Welcome, your facilitator will be: Samson Teklemariam, LPC, CPTM

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Using GoToWebinar (Live Participants Only)

- Control Panel
- Asking Questions
- Handouts
- Audio (phone preferred)
- Polling Questions
Substance Use Disorders in the African American Community

Presented by
Sherrá Watkins, PhD, LCMHC-S, LCAS, CRC

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Webinar Learning Objectives

☑ Examine substance use disorder and African Americans.
☑ Examine societal and cultural constructs that play a role as protective factors, and interventions in substance use disorder treatment.
☑ Discuss substance use disorder treatment among African Americans.
NOT My Goal Today…

- Make you feel Bad
- Shame You
- Blame You
- Attack You

However, some may feel “triggered” after this workshop

My goal today is to create an environment to provide knowledge, tools and a safe place to discuss this topic in the middle of racial unrest.

What is Addiction?

Addiction is characterized by:
1. inability to consistently abstain,
2. impairment in behavioral control,
3. craving,
4. diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and
5. a dysfunctional emotional response.

- Like other chronic diseases, addiction often involves cycles of relapse and remission.
- Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.”
Understanding Addiction?

- **Tolerance:** Tolerance is defined as a person's diminished response to a drug that is the result of repeated use. People can develop tolerance to both illicit drugs and prescription medications. Tolerance is a physical effect of repeated use of a drug, not necessarily a sign of addiction.

- **Dependence:** The words dependence and addiction are often used interchangeably, but there are important differences between the two. In medical terms, dependence specifically refers to a physical condition in which the body has adapted to the presence of a drug. If an individual with drug dependence stops taking that drug suddenly, that person will experience predictable and measurable symptoms, known as a withdrawal syndrome.

- **Addiction:** According to the National Institute on Drug Abuse (NIDA), addiction is a “chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.” In other words, addiction is an uncontrollable or overwhelming need to use a drug, and this compulsion is long-lasting and can return unexpectedly after a period of improvement.

- **Substance Misuse:** the use of a substance for a purpose not consistent with legal or medical guidelines or as prescribed.

History

The context for African American includes:

- Historical trauma
- Loss of culture
- Unresolved grief
- Discrimination
- Poorly performing schools
- High unemployment - STEMM
- Community trauma
- Intergenerational trauma
- High arrest and imprisonment rates
- Higher density of establishments selling alcohol
HISTORICAL CONTEXT

- **Historical Trauma** is an example of intergenerational trauma. It's caused by events that target a group of people. Even family members who have not directly experienced the trauma can feel the effects generations later.
  - **Historical unresolved grief** accompanies that trauma.

- **Post Traumatic Slave Syndrome** is a condition that exists as a consequence of centuries of chattel slavery followed by institutionalized racism and oppression have resulted in multigenerational adaptive behavior, some positive reflecting resilience, and others that are harmful and destructive.

- **American Chattel Slavery** (1619-1865)
  - Chattel Slavery (personal property, bought and sold as commodities or like cattle)
  - 1808 importing Africans as slaves was banned.
  - A typical slave family was matriarchal in form, for the mother’s role was far more important than the father’s and many times father’s names was omitted from birth records.

- **JIM CROWism** (1865-1965)
  - 1865 - 13th Amendment /Slavery Abolished - either slavery or involuntary servitude, except as a punishment for crime.
  - 1866 - Convict Leasing
    - Sharecropping: attempted to reimpose a thinly disguised form of slavery.
  - 1866 - Ku Klux Klan
  - 1882 to 1964 - Lynching (often included castration); at least 4,742 in southern states and 219 in northern state.
  - 1968-1975 - Ghetto and Welfare

History

The inferiority complex resulting from the poverty of the urban areas that many African Americans inhabit

The high concentration of drug and alcohol sales in African-American residential areas

The drug use of African-American role models who seem unafraid of white rules or oppression and use violence to maintain a fearful respect in others

The cultural expectation of white Americans that African Americans will drink heavily, abuse drugs, drain resources and hamper society

The despair of being part of an oppressed and marginalized social group whose human rights seem to have reached a standstill
**Historical Trauma Response Features**

- Survivor guilt
- Depression
- PTSD Symptoms
- Fixation to trauma
- Somatic (physical) symptoms
- Low self-esteem
- Victim identity
- Anger
- Depression

- Self-destructive behavior including substance abuse
- Suicidal ideation
- Hypervigilance
- Intense fear
- Dissociation
- Poor affect (emotion) tolerance
- Internalization of ancestral suffering

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**TOXIC STRESS DAMAGES TO THE BRAIN**

**Positive stress response**
- Normal and essential part of health development
- Brief increases in heart rate and mild elevations in hormone levels

**Tolerable stress response**
- Activities body’s alter system to greater degree
- If activation is time-limited and buffered by relationships with adults who can help child adapt – ok

**Toxic stress response**
- Strong, frequent and/or prolonged adversity
- This type of response can possible disrupt typical development
EPIGENETICS

How the experiences of previous generations can affect who we are

EPIGENETICS Continued….

“epi-what?”
EPI-GENETICS!
A relatively new field; that's causing quite the buzz in the scientific community

In many ways, EPIGENETICS is the ultimate intersection between your LIFESTYLE and your HEALTH, or perhaps even the health of your children.

EPIGENETICS tells us how certain lifestyle factors such as DIET, STRESS, & EXERCISE can change the way your genes are “expressed”. Interestingly, these changes appear to add up to affect things like HEALTH, RISK for DISEASE, & GENERAL WELLBEING.

BUT EPIGENETICS TELLS US MORE

YOUR LIFE EXPERIENCE SHAPES WHO YOU ARE AND HOW YOU GROW

And the methylation patterns shaped in your development last a lifetime, or longer

We're learning that epigenetic changes may be passed down from parent to child, directly affecting genes that contain risk for conditions such as obesity, diabetes, anxiety, & depression.
Drug Use...

African Americans are more likely than White Americans to have used most kinds of illegal drugs.

A. True
B. False

Demographic Data

- The U.S. Bureau of the Census estimates that there are 44 million people of African origin living in the country, comprising 13.4% of the total population.
- The rates of substance abuse among African Americans are similar to those of the general population, although there are some slight differences.
- Findings from the 2018 National Survey on Drug Use and Health will be discussed in this presentation...
Mental Illness and Substance Use Disorders among African American Adults (≥18 y.o.)

- Among African Americans with a substance use disorder:
  - 6 in 13 (47.1% or 1.0M) struggled with illicit drugs
  - 2 in 3 (67.6% or 1.5M) struggled with alcohol use
  - 1 in 7 (14.8% or 320K) struggled with illicit drugs and alcohol

- Among African Americans with a mental illness:
  - 2 in 9 (22.4% or 1.1M) had a serious mental illness

In 2018, 5.9M African American adults had a mental and/or substance use disorder.

Demographic Data

- 6.9% of African Americans have a substance use disorder compared to a rate of 7.4% among the total population.
- 3.4% of African Americans have an illicit drug use disorder compared to a rate of 3% among the total population.
- Past month illicit drug use among African Americans (13.7%) is more than Caucasians (12%) and Hispanics (9.7%).
- Past month marijuana use among African Americans (12.2%) is higher than the general population (10.1%).
- African Americans report lower lifetime use of cocaine (8.5%) compared to Caucasians (17.6%) and Hispanics (11.1%).
- Alcohol use disorders are less common among African Americans (4.5%) than the total population (5.4%).
- The rate of heavy drinking among African Americans (4.3%) is much less than the general population (6.1%) and Caucasians (7.2%).
War On Drugs & Race

- The war on drugs in the 1970s and 1980s criminalized addiction in such a way that, today — almost 40 years down the road — we’re just beginning to destigmatize addiction and pass legislation to try to make treatment more accessible.
  - Heroin Epidemic – 1970s
  - Crack Epidemic – 1980s
- For example, the 21st Century Cures Act, passed in December 2016, authorized $6.3 billion in funding to accelerate the discovery, development and delivery of cures for drug addiction.
- The opioid crisis in America — recently declared a national emergency — has been largely reported as a crisis of white suburbia.
  - All the while, African-American and Latino populations have seen a dramatic increase in opioid deaths between 2015 and 2016, while other populations have seen a decrease.
  - Heroin overdose deaths have more than doubled among African-Americans, Latinos and Native Americans but have been largely overlooked by the media.

Illicit Drug Use among African Americans: Marijuana Most Used Drug

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Marijuana</td>
<td>17.8%</td>
<td>5.9M</td>
<td></td>
</tr>
<tr>
<td>Psychotherapeutic Drugs</td>
<td>4.6%</td>
<td>1.5M</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>1.8%</td>
<td>577K</td>
<td></td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>1.4%</td>
<td>474K</td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td>0.5%</td>
<td>175K</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>0.4%</td>
<td>135K</td>
<td></td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>0.2%</td>
<td>64K</td>
<td></td>
</tr>
</tbody>
</table>

PAST YEAR, 2018 NSDUH, African American 12+
Alcohol Use among African Americans

Overall US population
12-17: 9.0%
18-25: 55.1%
26+ : 55.3%

Overall US population
12-17 among African Americans: 7.2%
18-25: 6.2%
26+: 6.0%

Alcohol Use Disorder among African Americans

Overall US population
12-17: 1.6%
18-25: 10.1%
26+: 1.1%

Overall US population
12-17: 1.5%
18-25: 1.0%
26+: 0.8%

* Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Summary: Alcohol Use in 2018

- No significant change in alcohol use initiation rate among African American youths since 2015
- Declines in alcohol use disorder among African American youth and young adults during 2015-2018

Polling Question 2

African Americans are not a part of the Opioid Epidemic. It doesn’t affect them.

A. True
B. False
C. I don’t know
Prescription Pain Reliever Misuse among African Americans

1.2 MILLION AFRICAN AMERICANS WITH OPIOID MISUSE (3.7% OF TOTAL POPULATION)

- 1.1 MILLION Rx Pain Reliever Misusers (91.7% of opioid misusers)
- 505,000 Rx Hydrocodone
- 378,000 Rx Oxycodone
- 18,000 Rx Fentanyl
- 135,000 Heroin Users
- 35,000 Rx Pain Reliever Misusers and Heroin Users

Rx = prescription.
Opioid misuse is defined as heroin use or prescription pain reliever misuse.

Opioid Misuse among African Americans

PAST YEAR, 2015-2018 NSDUH, African American 12+

- 6.2% 309K
- 4.3% 1.0M
- 4.1% 143K
- 4.7% 18-25 221K
- 3.6% 26+ 894K
- 2.6% 12-17 88K

* Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Prescription Pain Reliever Misuse and Heroin Use among African Americans

PAST YEAR, 2015-2018 NSOUM, African American 12+

* Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

Prescription Pain Reliever Misuse among African Americans

PAST YEAR, 2015-2018 NSOUM, African American 12+

* Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

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Sources Where Pain Relievers Were Obtained for Most Recent Misuse among African Americans Who Misused Prescription Pain Relievers

- Prescriptions from More Than One Doctor (1.0%)
- Stole from Doctor’s Office, Clinic, Hospital, or Pharmacy (*)
- Prescription from One Doctor (34.7%)
- From Friend or Relative for Free (41.5%)
- Got through Prescription(s) or Stole from a Health Care Provider (37.5%)
- Given by, Bought from, or Took from a Friend or Relative (49.4%)
- Some Other Way (7.4%)
- Bought from Friend or Relative (5.8%)
- Took from Friend or Relative without Asking (2.1%)

1.1 Million African Americans Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

* Estimate not shown due to low precision.

Misuse of Prescription Opioid Subtypes among African Americans

- Overall US population 12+ 11.5% 378K
- Overall US population 12+ 8.1% 143K
- Overall US population 12+ 7.9% 32K

* Estimate not shown due to low precision.
Note: This table shows misuse among users. For example, 8.8 percent of African American hydrocodone past year users have misused hydrocodone in the past year.
Heroin Use among African Americans

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

* Estimate not shown due to low precision.
Heroin-Related Opioid Use Disorder among African Americans

PAST YEAR, 2015-2018 NSDUH, African American 12+

* Estimate not shown due to low precision.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

Treatment Gains: Number of Individuals Receiving Pharmacotherapy for Opioid Use Disorder (MAT)

Note: Estimates do not represent African Americans and are not based on NSDUH.
Summary: Opioid Misuse and Use Disorder in the U.S. in 2018

- Among African Americans aged 12+, significant decreases in prescription opioid misuse initiation, misuse, and use disorders during 2015-2018

  - Majority of African Americans continue to obtain from friends/relatives and from healthcare provider/prescriber underscoring the need for ongoing education of practitioners, appropriate pain management, and partnership with states to monitor opioid prescribing

  - Significant decreases in prescription opioid misuse among African American youth and young adults

  - No significant changes in heroin initiation, heroin use, and heroin use disorder among African Americans during 2015-2018

Other Illicit Substances
Marijuana Use among African Americans

Marijuana Use among African American Young Adults (18-25 y.o.)

Presented by
Sherrá Watkins, PhD, LCMHC-S, LCAS, CRC
Significant Increase in Marijuana Use among African American Adults 26+

Overall US population 26+ 8.6%

Marijuana Use Disorder among African Americans

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.
Cocaine Use among African Americans

- 12-17: 0.8% (2015), 0.5% (2016), 0.7% (2017), 1.7% (2018)
- 18-25: 0.8% (2015), 0.5% (2016), 0.7% (2017), 1.2% (2018)
- 26 or Older: 1.2% (2015), 1.3% (2016), 1.2% (2017), 1.2% (2018)

Methamphetamine Use among African Americans

- 12-17: <0.05% (2015), <0.05% (2016), <0.05% (2017), <0.05% (2018)
- 18-25: 0.5% (2015), 0.2% (2016), 0.3% (2017), 0.4% (2018)
- 26 or Older: 0.2% (2015), 0.2% (2016), 0.2% (2017), 0.2% (2018)

* Estimate not shown due to low precision.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.
Methamphetamine Use among African Americans by State

PAST YEAR, 2016-2017, African American 12+

Misuse of Prescription Stimulants among African Americans

PAST YEAR, 2015-2018 NSDUH, African American 12+

Overall US population 18-25 6.5%
African American Hallucinogen Use: LSD

Overall US population 18-25: 3.5%

Summary: Other Substance Use in the United States in 2018

- Significant increase in marijuana use among African Americans aged 26+ in 2015-2018
- No significant changes in marijuana use disorder among African Americans across all age groups
- No significant change in illicit drug use by African American pregnant women, including marijuana use
- No significant changes in cocaine use, methamphetamine use, LSD use, and prescription stimulant misuse among African Americans across all age groups

PREVENTION WORKS!

Presented by
Sherrá Watkins, PhD, LCMHC-S, LCAS, CRC
Co-Occurring Disorders

Co-Occurring Issues: Substance Use Is More Frequent among African American Adults (>18 y.o.) with Mental Illness

Overall US population
18+ 37.2%

Overall US population
18+ 24.2%

Overall US population
18+ 16.7%

Overall US population
18+ 16.3%

PAST MONTH, 2018 NSDUH, African American 18+
Co-Occurring Issues: Substance Use Is More Frequent among African American Adults (≥18 y.o.) with Mental Illness

Overall US population 18+ 15.7%
Overall US population 18+ 13.2%
Overall US population 18+ 8.9%

Alcohol Use Related to Other Substance Use, MDE and SMI among African Americans

Past Year Marijuana Use
Past Year Opioid Misuse
Past Year Cocaine Use

Past Year Methamphetamine Use
Past Year MDE, 12+
Past Year SMI, 18+

* Estimate not shown due to low precision.
+ Difference between this estimate and the estimate for people with past month use but not heavy alcohol use is statistically significant at the .05 level.
Marijuana Use Related to Other Substance Use, MDE and SMI among African Americans

Opioid Misuse Related to Other Substance Use, MDE and SMI among African Americans

* Difference between this estimate and the estimate for people with past year marijuana use is statistically significant at the .05 level.

* Estimate not shown due to low precision.
Cocaine Use Related to Other Substance Use, MDE and SMI among African Americans

Methamphetamine Use Related to Other Substance Use, MDE and SMI among African Americans
Co-Occurring Substance Use Disorder (SUD) is Associated with Suicidal Thoughts, Plans, and Attempts among African American Adults

Despite Consequences and Disease Burden, Treatment Gaps among African Americans Remain Vast
Summary: Mental Health and Substance Use Issues in the United States in 2018

• Co-occurring substance use is more frequent among African Americans with mental illness
• Among African Americans, use of one substance—alcohol or other illicit substances— is strongly correlated with polysubstance use and with major depressive episode and serious mental illness underscoring the need to screen for all substances as well as mental disorders when evaluating a person identifying a substance problem or a mental health issue, and to treat all co-occurring disorders
• Substance use disorders are associated with increased risk for suicidality among African Americans
• The large gap in treatment need continues among African Americans

2018: A Year of Some Progress, but Ongoing Need for Americans Living with Substance Use and Mental Health Issues Continues

NSDUH reveals areas where we need to focus resources for African Americans:
• Continuing need to address the ongoing opioid epidemic
• Significant increase in marijuana use among African American adults aged 26+
• Significant increase in major depressive episode among African American young adults aged 18-25
• Substance use and mental disorders among African American are closely linked: NSDUH tells us that illicit substance use is associated with increased risk for other hazardous substance use and mental illness, and mental illness is a risk factor for illicit substance use among African Americans
• Need for ongoing efforts in prevention of substance use disorders among African Americans
Consequences

- Physical health problems, including kidney damage, liver damage, heart problems, and cancer.
- HIV, hepatitis, and other infectious diseases.
- Pre- and postnatal effects, including low birth weight and cognitive delays in children.
- Mental health problems, such as depression and anxiety.
- African Americans have more involvement in the criminal justice system
- Men make up more than 40% of nations prison population
- 60% of those incarcerated on drug-related charges
- Black inmates are less likely to receive substance abuse treatment than White inmates
- Homicide is the leading cause of death among African American males aged 15-34. Research shows strong evidence between drug use, drug dealing, and these homicide.

Culturally-Competent Treatment

- Across cultures addiction is characterized by increased tolerance, loss of control and continued use of the drug(s) in spite of adverse consequences.
- Addiction is best treated when the context in which it develops is taken into consideration.
- Culturally competent treatment. Culturally competent treatment takes into account African Americans’ unique backgrounds and struggles. Culturally competent addiction treatment also involves an awareness and understanding of how cultural factors impact a person’s drug and alcohol use and recovery.
  - What does your staff look like? Do they represent who you see?
The DSM-5 Cultural Formulation Applied to Substance Use Disorders

Cultural Identity – drinking identity
- Ethnic or cultural reference group(s) – alcohol norms
- Degree of involvement w/culture of origin & host culture – degree of drinking culture vs traditional abstinence

Cultural Explanations of Illness
- Meaning & perceived severity of symptoms in relation to reference group's norms – denial of drinking, minimization of effects – “can quit anytime”
- Perceived causes & explanatory models that the client & reference group(s) use to explain the illness – “it's just a lil cocktail” or “juice”

Cultural factors related to psychosocial environment & levels of functioning
- Culturally relevant interpretations of social stressors, available supports, levels of functioning & disability – drinking to cope, interfering with functioning
- Stressors in the local social environment – can exacerbate abuse
- Role of religion & kin networks in providing emotional, instrumental, & informational support – are networks all involved with drinking or other drugs

Cultural elements of the relationship between the individual and the clinician
- Individual differences in culture & social status between the individual & clinician – clinician's experience with substance abuse

Culturally Sensitive Diagnosis: the DSM-5 Cultural Formulation

Overall cultural assessment for diagnosis and care
- Discussion of how cultural considerations specifically influence comprehensive diagnosis and care –
- Co-occurrence of PTSD or other trauma symptoms
- Self-medication for underlying depression which may be biologically based and requiring antidepressant medication
- Sometimes hard to discern as depressant substances (i.e., alcohol) can also lead to depressive symptoms (medical detoxification, substance abuse treatment, meds for depression, and therapy often needed)
Healthcare Treatment Issues

- Conscious or unconscious bias from providers and lack of cultural competence result in misdiagnosis and poorer quality of care for African Americans.
- Healthcare providers need relevant training to develop better communication and culturally sensitive, non-discriminatory care.
- Because less than 2 percent of American Psychological Association members are Black/African American, some may worry that mental health care practitioners are not culturally competent enough to treat their specific issues.
  - This is compounded by the fact that some Black/African American patients have reported experiencing racism and microaggression from therapists.
- The key is greater access to addiction treatment and mental health care
  - While implementation of the Affordable Care Act has helped to close the gap in uninsured individuals, 15.9 percent of Black/African Americans, versus 11.1 percent of whites Americans were still uninsured.

Counseling African Americans With Substance Use Disorders

Engaging clients with Substance Use Disorders Within the first 5 Minutes of contact:
- The greeting matters!
- What do the pictures on the wall say?
- What do the magazines say?
- The length of the wait matters.
- Provide positive service energy.
- What does your body language say?
- Did you make eye contact?
Counseling African Americans With Substance Use Disorders

Rapport Building: Overcoming Mistrust
- Establish an egalitarian relationship
- Make sure the client has a voice in the treatment plan
- Be willing to have a sensitive discussion of race and other differences
  - Be mindful of use of conjunctions
- Be transparent and authentic
- Be open to multiple pathways of recovery

Focus on Strengths
- What do you do well?
- How have you been able to endure so much?
- What do you like to do in your leisure time?
- What is the best thing you ever made happen?
- What are the best 3 moments you can recall in your life?
- What have you learned from what you’ve gone through?

Counseling African Americans With Substance Use Disorders

- Religion and spirituality. Religion and spirituality are important parts of the lives of many African Americans. Incorporating religion into treatment may help this group get more out of their program.
- Family support. Family relationships can be a source of support for African Americans. Relationships tend to suffer during addiction. However, African Americans are more likely to stay connected with family members even while using drugs and alcohol. Family may be incorporated into treatment by having them participate in therapy sessions and recovery meetings.
- Employment assistance. Unemployment can be a significant stressor that may increase the risk for relapse. Providing job training and assistance can be helpful for people that are unemployed.
- Medical treatment. Medical assessment and treatment for HIV, AIDS, sexually transmitted diseases, and other health problems can be beneficial, since African Americans are at greater risk of experiencing these health consequences during addiction.
- Housing assistance. Homelessness is a significant stressor that ought to be addressed in treatment. People that are homeless may need assistance finding and applying for government-funded housing, for example.
Types of Treatment Options

• **(Medical) Detoxification.** This level of care is necessary for anyone experiencing withdrawal symptoms. Withdrawal may occur when a person stops using drugs or alcohol after a period of heavy use. These symptoms can be uncomfortable and in some cases even dangerous. During detox, medical professionals closely monitor and treat withdrawal symptoms until the substances are completely out of a person’s system.

• **Inpatient treatment.** Inpatient programs provide both temporary housing and intensive treatment. Staff monitor participants 24 hours a day. During the course of treatment, participants take part in therapy sessions, support groups, and other recovery-related activities.

• **Outpatient treatment.** During outpatient treatment, participants visit a treatment facility each week to participate in therapy sessions. Housing is not provided, and participants often either live at home or stay in a sober living facility.

• **Nonprofit treatment programs.** Nonprofit programs offer free or low-cost addiction treatment to people that cannot afford private programs. The Salvation Army and Catholic Charities are two nonprofit programs with locations throughout the United States.

• **Government-funded programs.** Some treatment programs are funded by state or local governments and offer free or lower-cost services to members of the community.

• **Twelve-step treatment programs.** These treatment programs are based on the philosophy of Alcoholics Anonymous. They assume that recovery can be achieved by accepting one’s addiction, surrendering to a higher power, and developing a support network of other sober people.

Types of Treatment Options Continued…

**Motivational Interviewing**

• Helping the client overcome resistance to treatment
• Working with the client to identify personal motives for change
• Helping the client develop self-esteem, self-efficacy, or the ability to cope with challenges effectively

**Psychosocial Treatment**

• Teaching coping skills
• Changing reinforcement contingencies
• Fostering management of painful affects and trauma
• Enhancing social supports and interpersonal functioning.

**Cognitive Behavioral Therapies**

• Focuses on developing a collaborative relationship between therapist and client
• Understanding the connection between a person’s thoughts, feelings, and behaviors
• Developing healthy coping strategies and relapse prevention skills.

**Psychodynamic and interpersonal therapies**

• Focus on traumas/deficits during an individual’s development or dysfunctional social relationships that contributed to the addiction disorder.
Need for improved Research

- Some argue that racism permeates the NIH, whose research overlooks social-economic inequalities and gives a lot of credit for drug use to genetics.
- In fact, out of 22,000 studies sponsored by the NIH, only 44 grants were awarded to research the connection between health, racism and socioeconomic disparities.

No Cookie-Cutter Approach
Thank You!

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www.naadac.org/SUD-African-American-communities-webinar

Wednesday, June 10, 2020 @ 3-5:00pm ET (2CT/1MT/12PT)

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July 8th, 2020

Counseling Emerging Adults with Substance Use Disorders
By: Fred Dyer, PhD, CADC and Jessica A. Love Jordan-Banks, MHS, CADC

July 10th, 2020

Advocacy Series, Session II: Updates on Federal SUD Funding
By: Robert I.L. Morrison, Executive Director & Director of Legislative Affairs for NASADAD

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- Psychological First Aid During COVID-19
  By: Fredrick Dombrowski, PhD, LMHC, MAC, CASAC

- Virtual Town Hall: Understanding the Impact of COVID-19 on the Addiction Profession
  By: Thomas P. Britton, DrPH, LPC, LCAS, ACS, Lisa Dinhofer, MA, CT, and Andrew Kolodny, MD

- Telehealth During COVID-19 and Beyond: Integrative Treatment for Co-Occurring Disorders
  By: Fredrick Dombrowski, PhD, LMHC, MAC, CASAC

- Virtual Workplace Wellness: Successfully Managing Change and Reducing Stress
  By: PerCilla Zeno, CCHW, CPRS

www.naadac.org/covid-19-resources

Clinical Supervision in the Addiction Profession Specialty Online Training Series

Part One: The Supervisory Relationship
By: Thomas Durham, PhD.

Part Two: Using Technology for Clinical Supervision
By: Malcolm Horn, PhD, LCSW, MAC, SP

Part Three: Legal and Ethical Issues in Supervision
By: Thomas Durham, PhD.

Part Four: Stages of Clinical Supervision
By: Thomas Durham, PhD.

Part Five: How to Structure Clinical Supervision
By: Cynthia Moreno Tuohy, BSW, NCAC II, CDC III, SAP and Samson Teklemariam, MA, LPC, CPTM

Part Six: Motivational Interviewing in Clinical Supervision – A Parallel Process
By: Alan Lyme, LISW, MAC

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Addiction Treatment in Military & Veteran Culture Specialty Online Training Series

Part One: Supporting Those Who Served – Substance Use and Comprehensive Mental Health for Military Affiliated Populations

Part Two: Supporting Life After Service – Addiction and Transition to Post-Military Life

Part Three: Mental Health for Military Populations – Core Clinical Competencies for Treating Service Members, Veterans, and Their Families

Part Four: Beyond Basic Military Awareness – Cultural Competence in Working with Military Affiliated Populations

Part Five: Identifying Presenting Concerns – Assessment Competencies for Service Members, Veterans, and their Families

Part Six: Using What Works – A Review of Evidence Based Treatments for Military Populations

Series Presented By: Duane K.L. France, MA, MBA, LPC

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Thank you for joining!

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- Control Panel
- Asking Questions
- Handouts
- Share any resources or innovations you have found successful

Virtual Town Hall Panelists

Sherrá Watkins, PhD, LCMHC-S, LCAS, CRC, CCS, BC-TMH

Anthony Andrews, PhD, CRC, LCAS, LCMHC, TF-CBT

Cynthia Moreno Tuohy, BSW, NCAC II, CDC III, SAP

Samson Teklemariam, MA, LPC, CPTM

Presented by
Sherrá Watkins, PhD, LCMHC-S, LCAS, CRC
Virtual Town Hall
Understanding the Impact of COVID-19 on the Addiction profession

Resources

Resources, Innovations, and Ideas from the audience:

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