Welcome and Announcements
The first Imani Community Recovery Program In-Person training was recently held at the Bethel AME Church in Providence. It was a successful event and we look forward to the success stories that will come out of the efforts of this group!
Lived Experiences of People of Color (POC) with Substance Use Disorders: Treatment, Recovery, and Systemic Implications

Presenters:
Dennis Bailer; Racial Equity Work Group (REWG) Co-Chair, Project Weber/RENEW
Monica B. Tavares; REWG Co-Chair, Rhode Island Department of Health

Data Analysis Team:
Elecia Cardarelli, Emily Goodspeed, Lina Modjarrad, Alex Risotti, and Arnelle Toffey
Themes

- Substances mentioned
- Types of treatment participants mentioned experiencing
- Barriers and facilitators for enrolling in or staying in treatment
- Experiences in treatment
## Substances Mentioned

<table>
<thead>
<tr>
<th>Substance</th>
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<tbody>
<tr>
<td>Cocaine or Crack</td>
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<tr>
<td>Alcohol</td>
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<tr>
<td>Heroin</td>
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<tr>
<td>Marijuana</td>
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<tr>
<td>Fentanyl</td>
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</table>
Types of Treatment

- Detoxification
- Recovery and Shelter Housing
- Emergency Department or Hospital
- Medications for Opioid Use Disorder (MOUD)
- Counseling or Therapy
- Rehabilitation
- Community Groups
- Residential
- Outpatient
Barriers to Enrolling In or Staying In Treatment

- Issues with or Lack of Insurance
- Social Barriers
- Lack of Housing
- Lack of Available Treatment for Stimulants
Lack of Housing, Particularly After Detoxification

“A lot of programs or a lot of places, they don't have the opportunity for you. So it's like ‘Go into detox and then get back in the street’...when you leave there, you don't have a place to go, so what are you going to do? You're going to go out. You're going to be homeless. You're going to be in the street. The majority of the time, you're going to relapse, and then what? Then you'll be back in that program, and then you're going through the same thing over and over.”

“Right now there’s no affordable housing and our shelters are packed with people of color. You know, you're talking about waiting five, six years. I was angry all the time. And I use the anger for an excuse for me to hit that pipe and that bottle. That's my story.”
“One of the barriers that I found was that I'm not an alcoholic. I don't use opioids. I use cocaine. So, in my experience, when I went to a facility to try to get help for that, cocaine solely, they said, no, I couldn't get the help because-- they said-- ...it's a mental thing. And cocaine has caused much havoc all over the world, and you had to find out how to lie and say, ‘Oh, yeah. I drink,’ or ‘I use opioids.’ Or I'm going to have to get a couple of nips or something and drink before I went to a place ... and everything else is being addressed. Alcohol is being addressed; the opioids are being addressed. But I mean, for the cocaine solely, there's a lot of people out there like that.”
## Negative Experiences in Treatment

### Prejudice/Stigma
- Addiction stigma
- Lack of empathy from providers
- Racial stigma
  - Inequitable opportunities to receive housing support, and other services based on race
- History of arrest/incarceration
  - Inequitable opportunities to receive services based on criminal justice history
- SES

### Physiological Symptoms
- Withdrawal symptoms
- Reactions to medications
"...you're looking down on someone because you're sitting up here because you hold this position, you're looking down on that individual who needs help, and a lot of people do that... it's just crazy. And they're just there for the paycheck."

"...once they find out you're an addict, and whether you're trying to get help or not, I feel like they're being very judgmental. And I get treated different. I get looked at different. It's just an uncomfortable feeling. There's times where I have left the hospital and not proceeded to go about the treatment that I was looking for because of that...Sometimes when you get to the hospital, you're like, oh. A safe place. You're like, wow, finally. And when you don't get that same support that you're looking for, it's so discouraging."
"Because if they were white women, they got offered programs. A lot of the women in prison were all minorities. So Caucasian, you always got opportunities that minorities did not get."

"It's how you view black people. This is why you didn't get the treatment. Why the white guy got the better treatment because he wasn't viewed as [inaudible]....But when you got 19 white guys and 1 black guy, that's not equality to me...And like the young gentleman said, he tried many times to go to different avenues to want to stop it. He was willing and able, ready to do it. But again, the system wanted to keep him at a certain step so that he can't get there..."
“And I used to be like, 'How come I can't get a drug program?' You understand what I'm saying? I mean, it was like they never looked at me as having a drug problem. They always looked at me as being, this, the "bad guy"...Where in reality, we all were the same felons, drug addicts. And the first time I ever got any kind of treatment was in 2014 when I was finishing a sentence and I asked to come here."
Positive Experiences in Treatment

General aspects of treatment that clients liked
• Activities
• Services offered
• Case management

Acknowledging treatment improvement over time

Having a healthcare provider with lived experience

Social support

Feeling safe and secure
Having a Healthcare Provider with Lived Experience

“There were people that worked there that were ex-users with a history of it and just I think it's extremely important because they address it as it is a disease.”

"The counselors I connected to but they were more clinical. But when I was starting to talk to him and I had that feeling that he knew, something about dealing with somebody-- at least I speak for myself but I think most others might feel the same way. Dealing with somebody who's been there, you know what I mean? Because you feel that there's less judgment and stuff like that."
Recommendations

- Expand public insurance
- More targeted outreach
- Investment and continuation of programs that target this population
- Revision of policies surrounding substance use and possession
Key Takeaways

• Have more direct conversations with POC who use substances to learn more about their experiences and the barriers they face to accessing treatment.
• Lack of housing is a major barrier to accessing and maintaining treatment and staying in recovery. We need more support for POC in accessing safe and affordable housing.
• POC face a considerable amount of discrimination, prejudice, and stigma while trying to access treatment services.
• There is a lack of available services for stimulant users. Need to better support for stimulant users in accessing the appropriate treatment for their recovery.
• We need to diversify our healthcare workforce to include people of color and people with lived experience.
Acknowledgments

Thank you to the Governor’s Overdose Task Force Race Equity and Treatment Work Group subgroups for all your work on focus group planning, recruitment, and facilitation.

Sue Hart
Michelle McKenzie
Lex Morales

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Discussion and Questions?

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Overview of Racial Equity Practices and Recommendations for the Governor’s Overdose Task Force

“Remember to imagine and craft the worlds you cannot live without, just as you dismantle the ones you cannot live within.”
- Ruha Benjamin

Kate D’Adamo
Reframe Health and Justice
Housekeeping and Discussion Agreements

- There is no perfect; there is no end point. *Our work is a process.*
- We can’t be articulate all the time, so give the benefit of the doubt
- Our *Intent* isn’t the same as our *Impact*
- It’s ok to be uncomfortable! Growth is uncomfortable.
- Make space, Take space
- Take breaks as you need
- We will boldly try - and every attempt will teach us more
- We all have something to learn and we all have something to offer
- Be curious and ask questions!

*What else would help you engage?*
Table of contents

01 Racial Equity
   - Grounding in a Shared Framework

02 Current Landscape
   - Current Dynamics of people who use drugs (PWUD) in Rhode Island

03 Observations and Recommendations
   - Approaches to Racial Equity Practice for the Task Force

04 Work Groups and Continuing Support
   - Work Group Plans and Resources for Continued Learning
Racial Equity

Understanding Racial Equity for Overdose Prevention
Racial Equity is the process of eliminating disparities in...

- Availability, accessibility and perception of treatment and services,
  - leadership/power in structures and systems,
  - and overall health and life circumstances

for substance users, people in recovery, and families in Rhode Island. It is the intentional and continual practice of changing:

- the make-up of decision-making bodies and leadership,
  - policies across multiple systems,
  - perceptions of the system and
  - diversity in the landscape of service providers

by prioritizing measurable change in the lives of people of color.
Racial Equity is...

Engaging Community with Accountability

Naming and Demonstrating Commitments

Sustained Learning and Systemic Change
Why is Racial Equity important?

- Closing Disparities
- Sustained Change
- Supporting your Entire Community
- Supporting your BIPOC advocates
- Equity is Generative
- Ending Complicity and Achieving Justice
Recommendations and Final Report

- Racial Equity Needs and Challenges
- Task Force-Wide Recommendations
- Racial Equity Work Group Structural Plan
- Work Group Action Plans
- Workshop Resource Library
- White Allies Curricula
Current Dynamics for PWUD and the need for Racial Equity
Disparities in Fatal Overdose

Rates of Fatal Overdoses per 100,000 Residents by Race and Ethnicity, 2018-2022

Non-Hispanic Black individuals continue to experience the highest rate of fatal overdoses per population.

The rate of fatal overdose among Hispanic or Latino Rhode Islanders increased significantly in 2022.

Note: Due to RIDOH’s Small Numbers Reporting Policy, rates of fatal overdoses among decimals of Asian or unknown race and ethnicity are not shown. Hispanic or Latino includes people who identify as any race. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity. Due to approximately 6% of deaths from 2018 to 2022 missing ethnicity or race, Hispanic deaths are undercounted. Population denominator based on CDC WONDER single-year population estimates for each year. 2020 estimates applied for 2021 and 2022 rates. Data are linked to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Please use caution when interpreting rates detailed by an external source.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023.
Rates of Methadone Prescription, by Race

Disparities: Numbers in Services

HRSS: Results

Non-Hispanic white participants reported taking prescribed methadone at a much higher frequency than the other race/ethnicity groups.

- Hispanic: 13.5%
- NH Black: 6.8%
- NH White: 34.6%
- Others: 12.9%

No American Indian/Alaskan Native participants reported using prescribed methadone.
Disparities: Numbers in Services

Rate of Treatment Admissions, by Race

Treatment Admissions for Publicly-Funded Facilities, Disaggregated

Treatment Admissions, disaggregated by race, for Publicly-Funded Treatment Facilities, compiled by author from Treatment Episode Data Set (TEDS), SAMHSA.
Disparities in Structural Determinants

<table>
<thead>
<tr>
<th>Metric (Sub.)</th>
<th>Measure (Subpopulations)</th>
<th>Asian, AIAN, Hawaiian</th>
<th>Black or African-American</th>
<th>Multiple Races</th>
<th>White</th>
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<tbody>
<tr>
<td></td>
<td>Below Poverty</td>
<td>5%</td>
<td>8%</td>
<td>16%</td>
<td>70%</td>
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<tr>
<td></td>
<td>General Population</td>
<td>4%</td>
<td>6%</td>
<td>9%</td>
<td>61%</td>
</tr>
<tr>
<td></td>
<td>Families Experiencing Ho.</td>
<td>4%</td>
<td>21%</td>
<td>15%</td>
<td></td>
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<tr>
<td></td>
<td>Individuals Experiencing</td>
<td>2%</td>
<td>30%</td>
<td>0%</td>
<td></td>
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Point-in-Time Count 2023, RI Coalition to End Homelessness, Available at: https://www.rihomeless.org/point-in-time
Disparities in Structural Determinants

Criminalization and Policing

Inmate Race by Status

- **Commitments**: 21.2% Hispanic, 49.2% Asian, 25.4% White, 25.4% Black
- **Awaiting Trial**: 31.2% Hispanic, 36.7% Asian, 27.6% White, 29.8% Black
- **Sentenced**: 25.8% Hispanic, 40.0% Asian, 29.8% White, 29.8% Black

Qualitative Differences

BARRES TO TREATMENT/RECOVERY

SOCIAL BARRIERS
These include living with other people who are still using substances or returning to a triggering environment after treatment.

LACK OF HOUSING
Participants spoke about being discharged to homelessness after detox and other treatment services, and how lack of stable housing perpetuates substance use. Participants also perceived that people of color wait longer for public housing than their white counterparts.

LACK OF INSURANCE COVERAGE
Participants mentioned not being able to access treatment because their insurance did not cover it.

LACK OF AVAILABLE TREATMENT FOR STIMULANTS
Individuals noted having to lie about what substance they used or even use another substance to get into treatment.

"I'm not an alcoholic, I don't use opioids. I use cocaine. So, in my experience, when I went to a facility to try to get help for...cocaine solely, they said no, I couldn't get the help."
Observations and Themes
Observations and Areas of Focus

- Structure and Leadership
- Accessibility
- Iterative Practice
- Sustained, Holistic Commitment
Structure and Leadership

**Membership**
Diversify membership to include community organizations

**Transparency**
Clarify how BIPOC PWUD can move into leadership and decision-making roles
Go to community spaces for meetings that center accessibility of BIPOC PWUD and people in recovery

Proactively outreach to culturally-specific organizations for engagement
Iterative Practice

Make Racial Equity a Requirement

Include racial equity considerations in all proposals, programs, and funding

Accountability

Invest in the REWG and community outreach as accountability bodies
Sustained, Holistic Commitment

**Invest with Resources**
Invest in ongoing racial equity learning and support for the Task Force and Co-Chairs

**Invest with Time**
Talk about racial equity in every presentation; There is no “One Size” or “Typical PWUD”

**Commitment**
Make an explicit commitment to closing disparities and require the same from partners
Emergent Issues

Data Collection

Invest in expanding qualitative data collection and utilization

Stimulants

Expand services and resources for people who primarily use stimulants
04

Work Groups and Ongoing Learning

Unique Approaches for Simultaneous Change
## Areas of Focus for Work Groups

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<thead>
<tr>
<th>Learning Issue Areas</th>
<th>Internal Culture Change</th>
<th>Relationship Building</th>
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<tr>
<td><strong>Treatment Work Group:</strong> Expanding Interventions for PWU Stimulants</td>
<td><strong>Harm Reduction:</strong> Self-Reflection on Internal Practices</td>
<td><strong>Families:</strong> Diversifying Membership and Centering BIPOC Families</td>
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Racial Equity Work Group: Strategic Investment

Capacity & Equitable Practice

Building on Strengths

Access to Decision-Making

Policy Change:
Identifying the unique contributions of the REWG

Affinity Group:
Creating solidarity spaces for a BIPOC workforce

Expert Insights:
Building a network of experts and knowledge
Ongoing Learning

- Workshops, Materials, Discussion Guides
- White and Fair-Skinned Allies Group
Thanks

Does anyone have any questions?
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