Culturally Specific Solutions for Black Recovery Communities

African American Behavioral Health
CENTER OF EXCELLENCE

CAARD
CENTER FOR AFRICAN AMERICAN RECOVERY DEVELOPMENT

Culturally Specific Solutions for Black Recovery Communities

Executive Summary

RCOs are a long-term sustainable recovery support model that bridges the gap between substance use disorders (SUD) and recovery. They also expand access to evidence-based treatment while advancing racial equity with respect to drug policies. RCOs are vitally important and when they're led by Black people in recovery, they provide examples to Black people seeking recovery that there is a way out of substance use disorders. When RCOs are invested in Black communities Black people in recovery are ushered into an inclusive space where they can see people who look like them through racial mirroring.

This has been done well by the Association of Persons Affected by Addiction (APAA) founded by Joe Powell in 1998 in Dallas, TX. In a 2019 blog post Powell states, "We had one simple purpose and that was to spread recovery in Dallas, TX. Now 24 years later, we know through experience that the RCO model is ideal for African American communities impacted by addiction and co-occurring mental health challenges. Recovery flourishes in a community that is connected to a network of strength-based services; and that network thrives because of the experiential knowledge and lived experience of the people in recovery and allies."[1] Not only this, APAA boasts some incredible statistics[2]:

- It has been estimated that recovery support services (including peer support services) have saved over $3.4 million in healthcare costs, a 72% savings over 12 months.
- Over half (54%) of coaching participants improved their housing status as renters or owners of their living quarters after 12 months, compared to 32% at enrollment.
- Employment increased to 58% from 24% at enrollment.

Another RCO that is an example is the Northern Ohio Recovery Association (NORA), whose mission and vision is to empower individuals, families and communities to support lifestyles of recovery and establish innovative care to support continued recovery of the communities we serve, respectively, through the values of integrity, excellence, self-care, social justice and teamwork. NORA's peer recovery support specialists have lived experience with recovery and support their mentees in finding the recovery path best suited for them. Moreover, they are also very connected to the community which is imperative when thinking about the plethora of needs – employment, housing, educational, social services, mental health, and community health – a new person in recovery will have.

Taking a granular look at opioid use and the impact of opioid overdoses and overdose deaths in the Black community presents evidence of how RCOs can be a nonjudgmental source of support and a community-based bridge to recovery and subsequently a new life. The answer to support Black people in recovery is to ensure RCOs and RCCs have the funding they need to support Black communities.

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>
> Joe Powell
> Founder, APAA

Current Landscape

The *National Drug Control Strategy*[3] acknowledges the importance of recovery as evidenced by their inclusion of, "Building a Recovery-Ready Nation." In that section, recovery support services (RSS), recovery community organizations (RCOs), and recovery community centers (RCCs) are discussed as mechanisms for facilitating recovery. It also noted that non-clinical services provided by individuals with lived experience or peers are important.

RCOs also offer a range of services such as relapse prevention, housing and employment support, social and recreational services, as well as other activities. As a result of the services provided by RCOs, positive outcomes result. RCOs serve populations in need such as low - income people, those with mental health challenges, or SUD can benefit from RCOs.

The *National Drug Control Strategy* does not discuss the importance of RSS and RCOs in the Black community. While it acknowledges that Black individuals with substance use disorders often face prejudice, stigma, and discrimination, it does not discuss the importance of RSS, RCCs, or RCOs in the Black community as well as organizations such as these which are Black-led.

Several factors contribute to the lower reach of formal treatment in Black communities, including mistrust of the medical system[4] and discrimination encountered in formal SUD treatment settings. Many of these factors also lead to why US Blacks take longer to complete substance use disorders treatment,[5] and are less likely to complete treatment episodes for substance use disorders treatment courses,[6] indicating a greater need to augment formal treatment services with more flexible and accessible recovery support services. It is for these reasons that RCOs are ideally poised to mitigate these barriers.

Since they are peer-led, community-based, non-profit entities, RCOs often provide trusted information to address/mitigate issues of trust and can provide a supportive environment in which barriers to SUD care, including racial discrimination at clinics can be discussed, and where advocacy and societal change are part of the mission.

Where RCOs are Needed

Of note is Principle 2 in the *National Drug Control Strategy* whose stated aim is to "make recovery possible for more Americans." Consistent with this principle is the *National Drug Control Strategy's* call for the expansion of peer recovery support services as well as adopting standards for the peer workforce, RCCs, RCOs, and other peer led organizations. Missing from the *National Drug Control Strategy* is any mention of the needs of Black communities to have a peer workforce from the Black community.

Investment in RCOs is highly variable across the US, and yet, the focus of this policy brief is the Black community who seeks to recover SUD, as such, it is important to illuminate the impact of RCCs, RCOs, and other RSS within the Black community.

Racial Disparities Exist

The *National Drug Control Strategy* notes that peer specialists work in a plethora of settings, where they help those seeking recovery while also helping those in recovery. They also play a vital role in the lives of those with active SUD, survivors of overdose, as well as with programs such as access to clean syringes, street outreach, mobile clinics, and more. Given this observation, it is critical to note that the disparities amongst race for overdose deaths reveals that among US whites, the rate with which overdose deaths were increasing slowed down in the period from 2016 to 2018.

For US Blacks, the number of overdose deaths continued to exponentially increase during the same time from 2016 to 2018 in an unabated continuation of the trend from previous years (2012 to 2016). According to CDC data, overdose death rates for Black people are 44% compared to 22% for whites during the same time.[6] In fact, Black people 15-24 years of age had an 86% increase in overdose deaths during 2019-2020 which was the largest rate increase when compared with other racial groups.[7] Not only is the Black community losing its young adults, but in 2020, the overdose death rate among Black men 65 years and older was nearly seven times that of white men 65 years and older.[8]

The National Institutes of Health (NIH) has a research portfolio that seeks to look at, amongst other topics, research that advances the design of stigma-free patient-centered systems of care such that people who experience addiction can recover and sustain their recovery over the long-term. This effort is soliciting applications that address understudied areas of opportunity, particularly those that focus on fundamental barriers to reducing overdose deaths at the individual, provider, organizational, community, or system levels. Such efforts require the involvement of organizations like CAARD who can ensure that Black people in recovery are actively involved in this important agenda, thus setting priorities of focus in this area of research.

Moreover, President Biden proposed $11.2 billion for Health and Human Services (HHS) in the FY 2022 budget, a 54% increase from the previous year's enacted budget, to expand access to substance use prevention, treatment, harm reduction, and recovery support services (RSS). Again, organizations like CAARD are devoted to fostering community involvement in recovery-oriented services and need to be actively engaged and invested in financially through adequate funding; thus, recovery efforts need to receive a substantial allocation of funds from that budget.

RCOs Expand Access to Evidenced-Based Treatment

It has been suggested that a comprehensive continuum of care model of addiction versus an acute model of care be used as a practice standard"[9] , also called the recovery-oriented system of care (ROSC). This model of care is collaborative and comprehensive pulling together resources and support to provide wraparound services for the person embarking on recovery. Recovery community organizations (RCOs) are a valuable addition to the ROSC model by supporting individuals with their recovery, in their own communities. RCOs are in alignment with this model because it addresses the fact that everyone needs something different in their recovery journey, recovery is not a straight line, but rather, it is a "process along a continuum"[10], and finally, support from peers, family, spirituality, and the community are imperative for people to have a chance to participate fully in their own recovery. To do that, engagement is imperative. A 2020 Substance Abuse and Mental Health Services Administration (SAMHSA) report indicated that "most individuals do not, and may not need to, engage in clinical treatment to initiate and sustain recovery."[11] This bolsters the importance of RCOs and RCCs within communities because people engage with processes of recovery where they live.[12]

RCOs Advance Racial Equity With Respect to Drug Policy

To contextualize this problem, there is a significant difference between how Black community members seeking recovery / treatment are treated compared to how similarly situated white people are treated. In the mid-1980s, Black people were disproportionately criminalized for their dependence and addiction to crack cocaine[13], [14]. A negative side effect was the over criminalization through mass incarceration of Black people who instead needed recovery support and resources[15],[16]. Moreover, returning from incarceration was not made easy since the main issue - the underlying SUD - was not addressed by the incarceration or interaction with the carceral system or the prison industrial complex. Whereas when RCOs and/or RCCs are used for those released from prison industrial complex, the community-based approach improves treatment adherence and reduces harms associated with SUD.[17] While this is just one example of the impact of unaddressed substance use and absent recovery-oriented services, there are others that are more simple and no less harmful to the individual or their community. Unemployment, lack of stable housing, lack of educational opportunities, or isolation are consequences that can arise out of unaddressed substance use and absent recovery-oriented services such as peer-led recovery support for Back people led by Black people in recovery.[18]

> “Recovery Consultants of Atlanta utilizes evidence based practices which have been effective in the African American community. And advisory and governing boards are led by individuals who are Black and reflective of the community.”
>
> Cassandra Collins
> Recovery Consultants of Atlanta // Georgia

Why Black Communities Need Black-Led RCOs

RCOs that address recovery from substance use disorders for Black people, led by Black people, are a necessary, viable, and essential way to help those who are experiencing these concerns. Concerns which can be addressed by RCOs whose roles also encompass relapse prevention and recovery enhancement.

While RCOs are a wonderful way to support those in recovery, an equitable way to support Black people in recovery is through Black-led RCOs which are set apart from other RCOs. Black-led RCOs provide representation through racial mirroring, both in their staff and in the peer recovery support volunteers. Simply put, the race/ethnicity of the staff and peer recovery support volunteers "mirrors" the race/ethnicity of the people using and enjoying the RCOs.[19], [20], [21] Eken et. al. (2021) suggests that those with marginalized social identities, including Black participants, were "more likely to report a desire for provider cultural competence."[22] This then leads to the potential for greater inclusion. Many Black people who have reached out for recovery support have felt isolated, especially if they are the only Black person in the group or meeting. This can lead to not fully integrating or participating in their own recovery.

Methodology

The Center for African American Recovery Development (CAARD) prepared a survey via Google form with open-ended and close-ended items that was distributed to 45 RCOs across the country. Data collection began on July 23, 2022, and concluded four weeks later on August 22, 2022. Survey participants were asked about their experiences with their respective RCOs. Almost half of those who received the survey responded (n=22; 49%). Once the data was gathered, it was coded and several common themes emerged which will be discussed in greater detail later. Limitations using this formate include, but are not limited to, respondents needing to have access to wifi, a smartphone, a laptop, or desktop which means there could be underrepresentation and underreporting.

Findings

The study conducted by CAARD indicates there is additional evidence that culturally congruent services specifically for Black people seeking recovery are needed. The two themes that emerged from the survey data are: (1) respondents representing white RCOs indicated they did and do not provide culturally appropriate or congruent services for Black people and (2) there are greater financial implications for Black-led RCOs insofar there are financial disparities that exist and contribute to the lack of resources needed to appropriately address the needs of Black people who seek recovery.

Black-run and led RCOs indicated they experienced increased scrutiny which resulted in significant administrative burden and

surveillance creating increased work overload leading to discrimination and inequality. Appropriate oversight is necessary and should be applied equally and consistently among all ethnic groups as shown by Black-led RCOs narratives.

When Black people are set up for success they are provided culturally congruent services in a community setting such as within the Black-led RCO space - 50% of clients remain sober and clean.[23] With respect to cultural congruence, the RCOs dedicated to Black people have programs rooted in Ubuntu ("I am because you are") which is healing and affirms the person's perceived weaknesses or areas of growth. When Culturally congruent, or Black-led RCOs affirm the identities of Black people seeking recovery services, resources, and support thus mitigating barriers to community, supportive services, and treatment. RCOs led by whites indicated that their services were not culturally responsive or specific to Black people in recovery which often leaves Black people excluded which leads them to attempt to figure out recovery on their own or through faith-based methods, which often do not address their SUD needs so while they might receive support, they do not receive the support needed to bridge the gap between active addiction and recovery.

Another important consideration that the CAARD survey illuminated is that a main barrier to resources is specifically related to funding. First, providers that have historically received funding, continue to receive funding even without showing positive impact or outcomes. Second, this feeds into lack of inclusion whereby these providers maintain the status quo suggesting that they're complicit in the 'old boys' network'. According to the recent CAARD survey, the white organizations faced few barriers to funding. Whereas, the survey results indicated that Black RCOs experienced greater scrutiny and discrimination. The marked difference in responses from Black-led RCOs and RCOs run by white people illuminated this disparity. Finally, it was determined that treatment centers are getting funding that is dedicated to treatment centers *and* funding that should be going to RCOs since the funding eligibility for the grants is open to community based organizations, of which both treatment centers and RCOs are apart. Because there are greater requirements to prove eligibility as an RCO, especially a Black-led one, treatment centers are better able to secure funding.[24]

Resiliency of People With Lived Experiences

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Our culture is rooted in Ubuntu healing, so we affirm the individual's uniqueness while celebrating the collective shared experiences throughout our programming. We also lean on our data collection effort asking our community directly how we can best serve and address issues."

Iisha Wesley
Minority Recovery Collective Inc // Indiana

"

We also allow alternatives to strictly clinical care through peer support, arts and art therapy, life skills, credit courses, for example. We are proud to offer a yearly conference which is the only conference centering Black / African American mental wellness, health, and the arts where peers, practitioners, and those that serve the Black community in this capacity can come learn and educate one another on their experiences dealing with the traditional mental health system, offer suggestions, have their voices heard, and connect with people that serve the Black community."

Sheri Hall
Poetry for Personal Power // Kansas

RCCs Are Agents of Social Change

Black-led RCOs provide culturally relevant recovery-oriented services for Black people contribute to a healthier Black community by reducing substance use and promoting employment, stable housing, educational opportunities, parenting support, civic engagement, and more.

A nationwide survey of RCCs highlighted the dedication of RCCs to support social change and social justice. Of the surveyed RCCs (60% of the 202 RCCs identified nationwide), nearly all (98%) indicated that their RCC is anti-racist. These centers actively promote anti-racism in a variety of ways: by creating safe spaces for Black individuals to gather (70%), engaging in conversations about anti-racism with their members (68%), and hosting presentations and workshops about anti-racism (29%).[25] RCCs serving Black communities can also support anti-racism as equitable organizations providing these communities the resources and support that they need through racial mirroring, inclusive practices, and peer recovery supports within a safe space.

	Total n=122 % (n)	ARCO n=57 % (n)	Other RCCs n=65 % (n)	Group Difference p
Takes anti-racism stances (% yes):	95.1 (116)	94.6 (53)	98.4 (63)	0.34
RCC engages in these activities to promote anti-racism:				
Host presentations and workshops about (anti-)racism	28.7 (35)	28.1 (16)	29.2 (19)	0.89
Have conversations about (anti-)racism with participants and employees	68.0 (83)	68.4 (39)	67.7 (44)	0.93
Targeted outreach efforts towards BIPOC (Black, Indigenous, and People of Color) communities in your area	49.2 (60)	57.9 (33)	41.5 (27)	0.07
Create safe spaces for BIPOC individuals to gather	69.7 (85)	68.4 (39)	70.8 (46)	0.78
Encourage employees and participants to speak out against racist and discriminatory behavior	68.0 (83)	70.2 (40)	66.2 (43)	0.63
Examine your RCC's policies and protocols for discriminatory practices	74.6 (91)	82.5 (47)	67.7 (44)	0.06
Release official statements regarding your RCC's stance on anti-racism	29.5 (36)	35.1 (20)	24.6 (16)	0.21

Recommendations and Financial Call to Action

The ask is twofold. First, fund Black recovery community organizations (RCOs) in Black communities where Black people in recovery live. It is our position that funding these specific projects will allow Black people in recovery to create their own solutions to community level problems. Second, elevate Black voices to set the agenda for ongoing research. Black people need to participate in research both as participants and as researchers and evaluators. This has the potential to build resiliency and recovery capital in the Black community. Simply put, Black voices need to be elevated, their perspectives considered, and their lived experiences amplified. The mission of Center for African American Recovery Development (CAARD) is to advance the development and sustainability of African American recovery community organizations (RCOs) through capacity building, education, and advocacy. Based on research and CAARD's data analysis, we will begin targeting Memphis, TN and New Orleans, LA to begin this pivotal work.

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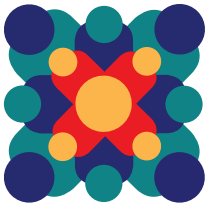

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