

IMPROVING AFRICAN-AMERICAN RETENTION IN SUBSTANCE ABUSE TREATMENT

A series of educational products, guidance, and technical assistance for mental health providers, substance abuse treatment providers and primary care physicians who seek to elevate cultural competence efforts to include an understanding of the presence and impact of implicit racial bias in health care and substance abuse treatment.

TOPICS:

Scope of the Problem

What it Means to be African-American

Implicit Bias and Microaggression

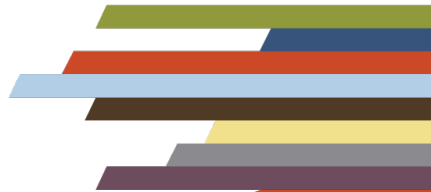
Evidence-Based Strategies

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Southeast (HHS Region 4)

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



WHAT DOES IT MEAN TO BE AFRICAN-AMERICAN?

For Mental Health Providers



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INTRODUCTION

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.

African-American race has been shown to be an independent predictor of lack of referral to substance abuse treatment, as well as early treatment drop-out, with some studies showing dropout rates as high as five times that of individuals who identify as Caucasian.

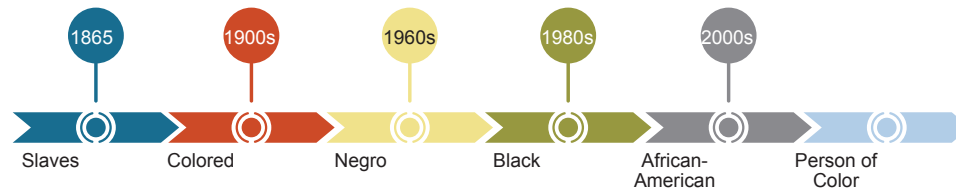
But what does it mean to “Be African-American?” What is it about “being African-American” that affects retention? And is it possible that the way mental health providers conceptualize and use this term has an effect on referral to and retention in substance abuse treatment for individuals identified as African-American?

This pamphlet describes the evolution of the term African-American, and provides insight and guidance on how to use this information to improve retention among African-American individuals being referred to and receiving substance abuse treatment.

HISTORY OF THE TERM AFRICAN-AMERICAN

Many terms have been used throughout history to describe the descendants of African people who were captured, shipped as cargo and sold throughout the Americas and the Caribbean, as part of the transatlantic slave trade. Slavery continued in the United States until 1865.

The term Colored was adopted by emancipated slaves as a term of racial pride, but by the early 1900s was replaced by the term Negro. The Civil Rights and Black Power movements in the 1960s brought the term Black. The term African-American was popularized in the 1980s as a less-militant, less-revolutionary alternative to the term Black. The 2000s brought the terms Minority and Persons of Color which more widely refer to any individual who is not white.



DIVERSITY AMONG AFRICAN-AMERICANS

African-Americans are a diverse group with varying experiences based on race, age, gender, sexual orientation, religion, marital status, education level, profession, immigration status and more. Mental health providers must be careful to appreciate and celebrate intra-race diversity.

EFFECT OF THE TERM AFRICAN-AMERICAN ON REFERRAL AND RETENTION

Substance abuse treatment programs place special emphasis and focus on helping participants redefine themselves from addiction identities to recovery identities. Indeed, the higher number of valued identities an individual has, the more likely that person is to attain and maintain abstinence.

SELF-EFFICACY Belief in one's ability to succeed

In the United States, race and ethnicity are often key definers of identity. The transatlantic slave trade stole the identities of Africans who were brought to the Americas as slaves. Individuals needing referral to substance abuse treatment, who are descendants of enslaved Africans, often feel the loss of those stolen identities and can articulate the impact it continues to have on their lives.

For this reason, it is critically important that mental health providers avoid the common mistakes of choosing which term identifies a person of color or believing that said term adequately encompasses the nuance and complexity of that individual. When we define others with our preferred term, we may unintentionally invalidate their self-efficacy by undermining their right to define themselves with their preferred term based on their life experiences and values.

When making referrals to substance abuse treatment, patients should be encouraged to articulate their needs as related to identity, diversity and cultural competence, so as to reinforce their self-efficacy and increase opportunity for engagement and retention in treatment.