

Inspiring Transformation: Equity for All

By Mita Johnson, EdD, LAC, MAC, SAP, NAADAC Ethics Committee Chair

NAADAC Code of Ethics (2016) I-1: Addictions Professionals understand and accept their responsibility to ensure the safety and welfare of their client, and to act for the good of each client while exercising respect, sensitivity and compassion. Providers shall treat each client with dignity, honor and respect, and act in the best interest of each client. **I-20:** Addiction Professionals are called to advocate on behalf of clients at the individual, group, institutional and societal levels. Providers have an obligation to speak out regarding barriers and obstacles that impede access to and/or growth and development of clients. **III-29:** Providers shall be advocates for their clients in those settings where the client is unable to advocate for themselves. **III-30:** Addiction Professionals are aware of society's prejudice and stigma towards people with substance use disorders, and willingly engage in the legislative process, educational institutions and public forums to educate people about addictive disorders and advocate for opportunities and choices for our clients.

2020 has been quite a year so far, a year that has caused many of us to critically survey and reflect on our core beliefs, ethics, and professional practices. Emotionally-evocative words are lingering in our conversations – words like equity, social justice, advocacy, racism, diversity, civil rights, and radical change. It does not take much to see that what is transpiring on the societal landscape is immediately affecting and being affected by our clients, colleagues, organizations, and families. Where does that leave us – clinicians, peers, supervisors, staff and allied providers – who work with a highly stigmatized population that does not always experience equity in health care? Do we have a place in this journey? Can we afford to not engage in the movements around us that are fighting for transformative practices and system change? These questions help me to appreciate how Barker (*The Social Work Dictionary, 5th ed., 2003*) conceptualized “social justice” as a state in which equity, fairness, opportunity, and success for all diverse members of a society are commonplace and expected, in which there is acknowledgement that personal and structural success and struggles in a society are intertwined, and in which inequities of the past are acknowledged and redressed.

Practitioners who work with individuals living with addictions and recovery have a key role to play in addressing the social justice challenges inherent in our profession. These challenges can be viewed through four distinct yet interconnected filters on the social justice lens: access, agency, advocacy and action. Access refers to the fact that all clients should have access to viable, evidence-based treatment modalities and recovery programs. Agency refers to the fact that our clients should be empowered to use their voice to assert their rights, share their concerns, and act in ways that create positive change. Advocacy is about using our influence to effect change where needed. Action requires providers to recognize

inequity and act towards equity. Viewed through this lens and these filters, it becomes clear that addiction is a social justice issue and that we, as practitioners, have the ability to make an impact in the quest for true social justice.

Addiction is more than just an individualized issue; addiction is a systemic problem affecting families, neighborhoods, communities, and states. If “equity” means equal access to and quality of care for all, members of disadvantaged and marginalized communities do not have the same access to treatment and recovery supports that others of means do. We can advocate here, by identifying and addressing barriers to equitable care. If the concept of “diversity” incorporates acceptance and respect for the full range of human expression in their cultural, socioecological and historical contexts, communities of diversity have not seen the same positive results in treatment and recovery using the current toolbox of evidence-based practices. We can be proactive here by promoting and using tools that have greater individualized success with our client population.

ATTC Messenger (<https://attcnetwork.org/centers/network-coordinating-office/attc-messenger-august-2014-social-justice-lens-addictions>) offers a list of social justice questions all providers ought to consider and act on:

A social justice lens for work with individuals/families:

- To what degree are our efforts with individuals and families connected to the diverse challenges they face in the real worlds they inhabit?
- Are there disparities in who or how treatment need is acknowledged and accessed?
- Are such issues as poverty, homelessness, other health challenges, and other human rights concerns intersecting with the need for addictions treatment, and how well do we attend to these challenges?
- Do we acknowledge both diversity, and the diversity *within* diverse groups, in the way that we offer, deliver, and create ongoing recovery supports?
- Is the client’s voice and a true sense of empowerment and strengths perspective active, visible, and embedded into the way that services are delivered? How is the client’s voice and authority apparent?
- Do we have and value a welcoming and inclusive approach to all people equally?
- Are we open to the ideas and opinions of others as equal participants?
- Are we promoting the value of multiple perspectives?
- Do we demonstrate respect for democratic processes and civil society?
- Do we value community and cooperation?
- Are we responsive to all – equally?



- Are we encouraging clients to find their own voice? Are we empowering clients?

A social justice lens for work with communities:

- To what degree do we acknowledge (and participate in addressing) the economic and health disparities across the board that play a role in the communities in which addictions are most apparent?
- Does the community in which treatment is being offered have a voice in the design, function, operation, and overall measurement of success of the program?
- Are community's efforts to resolve addiction problems heard, respected, and when possible, partnered with to create networks of possibility rather than contribute to systems fragmentation?
- Are we building skills to affect systemic changes, using diverse strategies?
- Have we developed an understanding of one's position and privilege with the community?
- Have we developed an awareness of social realities?
- Have we developed our analytical abilities? Have we developed an awareness of how to respond where change is needed?
- How have we used our voice and agency to enhance the ability to influence outcomes?
- How have we empowered the voice of the disenfranchised and minorities?

A social justice lens for work with organizations:

- To what degree do our treatment organizations challenge themselves to review, consider, and resolve diversity-related disparities in treatment access and outcomes?
- Do our organizational missions reflect more than an individualistic notion of addiction and recovery, but also focus on social and social justice levers for action, engagement, and improvement?
- Do our treatment organizations create meaningful learning opportunities for treatment practitioners to explore their own biases, stereotypes, and blind spots regarding the causes and progression of addictive behavior, as well as the possibilities of success for recovery among diverse populations?
- Do our treatment organizations recruit, hire, and promote diverse staff to reflect the diversity of the communities in which they provide services?
- Do our governing structures (Boards of Directors, etc.) have more than tokenistic representation of diverse communities?
- Do practitioners understand their right to create change?
- Do practitioners and clients understand their abilities to affect their mutual realities?
- Are practitioners encouraged to think critically about social problems?
- Has the organization developed leadership skills amongst practitioners?

A social justice lens for work with policy:

- To what degree do we actively participate in efforts to better attend to the policy drivers that limit and/or control access and/or availability of treatment for vulnerable and marginalized communities? (Who gets access to the "cutting edge" treatments and why? How long do people have to wait for the type of treatment that best meets their needs?)

- Do we partner with communities to build better prevention and early intervention opportunities, rather than default to services closely aligned with and/or embedded into juvenile/criminal justice programs as the only service option?
- How can we better focus on community wellness as a policy driver for greater economic justice, school success, health, and overall well-being indicators for vulnerable populations?
- Are practitioners and leaders promoting transformative work for the betterment of others?
- Do practitioners and leaders understand that an injury to one is an injury to all?
- Do practitioners, leaders and clients value co-operation and coalition-building?
- Are practitioners and leaders working across differences to find common ground?
- Are practitioners and leaders advocating for broad interconnections and common goal-setting and actions?
- Does the practitioner, leader and agency recognize the strength in unity?
- Are practitioners, leaders, and clients effective in mediating and resolving conflict to build alliances?
- Are practitioners, leaders, and clients encouraging collaboration with the disenfranchised and minorities?
- Is the agency nurturing the ability to take action with empathy?

As providers who work in the addictions treatment world, we have an ethical obligation to be contributing members of our agencies and communities, working alongside colleagues and clients in a recovery-oriented system of care. We know people cannot recover in a system that has overt and covert oppression and injustice. People heal in relationship – people need people to recovery. Are we using our voices and talents to make differences in our systems so all individuals have access to heal and recover? Systemic change that is meaningful and transformational begins with us; change begins with one person helping one person. Please stand with us against oppression and injustice; please stand with us for equity within a recovery-oriented system of care.

NAADAC Code of Ethics III-32: *Addiction Professionals shall inform the public of the impact of substance use disorders through active participation in civic affairs and community organizations. Providers shall act to guarantee that all persons, especially the disadvantaged, have access to the opportunities, resources, and services required to treat and manage their disorders. Providers shall educate the public about substance use disorders, while working to dispel negative myths, stereotypes, and misconceptions about substance use disorders and the people who have them.*



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