

# Strategies To Address The Opioid Epidemic In Black/African American And Hispanic/Latino Communities

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U.S. Department of Health and Human Services

August 28, 2019



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Agenda

- Overview
  - **Larke Huang, PhD**, Moderator
- Presentations
  - **Ricardo Cruz, MD, MPH**, *Principal Investigator, Project Recover, Boston Medical Center*
  - **Pierluigi Mancini, PhD**, *Project Director National Hispanic and Latino ATTC & PTTC; Founder and Former CEO of Clinic for Education, Treatment and Prevention of Addiction (CETPA)*
  - **Mary Langley, PhD, MPH, RN, ICPS**, *Principal Investigator, Dougherty Alliance for Opioid Use Disorder, Morehouse School of Medicine*
  - **Andre L. Johnson, MA**, *President/CEO Detroit Recovery Project Inc.*
- Q & A



# The Opioid Epidemic in Black/African American and Hispanic/Latino Communities – An Overview

Larke Huang, PhD SAMHSA

# HHS 5-Point Strategy to Combat the Opioid Crisis

- Declared a national public health emergency in 2017
- Prioritized by the federal government and led by the U.S. Department of Health and Human Services



**Better**  
addiction  
prevention,  
treatment,  
and recovery  
services



**Better** data



**Better** pain  
management



**Better**  
targeting of  
overdose  
reversing  
drugs



**Better**  
research

# Opioid Epidemic: National Population Data

In 2018 (SAMHSA's National Survey on Drug Use & Health, NSDUH):

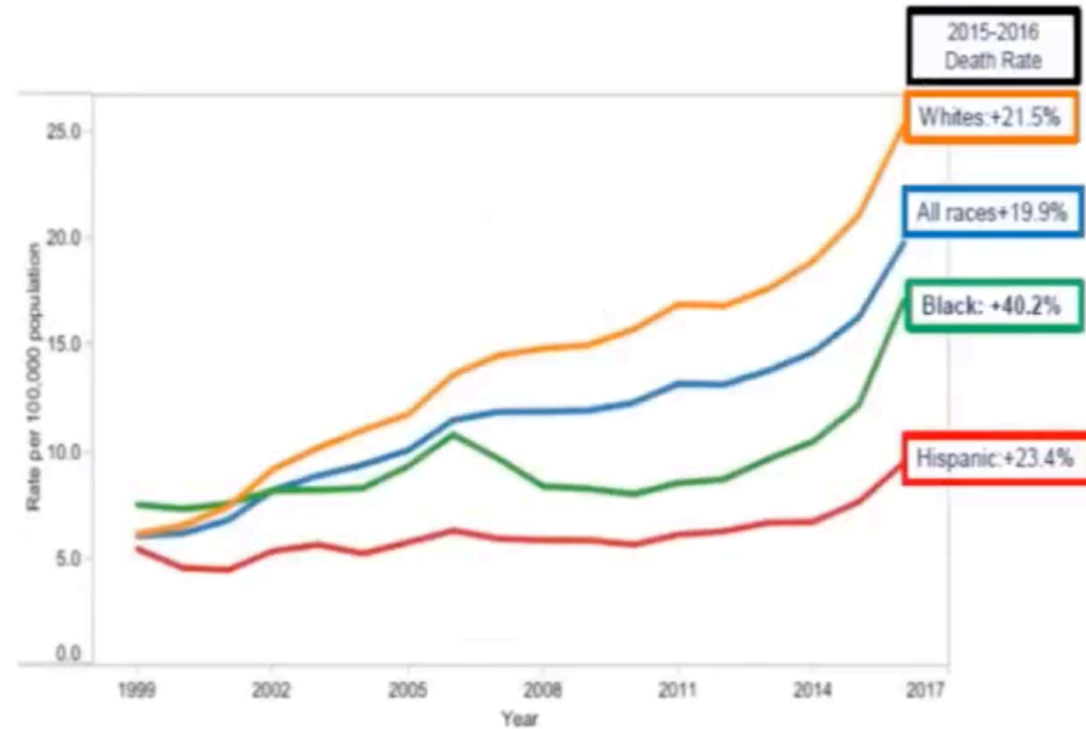
- 10.3 million people misused opioids, including prescription opioids and heroin
- 2.0 million people had an opioid use disorder

In 2017 (CDC's National Vital Statistics System, NVSS):

- 47,600 individuals died from opioid-related overdoses which is six times higher than in 1999
- Fentanyl (synthetic opioid) overdose death rates had sharply risen compared to 2013

# Drug Overdose Death Rates Increased in All Races


40% Increase in African Americans between 2015 – 2016



OFFICE OF THE  
ASSISTANT SECRETARY FOR HEALTH

CDC (2016). Drug Poisoning Mortality in the United States, 1999-2016

## Opioid Misuse by Race/Ethnicity, 2017-2018

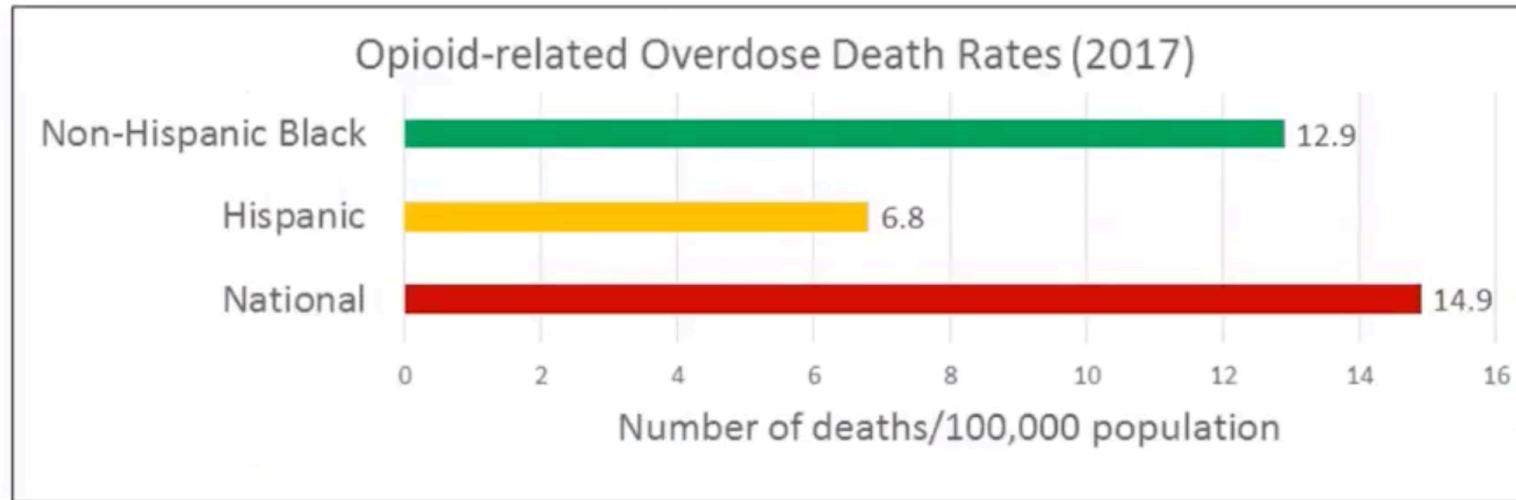


In 2017 and 2018, about 4% of total non-Hispanic Black, Hispanic, and the national population had opioid misuse in the past year

In 2017, 97% or more of each of these population's opioid misuse was from prescription pain reliever misuse



# Opioid Overdose Death Rates by Race/Ethnicity



2014-2016 Overdose death rates involving synthetic opioids (fentanyl and fentanyl analogs)

- Non-Hispanic Black: **409%** (1.1 deaths per 100,000 population to 5.6)
- Hispanic: **350%** (0.6 to 2.7)
- National: **244%** (1.8 to 6.2)

8 (CDC, 2014-2017)

# Change in Opioid Overdose Death Rates by Drug, 2014-2016

Figure 1. Percent Increase from 2014 to 2016 in overdose death rates by drug among the Black, non-Hispanic population in the United States, data from CDC National Vital Statistics System

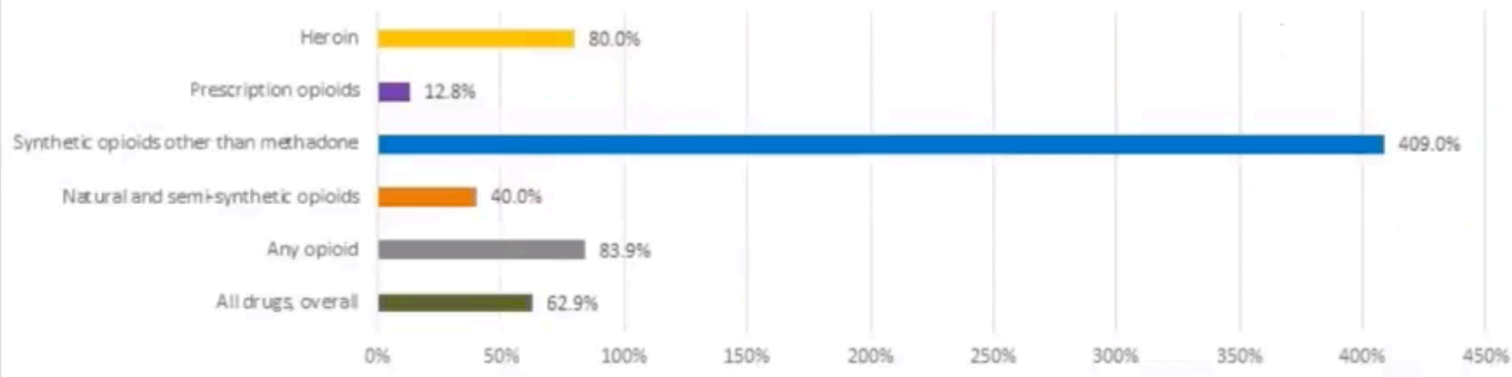
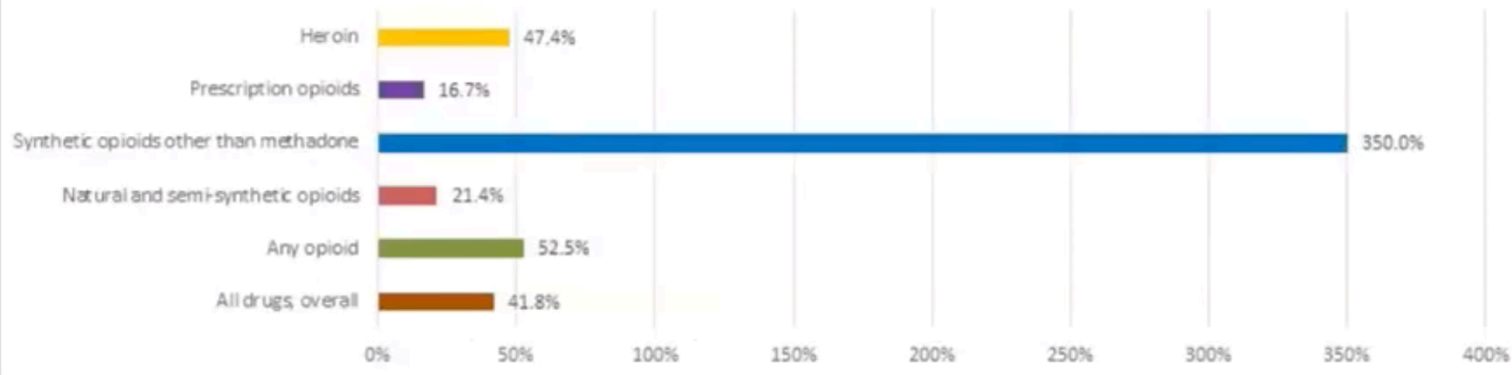
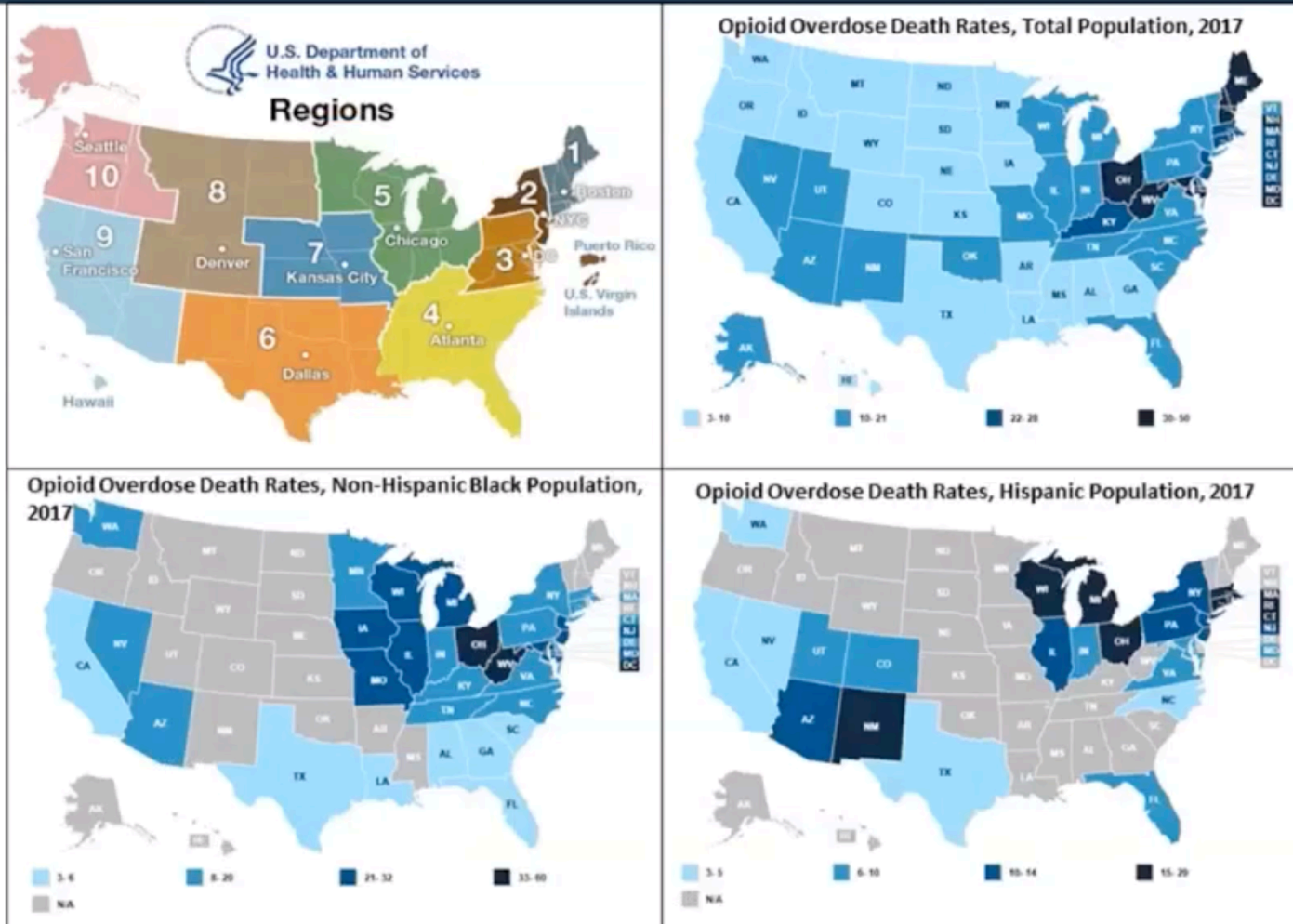


Figure 1. Percent increase from 2014 to 2016 in overdose deaths rates by drug among the Hispanic population in the United States, data from CDC National Vital Statistics System



# State Opioid Overdose Death Rates, 2017



**Opioid Overdose Death Rates Per Population,  
Top 5 States and/or District of Columbia and HHS Region, 2017**

		<b>Total</b>		<b>Black, non-Hispanic</b>			<b>Hispanic</b>		
	State	Rate	Region	State	Rate	Region	State	Rate	Region
1.	WV	<b>49.6</b>	3	1. DC	<b>60.0</b>	3	1. MA	29.0	1
2.	OH	39.2	5	2. WV	<b>55.0</b>	3	2. OH	24.0	5
3.	DC	34.7	3	3. OH	33.3	5	3. CT	20.2	1
4.	NH	34.0	1	4. MO	31.5	7	4. MI	19.0	5
5.	MD	32.2	3	5. IL	28.3	5	5. NM	18.3	6

\*Note: rates are X deaths per 100,000 resident population and are age-adjusted, e.g. 49.6 opioid overdose deaths/100,000 people

- **National opioid overdose death rate in 2017 was 14.9 deaths/100,000 people**



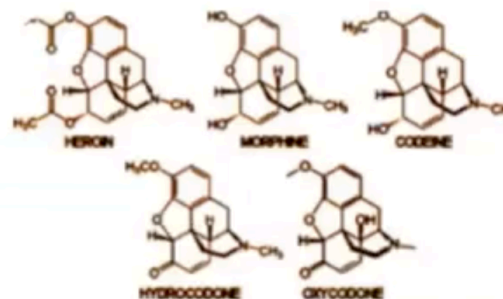
# Context Matters



War on Drugs



Fear of seeking treatment



Misperceptions about addiction and opioids



Inequitable access to prevention and treatment



Inattention to cultural and linguistic issues for communities



Lack of respectful engagement in care



## Learning From Communities



**“Many don’t understand how addiction works, don’t understand it is an illness . . . Not a crime or moral failing”**

**“Addiction is beyond the neuroreceptor level”**

**“The dual mission of the Black church: Meeting social and spiritual needs to promote health and healing”**

**“The opposite of addiction is not abstinence, it’s connection”**

**“Campaigns are White-washed and make no sense in Black communities”**





# Boston Medical Center

Ricardo Cruz, MD, MPH

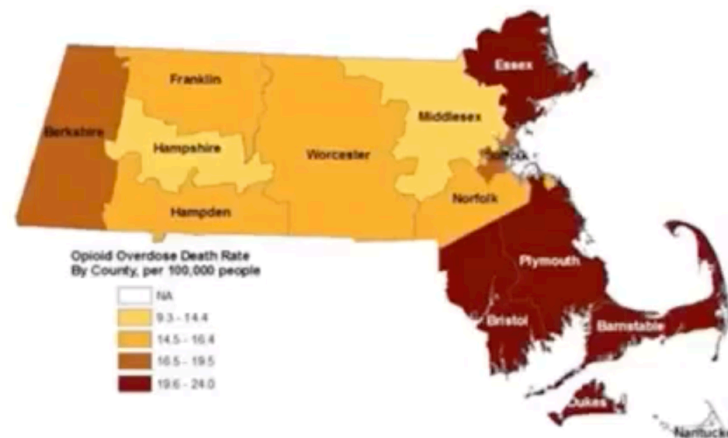
Assistant Professor of Medicine, Boston University School of Medicine

Attending Physician, Boston Medical Center

Principal Investigator, Project RECOVER

## Community Context

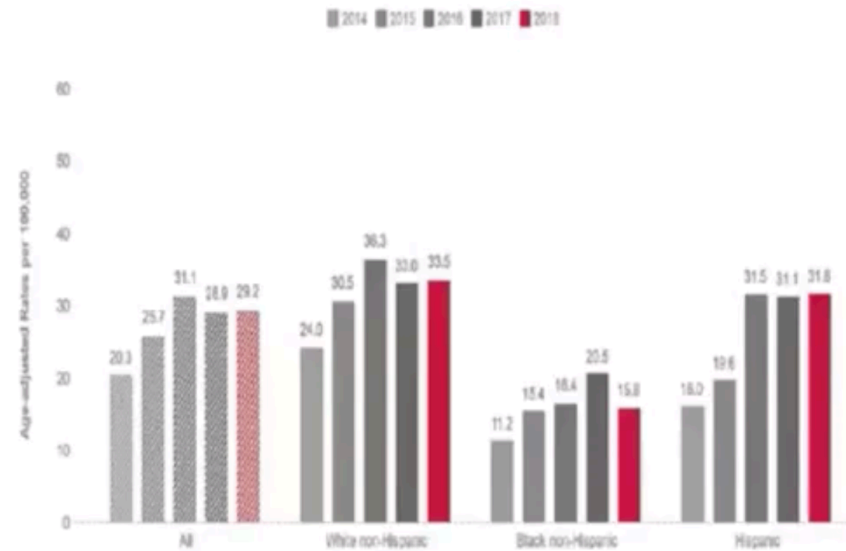
- In 2016, 73.8% of detox admissions were for opioids (heroin 70.2%, other opioids 3.6%)
- People with OUD have low engagement in treatment
  - 96% completing detox interested in further treatment
  - 67% fail to engage treatment
  - 90% relapse within one year
- Boston Medical Center has long history of innovative programs:
  - OBAT (Office Based Addiction Treatment)- outpatient medication for addiction treatment
  - Faster Paths- opioid urgent care
  - Project Assert- ER assessment and referral
  - HEALing Communities- community-based intervention



# Community Context

- Hispanic opioid mortality rate increased from 16 to 31 per 100,000 from 2014-2016
- Black, non-Hispanic opioid mortality rate increased from 11 to 20 per 100,000 from 2014-2017
- In 2015, Massachusetts had the 4<sup>th</sup> highest opioid mortality rate in the nation for Hispanics (17.8 per 100,000)

Confirmed Opioid-Related Overdose Death Rates, All Intents, by Race and Hispanic Ethnicity





## Project RECOVER Strategy: Treatment, Harm Reduction, and Recovery

- Issue: Increasing number of opioid overdose deaths
  - Sharp increases in communities of color
  - Black patients less likely to receive buprenorphine
  - Transition from ATS to further treatment low
- Project: Project RECOVER (Referral, Engagement, Coaching, OVERdose prevention in recovery)
  - Link, engage, and retain individuals with OUD in treatment, primary care services, and harm reduction
  - Utilize culturally and linguistically diverse Recovery Coaches (history of lived experience) to engage racially/ethnically diverse individuals
  - Develop Recovery Wellness Plans to address perceived barriers to recovery, including social determinants of health
- Collaborative effort:
  - Acute Treatment Services: Organizations that historically serve large proportions of people of color
  - Community organization partnerships: OBAT programs in CHCs, needle exchange program, legal aid, recovery centers, housing assistance agencies, residential addiction treatment centers



# Recovery Oriented Care

## Recovery Wellness Plan

- 1) Connection to the Recovery Community
- 2) Physical Health
- 3) Emotional Health
- 4) Spiritual Health
- 5) Living Accommodations
- 6) Job/Education
- 7) Personal Daily Living Management
- 8) Other

### Recovery Wellness Plan

This plan is written, maintained and kept by the recoveree. This is the recoveree's plan. It can be helpful in guiding the conversations between you, the recoveree and your recovery coach.

What is my overall recovery wellness goal?

It is often helpful to break down recovery wellness into smaller parts; these will be listed below. Under each heading, you will find some questions to get you thinking? Some will strike you as more important than others. Pay attention to these. There is an opportunity to make a goal under each heading, yet you do not need to have a goal under each heading. Oftentimes, it gets confusing to have more than a couple of goals at a time.

#### 1. Connection to the Recovery Community

- Do I have contact on a regular basis with people in recovery?
- Am I or do I want to be involved in a recovery support group?
- If involved in a support group, am I active in it and taking suggestions?
- Am I or do I want to be involved with a faith community?
- If involved in a faith community, am I active in that community?
- Do I spend social time with others in recovery?
- Other questions I should be asking myself?

Recovery Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

CCAR Recovery Coach Academy Copyright 2013

# Outcomes

Participants enrolled October 1, 2018 – March 15, 2019 (N=91):

Characteristic	% (n)
<b>Gender</b>	
Female	36%(33)
<b>Race</b>	
White	42%(38)
Black or African American	25%(23)
Hispanic or Latino	27%(25)
Other	6%(5)
<b>Age</b>	
25-34	42%(38)
35-44	34%(31)
45+	22%(20)
<b>Housing Status</b>	
Own home or apartment	11%(10)
Someone else's (friend, family) home or apartment	30%(27)
Shelter, motel, street, or in a car	45%(41)
Residential program/group home	14%(13)
<b>Past Incarceration</b>	
Yes	77%(69)
<b>Self-reported Hepatitis C virus Status</b>	
Positive	48%(43)

## Outcomes

- At 1 month (N=43), 86% (37) of clients have attended all or most MOUD appointments
- 76% (69) have received overdose education
- 43% (30) of clients have had a family or friend receive overdose education
- At 3 months (N=45), 80% (36) have attended at least one primary care appointment since enrolling

## Key Lessons

- Keys to Success
  - Recovery Coach supervision key
  - Recovery Coach development (e.g., certification, trauma-informed care training)
  - Flexibility of Recovery Coach model
  - Range of partnerships (legal aide, housing, transportation)
  - Culturally and linguistically diverse coaches
  - Address social determinants of health prioritized by recoveree
- Challenges
  - Transiency of population (homelessness, incarceration, further treatment outside of community)
  - Difficult to track (high attrition rates, no cell phone)

## Other Strategies

- Conducting key informant interviews with Black and Hispanic individuals with OUD
  - Better understand barriers to accessing or receiving treatment
  - How are recovery coaches advocating or addressing racial inequities and recovery process
- Recovery Coaches involved in ongoing process improvement and statewide efforts
- Involvement in conversations about reimbursement



## Take Home Messages

- PRC's are a promising model for addressing some of the barriers faced in path to recovery
- Community-led and community-centered approaches are essential to successful engagement of minority communities with OUD
- Collaboration with community organizations key
- Need to address disparities by addressing root causes including criminalization of addiction, SDOH, that disproportionately impact minority communities

# Opioid Prevention and Treatment Strategies in Latino Communities

Pierluigi Mancini, PhD

Project Director

National Hispanic and Latino ATTC & PTTC

National Latino Behavioral Health Association

Founder and former CEO of Clinic for Education Treatment and Prevention of Addiction (CETPA)

## Opioids and Hispanic/Latino Youth

Public health problem: Rising rates of illicit drug use among Hispanic/Latino youth, including opioid use



- National Survey on Drug Use and Health (NSDUH)
- National Youth Risk Behavior Survey (YRBS)

## Prevention of Opioid Misuse

Clinic for Education Treatment and Prevention of Addiction (CETPA) created a prevention strategy to reduce misuse of prescription opioids among 12-15 year olds in Gwinnett County, GA

Strategy addresses two key issues:

- Low perception of risk
- Improper storage and disposal of prescription medication

# CETPA Prevention Strategy

Prevention strategy: Provide opioid education

## Activities

1. Perception of risk campaign
2. Social awareness campaign
3. Pharmacy bag campaign



# 1. Perception of Risk Campaign



<https://www.youtube.com/watch?v=a8YRCCY2qGE>

## 2. Social Awareness Campaign: Community Outreach



## 2. Social Awareness Campaign: Media Campaign



**PROTEGE A OTROS DEL ABUSO DE MEDICAMENTOS**

**1 de 4 ADOLESCENTES HAN ABUSADO DE MEDICAMENTOS RECETADOS**

**MANTENER LOS MEDICAMENTOS BAJO LLAVE SALVARÁ VIDAS**

**Deshacerse apropiadamente de los medicamentos ayudará a mantener a otros seguros de usar o abusar de tus medicamentos.**

**¿TIENES MEDICAMENTOS QUE ESTEN EXPIRADOS O QUE YA NO USES? LLEVALOS A LAS CAJAS DE RECOLECCIÓN MÁS CERCANA A TU CASA**

DEPARTAMENTOS DE POLICIA  
GWINNETT-NORCROSS-LILBURN-SWANEY - DULUTH - CHAMBLEE - MARIETTA - FULTON



**¡PROTEGE A OTROS DEL ABUSO DE MEDICAMENTOS!**

**GUARDARLOS Y DESECHARLOS APROPIADAMENTE ES LA MEJOR PROTECCIÓN**

LEARN MORE FROM  
<http://stoprxabuse.org/>



### 3. Pharmacy Bag Campaign

**1 out of 4 teens**  
has abused prescription drugs.



**How can you properly store and dispose of your prescriptions?**

-  Keep them under lock and key, or in a secure location.
-  Don't throw them in the trash! This can pollute the environment.
-  Don't flush them! This can contaminate our water supply.
-  Take your expired or unused medications to one of DEA's designated sites for disposal.  
For more information visit: [www.stoprxabuseinga.org](http://www.stoprxabuseinga.org)



**1 de cada 4 adolescentes**  
han abusado de medicinas recetadas.



**Como proteger y desechar los medicamentos apropiadamente:**

-  Mantenga los medicamentos bajo llave o en lugares seguros.
-  No los bote a la basura.
-  Evite desecharlos en los desagües para no contaminar el medio ambiente.
-  Deseche medicinas que estén expiradas o que ya no esté usando en los diferentes puntos designados por la DEA.  
Para más información visite [www.stoprxabuseinga.org](http://www.stoprxabuseinga.org)





## CETPA Prevention Strategy Outcomes

- Perception of risk campaign and social awareness campaign
  - 107 parents attended parent presentations
  - 2,050,484 individuals reached through media campaign
- Pharmacy bag campaign
  - 6 languages (Spanish, Portuguese, and others)
  - 22 pharmacies
  - 118,000 bags

“Community Readiness” for Hispanic/Latino community in Gwinnett County changed from Level 0 to Level 3



# CETPA Treatment Strategy

Treatment strategy: Provide culturally and linguistically appropriate services for substance use disorder

## Activities

- Recruit and train multilingual behavioral health workforce
  - Use trained interpreters
  - Create internships, practicums, residency opportunities
- Implement new organizational policies
  - Integrate National CLAS Standards
  - Use tele-counseling
  - Offer flexible operating hours



## CETPA Treatment Strategy Outcomes

In 2016:

- Number of individuals served: 150/day
- Clinical staff growth: 6 staff to 41 in 5 years (all staff were at least bilingual)
- Implemented prevention programs in 5 cities
- Established a tele-counseling program
- Maintains CARF and state license

## Lessons Learned

- Involve the community
- Conduct community needs assessment
- Partner and collaborate
- Support bilingual prevention specialists and clinicians
- Promote community education in other languages
- Adapt or develop Evidence Based Practices and Promising Practices for Hispanic/Latino communities

## National Hispanic and Latino ATTC and PTTC

### Opportunities:

- Workforce development and training
- Evidence-based and promising practices
- Leadership curriculum
- Latino professional associations
- 2020 Latino Behavioral Health Conference

## Contact Information

For more information about the National Hispanic and Latino ATTC and to request training and technical assistance you can reach us at:

[www.nlbha.org](http://www.nlbha.org)

<https://pttcnetwork.org/centers/national-hispanic-latino-pttc/home>

Or directly at:

Pierluigi Mancini, PhD, MAC

[pierluigi@nlbha.org](mailto:pierluigi@nlbha.org)

678-883-6118



# Dougherty Alliance for the Prevention of Opioid Use Disorders (DAPOUD)

Mary Langley, PhD, MPH, RN, ICPS  
Professor & Director, Morehouse School of Medicine  
Health Promotion Resource Center  
Principal Investigator, MSM-DAPOUD

Funded by the DHHS Office of Minority Health Grant# 1 CPIMP171163

## Dougherty Alliance for the Prevention of Opioid Use Disorders (DAPOUD)

DAPOUD is an alliance formed in Dougherty County to prevent opioid use disorders.

Purpose: Prevent opioid misuse and increase access to treatment and recovery services in rural areas

- Where: Dougherty County, GA
- Target Population: African American men and women

Drug overdose deaths in Dougherty County are increasing in recent years, mirroring the national and State data, and opioid misuse is becoming an emerging issue of concern in the county.

# Dougherty County, GA

Population: 91,243 (2018 estimate)

- African American – 70.9%
- Persons in Poverty – 28.2%

Albany, Georgia (only city in Dougherty County):

- Population – 77,434 (2018 estimate)
- African American – 72.6%
- Persons in Poverty – 33.2%

(U.S. Census, QuickFacts, 2018)



# Prevention of Opioid Misuse

Prevention strategy: Provide opioid education

## Activities

- Student assembly
- Interactive training
- Support of clergy

# Student Assembly



MONROE HIGH SCHOOL OPIOID EDUCATION ASSEMBLY

DAPOUD program staff and/or guest speakers' presentation on opioids to high school students



# Interactive Training

- Engaged the community through performing arts
- Partnered with various county/community stakeholders and local high school to host an educational event
- Educated teens about the dangers of using opioids, especially prescription drugs, and the consequences of addiction, including death



Albany Civic Center,  
Dougherty County, GA  
(site of educational event)

## Interactive Training

- Community and partner training
- Community-level solutions for the opioid crisis
- Narcan training for first responders and other partners
- Opioid education and community partnerships

## Collaboration With Clergy

Dichotomous mission of the African American church: Spiritual and social



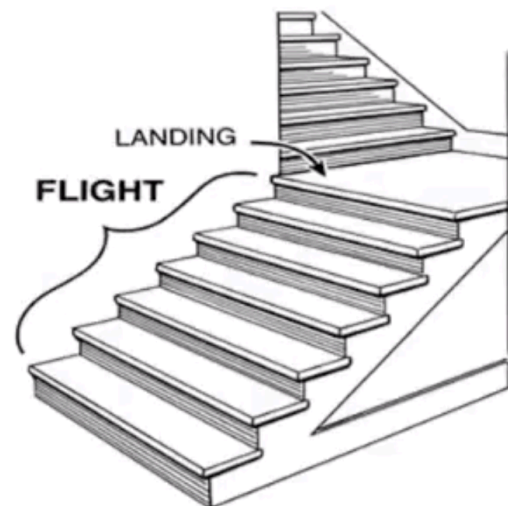
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## Lessons Learned

- Include the target population/community in the work
- Conduct a Community Readiness Survey first
- Be adaptable to move community-engaged work forward
- Partner and collaborate
- Use strength-based framing; value the community expertise and resources

# Next Steps

- Evaluation
- Dissemination of results

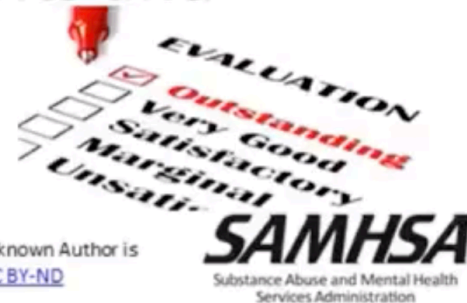


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# Evaluation

- Formative, process and outcome evaluation
- Community Readiness Assessment baseline and follow-up (annually)
- Pre-post survey assessments
- Assessment of partnerships and community outreach
- Assessment of public education/prevention education to community residents and professionals



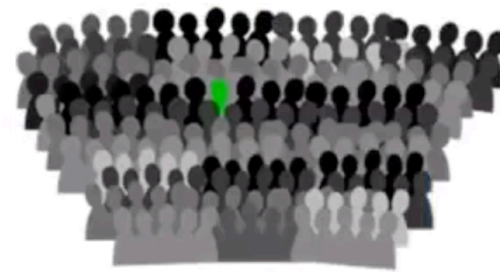
## Dissemination of Results

- Share progress and effectiveness of the project locally: social media, local newspapers
- Presentations: locally, statewide events, and national conferences
- Create factsheets, brochures
- Promote the collaboration or partners for sustainability
- Peer-reviewed journals



# Replication

- Build a strong, diverse collaborative
- Create a Community Advisory Group
- Form a Youth Leadership Council
- Conduct a Community Readiness Assessment at baseline and repeat annually
- Engage the Black church in the initiative
- Do not compete with existing providers
- Set realistic goals
- Share the funding with partners
- Cultural competence is important





## References

- Dougherty County community needs assessment (June 28, 2016). Albany, Georgia: Phoebe Putnam Memorial Hospital
- Langley, W. M. & Kahnweiler, W. (2003). The role of pastoral leadership in the sociopolitically active African American church, *Organizational Development Journal*
- Online Analytical Statistical Information System (OASIS). Georgia Department of Public Health, <https://www.oasis.state.ga.us>, retrieved 8/16/2019
- Opioid overdose surveillance, Georgia preliminary report (2016). Georgia Department of Public Health, Epidemiology Section. <https://dph.Georgia.gov/epidemiology>
- NIDA, 2019 , [www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/georgia-opioid-summary](http://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/georgia-opioid-summary)
- Prescription opioids and heroin epidemic in Georgia (2017). Substance Abuse Research Alliance, Georgia Prevention Project
- The Philosophical Aspects of Cultural Difference - Afro Metaphysics [www.afrometaphysics.org/wp-content/.../Cultural-Differences-Chart.pdf](http://www.afrometaphysics.org/wp-content/.../Cultural-Differences-Chart.pdf)
- U.S. Census Bureau QuickFacts: United States, <https://www.census.gov/quickfacts>, retrieved 8/16/2019






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- Online Analytical Statistical Information System (OASIS). Georgia Department of Public Health, <https://www.oasis.state.ga.us>, retrieved 8/16/2019
- Opioid overdose surveillance, Georgia preliminary report (2016). Georgia Department of Public Health, Epidemiology Section. <https://dph.Georgia.gov/epidemiology>
- NIDA, 2019 , [www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/georgia-opioid-summary](http://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/georgia-opioid-summary)
- Prescription opioids and heroin epidemic in Georgia (2017). Substance Abuse Research Alliance, Georgia Prevention Project
- The Philosophical Aspects of Cultural Difference - Afro Metaphysics [www.afrometaphysics.org/wp-content/.../Cultural-Differences-Chart.pdf](http://www.afrometaphysics.org/wp-content/.../Cultural-Differences-Chart.pdf)
- U.S. Census Bureau QuickFacts: United States, <https://www.census.gov/quickfacts>, retrieved 8/16/2019





**Strategies to Address the  
Opioid Epidemic for  
African Americans  
in Detroit**

**Andre L. Johnson**  
**President/CEO**  
**Detroit Recovery Project Inc.**  
[www.recovery4detroit.com](http://www.recovery4detroit.com)



## What is Detroit Recovery Project (DRP)

- Non-profit established July 2005
- Peer-led, peer-run, & peer-driven organization
- Prevention, Treatment, & Recovery State Certified
- CARF Accredited
- Prevention, Treatment, & Recovery  
Licensed through the State of Michigan

## What is Detroit Recovery Project (DRP)

- 50 employees (90% persons in long-term recovery)
- 3 sober homes
- 21 one-bedroom apartments
- 5 Fleets of vans
- Recovery support services (75%)
- Intensive outpatient Tx (10%)
- Prevention services (15%)
- Average over 500 individuals per month

## According to the 2018 Census Bureau for Detroit residents

- Blacks or African Americans 71.9%
- Poverty rate is 37.7%
- What is the poverty rate in Detroit? 1 out of every 2.6 residents
- How many people live in poverty? 252,897 out of 668,133
- How does the poverty rate compare to the rest of Michigan? Michigan is 15.6%



## University of Michigan (U of M) Injury Prevention Center

Background: The system for Opioid Overdose Surveillance (S.O.S) collects near real-time data from emergency medical services (EMS) and the medical examiner (ME) to identify opioid overdose incident locations in the city of Detroit and Wayne County

Incidents are mapped and aggregate data reports are created for public health and public safety stakeholders



## U of M Injury Prevention Stakeholders

- Changing Lives and Staying Sober (PREV)
- Detroit Life is Valuable Everyday (PREV)
- Spectrum Human Services Inc. (PREV & TX)
- Quality Behavioral Health Inc. (TX)
- Auntie Na's (PREV)
- Osborne Neighborhood Alliance (COMMUNITY)
- Detroit Wayne Mental Health Authority (FUNDER)
- Love Detroit Youth Coalition (RECOVERY, PREV, & TX)

# Wayne County Medical Examiner

## Suspected Fatal Opioid Overdoses

April 1, 2019 – June 15, 2019

- Sample 191
- Blacks 91 Whites 100
- Males 124 Females 67

# Wayne County Medical Examiner

## Suspected Fatal Opioid Overdoses

June 2, 2019 – June 17, 2019 (7-day period)

- Average Age 42
- Blacks 20
- Whites 22
- Males 27
- Females 15

## Strategies (Prevention)

- Love Detroit Youth Coalition – Coordinate National Prescription Drug Take Back Day with local Detroit Police Department, Detroit Public schools, Churches, & Local business
- Narcan access is available at two Recovery Centers in Detroit
- Our Love Detroit Youth Coalition has been trained on how to administer Naloxone
- Increase awareness of the *Good Samaritan Law*

## Strategies (Treatment)

- Intensive Outpatient team has received trainings in Medication Assisted Treatment (MAT)
- Established MOU's with MAT providers (Methadone, Buprenorphine, Suboxone, etc.)
- Recovery community volunteers



## Strategies (Recovery)

- 12 Step Fellowship Anonymous support groups held twice a week at our Recovery Health & Wellness Centers
- Recovery outreach in high density drug-infested communities
- Expanding recovery services targeting opioid users to youth & older adults
- Mobile outreach recovery team
- Both facilities host Naloxone trainings through our Recovery Training Institute

## Strategies (Recovery)

- Our BCOR grant facilitates quarterly Town Hall meetings to discuss strategies & resources to address the opioid epidemic in the Detroit community
- Promote the benefits of Narcan
- REAL Michigan (Recovery, Education, Advocacy, & Leadership)

## DRP's Pending Strategies

- Mike Bloomberg is giving Michigan \$10 million to address opioid addiction
- Needle exchange program
- MAT programs
- Recovery Housing with MAT
- Building a medical office onsite
- Hire medical staff Internal Medicine/Nurse Practitioner
- Acquire state and federal license for MAT provider

## DRP's Collaboration/Partnerships

- University of Michigan
  - School of Public Health
  - School of Social Work
  - Injury Prevention Center
- Wayne State University
  - School of Social Work
  - School of Nursing
- State of Michigan Office of Recovery Oriented Systems of Care

## DRP's Collaboration/Partnerships

- Detroit Wayne Mental Health Authority  
(SUD - Funding source for Block-Grant & Medicaid Dollars)
- Detroit Wayne Health Authority  
(Psychiatry/ Internal Medicine Residents students)
- Detroit Community Health Connection  
Federally Qualified Health Center



## Collaboration/Partnerships

- City of Detroit Health Department
- SUD Prevention Network
- SUD Treatment Network
- SUD Recovery Network
- Primary Health Care Centers
- Michigan Dept of Corrections

## Free or Inexpensive Easy Fixes



## Low Hanging Fruit Opportunities

- Adult Drug Court
- Juvenile Drug Court
- Salvation Army
- Increasing drug drop-off bins
- Local law enforcement

# Evidence Based Treatment & Best Practices

- Medicated Assisted Recovery Services
- Motivational Enhancement Therapy
- Seeking Safety (Trauma-informed)
- Cognitive Behavioral Therapy
- Motivational Interviewing
- State certified Recovery Coaches
- 12 Step NA/AA/Fellowship Anonymous
- Recovery support services model (emotional, companionship, informational, & instrumental)

## DRP's Slogan

Doing it together!!





## Closing

- Reminder to complete “Feedback Form”
- Webinar materials archived by September 15<sup>th</sup> on the National Network to Eliminate Disparities in Behavioral Health website [www.nned.net](http://www.nned.net)
- SAMHSA Resources:
  - <https://store.samhsa.gov/substances/opioids-or-opiates>
  - [Opioid Overdose Prevention Toolkit](#)
  - [TIP 63: Medications for Opioid Use Disorder](#)
  - [TIP 59: Improving Cultural Competence](#)