

THE ROLE OF IMPLICIT RACIAL DISCRIMINATION

IN BRIEF

- Retention is one of the most significant predictors of substance abuse treatment outcomes.
- African-American race has been shown to be an independent predictor of early treatment drop-out.
- Implicit racial bias has been shown to:
 - influence clinical decision-making
 - be associated with reduced trust in physicians, decreased likelihood to follow treatment recommendations and lower satisfaction with care
- Cultural Competence efforts must focus on explicit racism and implicit racial bias to most effectively improve African-American retention in substance abuse treatment programs.



Retention in substance abuse treatment is a significant predictor of substance abuse health outcomes. Early drop-out has been linked to relapse to drug and alcohol use and poorer long-term prognosis.ⁱ African-American race has been shown to be an independent predictor of early treatment drop-out, with some studies showing dropout rates as high as five times that of individuals who identify as Caucasian.ⁱⁱ Although contributors to poor African-American retention in substance abuse treatment are multi-factorial, a significant amount of evidence directly links racism and discrimination to negative mental health and substance use outcomes. Studies show that racial discrimination influences clinical decision-making and affects clinician-patient interactions.ⁱⁱⁱ Implicit racial bias is associated with reduced trust in physicians, decreased likelihood to follow treatment recommendations and lower satisfaction with care received among African-American adults suffering from chronic disease.^{iv}

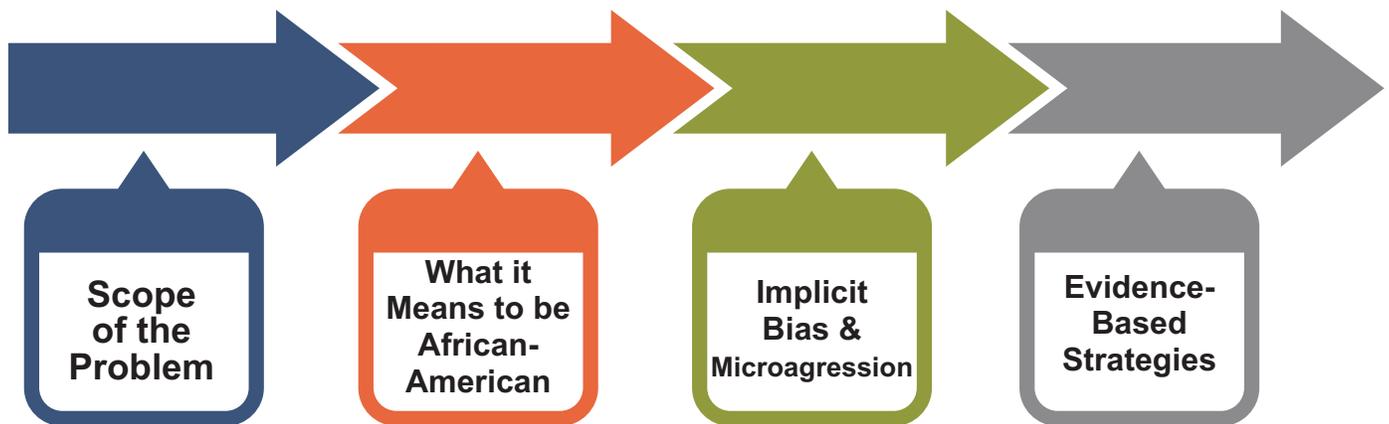
Racial discrimination can play a foundational role in worsening African-American retention in substance abuse treatment by aggravating factors such as those listed below:

- **BARRIERS TO TREATMENT:**
African-Americans are more likely to cite long waiting lists as an obstacle to substance abuse treatment.^v
- **LACK OF ACCESS TO NEEDED ANCILLARY SERVICES:**
Despite greater need for supplemental services, related to greater unemployment, housing instability and lack of childcare, African-Americans are sometimes less likely to get such services.^{vi}
- **LOW SATISFACTION WITH TREATMENT:**
African-Americans report significantly lower satisfaction with alcohol and drug treatment relative to Caucasians, and this is supported by research showing differences in treatment retention.^{vii}



Substance abuse treatment, as a field, has attempted to address racial differences in outcomes by encouraging cultural competence efforts. Cultural competence has been described to include four components: awareness of one's own cultural world-view; attitude towards cultural differences; knowledge of different cultural practices and world-views; and cross-cultural skills. Indeed, programs with culturally responsive policies and assessment and treatment practices are positively associated with retention in treatment.^{viii} Despite these efforts, an improvement of African-American retention in substance abuse treatment programs, continues to be an elusive goal. This may be because cultural competence efforts largely focus on undermining ignorance of other cultures, explicit hatred, and bigotry, while underappreciating the importance of addressing implicit racial bias that can affect African-American health outcomes, even in the absence of overt racism.

The Southeast Addiction Technology Transfer Center (SATTC) aims to significantly impact the retention of African-Americans in substance abuse treatment through the project entitled *Improving African-American Retention in Substance Abuse Treatment: The Role of Implicit Racial Discrimination*.



The project will provide a series of educational products, guidance, and technical assistance to mental health providers, substance abuse treatment providers and primary care physicians who seek to elevate cultural competence efforts to include an understanding of the scope of implicit racial discrimination in health care and substance abuse treatment; a more nuanced view of what it means to be African-American in the United States; a recognition of the presence and impact of implicit bias and microaggression; and an motivation and ability to employ evidence-based strategies to address each of the aforementioned factors that continue to undermine retention, and as a result, substance abuse recovery outcomes, for African-Americans as a group.



Southeast (HHS Region 4)

ATTC

Addiction Technology Transfer Center Network
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ATTCnetwork.org/southeast

ⁱAgosti, V., Nunes, E., & Ocepek-Welikson, K. (1996). Patient factors related to early attrition from an outpatient cocaine research clinic. *American Journal of Drug and Alcohol Abuse*, 22, 29-39.

ⁱⁱMcCaul, M.E., Svikis, D.S. & Moore, Dr.D. (2001). Predictors of outpatient treatment retention: patient versus substance use characteristics. *Drug and Alcohol Dependence*, 62, 9-17.

ⁱⁱⁱGreen, A.R., et al., Implicit Bias among Physicians and its Prediction of Thrombolysis Decisions for Black and White Patients. *Journal of General Internal Medicine*, 2007. 22(9): p. 1231-1238.

^{iv}Blair, I.V., et al., Clinicians' Implicit Ethnic/Racial Bias and Perceptions of Care Among Black and Latino Patients. *Annals of Family Medicine*, 2013. 11(1): p. 43-52.

^vGRANT, B. F. Barriers to alcoholism treatment: reasons for not seeking treatment in a general population survey. *Journal of Studies on Alcohol* 58: 365-371, 1997.

^{vi}FOSADOS, R., EVANS, E. and HSER, Y.-I. Ethnic differences in utilization of drug treatment services and outcomes among Proposition 36 offenders in California. *Journal of Substance Abuse Treatment* 33: 391-399, 2007.

^{vii}TONIGAN, S. J. Project Match treatment participation and outcome by self-reported ethnicity. *Alcoholism: Clinical and Experimental Research* 27: 1340-1344, 2003.

^{viii}Guerrero, E. Enhancing access and retention in substance abuse treatment: The role of Medicaid payment acceptance and cultural competence. *Drug and Alcohol Dependence* 132 (2013) 555-561.