

IMANI BREAKTHROUGH: AN INNOVATIVE RECOVERY PROGRAM FOR BLACK & LATINX PEOPLE WHO USE DRUGS (PWUD)

ASAM 2022 Big Ideas Plenary

#ASAMAnnual2022

Disclosure Information

Ayana Jordan, MD, PhD

*Imani Breakthrough: An Innovative Recovery Program
for Black & Latinx People Who Use Drugs (PWUD)*

Friday, April 1, 2022 1:00 – 2:30 AM

- *No financial relationships with a commercial interest relevant to the content of this presentation.*
- *Receives funding from the NIH (NIAAA), SAMHSA, and FORE.*



Land Acknowledgement

- *We honor the memory/legacy of Florida's Original Peoples as defenders and stewards of the land.*
- *It is our duty to acknowledge that many of the institutions where we work or conduct research are indeed on Native land (GIVE THANKS)*
- *Land acknowledgments do not exist in the past tense or historical context: Colonialism is a current ongoing process; we need to be mindful of our present participation*



**All education
happens on
indigenous land**



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#BLACKLIVESMATTER

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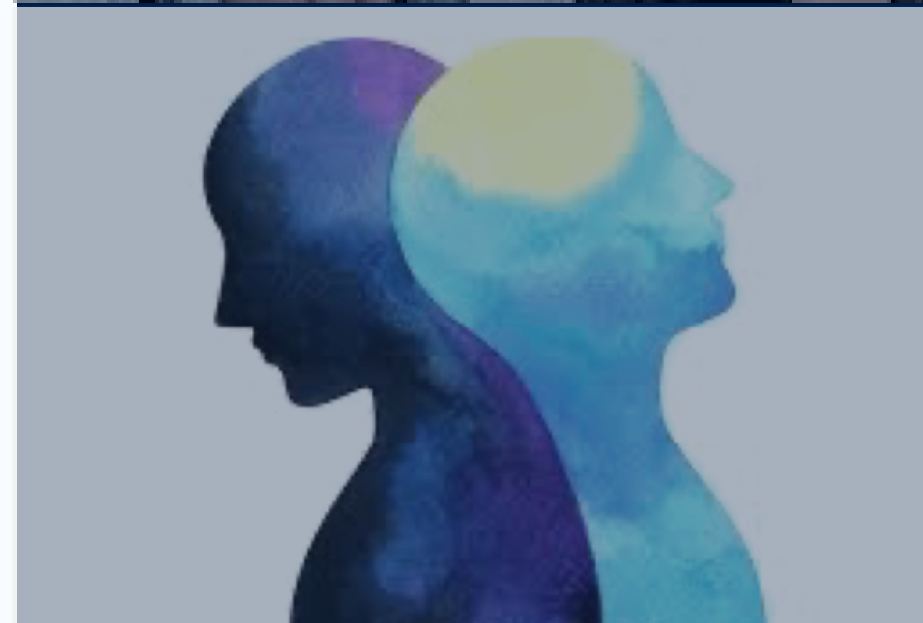
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LEARNING OBJECTIVES



LEARNING OBJECTIVE 1

Understand the constructs and structural conditions that have contributed to the disproportionate rate of death among racial/ethnic minoritized people.

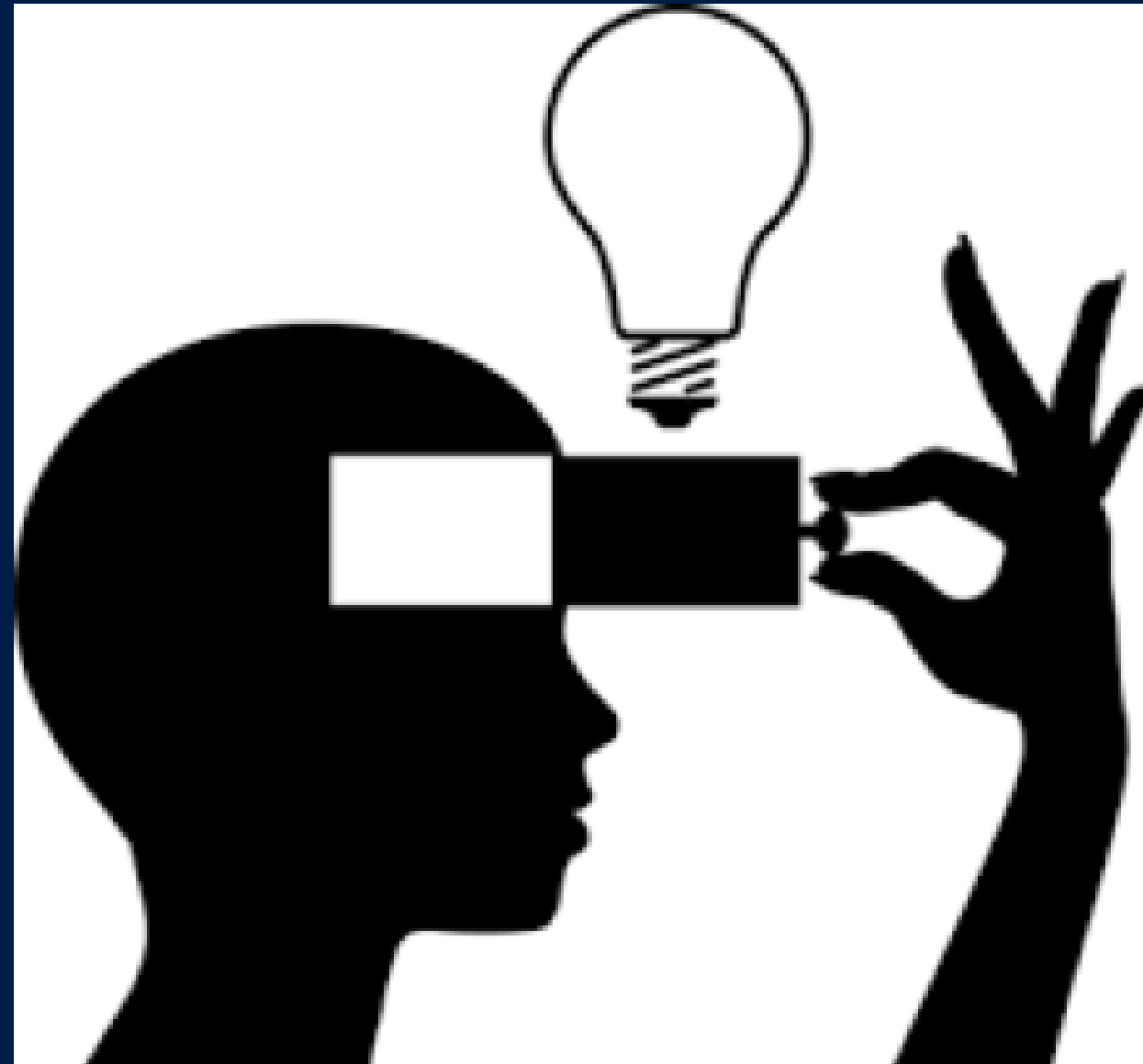
LEARNING OBJECTIVE 2

Understand the durable structural and individual phenomena that perpetuate reduced engagement and retention of racial/ethnic minoritized PWUD into treatment and recovery.

LEARNING OBJECTIVE 3

How Imani Breakthrough employs an anti-racist and community engaged approach to achieve health equity for Black and Latinx PWUD.

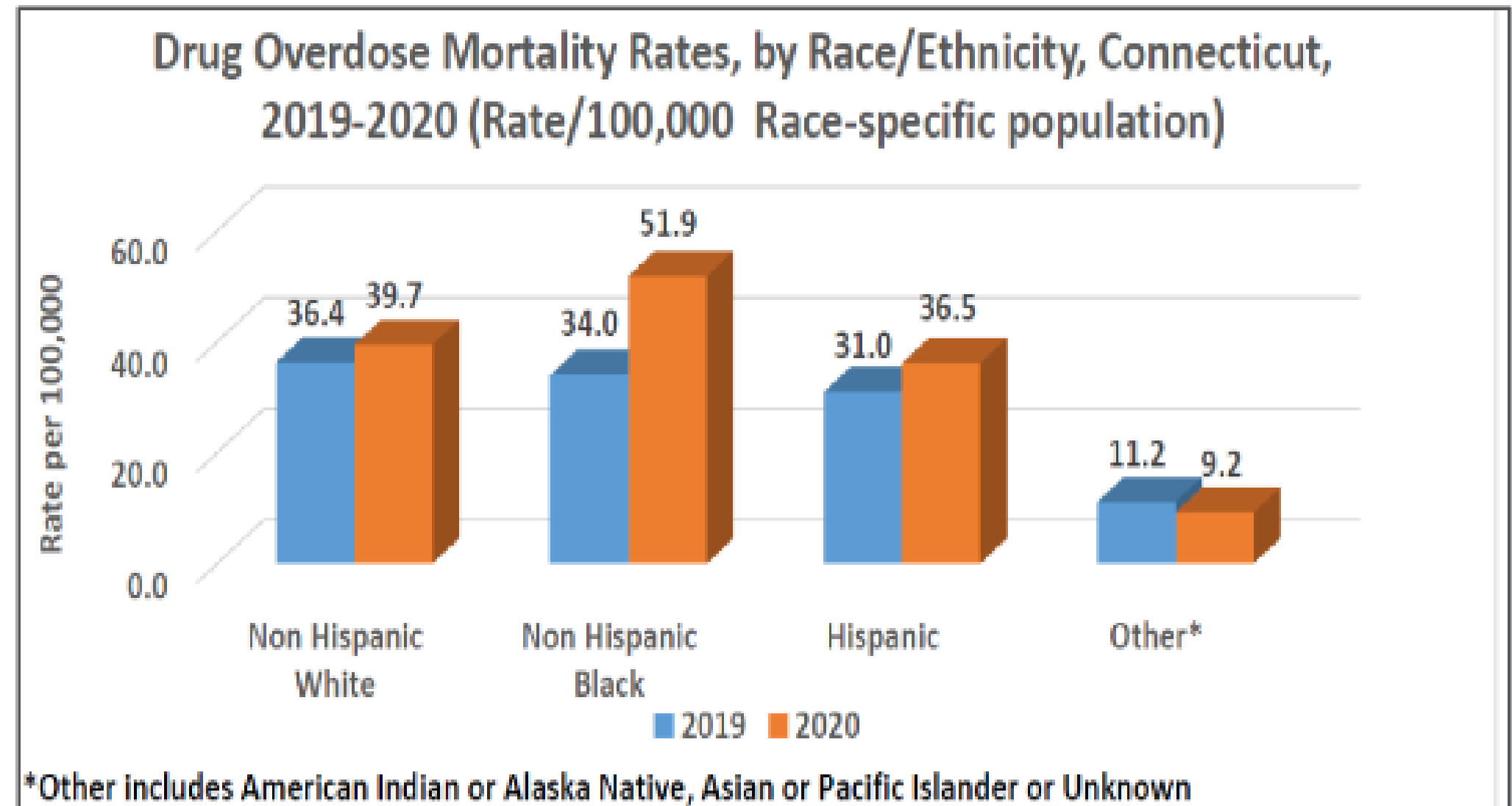
Liberated Space



Black/Latinx with SUDs Dying at Disproportionate Rates

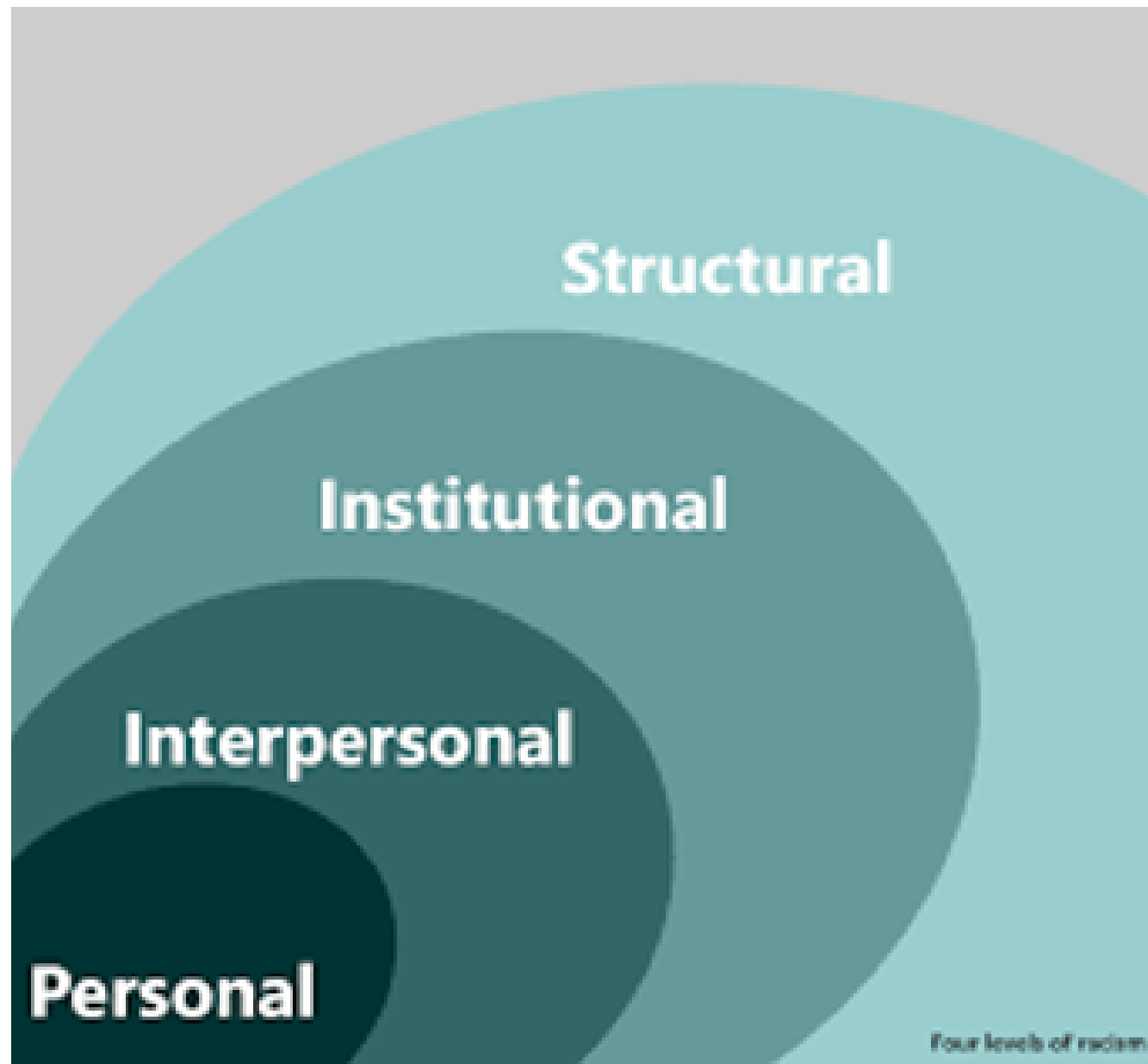


- *Black & Latinx Ppl with OUDs have seen a 140%/118% increase in death d/t fentanyl*
- *Increase morbidity and mortality for Black & Latinx with SUD despite =/ lower use*
- *Lack of access to effective OUD treatment for Black & Latinx is a serious public health disparity → morbidity/mortality*



Concept of Othering

- *OTHER (per Oxford dictionary): View or Treat a person or group of people different from or alien to oneself*
- *Being LEFT out of the conversation of mainstream America (whiteness)*
- *Othering has resulted in:*
 - *Limited focus/funding on Addiction research that affects racial/ethnic minoritized people*
 - *Lack of Treatment modalities that respect Culture/Historical Atrocities*
- *Racial/ethnic minoritized populations made to feel less than Majority populations*
- *Black applicants as a group are more likely to propose research topics that are less likely to be funded by NIH*
- *No Amends made by Predominately White Institutions of Power to Correct this dynamic*



Levels of Racism

Institutionalized Racism: Differential access to the goods, services, and opportunities of society, by “race”

Examples: Housing, Education, Employment, Income, Medical facilities

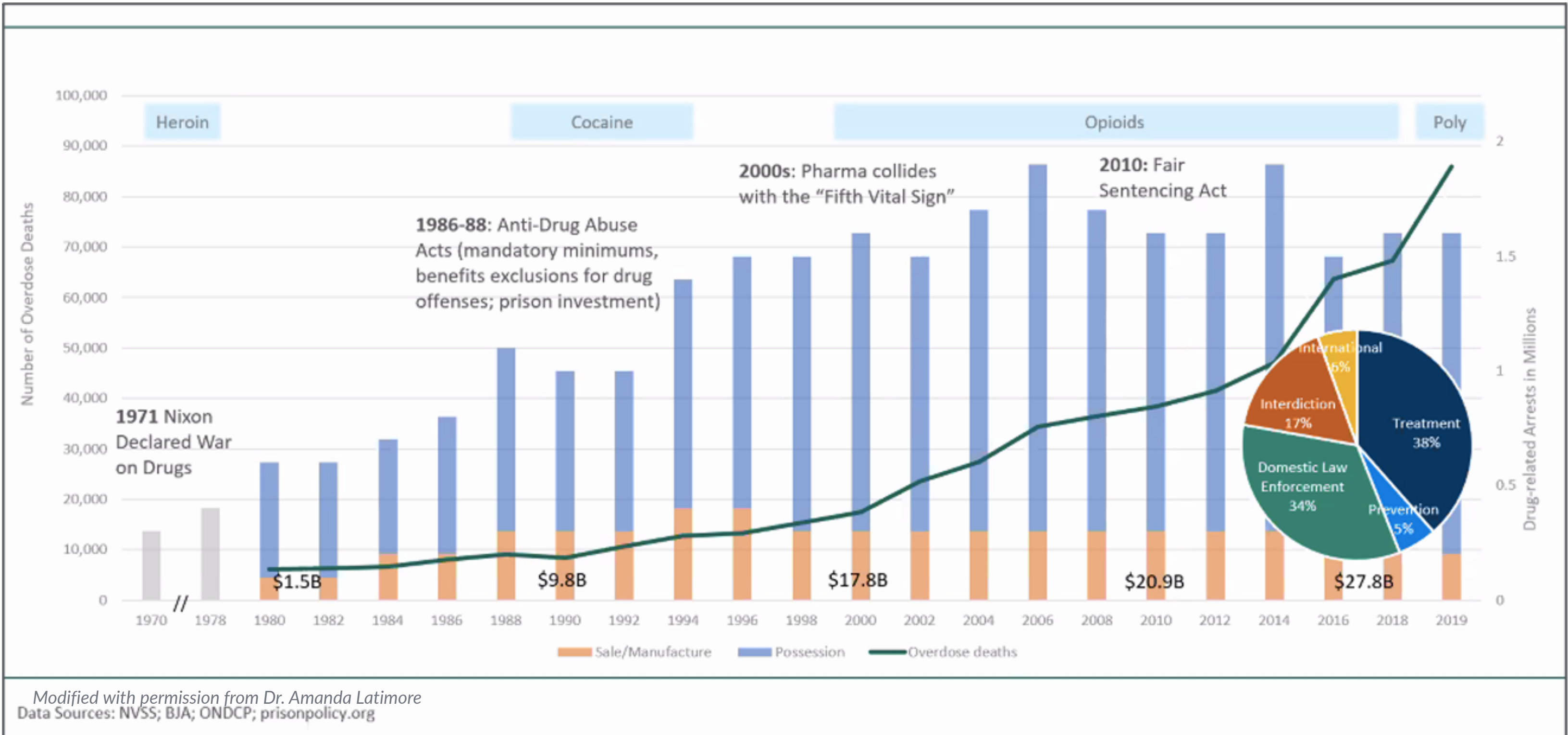
Personally-mediated Racism: Differential assumptions about the abilities, motives, and intents of others, by “race”

Examples: Police brutality, Physician disrespect, Shopkeeper vigilance, Teacher devaluation

Internalized Racism: Acceptance by the stigmatized “races” of negative messages about your own abilities and intrinsic worth

Examples: Self Devaluation, White man’s ice is colder resignation, Helplessness, Hopelessness

Racist War on Drugs



Aide says Nixon's War on Drugs Targeted Black people & Hippies:

Was the War on Drugs Ever About Drugs?

John Ehrlichman, Nixon's top aide on domestic affairs describing the War on Drugs:

"You want to know what this was really all about?

*The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left **and black people**. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and **then criminalizing both heavily**, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and **vilify them night after night on the evening news...***

*Did we know we **were lying about the drugs**? Of course we did."*



Source: <https://harpers.org/archive/2016/04/legalize-it-all/>

Downstream Impact of WOD: Life Sentence

-  Employment
-  Housing
-  Food
-  Transportation
-  Civic Participation
-  Social Capital
- Rehabilitation???
- Treatment???

Maslow's Hierarchy of Needs



Modified with permission from Dr. Amanda Latimore

Further reading: Alexander M (2012). *New Jim Crow: Mass incarceration in the age of colorblindness*. New York: New Press.



COMMUNITY BASED PARTICIPATORY RESEARCH



What is CBPR?

Partnership approach to research that equitably involves community members, key stakeholders (Black and Latinx PWUD), researchers, and others in all aspects of the research process.

How Do We Work with Communities?



CONTINUUM OF RESEARCH

Research **ON**
communities

Research **IN**
communities

Research **WITH**
communities



JORDAN WELLNESS COLLABORATIVE



Overall Goals of JWC

1. Foster mechanisms to enhance community engagement in mental health research.
2. Provide treatment in nontraditional settings to improve mental health outcomes.



Starting with the Why?

*We need you our brothers, our
sisters, our people;
help us reaffirm ourselves in
Loving ourselves;
Hold us when we can't stand
'cause soles of shoes have
traveled on our backs for so long;
We need you our brothers, our
sisters, our people!*
(adapted "I need you" by Imani
Harrington)

Mental Health Equity within JWC (Community Engagement)

- *Diversity, equity, and inclusion are tools; health equity is **THE GOAL**.*
 - *JWC strives to be innovative in terms of community engagement and works on partnerships with diverse communities for improved outcomes.*
- *Most work of other Labs/Centers/Institutes is conducted alongside the Community but not part of it. They act in service to research projects but not to change the culture of the Institution.*
 - *Community is embedded in the mission of the lab, and we hope this leads to sustainable change that embeds community engagement into the fabric of the Institution.*
- *Metrics for health equity impact are unclear.*
 - *JWC is working w NYU to establish key evaluation metrics in health equity to track outcomes.*
 - *Ex: Initiation of MAT, diversity in Psilocybin Trials*





*IMANI Breakthrough Honored for
Transformational Work in Community*

IMANI
BREAK
Thorough

Imani (Swahili for faith) Breakthrough?

WE aim to Promote Health and Healing for Ourselves and Our Communities!

How we do this?

BY:

- *Creating a sense of unity – WE are in this together!*
- *Creating a sense of collective responsibility*
- *Through a Participatory process*



IMANI
BREAK
Through

Imani (Swahili for faith) Breakthrough?

Imani comprises two components over six months:

- **Part 1:**
 - **A group education component:**
 - **12 weeks of classes and activities focused on wellness enhancement:**
 - **8 Dimensions of Wellness (Spiritual, Emotional, Physical, Financial, Environmental, Social, Intellectual, Occupational)**
 - **5Rs of Citizenship enhancement (Roles, Responsibilities, Relationships, Resources, Rights)**
- **Part 2:**
 - **Wrap around Support and Coaching:**
 - **Next Step group component – 12 weeks mutual support (post 12 weeks group).**



Medications for Addiction Treatment

Opioid Use Disorder	Alcohol Use Disorder	Tobacco Use Disorder
Buprenorphine	Acamprosate	Bupropion
Methadone	Disulfiram	Nicotine Replacement Therapy
Naltrexone	Naltrexone	Varenicline



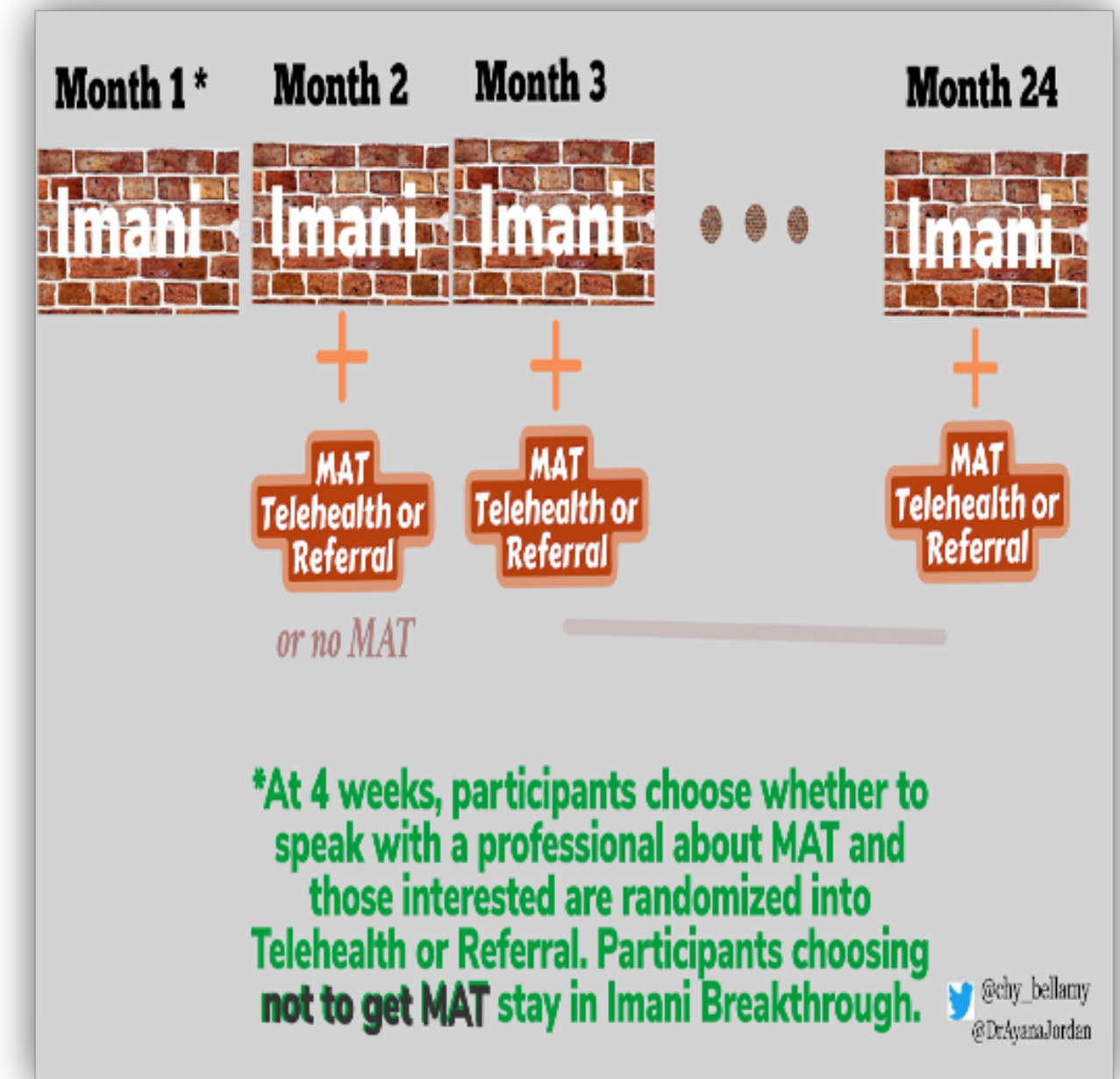
Naloxone is a full opioid antagonist used to reverse opioid overdose.

Treatment We are Proposing

- **Aim 1:** Evaluate the impact of Imani+ a church-based telehealth MAT option (Imani+ CTM) c/t traditional MAT referral & linkage option (Imani + MAT R&L) on MAT treatment initiation and engagement. ALL get Imani for 24 weeks.
- **Aim 2:** Assess whether there are changes in substance use over time for Imani+ CTM compared to Imani + MAT R&L.
- **Aim 3:** Evaluate potential mediators and moderators (e.g., choice, SDOH) of improvements in primary SUD outcomes (initiation, engagement, and decreased substance use).



IMANI
BREAK
Through



Innovation



- *Imani strong focus on CBPR: community trust—relationships have been developed and will be nurtured and respected (unlike traditional "pop up" shops that come in, delivery, wrap up, and abandon the community)*
- *Delivery of services by and for community (people with lived experience are respected collaborators)*
- *Flexibility of the RCT design to address HR and maximize trust and participation by respecting participant choice: (opt into MAT at week 4)*
- *The importance of spirituality, known to have high cultural significance among Black and Latinx communities, through intervention groups based in churches.*
 - *Community Driven and Led*
 - *Culturally-informed opioid education and naloxone distribution*
 - *Addresses SDOH*
 - *Focus on HR*
 - *Focus on Choice*
 - *Emphasizes Mutual support*
 - *Intensive Wraparound support*
 - *Coaching in a safe and familiar environment*
 - *Training and Curriculum based on IMANI philosophies*
 - *Facilitators are people from the community/churches and those with lived experience of substance use.*
 - *Imani directly addresses the barriers that impede access to the most effective pharmaco- and behavioral therapies available*

NEXT STEPS

- *Starting intervention arm (providing SUD Tx) in Church in Harlem, Manhattan*
- *Partnering with FCBC to provide SUD treatment as a part of Project Hope*
- *Continue to advocate for access to Methadone beyond OTP to include as option in future years of the project:*
 - *Allow for telehealth prescribing of methadone*
 - *Allow methadone to be given in primary care settings*
 - *Opioid Treatment Access Act—support this but NEED to go further*
 - *Provide take home dosing when patients stabilized (14, 28, >1 month dosing)*

SPECIAL ACKNOWLEDGMENTS

- Churches/Pastors
- Facilitators
- People with lived experience
- In memory of the many that we have lost unnecessarily due to the drug overdose crisis



Thank You Team!

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Theresa Babuscio, MA

Charla Nich, MS

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Church Based Health Advisors

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Pastor Kelcy Steele, Senior Pastor, Varick AME

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Thank you