

Steering Committee Members



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.
Hoeppe



Robert D.
Ashford



Patty
McCarthy



Julia
Ojeda



Philip
Rutherford



Brandon
G.
Bergman



Lauren A.
Hoffman

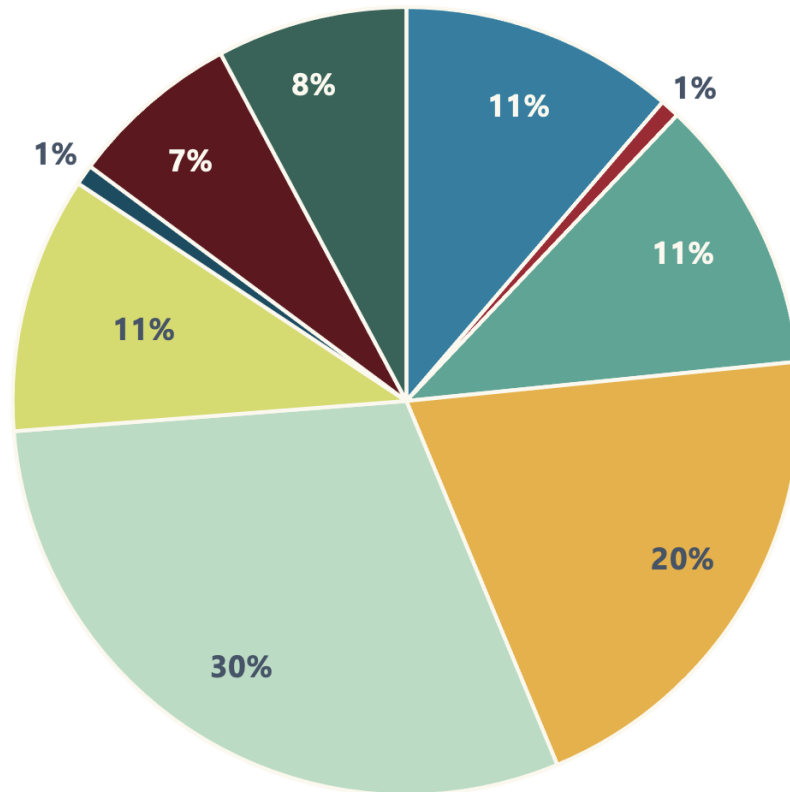


Vinod
Rao



Amy A.
Mericle

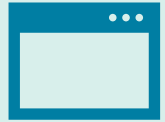
Seminar Attendee Demographics



- 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!



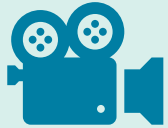
We will share the poll results after a few minutes



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/V6CIIUj093Q?feature=share>

Miami Recovery Project

<https://youtu.be/l-f2437JTH0>

Presenter



Dr. Miguel Pinedo

Assistant Professor, Chair - Kinesiology and Health Education
University of Texas, Austin

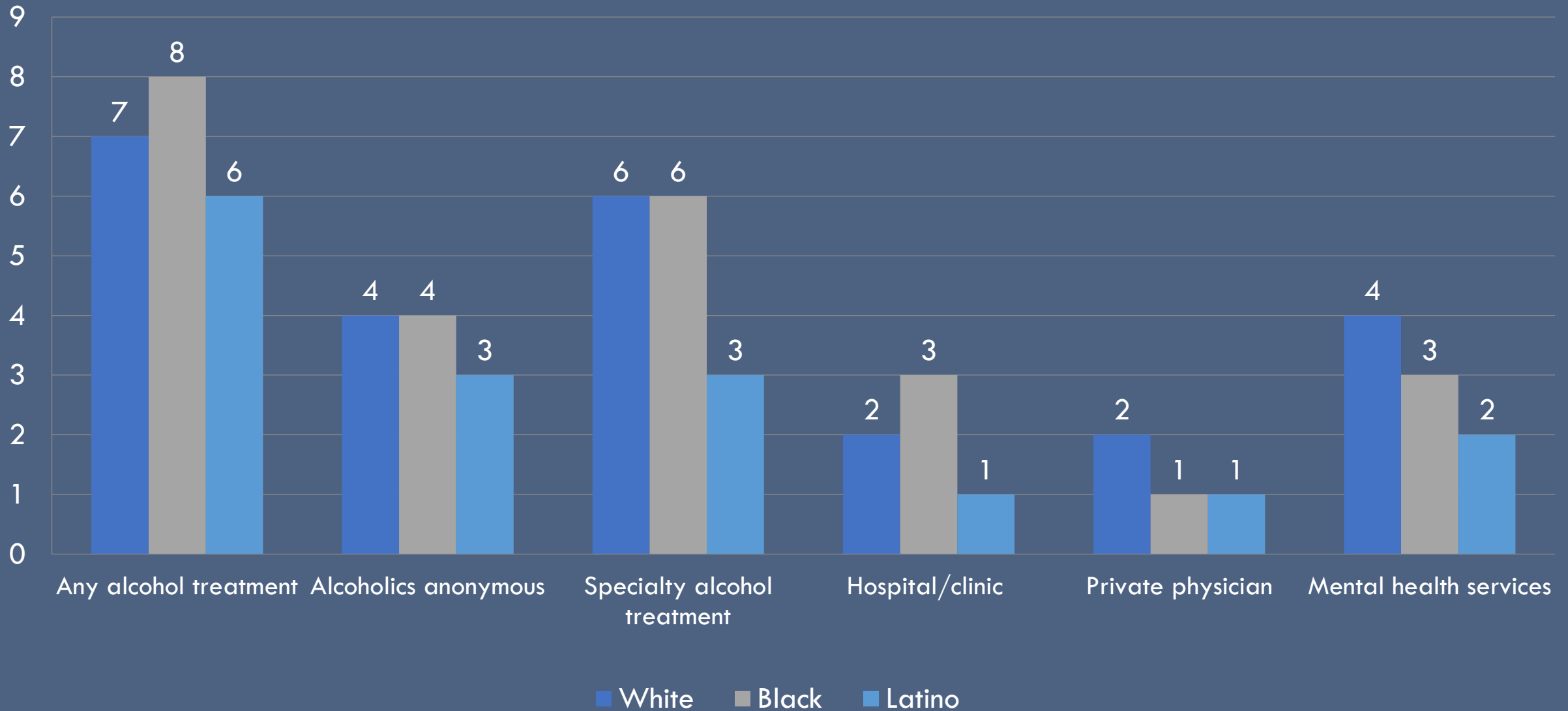


Miguel Pinedo, PhD

Assistant Professor
University of Texas at Austin

Improving use of alcohol treatment
services among Latinos

Past-year treatment utilization among those with a past-year alcohol use disorder by race/ethnicity, 2015-2017



Less likely to
have health
insurance

Lower socio-
economic
status

Why aren't Latinos
going to specialty
treatment?

Language
barriers

Greater
logistical
barriers

Cultural
Factors

Tx
stigma

Low
perceived
treatment
efficacy

Why aren't Latinos
going to specialty
treatment?

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

Attitudes

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

Sub. Norms

- Treatment stigma
- Support from family
- Support from friends

Perceived controls

- Paying for treatment
- Language concerns
- Transportation concerns
- Work-related concerns
- Home responsibilities
- Time-related concerns

Preliminary Findings: Latinos vs. Whites

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

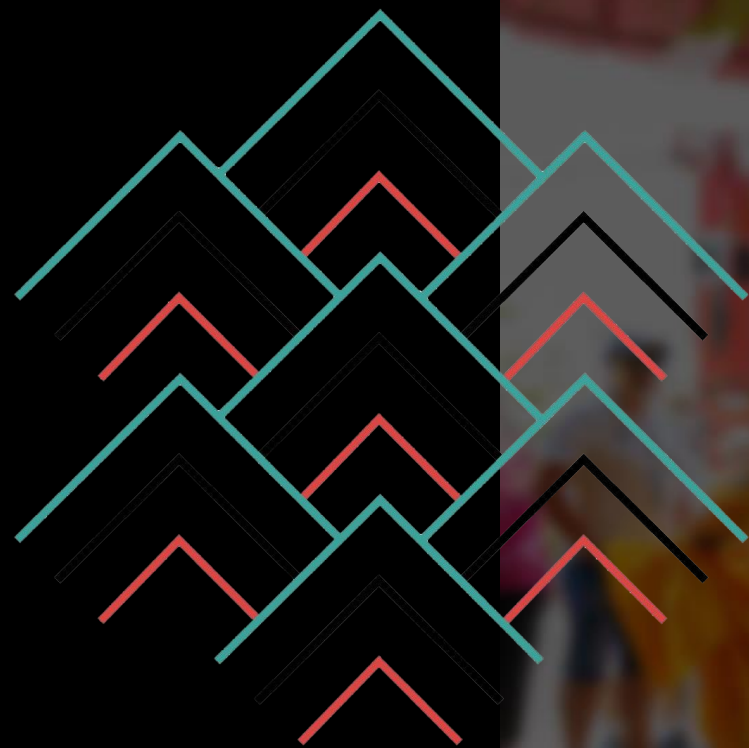
Diversity
Equity
Inclusion



LARA
YAYA POR VIDA
MIAMI RECOVERY PROJECT



Recovery Community Organization



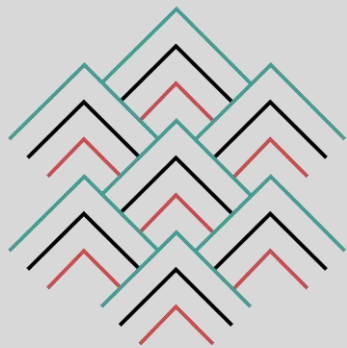
LARA

LATINO RECOVERY ADVOCACY

Curriculum adapted for this presentation on behalf of Latino Recovery Advocacy | Original Author: Angelo LAGARES Copyright 2022

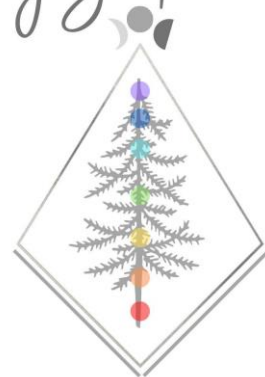


Recovery Community Organ'



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Yaya por vida



Foundation
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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

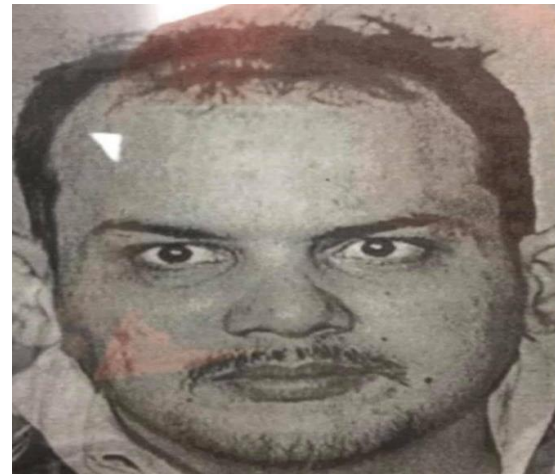
Cultural
Elements: Language

Culturally Responsive
System of Outreach

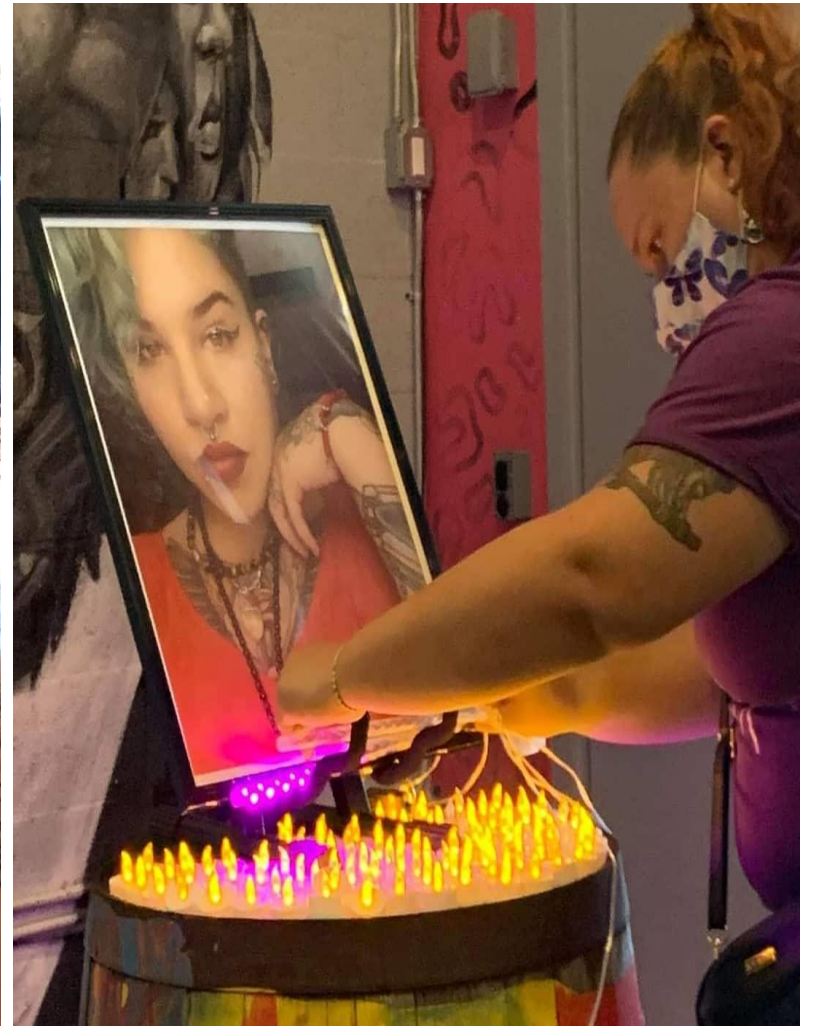
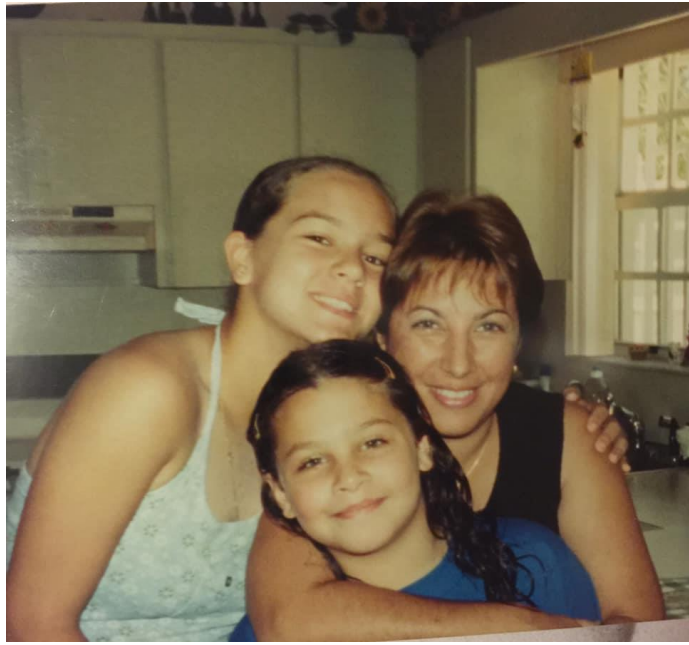
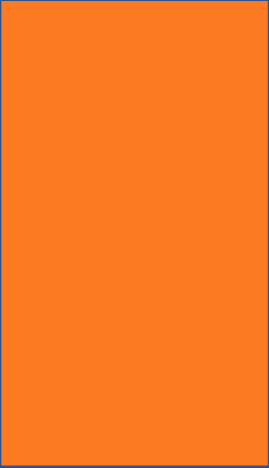
ROSC

Peers building recovery
capital for all communities

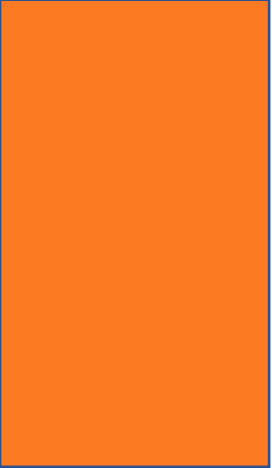
Building RCOs with
culturally linguistically
responsive elements



OUR STORIES



OUR STORIES



LATINO RECOVERY ADVOCACY

War on Drugs

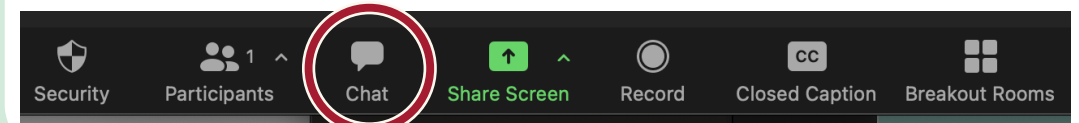


What barriers has the war on drugs created for people working together in the recovery space?

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 **41763104**
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

Open the Zoom chat by going to the Zoom toolbar at the bottom of the Zoom window and clicking "Chat"



What barriers has the war on drugs created for people working together in the recovery space?

 25 25 25

You can submit multiple answers

Submit



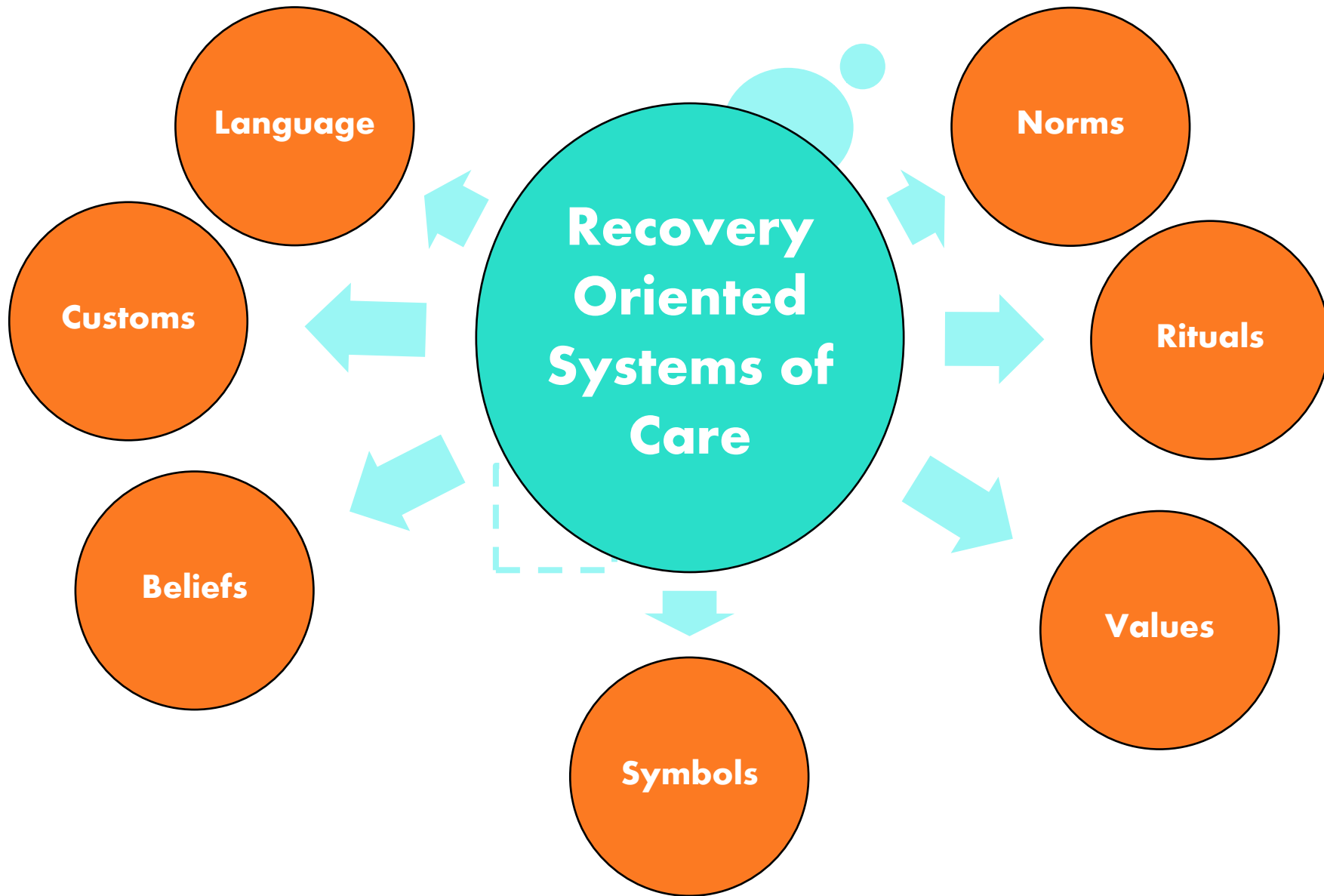
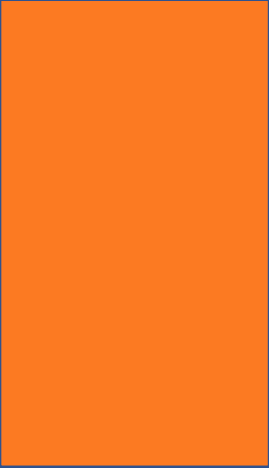
<https://www.menti.com/al418xxs6yx1>

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

To tell our stories
To open the conversation

To connect

communicate

Engage

Organize

Mobilize

A Peer is Essential in...



- ❖ **Building Recovery Communities**
 - ❖ **Implementing Culturally & Linguistic Responsive ROSC**
 - ❖ **Creating Recovery Capital**

Bilingual Spanish Peer Outreach Coordinator



Recovery Capital Building



Through Community

Peer Support certification in
Spanish
Community Outreach
Community organizing
ROSC – Culturally and
linguistically appropriate
Family Support Training
Voter Registration Volunteers
Allies in Recovery
Advocacy Education

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

LATINO
RECOVERY
ADVOCACY

**CULTURALLY
AND
LINGUISTICALLY
RESPONSIVE**

Behavior
health
equity

System of
outreach

Language
accessibility

Promoting
health
equality

Accessibility to
information
and training

Recovery
Ecosystem
Cultural responsive

Integrating culturally
responsive policy
and practice into
behavioral health
services

ACCESS

**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.

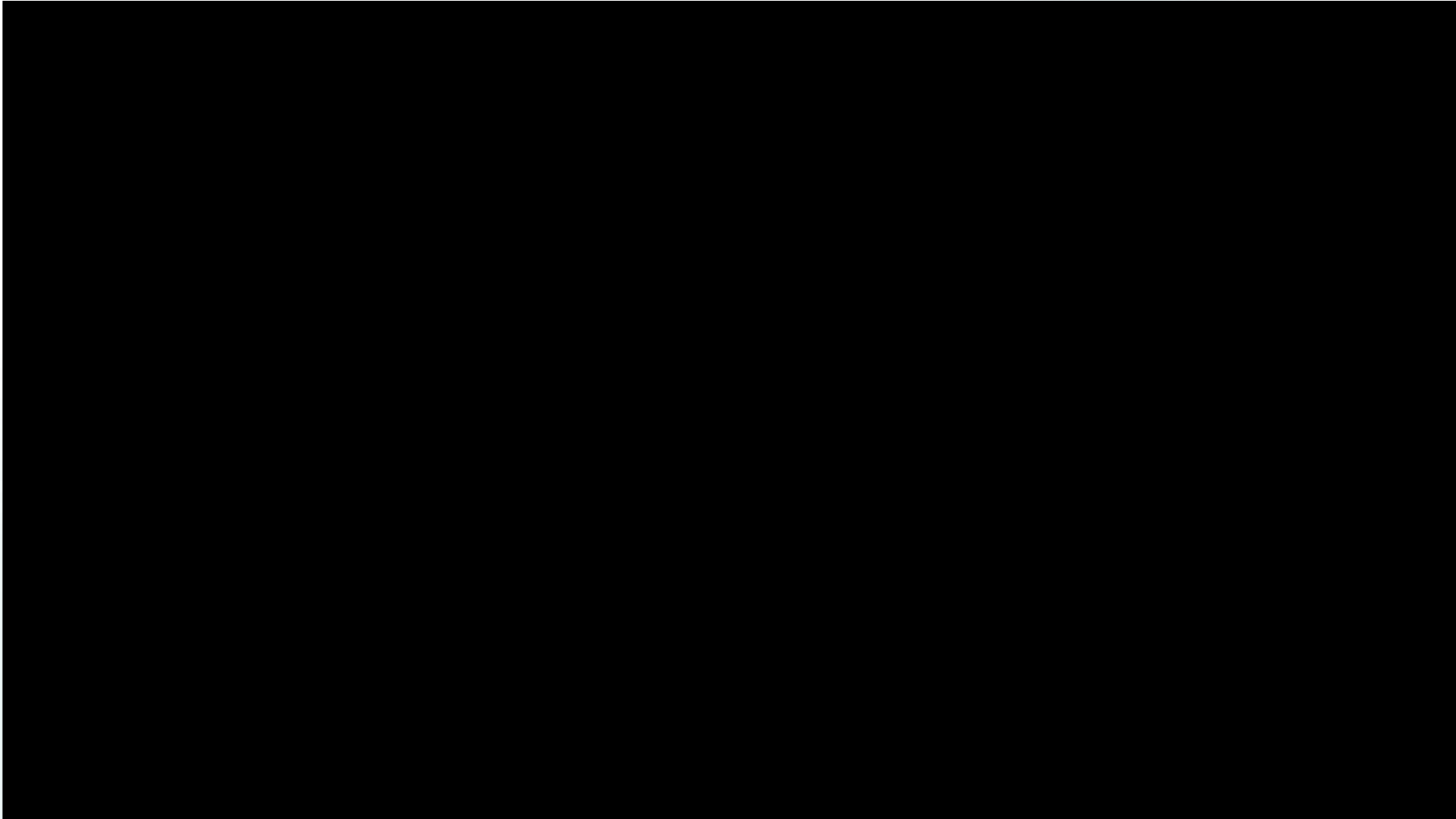
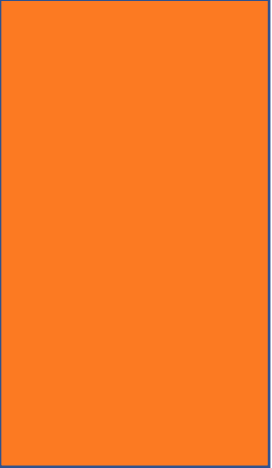
The engagement to increase cultural competence must also involve a commitment to maintaining it through periodic reassessments and adjustments.

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

#LARA #RevolucionLatinX

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Narcan en Español

MAYO 10 DÍA NACIONAL DE CONCIERTIZACIÓN SOBRE EL FENTANILO

¿QUÉ ES EL FENTANILO?

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 granos de arena pueden ser letales.

Sintético
No a base de plantas. Hecho en laboratorio.

Opioide
Analgésicos como oxicodona, morfina y heroína




Diferencias entre 988 - 911 - 211

988 Nuevo número de la línea Nacional de Prevención del Suicidio. Cuidado de crisis de salud mental.

911 Emergencias médicas, bomberos y policía.

211 - Información de recursos de salud mental, coordinación de servicios y cuidado de crisis de salud mental y suicidio.

CULTURAL COMPLIANCE ALLIANCE

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MAYO 10 DÍA NACIONAL DE CONCIERTIZACIÓN SOBRE EL FENTANILO

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

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MAYO 10 DÍA NACIONAL DE CONCIERTIZACIÓN SOBRE EL FENTANILO

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

LA EDUCACIÓN ES PREVENCIÓN

Cultural and Language access is harm reduction

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Resources

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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.



WWW.LARARECOVERY.ORG
WWW.MIAMIRECOVERYPROJECT.ORG
WWW.YAYAPORVIDA.ORG

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Angelo Lagares – LARA
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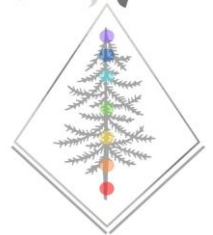
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Yaya por vida



Foundation
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10. [^] Webb, Gary (1998). *Dark Alliance: The CIA, The Contras, and the Crack Cocaine Explosion*. USA: Seven Stories Press. p. 443. [ISBN 1-888363-68-11](#).[^] Webb, Gary (1998). *Dark Alliance: The CIA, The Contras, and the Crack Cocaine Explosion*. USA: Seven Stories Press. pp. 443–444. [ISBN 1-888363-68-1](#).

12.[^] Webb, Gary (1998). *Dark Alliance: The CIA, The Contras, and the Crack Cocaine Explosion*. USA: Seven Stories Press. pp. 444–447. [ISBN 1-888363-68-1](#)

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

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