuses on “meeting people where they’re at,” with nonjudgmental support, understanding, and compassion
- Provides opportunities to shift policy and practice in a way that emphasizes social factors and inequities







# Harm Reduction Approaches are Necessary but not Sufficient

- There remains a crucial need to address systemic racism and oppression at the root of substance use disparities within a social justice framework
  - Unjust drug policies
  - Racism in criminal justice and health care systems
  - Inequities in the social determinants of health
  - Unequal access to effective treatments
  - Insufficient options for culturally grounded treatments



# African American Federation of Recovery Organizations



Presentation Organized by AAFRO, Facilitated by  
David Njabulo Whithers

23 Subject Matter  
Experts on Recovery  
Support Services (RSS)  
specific to black  
people being abused  
by substances

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Close to 300 years of sustained recovery

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200 years experience living and working in black communities

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Developing and providing RSS since 2002

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Goal is basic: Raise funds to provide TTA necessary for establishing at a minimum 40 new African American peer-led RCO in the 20 largest African American communities throughout the US

# Current Administration's Commitment to DEI and Racial Equity

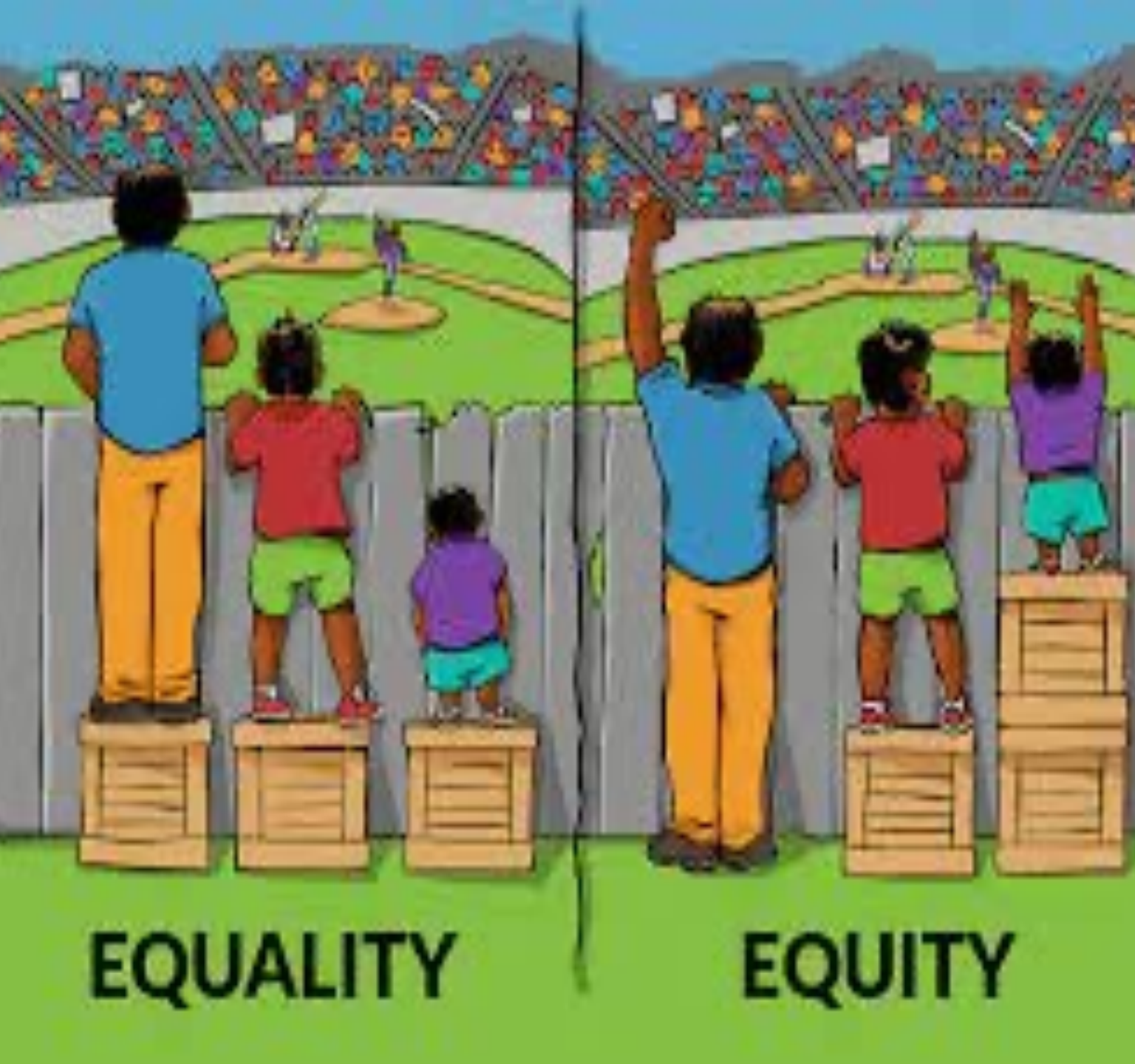
**MATCHES PERFECTLY WITH AAFRO'S  
MISSION**

## **The Biden-Harris Administration's Statement of Drug Policy Priorities for Year One**

There is a **clear and discernable need to take steps to advance racial equity issues resulting from current drug policy. President Biden has emphasized the need to eradicate racial inequities in the criminal justice system and has **stated that people should not be incarcerated for drug use but should be offered treatment instead.****

**Executive Order 13985**, Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, **directs agencies to pursue a comprehensive approach** to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. Such inequalities manifest in disparate access to care, differential treatment, and poorer health outcomes. **For many people with substance use disorders, access to care in the United States is inadequate, but for Black, Indigenous, and People of Color (BIPOC), the situation is worse.**

**A recent study showed that Black individuals generally entered addiction treatment 4-5 years later than White individuals and this effect remained when controlling for socio-economic status. This discrepancy in treatment access is important to address at a time when rates of overdoses are increasing for some communities of color.**



Closing the disparity gap.



# How has racism impacted your recovery?

## Personally:

- Feeling in the vast minority
- Experiencing friction

## Community-level:

- Government does little to address impact drug use has on black community
- Black people abused by substances are more likely to end up in prison as opposed to treatment or in RSS



# AAFRO's stance on harm reduction?

- Support and promote multiple pathways to recovery
- Non-abstinence recovery goals are welcome
- MOUD prevent fatal overdoses
- Fully supportive of syringe exchange programs
  - frustrated that they aren't more accepted
  - but we understand why
- Like MOUD, safe injection sites save lives, particularly overdose deaths
- Supportive housing is hugely important
  - both housing first and abstinence-based models

# RESULTS

NRS



9.1% or  
22.35 million

Americans have  
resolved an alcohol or  
other drug problem

54% used "assisted pathway"

46% self-identify as  
being "in recovery"

## PRIMARY SUBSTANCE

51% alcohol  
11% cannabis  
10% cocaine  
7% methamphetamine  
5% opioid

## SAMPLE

60% male, 45% aged 25-49 years of age,  
61% non-Hispanic White, 14% Black, 17% Hispanic  
48% employed, 46% living with family or relatives



# AAFRO's anti-racism activities?

AAFRO was formed to challenge the racist barriers that make it difficult, and in many cases impossible, for African Americans to access Recovery Support Services

Advocate for a minimum of 40 new government funded African American-led RCO, in the top 20 predominately African American communities, as a strategy for reducing fatal overdoses and enhancing recovery among black people being abused by substances

Racism is a topic we discuss at all our board and subcommittee meetings. We recognize the role it plays in prohibiting access to RSS for black people being abused by substances



# What would be your “asks” to make things better going forward?

## Scientists:

- We want to be partners in your research, not just research subjects – nothing about us without us. Can we utilize community-based research methods to develop evidence base practices for black people in need of Recovery Support Services?

## Clinicians:

- Don't think of us as competition – we can augment each other. Can we discuss collaborating?

## Healthcare decision makers:

- Love that you recognize the value of using recovery coaches in your emergency departments and in your behavioral health centers. Would you please help us spread the word?



# The Black Experience

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AAFRO Presenter: Laurie Johnson-Wade

Co-Founder of Lost Dreams Awakening (LDA) RCO, Pennsylvania

[www.recoverysupportservices.net](http://www.recoverysupportservices.net)

October 1, 2021



RECOVERY  
RESEARCH  
INSTITUTE



MASSACHUSETTS  
GENERAL HOSPITAL



HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL

# Q: How has racism impacted your recovery / your center's ability to support recovery?

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My own lived experience:

- When I went to treatment in 1991
- When I went to a support meeting in 2009
- When I worked at a rural treatment facility in 2019
- My experiences are shared with so many instances of Stigma & Discrimination.

## Q: What is your RCC's stance regarding harm reduction approaches?

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Keeping people alive is critical to any recovery goal and this has been clearly stated by the recovery community. This is what is most important to those in or seeking recovery from Substance Use Disorders.

Lost Dreams Awakening RCO celebrates any goal that an individual identifies as improving their quality of **life!**

# Q: Is your RCC actively engaged in anti-racism activities?

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- LDA is fully committed to anti-racism activities, education, and advocacy. We are intentional in our approach to be diverse, equitable, and inclusive – not only in word but in deed.
- LDA belong to the African American Federation of Recovery Organizations (AAFRO), Black Faces, Black Voices, and a host of DEI initiatives.
- LDA is actively engaged in anti-racism advocacy efforts in getting the word out about the rising African Americans Overdose Death Rates couples with the fact that over 90% get\* no treatment anywhere.

\*Full report here: <https://www.samhsa.gov/data/report/2019-nsduh-african-americans>



# Q: What would be your “asks” to make things better going forward?

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## **Please keep this conversation going.....**

- Timely, local data is critically important to create community-tailored strategies
- We need implementation work that helps bring effective interventions into the community

*Many well-intended people ask:  
When can we stop talking about this?*

*I say, “We can stop talking about it when black people, my people, stop living it!”  
Laurie Johnson-Wade*