The Steering Committee is made up of scientists, clinicians, RCC leadership and persons with lived experience from multiple organizations and institutions from across the US.

**Principal Investigators:**

- John F. Kelly
- Bettina B. Hoeppner
- Patty McCarthy
- Julia Ojeda
- Philip Rutherford
- Robert D. Ashford
- Brandon G. Bergman
- Lauren A. Hoffman
- Vinod Rao
- Amy A. Mericle
Seminar Attendee Demographics

- Healthcare decision maker (e.g., hospital leadership, department of health, etc.)
- Prescriber (of medications for OUD)
- Clinician
- Scientist
- RCC leader / staff
- Peer support worker / volunteer
- RCC participant
- Recovery advocate
- None of the above
Polling Questions

A pop-up Zoom window will appear with the poll questions.

You must complete all questions before clicking to submit.

Remember to scroll down to see all the questions!

We will share the poll results after a few minutes.

Your responses will remain anonymous.
RCC Live Feature

This month we are spotlighting the 3 RCCs of our Cultural Compliance Alliance Presenters!

Latino Recovery Advocacy
https://youtube.com/shorts/V6CllUj093Q?feature=share

Miami Recovery Project
https://youtu.be/l-f2437JTH0
Dr. Miguel Pinedo
Assistant Professor, Chair - Kinesiology and Health Education
University of Texas, Austin
Improving use of alcohol treatment services among Latinos

Miguel Pinedo, PhD
Assistant Professor
University of Texas at Austin
Past-year treatment utilization among those with a past-year alcohol use disorder by race/ethnicity, 2015-2017

Source: National Survey on Drug Use and Health, 2015-2017
Why aren’t Latinos going to specialty treatment?

- Less likely to have health insurance
- Language barriers
- Greater logistical barriers
- Lower socio-economic status
Why aren’t Latinos going to specialty treatment?

- Cultural Factors
- Tx stigma
- Low perceived treatment efficacy
- Recovery goals
- Lack of social support
- Low problem recognition
The Barriers to Specialty Alcohol Treatment Scale (BSAT)

ATTITUDES

Perceived Treatment Efficacy

1. I didn’t think treatment would be helpful because most counselors have never experienced a problem with alcohol.
   (1) Strongly disagree (2) Disagree (3) Neither (4) Agree (5) Strongly agree
2. I didn’t think treatment would be helpful because most counselors lack ‘real world experiences.’
   (1) Strongly disagree (2) Disagree (3) Neither (4) Agree (5) Strongly agree
3. I didn’t think treatment would work for me because I didn’t think the counselors would understand my drinking or me.
   (1) Strongly disagree (2) Disagree (3) Neither (4) Agree (5) Strongly agree
4. I didn’t think treatment would work for me because alcohol treatment is not effective.
   (1) Strongly disagree (2) Disagree (3) Neither (4) Agree (5) Strongly agree

Recovery Goals

5. I wanted to reduce my drinking but not stop completely.
   (1) Strongly disagree (2) Disagree (3) Neither (4) Agree (5) Strongly agree
6. I was afraid of being judged or punished for not wanting to stop drinking completely.
   (1) Strongly disagree (2) Disagree (3) Neither (4) Agree (5) Strongly agree
7. I was afraid of being judged or punished for using alcohol or drugs again after having quit.
   (1) Strongly disagree (2) Disagree (3) Neither (4) Agree (5) Strongly agree
8. I was concerned about missing drinking (for example, that I would miss getting drunk, miss my old lifestyle, or have cravings)
   (1) Strongly disagree (2) Disagree (3) Neither (4) Agree (5) Strongly agree

Cultural Factors

9. Attending an alcohol treatment program is something that is not accepted in my culture.
   (1) Strongly disagree (2) Disagree (3) Neither (4) Agree (5) Strongly agree
10. It is not common to attend an alcohol treatment program in my culture.
    (1) Strongly disagree (2) Disagree (3) Neither (4) Agree (5) Strongly agree

Sub. Norms

• Cultural Factors
• Immigration-issues
• Acculturation
• Perceived treatment efficacy
• Problem recognition
• Recovery goals

Perceived controls

• Treatment stigma
• Support from family
• Support from friends

• Paying for treatment
• Language concerns
• Transportation concerns
• Work-related concerns
• Home responsibilities
• Time-related concerns
Compared to White participants, Latinos were more likely to report barriers related to:

- Cultural Factors
- Immigration-related issues
- Lack of family support
- Treatment Stigma
Conclusions

• Barriers related to culture, attitudes, and subjective norms may have a greater influence on Latinos’ treatment seeking behaviors than barriers related to access and affordability.

• Cultural tailored specialty treatment services may be key to increasing use among Latinos.

• Integration of alcohol and substance use treatment services in non-medical settings.
Reminder of Relevant RCC Findings

Demographics of RCC participants

- 1 in 5 RCC participants identify as Black (22.5%)
- 1 in 5 RCC participants identify as Hispanic or Latino (21%)

Actions by RCC staff

- 1 in 2 RCCs report in engaging in targeted outreach efforts towards BIPOC in their community (49%)

This is from our September seminar:
- slides: https://www.recoveryanswers.org/assets/r24_survey_results_part_1_final.pdf
- video: https://www.youtube.com/watch?v=M6RauPq-8pM
Presenters: Leaders of Cultural Compliance Alliance

Yamila Rollan Escalona  
Founder of Yaya Por Vida

Angelo Lagares  
Founder of Latino Recovery Advocacy

Thomas Guerra  
Founder of Miami Recovery Project
The Importance of Cultural Elements in Building Recovery Communities

Diversity
Equity
Inclusion

LARA
YAYA POR VIDA
MIAMI RECOVERY PROJECT

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What do we accomplish as a team?

► Culturally Responsive Compliance (CRC) for Recovery Support Services Project Partners:

► Purpose: Explore current state/federal regulations to implementing cultural/linguistic services, translation, and responsiveness. Develop guides and tool kits for recovery support services that follow recommendations from CRC committee #culturallyresponsivecompliance

► Enacting change in drug-related politics, legislation and policies for the improvement of communities of color

► Composed of LARA, Yaya por Vida Foundations, and Miami Recovery Project.
Learning Objectives

What is the Cultural Compliance Alliance

History of War on Drugs

Cultural Elements

Cultural Elements: Language

Culturally Responsive System of Outreach

ROSC

Peers building recovery capital for all communities

Building RCOs with culturally linguistically responsive elements
War on Drugs
What barriers has the war on drugs created for people working together in the recovery space?

Word Cloud: How to Participate

1. Open the Zoom Chat and click the link posted by Lili Massac.
2. OR go to www.menti.com and enter the code 4176 3104.
3. On the following page, enter **up to three words** that represent a barrier (e.g. stigma) and then click Submit.
4. You will then be able to view all participants’ responses.

https://www.menti.com/al418xxs6yx1
**SYSTEMIC BARRIERS**

- War on Drugs
- Discriminatory policy
- Mass incarceration
- Lack of access to recovery support services
- Cultural compliance
- As a result, there are health disparities and the community of color don’t trust the system

**CULTURAL BARRIERS**

- Stigma
- Silence
- Ineffective communication with professionals
- Taboo
- Belief system
Elements of Culture

- Language
- Customs
- Beliefs
- Symbols
- Norms
- Rituals
- Values

Recovery Oriented Systems of Care
Cultural elements: language

First Attempt of Advocacy for People of Color suffering from SUD

– origins of Harm Reduction at a large scale

Us Government never formally recognized their efforts as advocates and healers of their community

Transformed the Modern Medical, Housing and Education System to respect the rights of people of color

Language

To connect

communicate

Engage

Organize

Mobilize

To tell our stories

To open the conversation
A Peer is Essential in...

- Building Recovery Communities
- Implementing Culturally & Linguistic Responsive ROSC
- Creating Recovery Capital
Culturally Responsive System of Outreach

Information: Social Media, Internet, Dissemination
Culturally adapted Education and training
Support lines, help with professionals and community members

Community Leaders: Pastors, religious leaders, doctors, RCOs, Behavioral Health Centers
Political Representatives: Ministers, Congress, Governors, Town Hall Meetings
ROSC
RECOVERY ORIENTED SYSTEM OF CARE
CULTURALLY & LINGUISTICALLY RESPONSIVE
Culturally and Linguistically Responsive

- Behavior health equity
- System of outreach
- Language accessibility
- Promoting health equality
- Accessibility to information and training
- Integrating culturally responsive policy and practice into behavioral health services
- Recovery Ecosystem Cultural responsive
Culturally & Linguistically Compliant

Information  Resources  Training  Education  Prevention  Treatment  Recovery support  Peer support
Barriers to Effective Outreach

• No Cultural Compliance
• Excessive Bureaucracy
• Systematic Barriers (Recover System)
• Health Care System Distrusts
• Generational Trauma
• Discriminatory Policies
• Mass Incarceration
It is a matter of urgency that we translate the following messages in Spanish:

- What is Fentanyl and how deadly it is.
- Recovery-oriented systems of care.
- LGBTQ Community and Recovery Support specialist in Spanish.
- Medicated-Assisted Treatment (MAT).
- NARCAN® (Naloxone) training.
- Harm Reduction.
- The Language of Addiction.
- Stigma
- All Recovery Meetings.
- The Many Pathways to Recovery.

The engagement to increase cultural competence must also involve a commitment to maintaining it through periodic reassessments and adjustments.

Be part of the LARA Movement by sharing any existing resource in Spanish or a Spanish speaking person in your area.

#LARA #RevolucionLatinx
Narcan en Español
¿QUÉ ES EL FENTANILÓ?
El fentanilo es un potente opioide sintético.

- Potente: Hasta 50 veces más fuerte que la heroína y 100 veces más fuerte que la morfina. Unos pocos gramos de esta droga son mortales.
- Sintético: No a base de plantas, sino en laboratorio.
- Opióide: Análogos como la cocaína, morfina y heroína.

**DÍA NACIONAL DE CONCIERTIZACIÓN SOBRE EL FENTANILÓ**

El fentanilo está involucrado en más muertes de estadounidenses menores de 50 años que cualquier otra causa de muerte, incluidas las enfermedades cardíacas, el cáncer y todos los demás accidentes.

**LA EDUCACIÓN ES PREVENCIÓN**
Cultural and Language access is harm reduction

El Fentanilo se puede mezclar con cocaína, marihuana, heroína y pastillas clandestinas

**LA EDUCACIÓN ES PREVENCIÓN**
Cultural and Language access is harm reduction

**Resources**
How to Collaborate with us:

- Use us as direct connection to free public resources
- Contact Us to collaborate with us on enacting legislative change, community engagement
- Reach Out to us for at cost DEI consulting, translation services, curriculum creation, technical assistance, audits, guest speaking events and compliance strategy building.
- Donate! Paypal us at paypal.me/lararecovery.
Recovery without borders
By LARA
México - Cuba - Colombia - Dominican Republic
Let’s reflect on:

- The millions of lives that we lost to the war on drugs in the last 80 years
- How we will create systems that are inclusive/diverse
- How we will build RCO’s that are cultural and linguistically appropriate

Addiction doesn’t discriminate. Health disparities kill. It is a basic human right to have access to information, education and treatment.
Angelo Lagares – LARA
info@lararecovery.org

Thomas Guerra – Miami Recovery Project
Thomas@miamirecoveryproject.org

Yamila C Rollan Escalona – Yaya por Vida
connect@yayaporvida.org
REFERENCES

1. Recovery Capital – William White
2. Angelo Lagares: The Importance of Cultural Elements Building RCOs
3. William White: Recovery Management
4. Bringing Recovery Support to Scale: SAMHSA
Takeways & Discussion

• We are still feeling the affects of historical discrimination during the War on Drugs

• Community support is key to fostering recovery and combatting stigma

• We must be proactively outreaching to Latino and Hispanic communities and integrating cultural elements into RCCs