

July 2020

Bringing Racial Equity to Substance Use Disorder Treatment Programs

White Americans represent the largest population affected by opioid use disorder. However, overdose death rates are rising fastest among people of color. Here in Massachusetts, both Black and Latinx communities saw fatal opioid overdose rates almost double between 2014 and 2018 ([MDPH, 2020](#)).

Historically, communities of color more frequently experience limited resources, barriers to health care, and high levels of poverty, intergenerational substance use as a means of coping with trauma (including that associated with societal and systemic racism), and trafficking of substances as a source of income and survival. Heroin and cocaine have been prevalent in communities of color, but as these substances are being cut (or replaced) with synthetic opioids—such as fentanyl which is vastly stronger and much cheaper to produce—rates of overdose have substantially increased and access to treatment has not kept up.

Many barriers to treatment exist for people of color including the racist, discriminating, and unsuccessful campaign forged in the 1980s known as the “War on Drugs,” which attempted to end drug use by penalizing people who used and sold drugs. The strategies used during the “War on Drugs” did not address the drivers of substance use, which are typically rooted in trauma, poverty, and other socioeconomic factors. The result of the “War on Drugs” was mass incarceration in the U.S., which overwhelmingly affected people of color, and the fallout continues today. The U.S. continues to have the highest incarceration rate of any country in the world, and even though Black people make up only 12% of the general population in the U.S., they comprise 33% of the incarcerated population ([BJS, 2020](#)).

This systemic racism, along with historical trauma sustained by communities of color at by actions of the White majority, has understandably led to a wide mistrust of health care, social services, and justice systems. It has resulted in lower rates of people seeking treatment due to fear of punishment for illicit substance use. Further complicating the problem is the lack of Black and Brown providers which may also make it harder for people of color to actively engage in and trust treatment services ([SAMHSA, 2020](#)). Other barriers to treatment may include cultural views that stigmatize mental health and substance use disorders as a weakness or a moral failing instead of a disease. Such beliefs may prevent people from disclosing symptoms and actively seeking treatment ([Armstrong, 2019](#)). In addition, resources made available in communities of color have traditionally not been as widespread and well-funded as resources available in White communities.

As treatment providers, the burden falls on us to ensure our programs are actively promoting access to all communities. If we find that our clientele is predominately white, it is worth considering barriers to persons of color that may potentially exist in our programs and communities as well as ways to make our programs feel more inclusive.

One step toward that end is to identify leaders of communities of color or “faith-based community initiatives” in your service area and work to develop relationships with them. Frequently, those key contacts are leaders of faith-based organizations, “given the importance of religious institutions within the Black community, where churches have traditionally served as an anchor of culture, social support, and mutual assistance” ([James & Jordan, 2018](#)). These partnerships create the opportunity for warm handoffs between a trusted community member and the treatment system.

It is also important that our workforce reflects the diversity we want to see in our treatment programs as people tend to more easily engage with someone who looks like them and has similar life experiences. We must also incorporate people of color with lived experience in our programs as board members, program directors, supervisors, and recovery coaches to offer relatable role models for success in recovery and ensure we have all voices represented when decisions are made about programs and services.

Here at Praxis, we are committed to ending racial inequities in the treatment system and look forward to continuing our work with you to ensure that all people regardless of race and ethnicity have equitable access to services and a meaningful life. In the coming months, we will be putting race equity at the forefront of our trainings. We hope you will join us in an effort to dismantle systemic and structural racism in the substance use treatment field.

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Welcome, Kevin McCarthy!



(Kevin McCarthy)

It is with great excitement that Praxis welcomes our newest trainer, Kevin McCarthy.

Kevin is a person in long-term recovery who, after 20 years in sales management and training, found his passion as a Licensed Clinical Social Worker and recovery advocate. He specializes in the treatment of clients with co-occurring disorders, focusing on their challenges with housing and the stigma of being in recovery. As a board member of Heading Home Inc. and Massachusetts Organization for Addiction Recovery, he uses his expertise to facilitate systemic change in recovery treatment.

Kevin shares, “The opportunity to work with the Praxis team is such a privilege. I can honestly say that I have yet to find a group of more talented and dedicated professionals. I am looking forward to working on developing fun, successful, and lasting relationships with providers across Massachusetts.”

We welcome the strengths and experience Kevin brings to the Praxis team and look forward to his many meaningful contributions.

Summer Trainings

Join us for following training opportunities:

- [Opioid Overdose Prevention: August 3](#)
- [Harm Reduction—Responding to the Needs of our Clients and Communities: August 5](#)
- [HIV & AIDS—What Provides Need to Know: August 10](#)
- [Viral Hepatitis—What Providers Need to Know: August 21](#)
- [Opioid Overdose Prevention: August 25](#)
- [Harm Reduction—Responding to the Needs of our Clients and Communities: August 28](#)

Supervision of Peers Learning Community

C4 Innovations is hosting a virtual learning community on the supervision of peers starting September 16, 2020. *This opportunity is separate from the offerings sponsored by BSAS.*

Join a 12-week virtual [Learning Community for Supervisors of Peer Workers](#) to improve your knowledge and skills. The Learning Community will provide an opportunity to explore, learn, and practice skills for supervising and supporting peer workers. Participants set personalized goals, and the Learning Community provides coaching and resources to assist in implementing your goals. To join, complete and submit a short application by 8 pm ET on Friday August 14, 2020. If selected, the cost to participate is \$500. [Apply today!](#)

Contact us

Praxis provides training to all Massachusetts Bureau of Substance Addiction Services funded substance use disorder treatment programs on

- [Harm Reduction](#)
- [HIV/AIDS Care Integration](#)
- [Opioid Overdose Prevention](#)
- [Viral Hepatitis Care Integration](#)

Contact us to request training or technical assistance at praxis@c4innovates.com.





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