

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

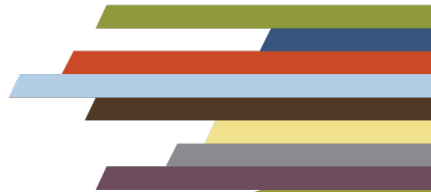
Evidence-Based Strategies

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Southeast (HHS Region 4)

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



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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 early treatment drop-out, with some studies showing dropout rates as high as five times that of individuals who identify as Caucasian.

A significant amount of evidence directly links racism and discrimination to negative mental health and substance use outcomes.

Current 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.

This pamphlet describes the scope and impact of implicit racial bias in healthcare and substance abuse treatment.

WHAT IS IMPLICIT RACIAL BIAS?

Implicit racial bias refers to attitudes, stigma or stereotypes that unconsciously affect our understanding, decisions and actions towards others. They are triggered involuntarily and without awareness or intentional control. These attitudes and feelings develop over a lifetime, as a result of life experiences, beginning at a very early age. *Implicit racial biases are not always consistent with our conscious beliefs.*

Nonetheless, implicit attitudes and stereotypes affect the way we interact with others, including African-Americans seeking treatment for substance use disorders.

HOW COMMON IS IT IN HEALTHCARE?

Healthcare in the United States has a long history of explicit and implicit racial discrimination. Because healthcare providers are highly educated, they may believe they are more objective than they truly are.

Studies show that most healthcare providers appear to have implicit positive attitudes towards Whites and implicit negative attitudes towards people of color.

Other data shows 92% of African-Americans report being discriminated against, with nearly 89% of African-Americans in counseling identifying “covert acts of racism” as a contributing factor to race-based trauma.

HOW DOES IMPLICIT RACIAL BIAS AFFECT RETENTION IN TREATMENT?

Studies show that implicit racial bias affects clinical, programmatic and systemic factors including:

- Clinical decision-making
- Clinician-patient interactions
- Barriers to treatment
- Lack of access to needed supportive services
- Reduced trust in physicians
- Decreased likelihood to follow treatment recommendations

All of the above are likely associated with the lower satisfaction with alcohol and drug treatment reported by African-Americans. Lower treatment satisfaction has been shown to be related to differences in treatment retention.

