

Leveraging community-engaged research methods to design addiction treatment that is more relevant to the needs and perspectives of Black people who have Substance Use Disorders (SUDs)

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If you would like to, please share the name of someone, or one word that describes your connection to someone, who has died from an overdose, or been harmed by substance use.

Learning Objectives

1. Identify ways that engagement with Black community members can help to make your SUD research more relevant and impactful, and can improve equity
2. Describe strategies for engaging community members at various stages of the development and implementation of an SUD research project, and for sustaining that engagement
3. Develop a draft plan for engaging with Black community members, or other minoritized community members, who have lived experience of SUD to enhance a research concept or project of your own

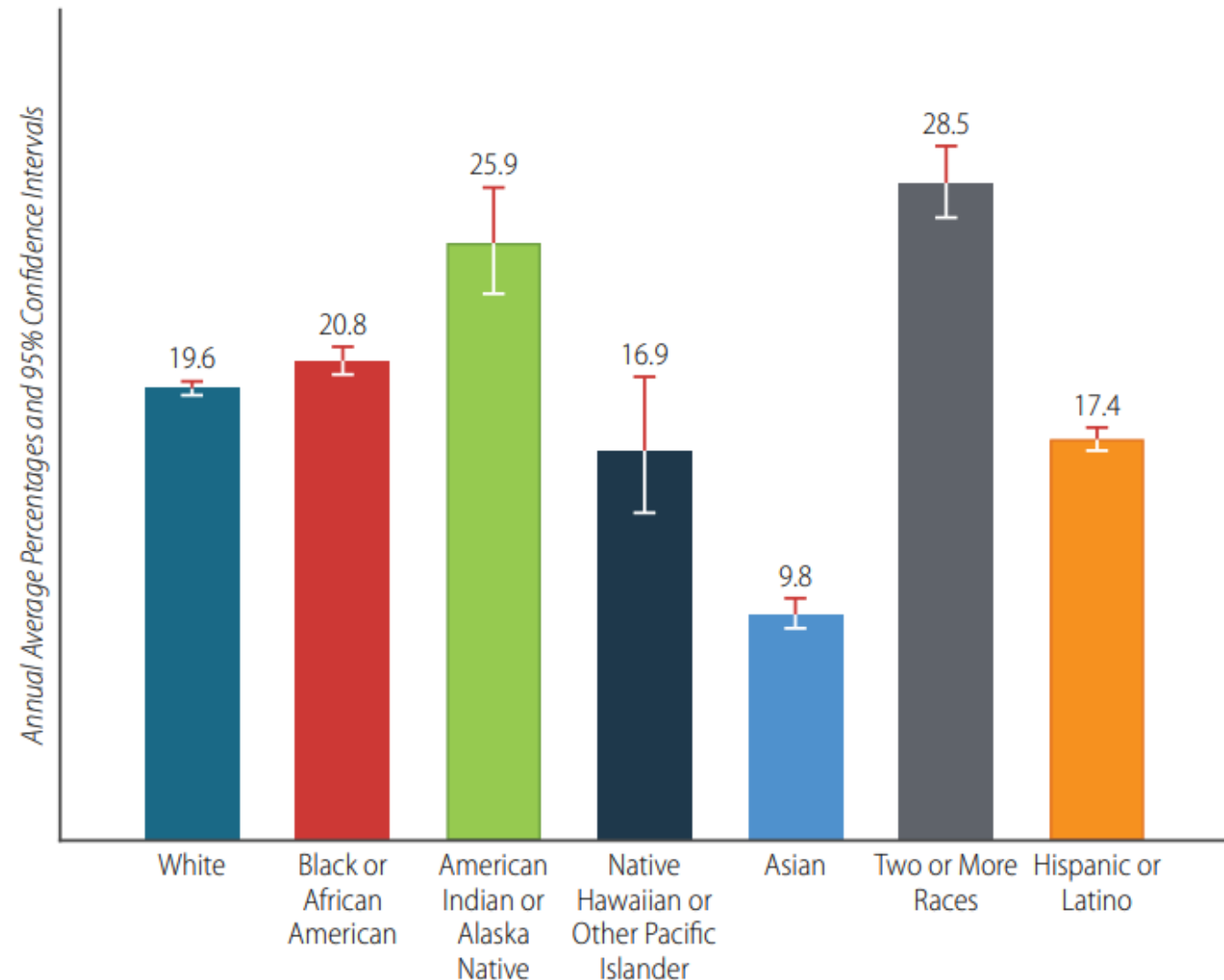


Agenda

1. Background information on racism in healthcare, and community engaged approaches
2. Examples of 3 community-engaged research projects
3. Strategies for engaging & sustaining community collaboration
4. Now you try it: drafting plan to engage Black community members in SUD research
5. Share ideas and insights

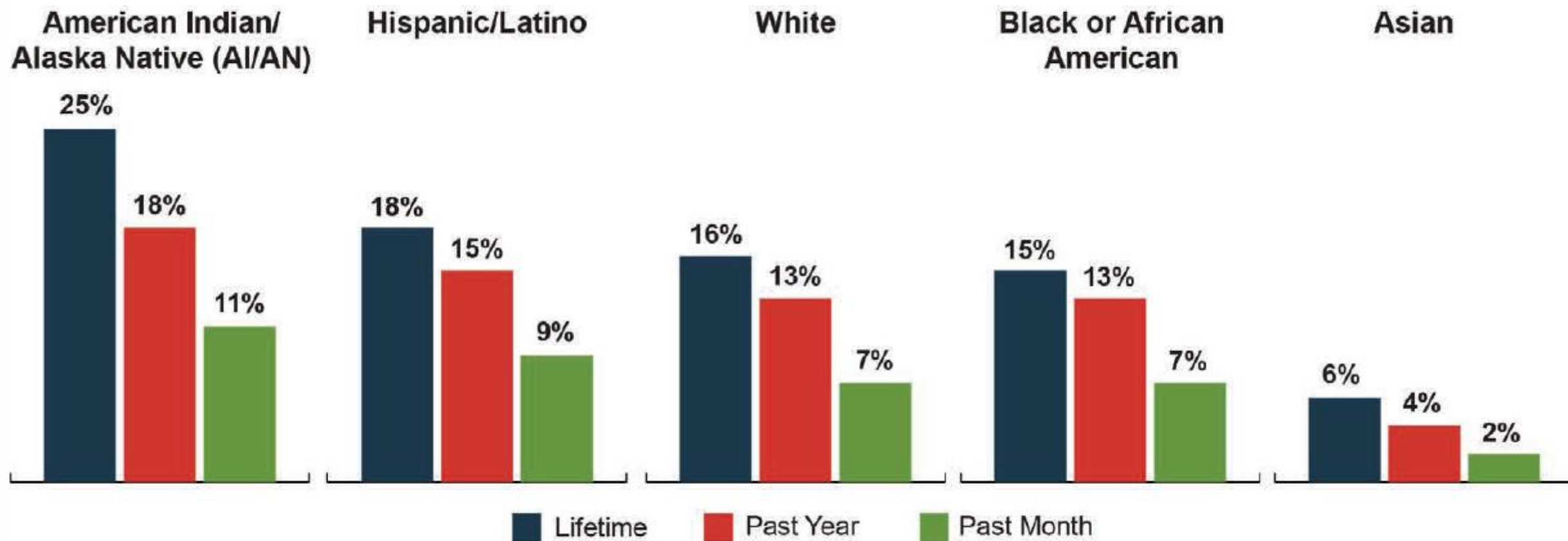
White and Black people in the US have somewhat different patterns of use of particular substances; but overall, their rates of substance use are very similar.

FIGURE 3.1 Illicit Drug Use in the Past Year among People Aged 12 or Older, by Race/Ethnicity: 2015–2019, Annual Averages



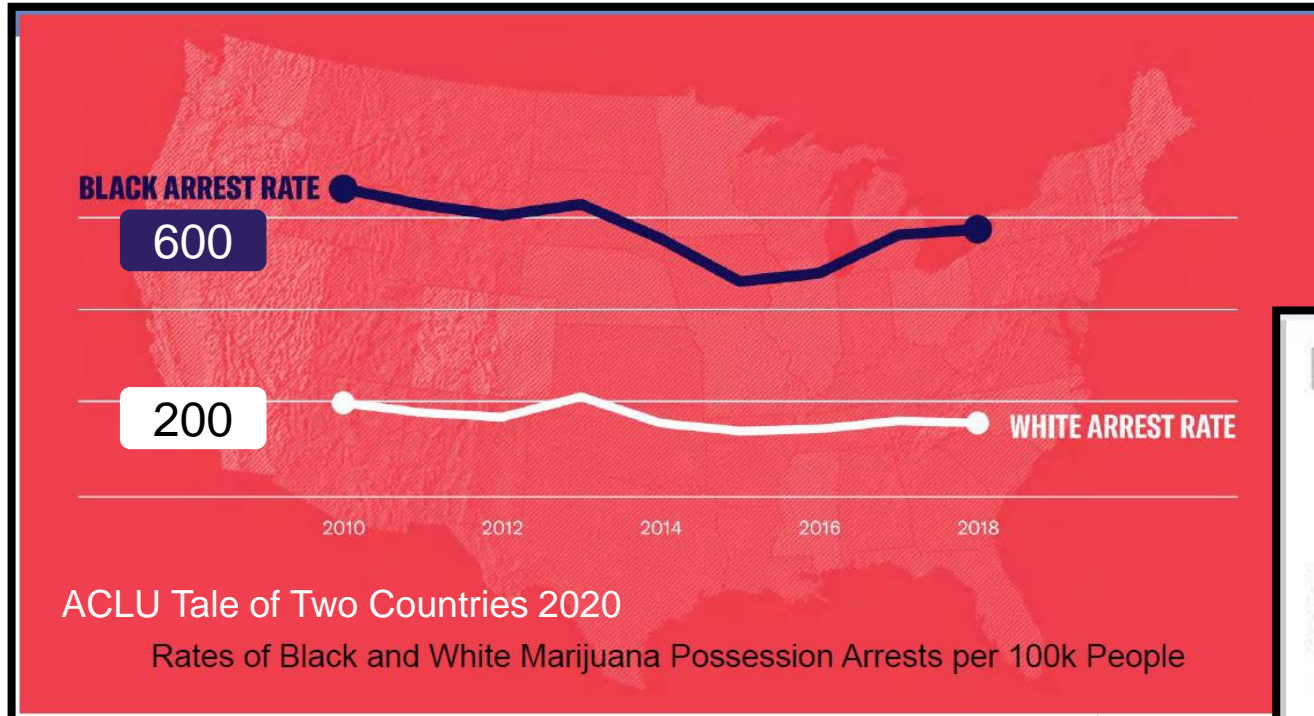
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

Marijuana Use Prevalence Among Youth 2019

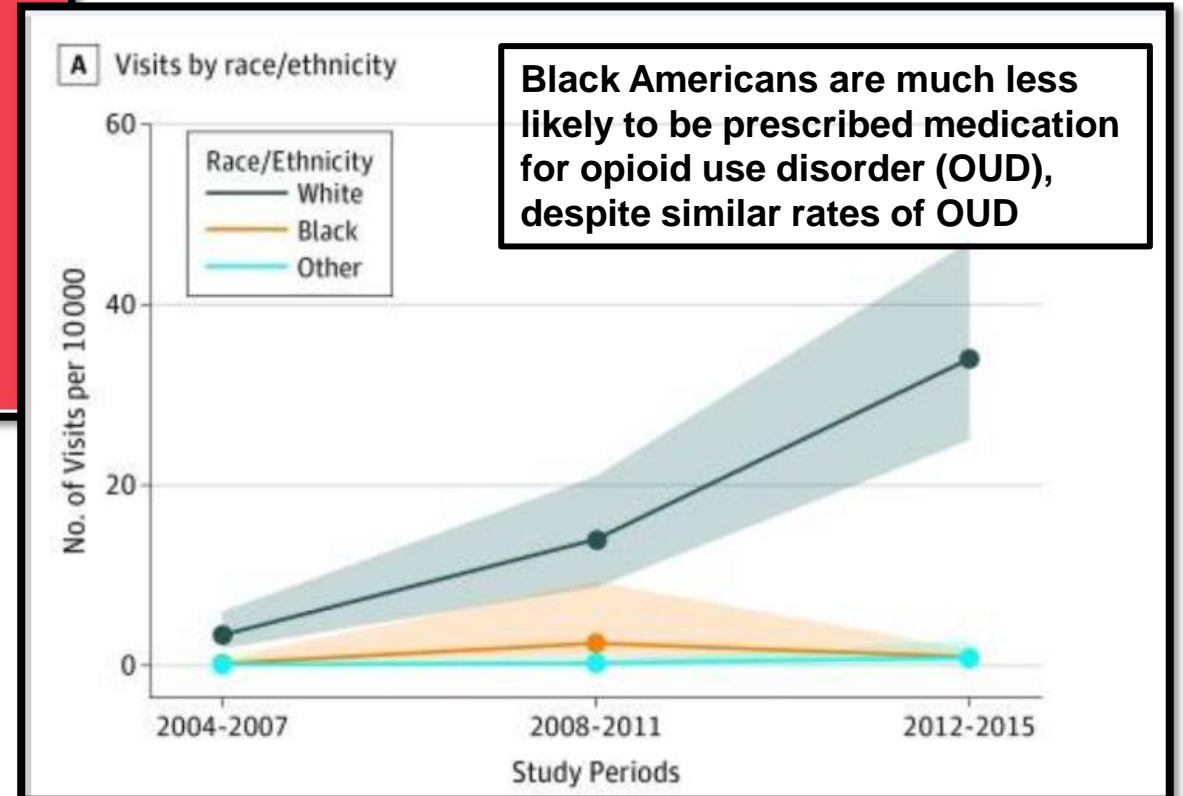


Source: Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Addiction-related inequities

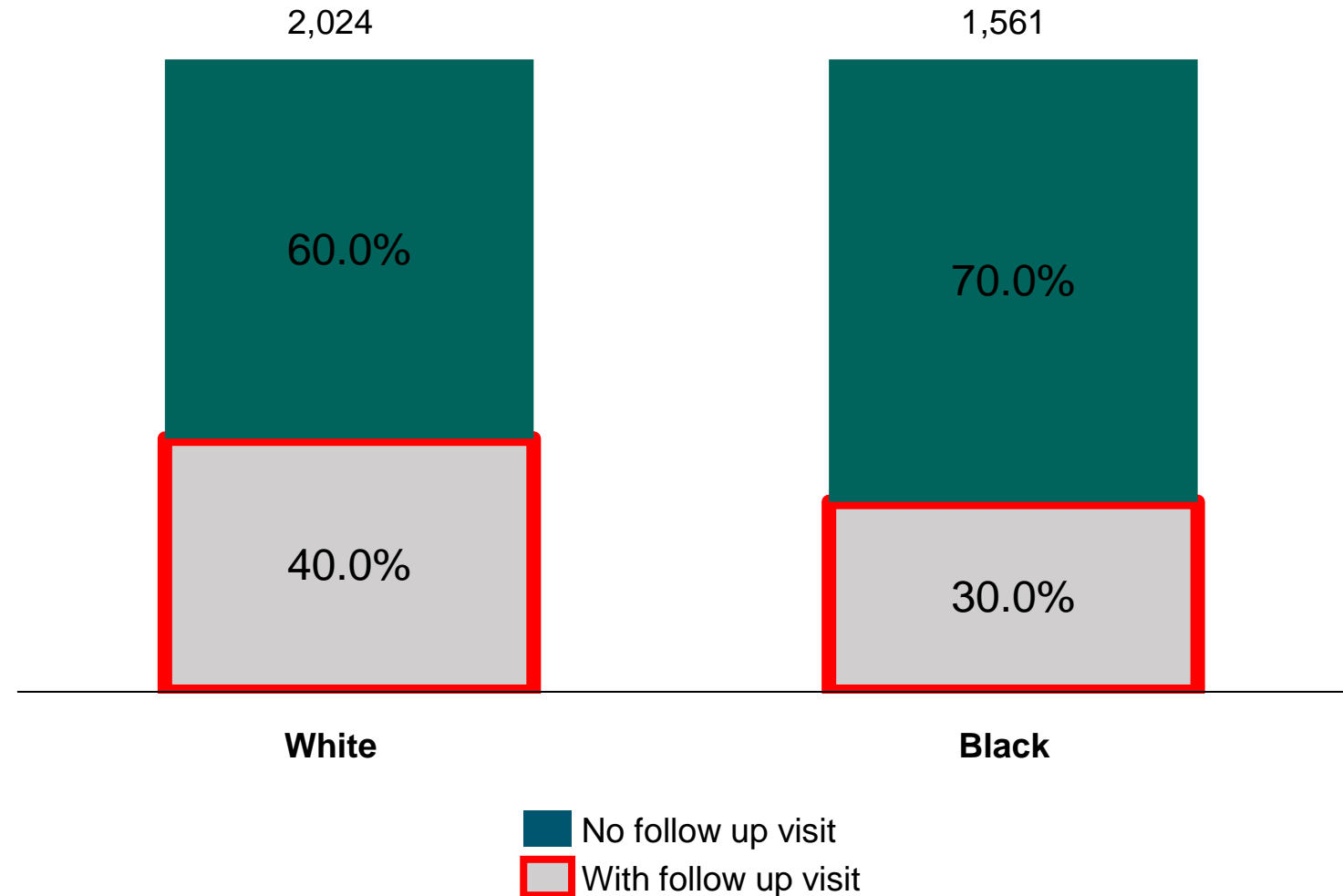


It is not “news” that Black Americans are less likely to receive addiction treatment, and have worse outcomes from addiction



BMC Data

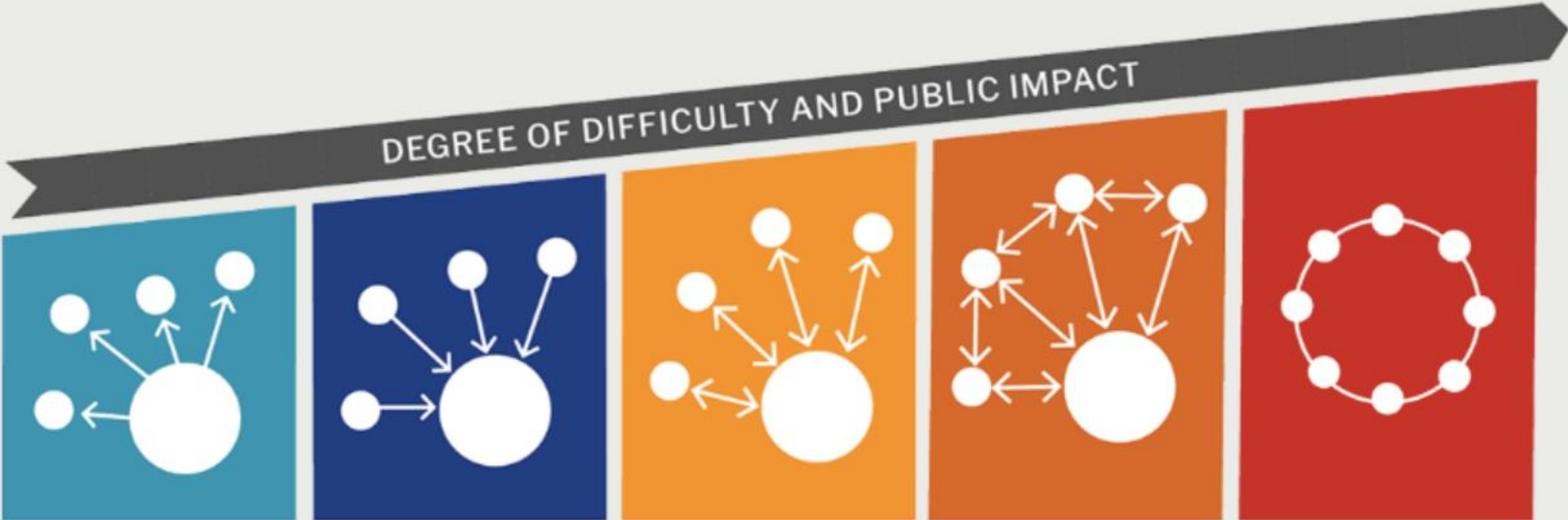
White patients are 25% more likely to have addiction treatment in the 6 months following an Emergency Department visit for an addiction related problem





Community Engagement Continuum

<https://catalyst.harvard.edu/community-engagement/ce/>



INFORM

provide balanced, objective info that the public should know and act on

CONSULT

obtain and consider feedback or input on issues, ideas, and decisions

INVOLVE

work with the public to understand the issues and problems and include in identifying options for moving forward

COLLABORATE

partner with the public, seeking advice and innovations that become embedded as much as possible in decisions made

EMPOWER

final decisions are made by the public and are one of the players implementing them

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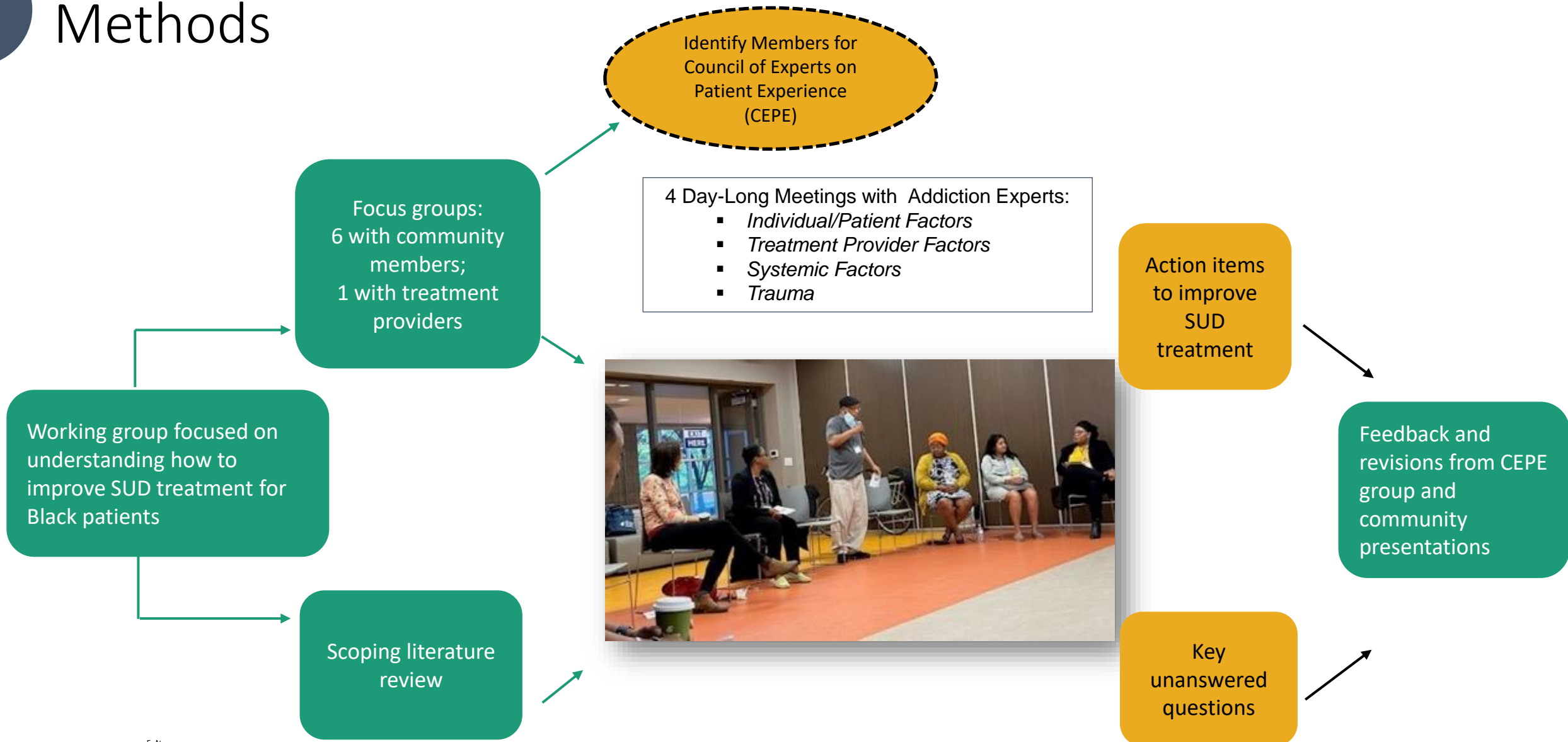


Project # 1: SUD and Anti-racism (SUDA)



How can we make addiction treatment more appealing, effective, and equitable for Black patients?

Methods



- 4 Day-Long Meetings with Addiction Experts:
- *Individual/Patient Factors*
 - *Treatment Provider Factors*
 - *Systemic Factors*
 - *Trauma*



"I'm not going to be vulnerable with a White woman. I'm sorry. Granted she might have all of the education that she needs to do what she does, but I'm not going to be vulnerable. I'm just going to hope that when I get there, she provides me what I need... I might show up to a White woman and present as 'I'm okay' when I'm not, because I don't trust her. So, I'm putting on a show. Now with the Black woman, I can relax, let down a few curls and really have a conversation. But with the White woman, I might be a little bit more stiff and reserved because I don't trust her, because we don't have the same lived experiences."



Implications:

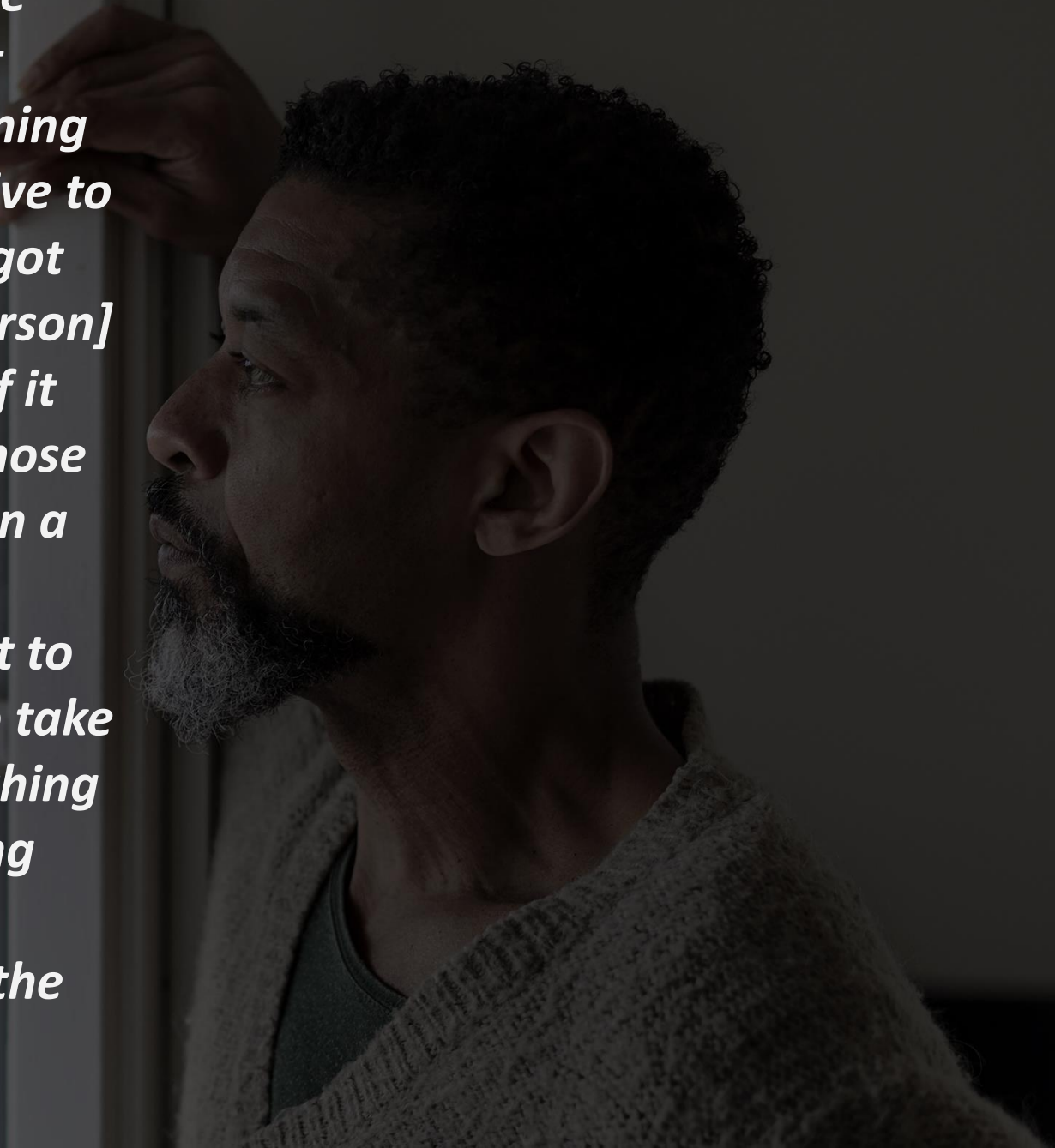
What we heard:

When Black patients are treated in an environment in which few of the treatment providers are Black, they feel less confident that they will be treated compassionately and fairly.

Action Items:

- It is essential to hire more Black staff.
- It is also important to educate **all staff** in the history of anti-Black racism and the ways that it shows up in addiction and addiction treatment, so that staff have a better understanding of their Black patients' experiences, and better strategies to create a supportive treatment environment.

"I think initially just not being hospitable from the beginning when I come in. Not explaining the process to me but explaining the rules to me. Not really being attentive to ask me about the background of how I got to detox. I do not know if the [intake person] knew if I was on meth or marijuana or if it was alcohol. She didn't ask me any of those questions, but she definitely explained in a judicial kind of way... like in a punitive way, ... 'I got to take the cellphone, I got to take the book, I got to take this, I got to take that... and now I'm going to take everything out of your bag.' And she's literally going [through my stuff]. My underwear is everywhere, people are passing by. At the end of the day I'm a human being."



Implications

What we heard:

Rehabilitation treatment is often operated in a way that mimics a carceral setting (locked unit, only allowed outdoors under observation, not allowed to have personal items including skin and hair care). Black people, particularly those with substance use disorders, are much more likely to have been incarcerated. These similarities may be especially traumatizing for Black patients.

Action Items:

- Empower and support patients.
- Create a system of self-governance to allow the patient group to respond collectively to individual patients who violate behavioral norms.
- Rather than a punitive approach, rely on a strength-based approach and reinforce positive behaviors

Action items

CHANGE ADDICTION TREATMENT ORGANIZATIONS	Require leadership commitment and hold leaders accountable
	Change organizational operations to promote equity <ul style="list-style-type: none"> • Hold staff accountable for experience of Black patients • Demonstrate that treatment is designed to meet the needs of Black patients • Alter the physical environment to convey warmth and hope and to reflect the presence/culture of Black people • Create a treatment environment that feels welcoming, kind and empathetic for Black patients
	Change the way that staff are hired, trained, and supported <ul style="list-style-type: none"> • Hire more Black people and POC • Hire more staff who are trained and can provide high-quality counseling interventions • Prioritize front-line staff who have lived experience of SUD • Educate staff and treatment providers about how to work effectively with Black patients • Engage staff in professional development activities to help them become anti-racist
	Empower and support patients <ul style="list-style-type: none"> • Create a system of self-governance to allow the patient group to collectively respond to individual patients who violate behavioral norms • Offer options to help Black people feel a sense of community and belonging in a treatment setting
CHANGE ADDICTION TREATMENT	Reshape addiction treatment with a less punitive, more strength-based approach <ul style="list-style-type: none"> • Deconstruct approaches in which patients are judged/not trusted and replace with an approach based on positive reinforcement • Make care truly patient-centered • Invite Black patients to evaluate their care, and use their feedback to improve care • Make peer-based care a cornerstone of treatment • Implement a proactive system to ensure that all patients are informed of all available treatment options (including medication and non-medication options) • Incorporate elements of religion/spirituality as an optional treatment component, while recognizing that this will not work for all patients • Incorporate art, music, drama, martial arts, spoken word into treatment • Provide non-medication treatment options, such as acupuncture, massage, Reiki • Honor the importance of family and provide family support • Help people address shame and internalized stigma • Foster an environment that creates trust
	Address trauma <ul style="list-style-type: none"> • Expand the capacity to treat trauma, including racial trauma • Implement trauma-informed approaches throughout treatment • Select a method to increase organization's focus and capacity related to trauma
	Remove barriers to receipt of mental healthcare <ul style="list-style-type: none"> • Screen for co-occurring mental health problems • Combine treatment of co-occurring disorders with all SUD treatment
	Address social/practical barriers to care <ul style="list-style-type: none"> • Addiction treatment programs should screen patients to assess basic needs • Residential programs should ensure that patients have practical items that they need in order to participate comfortably

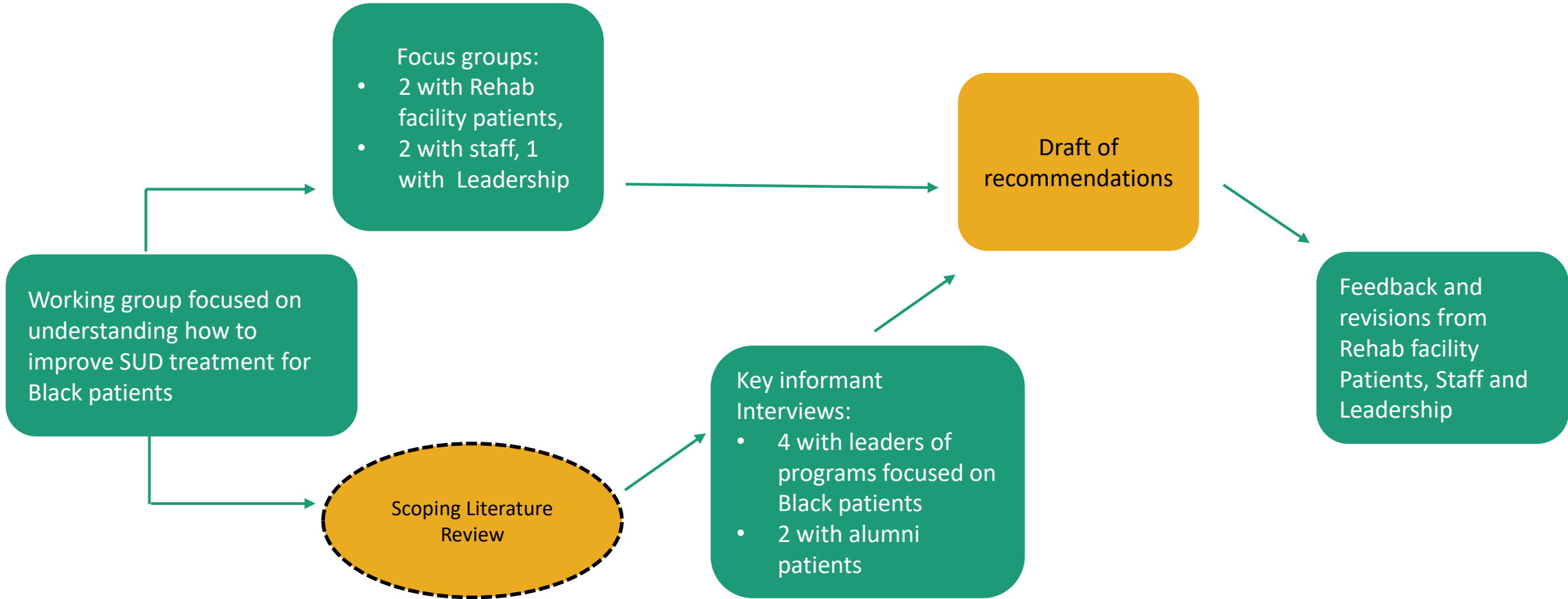


Community Engagement



Project # 2: Develop Operational Policies and Practices to Improve Addiction Treatment in Rehabilitation/Residential Settings for Black Patients

Methods



Example of action items for rehab settings: trauma

What we heard:

Symptoms related to past trauma interfere with treatment. The treatment setting itself is often traumatizing

Action items focused on trauma:

- Screen patients for trauma-related disorders at intake
- Provide psychoeducation about trauma during groups
- Engage with patients about trauma related to racism or discrimination (i.e., racial trauma) in groups and 1:1 settings
- Refer patients to clinicians to treat co-occurring psychiatric disorders

Findings

Treatment/ Domain	Application
Prioritize hiring	<ul style="list-style-type: none"> • Staff with lived experience of substance use disorders across all positions (e.g., nurses, administrators) • Staff with shared racial and ethnic identities with the patient population
Staff training	<ul style="list-style-type: none"> • Train staff on: <ul style="list-style-type: none"> ○ The history of Black people in the US ○ The impact of historical and contemporary anti-Black racism on healthcare and treatment experiences • Provide ongoing clinical supervision to review patient/staff interactions with a focus on racial equity/ cultural responsiveness • Schedule recurring Diversity, Equity, and Inclusion training
Implementing operational policies	<ul style="list-style-type: none"> • Familiarize staff with policies at onboarding and when policies change • Review practices and policies with staff regularly to assure that they are implemented consistently • Identify the “hard and fast” rules that do not allow for staff discretion • Identify policies and scenarios when staff discretion is appropriate & design a process for using discretion with patients • Collect anonymous feedback from staff about program policies and their impact on patients
Patient engagement	<ul style="list-style-type: none"> • Structure intake process to convey respect and avoid making patients feel humiliated or stigmatized • Structure regular meetings between patients and their case managers/ behavioral health clinician for individual support • Hold weekly community meetings to discuss concerns, changes in policies, general updates • Solicit anonymous patient feedback and identify a process to evaluate recommendations and inform the patient group • Facilitate linkage to follow-up care (e.g., ongoing addiction treatment, social services to address barriers to care)
Trauma	<ul style="list-style-type: none"> • Screen patients for trauma-related disorders at intake • Provide psychoeducation about trauma during groups • Engage with patients about trauma related to racism or discrimination (i.e., racial trauma) in groups and 1:1 settings • Refer patients to clinicians to treat co-occurring psychiatric disorders
Culturally responsive adaptations to treatment	<ul style="list-style-type: none"> • Identify 12-Step groups with Black members and establish a regular schedule of speaking commitments • Invite Black community members into treatment setting to lead activities (e.g., music, exercise, meditation) • Offer optional peer support program (e.g., patients with longer tenure partner with new patients) • Provide opportunities for family members to participate treatment (e.g., family counseling) and psychoeducation • Create choice in treatment offerings when possible (e.g., choices between psychoeducation, art therapy, individual counseling) • Offer behavioral reinforcement for recovery-oriented behaviors (i.e., contingency management) • Facilitate optional patient engagement with spiritual/ religious practices from a variety of faith traditions • Invite community leaders into the program to connect with patients (e.g., local politicians) • Connect patients to educational and training programs during and/or after treatment • Use theater and narrative therapy to explore addiction, mental health, and recovery • Incorporate meditations/teachings from Black artists/leaders (e.g., Maya Angelou, Iyanla Vanzant)



Project # 3: Creating a consultation service to make addiction research more relevant, equitable, and inclusive of Black people with SUDs



Lived Experience Advisory Panel (LEAP)

Food for thought

- a) Why might a community-engaged approach be particularly important in addressing inequities in engagement and retention in addiction treatment among Black people with SUD?
- b) What historical and ongoing barriers might make that engagement difficult?
- c) What successful models of community engagement have you seen in addressing inequities in addiction treatment in minoritized populations?

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Reflections on our experience engaging community

- Strategies for sustaining community engagement
- Challenges and solutions

Interview with a member of our project's Advisory Council

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What are options for obtaining community input/engagement?

Designing a plan to engage community

- Talk briefly with your table-mates about projects that you are doing or plan to do that would benefit from engagement with Black community members who have substance-related problems
- Choose one project as a group and work together to develop a plan. Record your plan on the worksheet
- Return to the large group and share your draft plan

Questions

- What model makes sense for you to use to obtain input from Black people who have SUDs?
- How would you structure this input:
 - Where/how would you recruit community members:
 - Would the input happen once, or ongoing?
 - Would the engagement be reviewing and advising or actually participating as decision-makers?
 - How would you compensate and acknowledge participants' contributions?
- What challenges do you anticipate?



Discussion