

# Best Practices for Integrating Diversity, Equity, Inclusion & Belonging into Addiction Treatment

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ASAM 55<sup>th</sup> Annual Conference

April 5, 2024



# Disclosure Information

## Best Practices for Integrating Diversity, Equity, Inclusion & Belonging into Addiction Treatment

Friday, April 5, 2024 10:30 AM

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- ☀️ No Disclosures



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- ☀ Membership Director, National Association of Addiction Treatment Providers (NAATP)
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- ☀️ No disclosures



# Learning Objectives

- ☀ Describe the relationship between racism and discrimination and health inequities in substance use and addiction treatment.
- ☀ Utilize tools to assess your organizations' Diversity, Equity, Inclusion, and Belonging (DEIB) culture and readiness for change to implement DEIB practices and policies.
- ☀ Discuss best practices for implementation of DEIB practices into the addiction treatment setting.

# Session Outline

- ☀ Introductions and Definitions
- ☀ Large Group Exercise
- ☀ Relationship between racism, discrimination and substance use
- ☀ Assessing your organizations' DEIB culture
- ☀ Best practices for integrating diversity, equity, inclusion and belonging (DEIB) into organizations
- ☀ Small Group Exercise
- ☀ Report Out and Wrap Up

# Definitions

- ★ **Discrimination:** unequal treatment of members of various groups based on race, gender, social class, sexual orientation, physical ability, religion and other categories
- ★ **Racism:** systematic discrimination through institutional policies and practices of the society that devalues and disempowers members of purported racial groups regarded as inferior; reduces access to resources and opportunities such as employment, housing, education, and health care; and increases exposure to risk factors

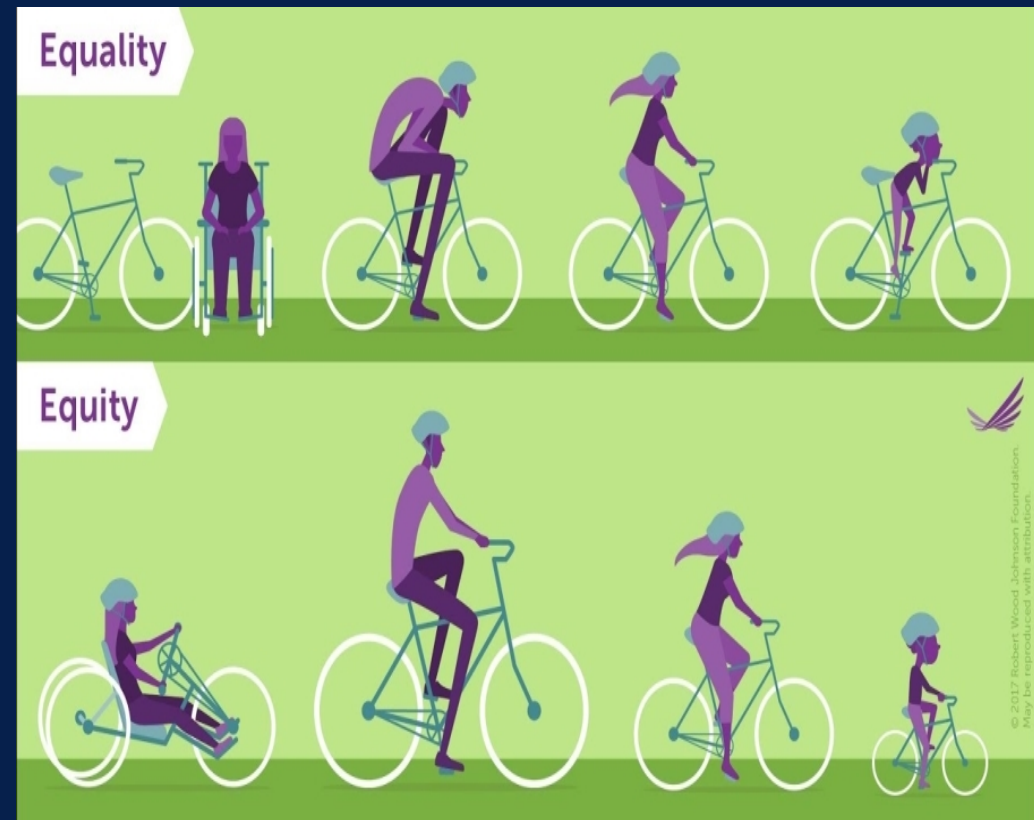


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# Definitions

☀ **Diversity:** Acknowledges all the ways people differ: race, ethnicity, sex, gender, age, sexual orientation, disability, socioeconomic status, religious beliefs, and more.

☀ **Equity:** mandates customized solutions to meet the unique requirements of specific communities or population(s); tries to correct imbalance by creating more opportunities for people who have historically had less access





# Definitions

**ALL** are welcome  
**HERE**



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☀️ **Inclusion:** Involvement and empowerment, where the inherent worth and dignity of all people are recognized; It's the act of welcoming, supporting, respecting, and valuing *all* individuals and groups

☀️ **Belonging:** Infers that an equitable structure is in place and functioning to make all people, *no matter their differences*, feel welcome. Belonging is when this not only works, but **no one feels as if their inclusion is questioned.**

- ☀️ <https://www.inclusionhub.com/articles/what-is-dei;>  
<https://www.edi.nih.gov/blog/communities/understanding-racial-terms-and-differences>

# Grounding Slide

- Breathe
- Feel Your Body (Unclench your jaw)
- Move Your Body (Rock, Sway, Dance)
- Pick Up and Feel Items Near You
- Use an Anchoring Phrase/Affirmation



# The Privilege Walk

- ☀ Please stand in a horizontal line in the middle of the room.
- ☀ Please close your eyes until the end of the exercise.
- ☀ I will read a statement or question and will ask you to take steps forward or backward as it applies to you.
- ☀ You have the option to remain still if a statement makes you uncomfortable.

# Debrief



# Race, Ethnicity, Sex & Gender Disparities in Substance Use

- ☀ American Indian/Alaska Native youth report more substance use
  - ☀ 8<sup>th</sup> graders: RR 2.1 alcohol; 4.2 for cannabis; 2.4 for other illicit substances in past 30 days
- ☀ Black women less likely to drink
  - ☀ Those who do more likely to develop & sustain alcohol use disorder (AUD)
- ☀ US-born Hispanic men & women greater AUD risk
  - ☀ Non US-born Hispanics had reduced risk
- ☀ More substance use in sexual & gender minorities (LGBTQ+)
  - ☀ Black & Hispanic LGB women greater risk
  - ☀ Higher rates in LGBTQ youth, particularly sexual minority females



Schuler MS, Prince DM, et. al. *LGBT Health*. 2020  
Mereish EH. *Curr Opin Psychol*. 2019  
Swaim RC, Stanley LR. *JAMA Network Open*.2018  
Grant JD, Vergés A, et. al. *Addiction*.2012

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# Substance Use Disparities Based on Ability

- ☀ More unhealthy substance use in those with disabilities
  - ☀ Nicotine use (OR 1.4)
  - ☀ Unhealthy prescription drug use (OR 2.0)
  - ☀ Other drug use (OR 2.0)
- ☀ Disparities exacerbated by Covid-19 pandemic
  - ☀ New or increased substance use (39% vs. 25%)
  - ☀ Substance use to cope with stress/emotions (40% vs. 25%)
- ☀ Rising SUD prevalence in developmental disability
  - ☀ Intellectual disability (ID) or autism-spectrum disorder (ASD) lower SUD prevalence (1-2% vs. 4%)
  - ☀ ASD + ID: highest percentage increase over 4-year study period (46% vs. 23%)

Roux AM, Tao S, Marcus S, et. al. *Disabil Health J.* 2022  
Reif S K-JK, Valentine A, et. al. *Disabil Health J.* 2022  
Czeisler ME BA, Thierry JM, et al. *Morb Mortal Wkly Rep.* 2021

# Inequitable Consequences of Use

## ☀ Co-occurring disorders

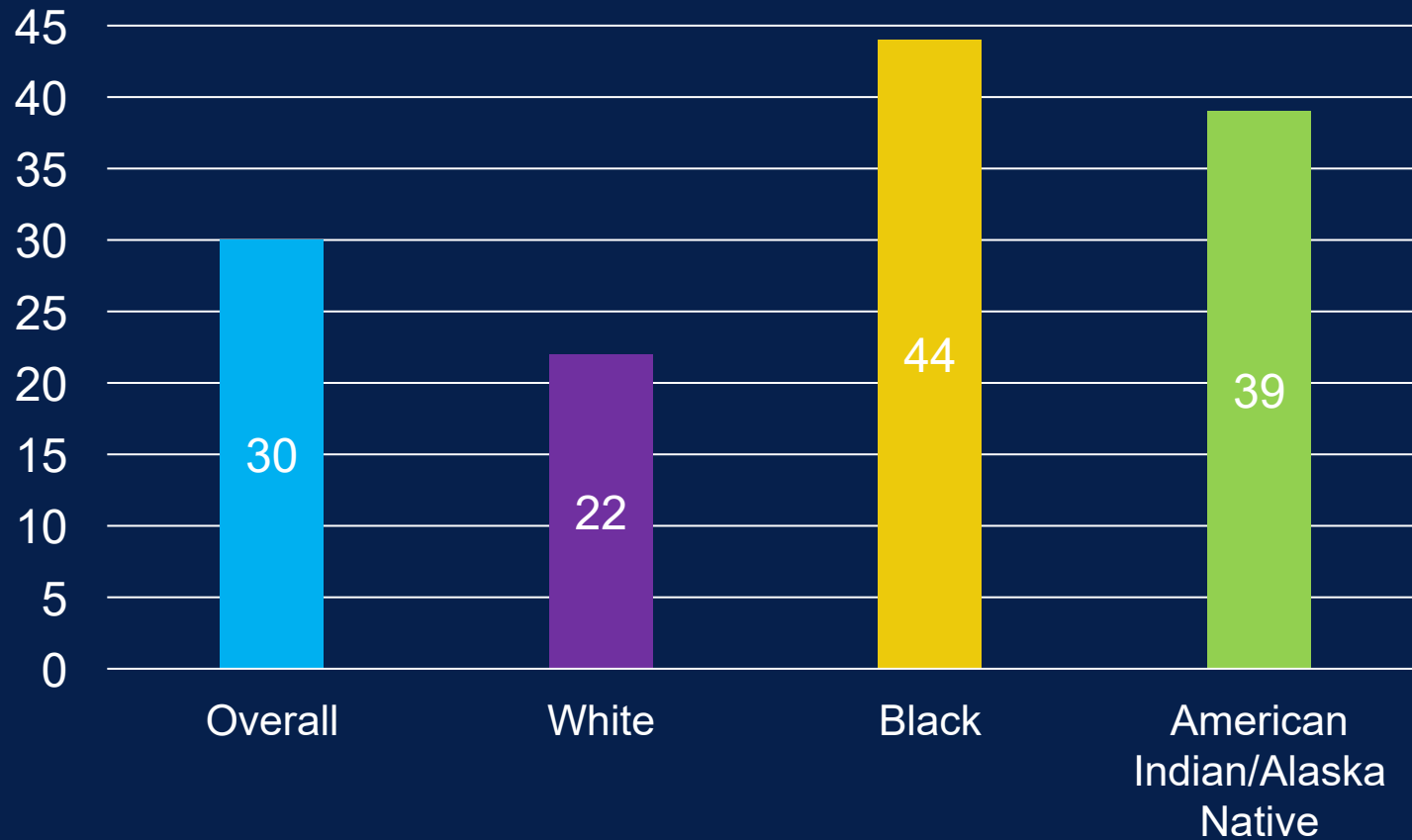
- ☀ Women with SUD have higher rates when compared to men with SUD
- ☀ LGBTQ+ persons with SUD have higher rates when compared to non-LGBTQ+
- ☀ Blacks more likely to present with increased comorbidity and increased severity

## ☀ Criminal legal consequences

- ☀ Disproportionate arrest, prosecution, conviction, sentencing and incarceration
  - ☀ Black adults are 6 times as likely to be incarcerated than whites and Hispanics are 3 times as likely

# Overdose Disparities

% Increase in Overdose Rate 2019 - 2020



■ Overall ■ White ■ Black ■ American Indian/Alaska Native

☀ Persons with a disability made up 15% of the Medicare population but ~ 80% of overdose deaths in Medicare patients.





# Faces of the Overdose Epidemic

EXPLORE

People

## Faces of an Epidemic: Stories of the Victims of America's Opioid Crisis – and the Fight to Save Lives

Newlyweds, honor students and executives are just a few of the lives lost to overdoses so far in 2017

By [Steve Helling](#) and [Alexandra Rockey Fleming](#) | August 09, 2017 08:00 AM



### News anchor shares personal story of loss to opioid epidemic

Four months ago, Angela lost her own daughter to the epidemic when she overdosed on the opioid fentanyl. When Angela returned to work this week, she shared her personal story with viewers.



Credit: ANGELA KENNOCKE  
Angela Kennocke and her daughter Erin.

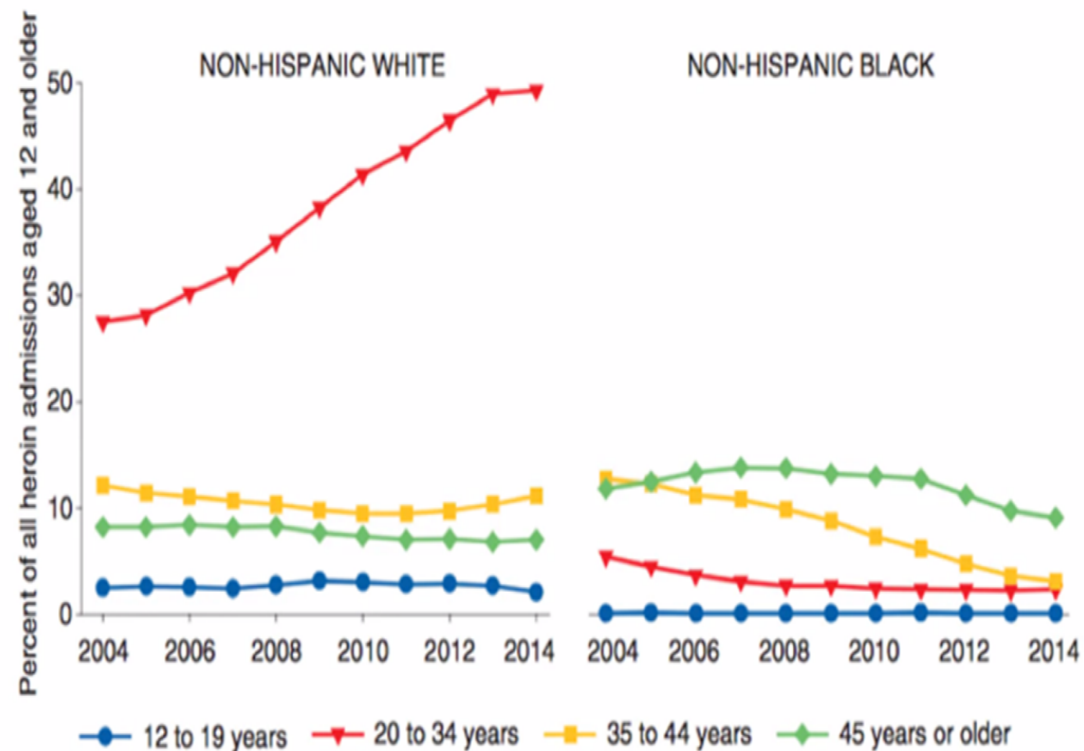
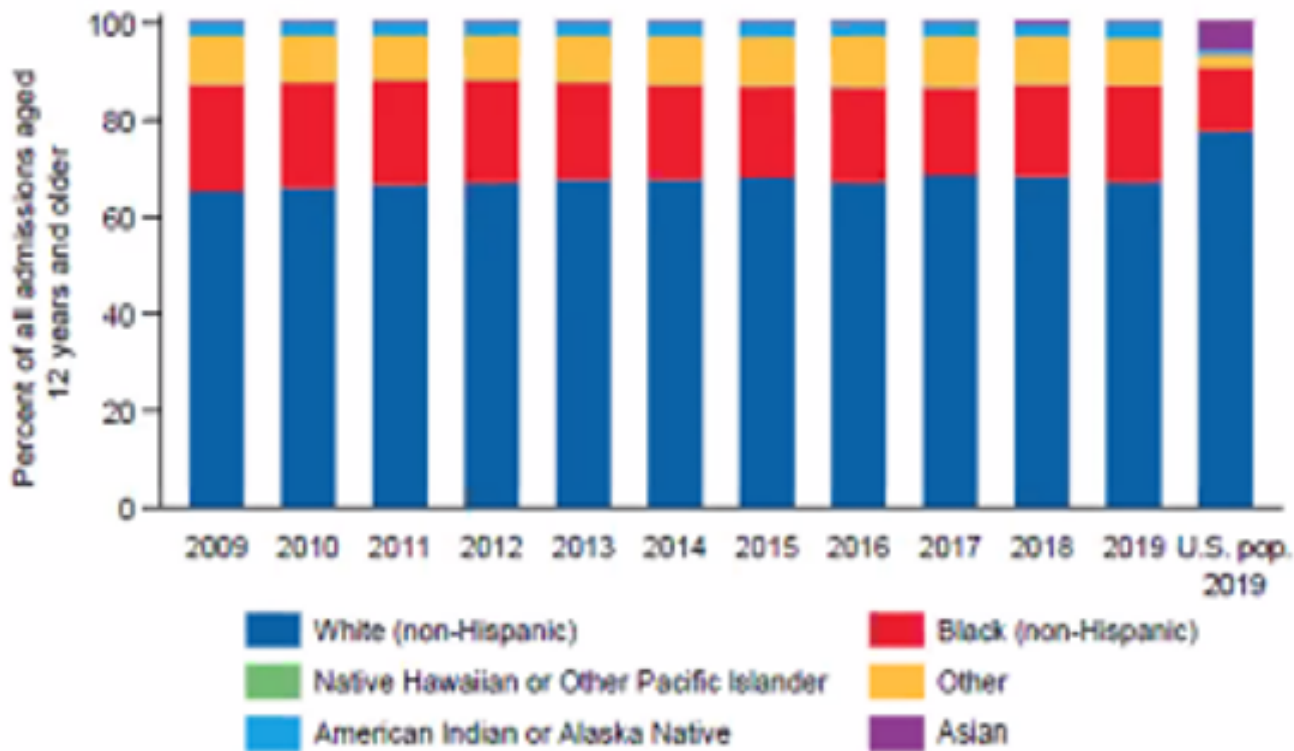


# Inequitable Access

- ☀ Women are less likely to report receipt of services for SUD
  - ☀ More likely to access ancillary services, transportation, childcare
  - ☀ More likely to present to settings other than SUD treatment
- ☀ Blacks less access to technology for telemedicine
- ☀ Disparities in access to medications
  - ☀ Persons with a disability are 40% less likely to be prescribed medication for opioid use disorder (MOUD) than those with no disability
  - ☀ Blacks are 72% less likely to be prescribed buprenorphine for OUD than Whites
- ☀ Racial and ethnic minorities less able to access syringe exchange services (OR 7.8) and naloxone (OR 9.9)

# Racial Disparities in Admissions to Treatment

Figure 3. Race of admissions: TEDS 2009–2019 and U.S. population 2019



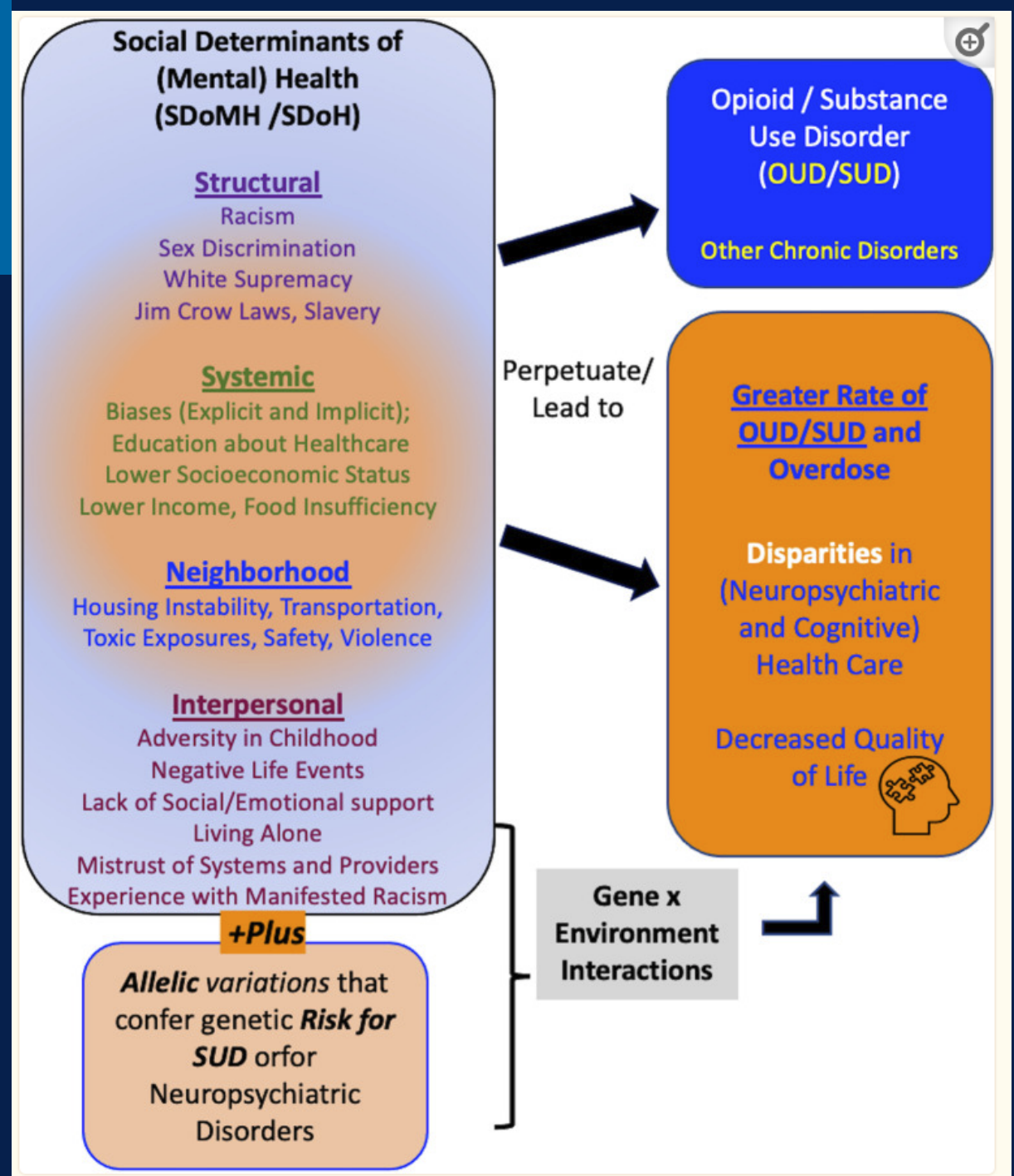
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 02.01.16.

SOURCES: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.20. Population: U.S. Census Bureau, NC-EST2019-ALLDATA: "Monthly Population Estimates by Age, Sex, Race, and Hispanic Origin for the United States."

# Reducing Disparities

“Treatment approaches that are one-size-fits-all based on regimen developed with White research participants and few to no African Americans must be carefully vetted.”

(graphic & quote from Gondré-Lewis, Abijo, & Gondré-Lewis, 2022)



# The Joint Commission's New Standards to Reduce Health Care Disparities

1. Designate individual(s) to lead activities to reduce health care disparities
2. Assess patients' health-related social needs & provide support and resources
3. Identify health care disparities by stratifying quality and safety data by social determinants of health
4. Develop action plan to address identified disparities
5. Act when goals are not achieved or sustained
6. Inform stakeholders about progress in reducing identified disparities



# ASAM Criteria 4<sup>th</sup> Edition

- ✦ First time the ASAM Criteria have included a dedicated chapter on trauma, culture and SDOH
  - ✦ *Trauma-Sensitive Practices, Culturally Humble Care, and Social Determinants of Health*
  - ✦ Reflects an evolution of how trauma, culture and SDOH impact SUD
- ✦ ASAM hopes to inspire a re-evaluation of beliefs, biases, actions, understanding, program practices, policies
  - ✦ And to ask “Why do we do things this way and how do these practices impact the people we serve”

# Wheel of Power



Adapted from ccrweb.ca

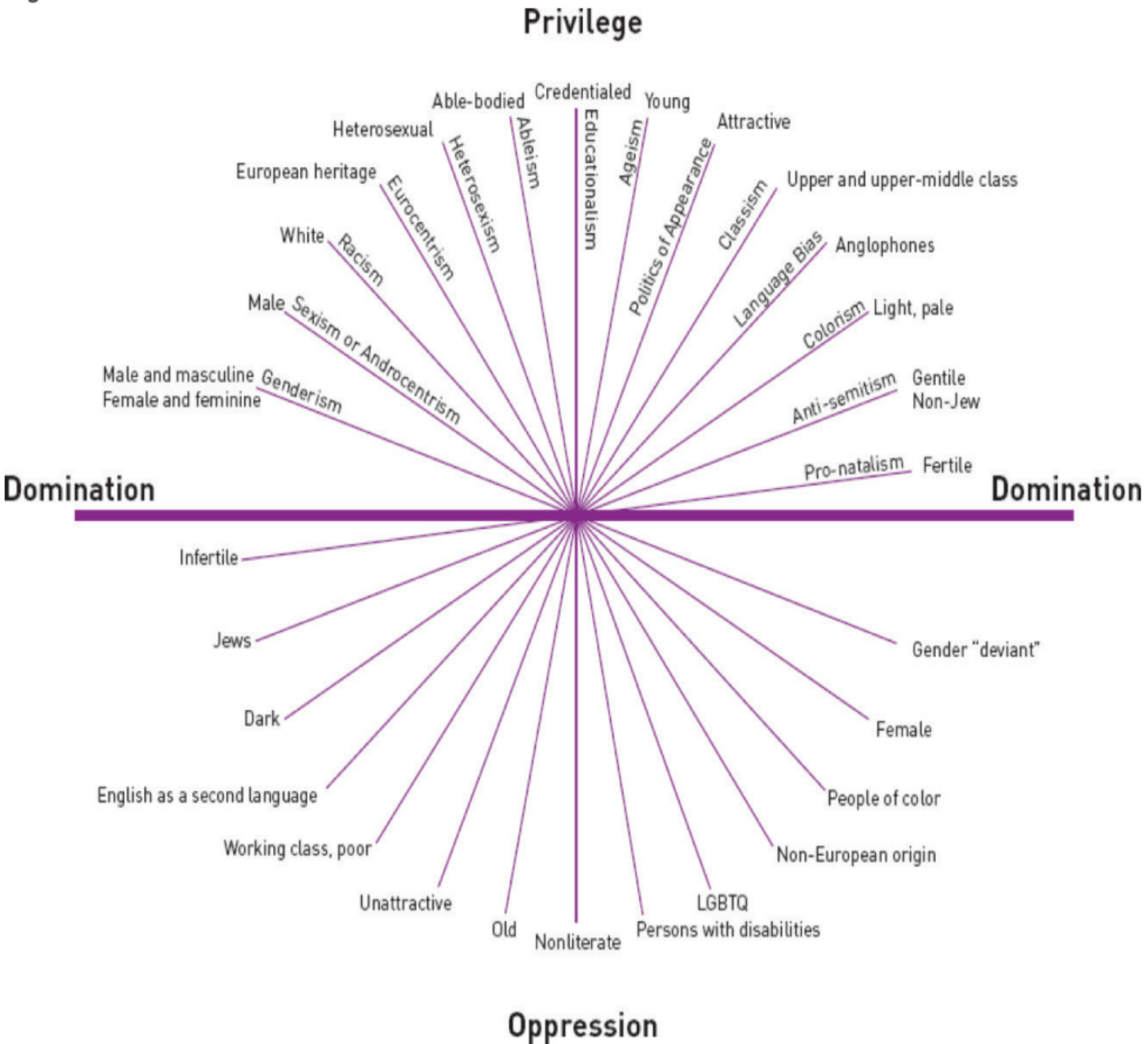
@sylviaaduckworth

# Intersectionality

- ☀ Every individual brings with them a collection of different sociocultural identities

- ☀ Some of which are marginalized and others that are privileged

- ☀ The additional identity of being a person with a substance use disorder, brings its own stigma and marginalization





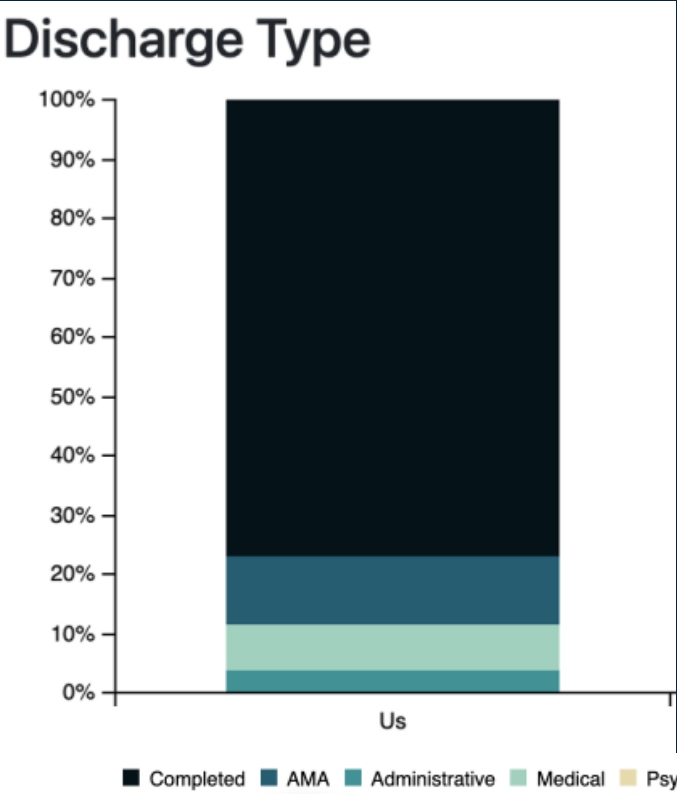
# Culturally Humble Care

## ☀ Culturally humility

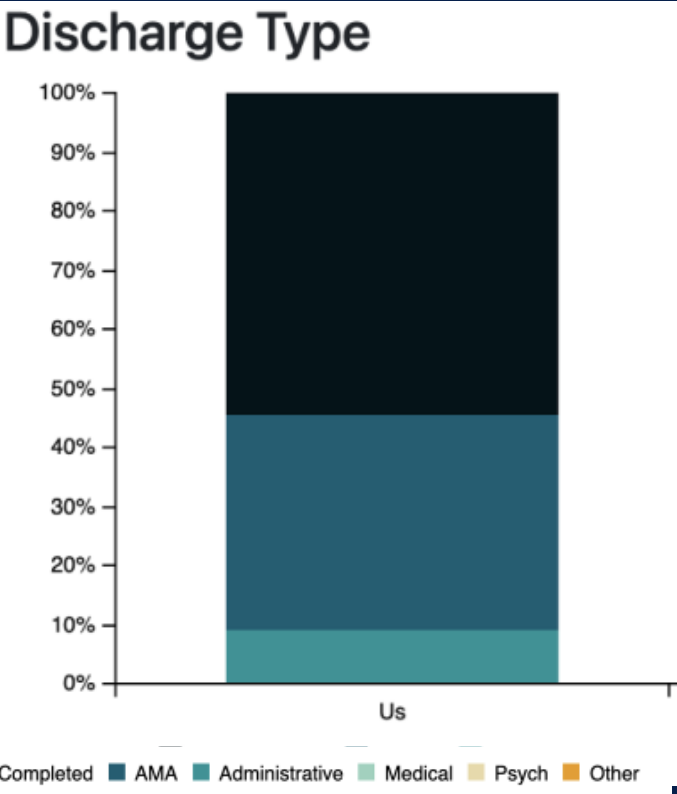
- Awareness of how one's identities and culture impact health behaviors
- Requires openness, respect, and lack of superiority when interacting with others with different identities, culture, and world view
- Continual process of self-reflection and critique, mutual learning, acknowledgement of power differentials and implicit biases

# Stratifying Data by Social Determinants

Race and Ethnicity
American Indian or Alaska Native
Asian
Black or African American
Hispanic or Latinx
Middle Eastern or North African
Native Hawaiian or Other Pacific Islander
<b>White</b>
Other



Race and Ethnicity
American Indian or Alaska Native
Asian
<b>Black or African American</b>
Hispanic or Latinx
Middle Eastern or North African
Native Hawaiian or Other Pacific Islander
White
Other



# Building DEIB Recovery Capital

“**Recovery Capital**” = the total resources an individual has available to find and maintain recovery from addiction (FacesAndVoicesofRecovery.org)

- ☀ Can be built through personal, social, and community efforts

**DEIB Recovery Capital** = the internal and external resources an organization (and our society at large) has available to find and maintain recovery from systemic racism & oppression

- ☀ Can be built through personal, social, and community efforts



Image from <https://www.myrecoveryplan.ca/>

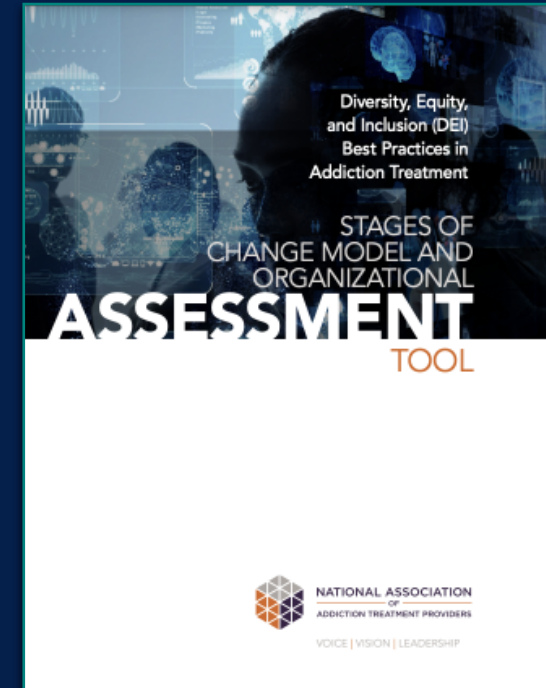
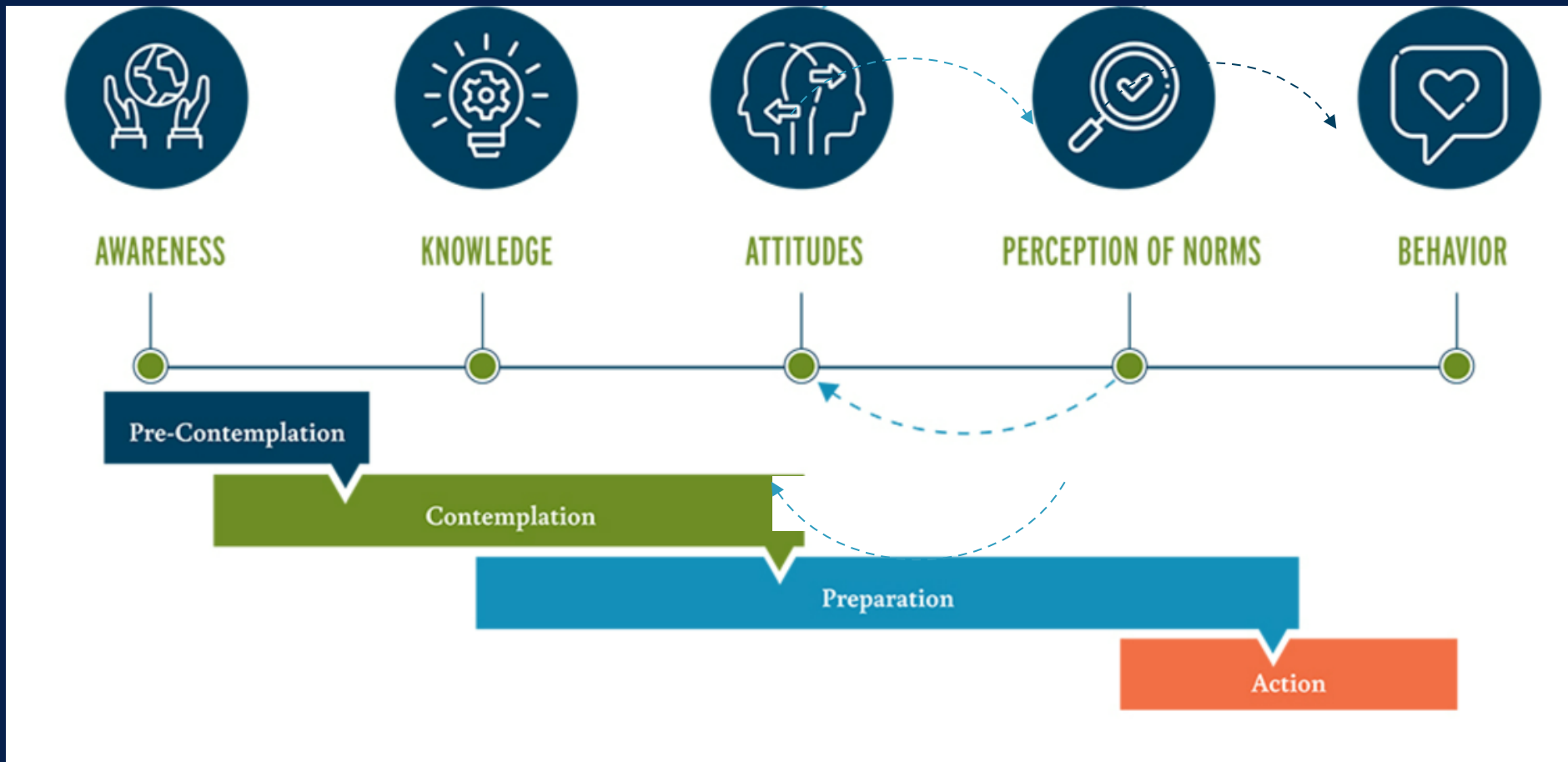
# Assessing & Implementing DEIB Best Practices

## Why is this needed?

- ✦ **Diversity:** increase diversity of staff, leadership, and people served
- ✦ **Equity:** eliminate racial differences in access to services and in treatment outcomes
- ✦ **Inclusion:** create inclusive, welcoming work and clinical environments
- ✦ **Individualized Care:** utilize culturally-responsive treatment methods
- ✦ **Community:** engage with diverse communities
- ✦ **Advocacy:** work toward social justice in addiction healthcare

*NAATP's Stages of Change Model and Organizational Assessment Tool helps providers identify the DEIB work needed within their organization.*

# Stages of Change Organizational Model



## **PRE-CONTEMPLATION**

**GOALS:** Raise doubt and concern about current beliefs and practices, increase perception of problems with the current state, and practice harm reduction strategies

# Pre-Contemplation

## Organizational DEI Commitment

Does not see DEI as relevant to its work, or does not have an interest in advancing DEI work.

## Policies & Procedures

Does not have any DEI-related organizational policies beyond non-discrimination policies.

## Leadership and Infrastructure

Members of management or board have not taken leadership on DEI issues.

## Training

Has not done any training related to DEI, or staff completes trainings as required for compliance.

## Clinical Care

Treatment materials and modalities are not commonly adapted for different individuals.

## Community

Doesn't express interest in building stronger partnerships with communities facing disparities; may see it as an unrealistic or unimportant to the organization's mission.

## Diversity

Doesn't see diversification of leadership, board, and staff as a priority; may be paralyzed by the perceived challenges or view it as unattainable.

## Equity

DEI-related metrics\* are not collected or considered in programs or in operational accountability mechanisms.

## Inclusivity

No explicit effort is made to create an inclusive atmosphere for diverse staff and patients.

# Group Exercise

- 1. Review Domain:** Familiarize yourself with the questions and prompts related to your assigned domain.
- 2. Discuss and Brainstorm:** Engage in discussions with your group members.
  1. What strengths does your organization currently possess in relation to this domain?
  2. What challenges or areas for improvement do you identify within this domain?
  3. What initiatives or strategies could be implemented to enhance diversity, equity, inclusion, and belonging in this domain?





# Inclusive Implementation Framework

## Inviting, Intentional and Inclusive Healing Spaces



### INVITING- Phase I

Development of a culture of belonging that is socially responsible and has impact by defining your Why.

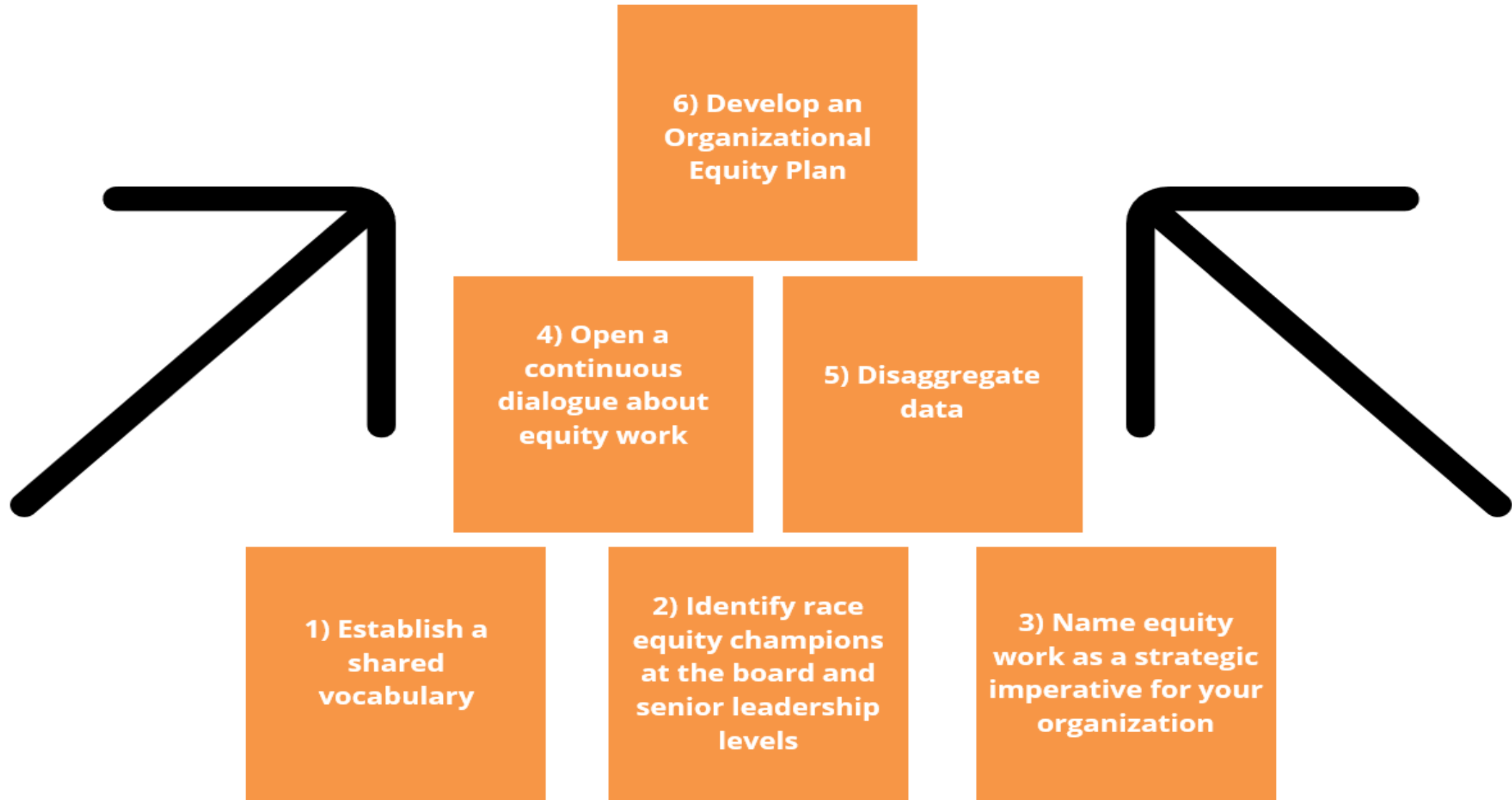
### INTENTIONAL-Phase II

Align strategy development with organizations' mission and values.

### INCLUSIVE- Phase III

Hardwire sustainable DEI initiatives to drive profitable growth while creating a culture of belonging

# Building Blocks to an Inclusive Organization



# Favorite Quotes for Transformational Change

**“Not everything that is faced can be changed. But nothing can be changed until its faced.”**

**-James Baldwin**

**“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.”**

**-Margaret Mead**

# Final Takeaways/Summary (Suggested)

- ☀ Discrimination and racism have contributed to significant disparities in:
  - ☀ Risks for substance use and
  - ☀ Development and persistence of substance use disorder
  - ☀ Inequities in access to treatment
- ☀ NAATP's Stages of Change Model and Organizational Assessment Tool can be used to assess organizational readiness to integrate diversity, equity, inclusion and belonging (DEIB)

# Questions & Contact Information

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# References (Required)

1. Czeisler MÉ, B. A., Thierry JM, et al. (2021). Mental Health and Substance Use Among Adults with Disabilities During the COVID-19 Pandemic — United States, February–March 2021. *MMWR Morb Mortal Wkly Rep*, 70, 1142–1149. doi:<http://dx.doi.org/10.15585/mmwr.mm7034a3>
2. Edlund, M. D. P. D. M., Booth, P. D. B., & Feldman, M. S. Z. (2009). Perceived Need for Treatment for Alcohol Use Disorders: Results From Two National Surveys. *Psychiatric Services*, 60(12), 1618-1628. Retrieved from <http://dx.doi.org/10.1176/appi.ps.60.12.1618>
3. Grant, J. D., Vergés, A., Jackson, K. M., Trull, T. J., Sher, K. J., & Bucholz, K. K. (2012). Age and ethnic differences in the onset, persistence and recurrence of alcohol use disorder. *Addiction*, 107(4), 756–765. <https://doi.org/10.1111/j.1360-0443.2011.03721.x>
4. Guerrero, E.G., Marsh, J.C., Duan, L., Oh, C., Perron, B., & Lee, B. (2013). Disparities in Completion of Substance Abuse Treatment Between and Within Racial and Ethnic Groups. *Health Services Research*, 48(4), 1450-67. <https://doi.org/10.1111/1475-6773.12031>
5. Institute of Medicine. 2003. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12875>.
6. Jones, C. (2022). *Vital Signs: Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics — 25 States and the District of Columbia, 2019–2020*. Retrieved

Retrieved

July 2022, from Morbidity and Mortality Weekly Report (MMWR): <https://www.cdc.gov/mmwr>



# References (Required)

9. Kariisa M, Davis NL, Kumar S, & al., e. (2022). Vital Signs: Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics — 25 States and the District of Columbia, 2019–2020. Retrieved July 2022, from Morbidity and Mortality Weekly Report (MMWR): <https://www.cdc.gov/mmwr>
10. Kariisa M, Davis NL, Kumar S, & al., e. (2022). Vital Signs: Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics — 25 States and the District of Columbia, 2019–2020. *MMWR Morb Mortal Wkly Rep*, 71, 940-947. doi: <http://dx.doi.org/10.15585/mmwr.mm7129e2>
11. Kuo, Y.-F., Raji, M. A., & Goodwin, J. S. (2019). Association of Disability With Mortality From Opioid Overdose Among US Medicare Adults. *JAMA Network Open*, 2(11), e1915638-e1915638. doi:10.1001/jamanetworkopen.2019.15638
12. Lewis, B., Hoffman, L., Garcia, C.C., & Nixon, S. (2018). Race and socioeconomic status in substance use progression and treatment entry. *Journal of Ethnicity in Substance Abuse*, 17(2), 150-166. <https://doi.org/10.1080/15332640.2017.1336959>
13. Madden EF, Qeadan F. Racial inequities in U.S. naloxone prescriptions. *Subst Abus.* 2020;41(2):232-244. doi: 10.1080/08897077.2019.1686721. Epub 2019 Nov 13. PMID: 31718487.
14. Mereish, E. H. (2019). Substance use and misuse among sexual and gender minority youth. *Curr Opin Psychol*, 30, 123-127. doi:10.1016/j.copsyc.2019.05.002

# References (Required)

15. Prasad, S. J., Nair, P., Gadhvi, K., Barai, I., Danish, H. S., & Philip, A. B. (2016). Cultural humility: treating the patient, not the illness. *Med Educ Online*, 21, 30908. doi:10.3402/meo.v21.30908
16. Ranjbar, N., Erb, M., Mohammad, O., & Moreno, F. (2020). Trauma-informed care and cultural humility in the mental health care of people from minoritized communities. *Focus*, 18(1), 8-15. Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2062>
17. Reif S, K.-J. K., Valentine A, Patterson D, Mericle AA, Adams RS, Greenfield TK. (2022). Substance use and misuse patterns and disability status in the 2020 US National Alcohol Survey: A contributing role for chronic pain. *Disabil Health J*, 15(2S). doi:10.1016/j.dhjo.2022.101290.
18. Roux, A. M., Tao, S., Marcus, S., Lushin, V., & Shea, L. L. (2022). A national profile of substance use disorder among Medicaid enrollees on the autism spectrum or with intellectual disability. *Disabil Health J*, 15(2S), 101289. doi:10.1016/j.dhjo.2022.101289
19. Schuler, M. S., Prince, D. M., Breslau, J., & Collins, R. L. (2020). Substance Use Disparities at the Intersection of Sexual Identity and Race/Ethnicity: Results from the 2015-2018 National Survey on Drug Use and Health. *LGBT Health*, 7(6), 283-291. doi:10.1089/lgbt.2019.0352
20. Smedley, B., Stith, A., & Nelson, A. (2003). *Unequal treatment: confronting racial and ethnic disparities in health care*. Institute of Medicine Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. Washington, D.C.: National Academy Press.



# References (Required)

20. Swaim, R. C., & Stanley, L. R. (2018). Substance Use Among American Indian Youths on Reservations Compared With a National Sample of US Adolescents. *JAMA Network Open*, 1(1), e180382-e180382. doi:10.1001/jamanetworkopen.2018.0382
21. Zapolski, T. C. B., Pedersen, S. L., McCarthy, D. M., & Smith, G. T. (2014). Less drinking, yet more problems: Understanding African American drinking and related problems. *Psychological Bulletin*, 140(1), 188–223. <https://doi.org/10.1037/a0032113>
22. <https://www.inclusionhub.com/articles/what-is-dei>
23. <https://www.edi.nih.gov/blog/communities/understanding-racial-terms-and-differences>
24. <https://www.edi.nih.gov/blog/communities/understanding-racial-terms-and-differences>