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# Culturally-responsive community-driven substance use recovery for Black and Latinx populations

yale program for recovery and community health

NYU Langone Health

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# Land Acknowledgement

- New York University is in the ancestral Lenape homelands → it is our duty to acknowledge that many of the institutions where we work or conduct research are indeed on Native land (GIVE THANKS)

- Land acknowledgments do not exist in the past tense or historical context: Colonialism is a current ongoing process; we need to be mindful of our present participation


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# Disclosures

- No conflicts of interest
- Funding from NIAAA (R01), NIH (U01 grant)
- Foundation for Opioid Response Efforts (FORE)


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# Starting with the Why?

We need you our brothers, our sisters, our people;

help us reaffirm ourselves in

Loving ourselves;

Hold us when we can't stand

'cause soles of shoes have traveled on our backs for so long;

We need you our brothers, our sisters, our people!

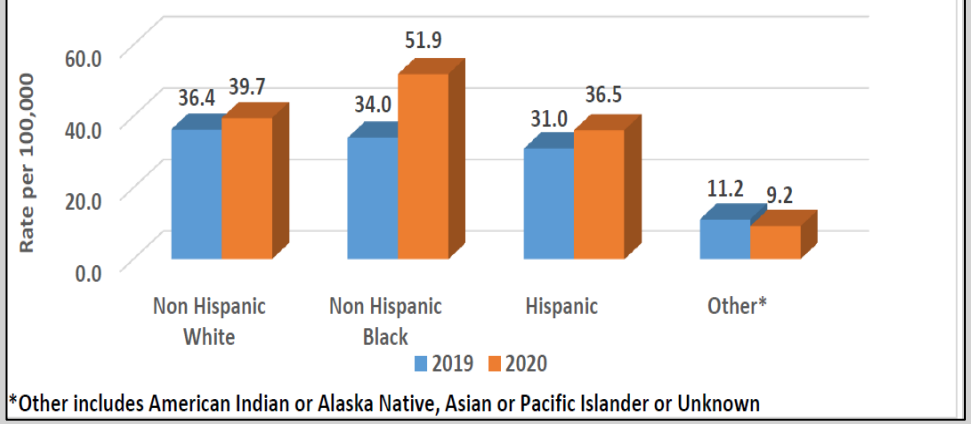
(adapted "I need you" by Imani Harrington)

# Outline of Presentation

- Problem We are Addressing
- Treatment We are Proposing
- Innovation
- Collaboration
- Benefits to #FreeMethadone

# Problem: Black/Latinx w SUDs Dying at Disproportionate Rates

- Black & Latinx Ppl with OUDs have seen a 140%/118% increase in death d/t fentanyl
- Increase morbidity and Mortality for Black & Latinx with OUD despite =/ lower use
- Lack of access to effective OUD treatment for Black & Latinx is a serious public health disparity → morbidity/mortality

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# Imani (Swahili for faith) Breakthrough

WE aim to Promote Health and Healing for Ourselves and Our Communities!

How we do this?

BY:

Creating a sense of unity – WE are in this together!

Creating a sense of collective responsibility

Through a Participatory process

<u>Imani comprises 2 components over 6 months:</u>

- **Part 1:**

A group education component:

12 weeks of classes and activities focused on wellness enhancement:

8 Dimensions of Wellness (Spiritual, Emotional, Physical, Financial, Environmental, Social, Intellectual, Occupational)

5Rs of Citizenship enhancement (Roles, Responsibilities, Relationships, Resources, Rights)

- **Part 2:**

Wrap around Support and Coaching:

Next Step group component – 12 weeks mutual support (post 12 weeks group).

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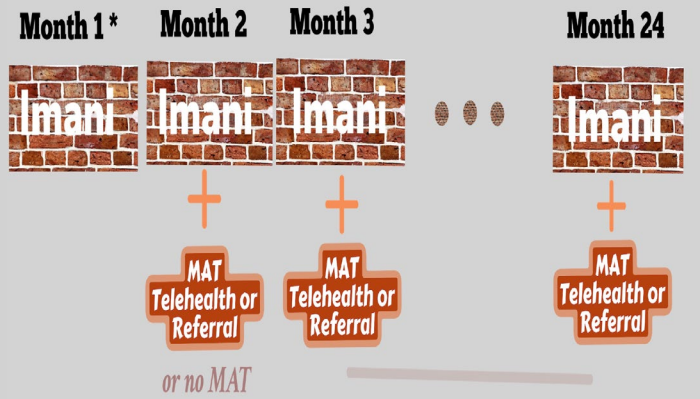
Bellamy, C. D., Costa, M., Wyatt, J., Mathis, M., Sloan, A., Budge, M., ... & Jordan, A. (2021). A collaborative culturally-centered and community-driven faith-based opioid recovery initiative: the Imani Breakthrough project. *Social Work in Mental Health*, 1-10.

# Treatment We are Proposing

**Aim 1:** Evaluate the impact of Imani + a church-based telehealth MAT option (Imani + CTM) c/t traditional MAT referral & linkage option (Imani + MAT R&L) on MAT treatment initiation and engagement. ALL get Imani for 24 weeks. 1 month into treatment- People decide if they are interested in MAT. Those interested get randomized to either MAT telehealth or MAT referral

**Aim 2:** Assess whether there are changes in substance use over time for Imani+ CTM compared to Imani + MAT R&L.

**Aim 3:** Evaluate potential mediators and moderators (e.g., choice, SDOH) of improvements in primary SUD outcomes (initiation, engagement, and decreased substance use).



# Innovation

Unique from other recovery programming, Imani deliberately has a strong focus on CBPR: community trust—-relationships have been developed and will be nurtured and respected (unlike traditional "pop up" shops that come in, delivery, wrap up, and abandon the community

Delivery of services by and for community (people with lived experience are respected collaborators)

Flexibility of the RCT design to address HR and maximize trust and participation by respecting participant choice (opt in to MAT at week 4)

The importance of spirituality, known to have high cultural significance among Black and Latinx communities, through intervention groups based in churches.

- Community Driven and Led
- Culturally-informed opioid education and naloxone distribution (OEND)
- Addresses SDOH
- Focus on HR
- Focus on Choice
- Emphasizes Mutual support
- Intensive Wraparound support
- Coaching in a safe and familiar environment

- Training and Curriculum based on IMANI philosophies
- Facilitators are people from the community/churches and those with lived experience of substance use.
- Imani directly addresses the barriers that impede access to the most effective pharmaco- and behavioral therapies available

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# Collaboration

- Value community partnerships – All working with “diverse communities within communities” and can learn from each other
- Learn effective ways to study cultural adaptation pragmatically
- How best to study structural racism & its impacts
- Understand how best to measure/study SDOH
- ID other recovery-oriented health outcomes

# #FreeMethadone to Increase Access for Black & Latinx People with OUD

ACCESS, ACCESS, ACCESS! How might we reject the white supremacist organizing of Methadone (OTPs only) to engage Black/Latinx people

## #FREEMETHADONE

- ✓ DO Not require proof of insurance, HUGE issue for participants in Imani who are uninsured, b/c they lack "authorized documentation"
- ✓ Allow for telehealth prescribing of methadone
- ✓ Allow methadone to be given in primary care settings
- ✓ Opioid Treatment Access Act—support this but NEED to go further
- ✓ Provide take home dosing when patients stabilized (14, 28, >1 month dosing)
- ✓ Community Settings to Dispose Methadone, including HR programs

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# Special Acknowledgments

- Churches/Pastors
- Facilitators
- People with lived experience
- In memory of the many that we have lost unnecessarily due to the drug overdose crisis