

SUD Stigma, Treatment and Recovery for Hispanic/Latinos Webinar 3

Treatment options/ cultural considerations/recovery through the lens of Latinos/Hispanics

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Overdose Rapid Response and Prevention
Program

UTHSC San Antonio/ Project Vida

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Presented in 2022 by the National Hispanic and Latino Addiction Technology Transfer Center (ATTC), and the Hispanic and Latino Prevention Technology Transfer Center (PTTC), National Latino Behavioral Health Association (NLBHA) P.O. Box 1360, Pena Blanca, NM 87041.

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The opinions expressed herein are the view of the National Hispanic and Latino Addiction Technology Transfer Center (ATTC), and the Hispanic and Latino Prevention Technology Transfer Center (PTTC), and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Summary Webinar 1

Summary Webinar 2

**Stigma focus/types of stigma/stigma
index findings/using appropriate
language**

**SUD Stigma, Treatment and Recovery
for Hispanic/Latinos**





Dr. Fernando
Gonzalez

Learning Objectives

- ❖ Identify the impact of Opioids and Fentanyl among Hispanic /Latino adults in the U.S
- ❖ Recognize the impact of treatment for an SUD
- ❖ Understand Stigma and how it manifests
- ❖ Recognize the importance of using non-stigmatizing language for people who have an SUD

Substance Use Disorders

SUD's

Substance Use Disorders (SUDs) are treatable, chronic diseases characterized by a problematic pattern of use of a substance or substances leading to impairments in health, social function, and control over substance use. It is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite harmful consequences.

<https://www.cdc.gov/dotw/substance-use-disorders/index.html>

What to Know About Substance Use and the Latinx Community

While some may believe that substance use disorders (SUDs) impact those living with the condition in similar ways, the truth is that due to racial and ethnic disparities, historically marginalized communities may experience SUDs and access to treatment quite differently.

The [2020 National Survey on Drug Use and Health \(NSDUH\)](#) found that 12.7% of Hispanic or Latinx people ages 12 and older, or 6.2 million people, had a substance use disorder (SUD). When looking at those over the age of 18, the prevalence was even higher, with 13.5%.

Yet, [94.8%](#) of those ages 12 and older who were classified as needing SUD treatment in a specialty facility like a hospital, mental health center, or an inpatient or outpatient rehabilitation facility didn't receive such specialty care.

What to Know About Substance Use and the Latinx Community

A [2020 review study](#) found that those in the Hispanic community may face several barriers that affect access to treatment, including:

- higher rates of unemployment
- less likelihood of having insurance
- less access to internet
- longer travel times to SUD service locations

<https://psychcentral.com/addictions/substance-abuse-among-the-hispanic-latino-population>

What to Know About Substance Use and the Latinx Community

Even when treatment is accessible, research suggests that — compared with white people — Hispanic Americans may face:

- less successful treatment outcomes
- lower satisfaction with treatment
- shorter stays in SUD programs

While the barriers mentioned above may explain some of the disparity, suggests a cultural mismatch between clinicians and clients may be at work as well.

Some evidence indicates a clash in values, beliefs, and practices between Latinx cultural traditions and how treatment programs are structured.

What to Know About Substance Use and the Latinx Community

Socioeconomic status

Refers to several social and economic factors in a person's life, including:

- work experience
- access to family resources
- social position compared with other people

According to a 2019 report of the [Joint Economic Committee of the United States Congress](#):

Hispanic workers earn 74% of what the typical white worker earns.

Hispanic households are 1.7 times as likely to live in poverty than white households.

What contributes to prevalence of substance use in the Latinx community?

[Manuel Cano](#), PhD, assistant professor of social work at University of Texas-San Antonio, studies SUDs in Hispanic Americans. He says rates for substance use are higher among Latinx people who:

- were born in the United States
- lived more years in the United States than more recent immigrants
- use English more than they use Spanish

It's important to emphasize the Latinx community comprises numerous diverse subgroups and is not a monolith. It's also important to note that substance use varies across heritage groups and locations.

What contributes to prevalence of substance use in the Latinx community?

- **Untreated mental health conditions**

The United States Census Bureau estimates that [18.5%](#) of the U.S. population is Hispanic or Latinx — more than 61 million people. Plus, the 2020 NSDUH reports that [18.4%](#) of people with Hispanic or Latinx backgrounds were living with a [mental health](#) condition (other than SUD) in 2020.

- **Discrimination**

A [2014 study](#) [Trusted Source](#) found a relationship between substance use and [discrimination](#) among people from the Latinx community. While researchers observed some differences with regard to gender, whether people were born within or outside the United States, and ethnic subgroups, they nonetheless concluded that discrimination affected the health and well-being of all members of the Latinx community.

What contributes to prevalence of substance use in the Latinx community?

Acculturation refers to culture change and a transfer of values such as religious, social, and health values from one group to another.

Assimilation refers to the process individuals and groups of different backgrounds go through, such as learning a new language, when they adapt to a new, dominant culture of a society.

Socioeconomic status

Socioeconomic status refers to several social and economic factors in a person's life, including:

- work experience
- access to family resources
- social position compared with other people

•According to a 2019 report of the [Joint Economic Committee of the United States Congress](https://www.jointeconomiccommittee.gov/2019/04/24/2019-report-of-the-joint-economic-committee-of-the-united-states-congress/), Hispanic workers earn 74% of what the typical white worker earns. Plus, Hispanic households are 1.7 times as likely to live in poverty than white households.

Shatterproof National Principles of Care

- #1: Routine screenings in every medical setting
- #2: A personal plan for every patient
- #3: Fast access to treatment
- #4: Long-term disease management
- #5: Coordinated care for every illness.
- #6: Behavioral health care from legitimate providers.
- #7: Medications for addiction treatment.
- #8: Support for recovery outside the doctor's office

Shatterproof National Principles of Care

#1: Routine screenings in every medical setting

During check-ups and in the ER, no matter what your age is, you need to be screened for a substance use disorder. This should be as common as getting your blood pressure taken.

What this means: Screening for substance use disorders should be routine in primary care and other medical and behavioral health settings, such as emergency, obstetric, geriatric, and pediatric care. Screening should be followed by:

- guidance on reducing substance use,
 - family education to support lifestyle changes, and
 - regular check-ins with healthcare providers.
- If you show symptoms of a substance use disorder, you should receive a diagnosis and personalized treatment plan from a healthcare provider.

<https://www.shatterproof.org/shatterproof-national-principles-care>

Shatterproof National Principles of Care

#2: A personal plan for every patient

Treatment facilities should consider your unique needs. **One-size treatment does not fit all.**

What this means: Treatment facilities should give you a **personalized** and thorough evaluation before creating your treatment plan. Your provider should ask about your **substance use disorder and other physical and mental health concerns**. During this first step, you also should be asked **to identify concerns**—such as those related to family, social situations, housing, and transportation—which could affect your care and long-term recovery. In addition, treatment should include **frequent check-ins and personalized adjustments from your healthcare provider**.

Why it matters: No single treatment approach works for everyone.

Personalized care is used to treat other chronic illnesses and has been shown to help people with addiction stay engaged, follow their treatment plan, and have better health results.

Shatterproof National Principles of Care

#3: Fast access to treatment

You should be able to get treatment as soon as you're ready. During check-ups and in the ER, no matter what your age is, you need to be screened for a substance use disorder.

What this means:

Treatment facilities should provide quick access to services that meet your **immediate needs and set you up for long-term success**. This could mean allowing walk-ins for outpatient treatment or starting the process for getting you into a residential treatment program.

Why it matters: Addiction is a condition that alters your brain. Addiction can affect areas of your brain that control what motivates you, what prevents you from taking action, and your ability to handle stress. **Starting treatment as soon as you're ready can lead to more successful results.**

Shatterproof National Principles of Care

#4: Long-term disease management

Addiction treatment should include **long-term management and follow-up, not just one-time treatment.**

What this means:

Local, long-term outpatient care—or care you receive in a regular medical office where you do not stay overnight, like a checkup—helps you manage your substance use disorder over time. Even when you don't start treatment in this setting, when you're ready you should be connected to these services through what's called a “cascade of care.” A cascade of care includes:

- **Prevention**
- **Identification (diagnosing substance use disorder)**
- **Treatment**
- **Recovery**

Shatterproof National Principles of Care

4: Long-term disease management

Why it matters:

Some individuals with more severe substance use disorders may need intensive services, such as withdrawal management or residential treatment. But this type of care is not the way that everyone starts treatment or maintains recovery.

For individuals who do require these intensive services, lower levels of outpatient care should always follow to support lasting recovery. Other individuals may start and remain in care in the outpatient setting. Because your **needs may change over the course of recovery, checking in with your healthcare provider is important to track your progress and adjust your care as needed.**

<https://www.shatterproof.org/shatterproof-national-principles-care>

Shatterproof National Principles of Care

#5: Coordinated care for every illness

Your treatment plan should include treatment for other illnesses you may have, such as mental health (like depression or anxiety) and physical health conditions (like diabetes or hepatitis).

What this means:

Addiction treatment should consider the whole person. Treatment facilities should offer comprehensive physical and mental health services along with addiction treatment. If a treatment facility cannot provide all of the health services you need, they should work with other healthcare systems and providers to connect you with these services.

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#5: Coordinated care for every illness

Why it matters: It's very likely that people entering treatment for substance use disorder are also dealing with other mental or physical health concerns. Common mental health concerns include depression, anxiety, and post-traumatic stress disorder (PTSD). Common physical health concerns include pain, sleep disorders, infectious diseases such as HIV/AIDS, hepatitis C, or tuberculosis (TB), diabetes, and high blood pressure.

The best way to improve your overall health is to be treated for all your concerns at the same time in a coordinated manner.

Shatterproof National Principles of Care

#6: Behavioral health care from legitimate providers

Certain behavioral health therapies, such as **cognitive behavioral therapy and family behavior** therapy, are proven to help manage and treat addiction effectively.

What this means:

Treatment facilities should offer proven behavioral therapies. Some behavioral therapies shown to successfully change problematic behaviors and relationships include: **Cognitive Behavioral Therapy, Individual Supportive Psychotherapy, Families and Couples Therapy, and Motivational Enhancement Therapy.**

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#6: Behavioral health care from legitimate providers

Why it matters:

Proven **behavioral health therapies** have been shown to help individuals

- **recognize and accept** their substance use disorder,
- **increase their motivation** to stick with treatment, and
- **sustain long-term recovery.**

These approaches are most effective when delivered by trained healthcare providers.

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#7: Medications for addiction treatment

Treatment providers should work with you to find out if a **medication, which is approved by the Food and Drug Administration (FDA)**, may be the best choice for treating your substance use disorder.

What this means:

Treatment facilities should help you understand all of your treatment options—including FDA-approved medications—and help you get the right medications if needed.

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#7: Medications for addiction treatment

\Why it matters:

Not all people with substance use disorders will need medications. Also, FDA-approved medications are not available for every substance use disorder. But when medications are prescribed correctly and checked from time to time, they've been shown to prevent overdose and support positive health results.

Medications work best when they're part of a larger treatment plan that includes:

- behavioral health therapies,
- check-ins with healthcare providers to make sure you're taking your medications correctly and that they're working without negative side effects, and
- other health and support services.

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#8: Support for recovery outside the doctor's office

Treatment is more successful when other circumstances also are addressed, such as **housing, employment, and personal relationships**.

What this means:

Treatment is more successful when other circumstances—such as housing, employment, and personal relationships—also are addressed. Treatment facilities should connect you with recovery support services that offer emotional and practical support throughout your recovery. **This might include peer services** (such as mutual aid or support groups) **and community services** (such as housing, education, employment, and family support).

Shatterproof National Principles of Care

#8: Support for recovery outside the doctor's office

Why it matters:

It's hard for individuals to stay in recovery if they're having housing issues, are unemployed, or are in complicated relationships.

Treatment is more successful if your living and job situations and relationships support your treatment goals. Some treatment facilities may not be able to directly offer services to address these issues, but they should be able to help you find and access these services.

Types of Addiction Treatment

As with any chronic illness, finding the right treatment is the first step to managing your disease and improving the quality of your life.

Addiction is no exception.

- **Outpatient:** Counseling, and possible medication treatment for substance use problems provided at an office or clinic. 1 to 8 hours per week.
- **Intensive Outpatient:** A program that provides counseling, medical, and/or psychiatric treatments at a clinic, center, or hospital facility. 6 to 9 hours per week
- **Residential:** These programs are often called “rehab” and can vary in stay from several days to 6-12 months. Patients live and receive services onsite, including counseling.
- **Hospital Inpatient:** 24-hour inpatient hospital care where medical care is the focus. Counseling and recovery support services are also available; often includes withdrawal management,”

Medications for Opioid Overdose, Withdrawal, & Addiction

MEDICATIONS FOR OPIOID OVERDOSE, WITHDRAWAL, & ADDICTION

Medications for opioid **overdose**, **withdrawal**, and **addiction** are safe, effective and save lives.

The National Institute on Drug Abuse supports research to develop new medicines and delivery systems to treat opioid use disorder and other substance use disorders, as well as other complications of substance use (including withdrawal and overdose), to help people choose treatments that are right for them.

FDA-approved medications for opioid addiction, overdose, and withdrawal work in various ways.

— Opioid Receptor Agonist

Medications attach to opioid receptors in the brain to block withdrawal symptoms and cravings.

— Opioid Receptor Partial Agonist

Medications attach to and partially activate opioid receptors in the brain to ease withdrawal symptoms and cravings.

— Opioid Receptor Antagonist

Medications block activity of opioid receptors in the brain to prevent euphoric effects (the high) of opioids and alcohol and help reduce cravings.

— Adrenergic Receptor Agonist

A medication that attaches to and activates adrenergic receptors in the brain and helps alleviate withdrawal symptoms.

REDUCES OPIOID USE AND CRAVINGS

Methadone

Daily liquid or tablet

Dolophine® Methadone®
Generics available

Naltrexone

Monthly injection

Vivitrol®

Buprenorphine

Daily tablet
Monthly injection

Sublocade®
Generic tablets available

Buprenorphine/ Naloxone

Daily film under the tongue or tablet

Zubsolv®, Suboxone®
Generics available

TREATS WITHDRAWAL SYMPTOMS

Lofexidine

As-needed tablet

Lucemyra®

REVERSES OVERDOSE

Naloxone

Emergency nasal spray or injection

Kloxxodo®, Narcan®, Zimhi™
Generics available

How to make care culturally competent and accessible

Though research and awareness about mental health and substance use in the Latinx community [is increasing](#), more still needs to be done. While there are many models for [treating substance use](#), the Latinx community may benefit from a [biopsychosocial](#) or sociocultural treatment approach that considers causes and solutions for substance use disorders to derive from many factors including:

- Cultural
- Biological
- Psychological
- Social

<https://psychcentral.com/addictions/substance-abuse-among-the-hispanic-latino-population#culturally-competent-and-accessible-care>

How to make care culturally competent and accessible

Widely expand coverage

The ability to access treatment can depend largely on where you live and how many programs, if any, are in your immediate area.

Expanding coverage also means expanding access to insurance programs. A recent Kaiser Family Foundation [analysis](#) found that 28.9 million people were uninsured in the United States in 2019 and that Hispanic people were disproportionately impacted. In fact, Hispanic individuals were found to be over 2.5 times more likely to be uninsured than their white counterparts — or 19.1% compared with 7.1%.

<https://psychcentral.com/addictions/substance-abuse-among-the-hispanic-latino-population#culturally-competent-and-accessible-care>

How to make care culturally competent and accessible

Emphasize the community and family instead of the individual

Many Western approaches to treating substance use emphasize an individual approach to treatment. Common messaging includes the notion that reducing time with other people who use will reduce the likelihood of use.

The common suggestion to reduce time with loved ones who use drugs may not be compatible with Latinx people who prioritize tight family and community bonds.

For treatment to be successful, clinicians and program developers may benefit from developing programs in accordance with family-oriented cultural and religious values.

<https://psychcentral.com/addictions/substance-abuse-among-the-hispanic-latino-population#culturally-competent-and-accessible-care>

How to make care culturally competent and accessible

“Another common trope of many treatment programs is “you can’t help people if you’re not helping yourself,” an idea that isn’t quite compatible with someone who, for example, may be supporting their family financially.

Familismo” is a term used in Latinx culture that underlines the importance of family, a concept that treatment interventions may benefit from adopting.

[Research from 2021](#) supports the idea that family-oriented treatment may help improve treatment outcomes, especially for [young people with substance use](#).

<https://psychcentral.com/addictions/substance-abuse-among-the-hispanic-latino-population#culturally-competent-and-accessible-care>

How to make care culturally competent and accessible

Make treatment accessible

Some [levels of care](#) for treating [substance use disorder and addictions](#) involve inpatient programs that can last for 14, 28, or even 90 days.

“If you are the breadwinner in your family, [you may think to yourself] ‘I will sacrifice my addiction treatment to pay the bills at home,’” Vakharia says.

According to a [2006 book chapter Trusted Source](#) from [Center for Substance Abuse Treatment](#) on addressing diverse populations, various levels of outpatient care may work toward broadening overall accessibility to marginalized groups, including Latinx people, by, for example:

<https://psychcentral.com/addictions/substance-abuse-among-the-hispanic-latino-population#culturally-competent-and-accessible-care>

How to make care culturally competent and accessible

- setting up outpatient groups in people's native language (while keeping in mind that some may prefer a group held in English)
- including a strong outreach component
- partnering with agencies and groups that deliver complimentary community services such as child care, English-as-a-second-language classes, or medical and other services that people may need to stay in SUD treatment
- providing meals and transportation stipends to avoid additional cost

Other things communities and mental health professionals may offer to help increase accessibility are:

- increased time flexibility
- allowing for video, text, and phone visits

How to make care culturally competent and accessible

Train and hire more Latinx social workers

Social workers play a pivotal role in recovery as they are often the primary healthcare professional who serves people with SUDs. [Research from 2013 Trusted Source](#) found that 71% to 87% of social workers reported working with people facing the condition.

Since social work is a [predominantly white profession](#), Latinx people seeking treatment for substance use are more than likely to encounter a white social worker who may not understand their unique needs.

Culturally responsive prevention and treatment is listed as one sociocultural factor in accessing treatment in SAMHSA's 2020 report "[The Opioid Crisis and the Hispanic/Latino Population: An Urgent Issue](#)."

<https://psychcentral.com/addictions/substance-abuse-among-the-hispanic-latino-population#culturally-competent-and-accessible-care>

How to make care culturally competent and accessible

Some reasons more social workers from non-white backgrounds would be helpful include:

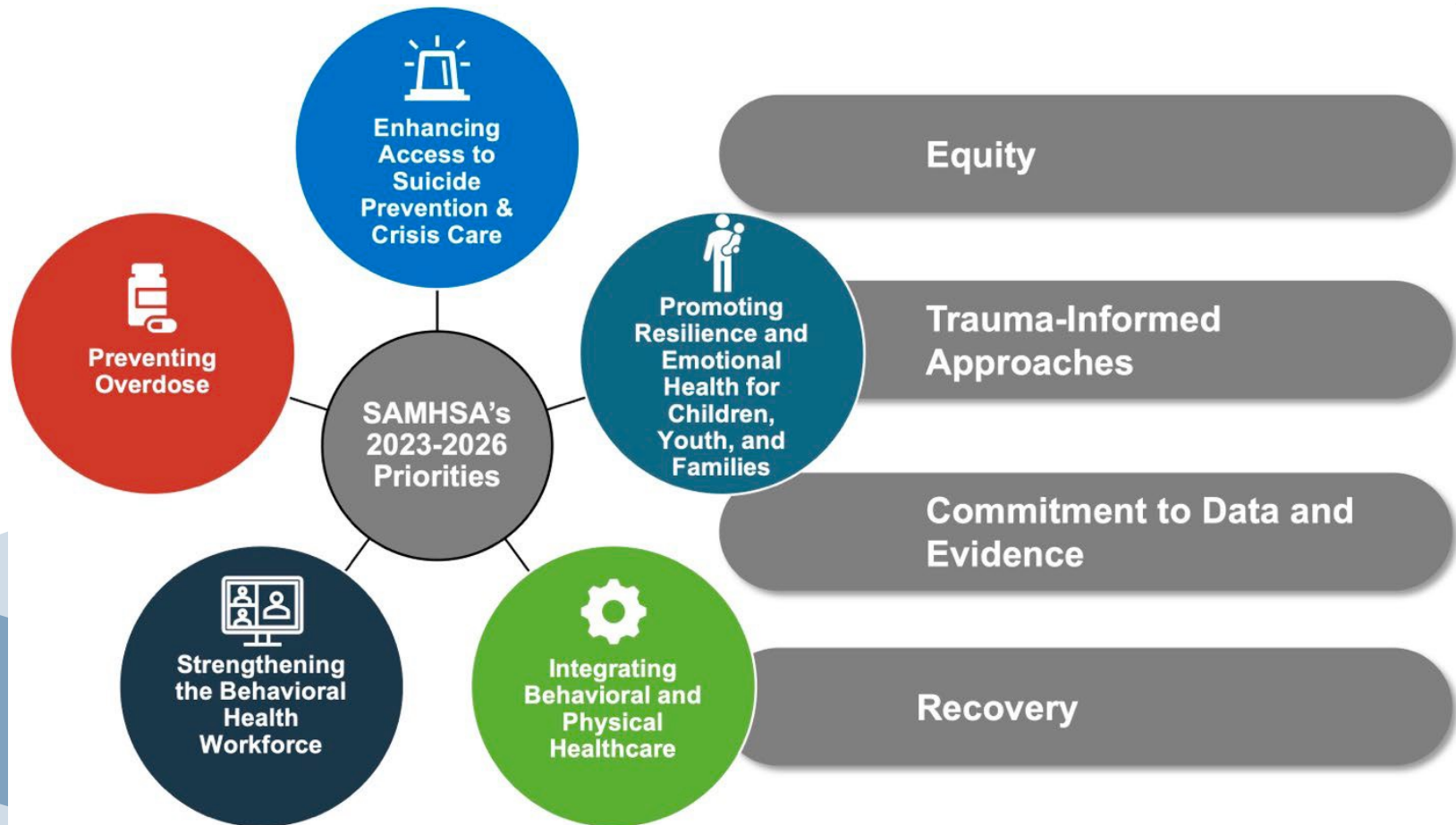
- reducing language barriers
- developing rapport
- overall cultural competency

Wherever possible, medical professionals offering treatment may benefit from trying to implement the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#).

This is a document created by a collaboration between the U.S. Department of Health and Human Services and Office of Minority Health, which outlines how healthcare organizations can:

- increase health equity
- improve quality
- eliminate health care disparities

Substance Abuse and Mental Health Services Administration 2023-2026 **DRAFT**



Harm Reduction's Place in and Among Prevention, Treatment, and Recovery

A comprehensive prevention strategy, harm reduction is part of the continuum of care. Harm reduction approaches have proven to prevent death, injury, disease, overdose, and substance misuse.

Harm reduction is effective in addressing the public health epidemic involving substance use as well as infectious disease and other harms associated with drug use. Specifically, harm reduction services can:

- Connect individuals to overdose education, counseling, and referral to treatment for infectious diseases and substance use disorders.
- Distribute opioid overdose reversal medications (e.g., naloxone) to individuals at risk of overdose, or to those who might respond to an overdose.

Harm Reduction's Place in and Among Prevention, Treatment, and Recovery

- Lessen harms associated with drug use and related behaviors that increase the risk of infectious diseases, including HIV, viral hepatitis, and bacterial and fungal infections.
- Reduce infectious disease transmission among people who use drugs, including those who inject drugs by equipping them with accurate information and facilitating referral to resources.
- Reduce overdose deaths, promote linkages to care, facilitate co-location of services as part of a comprehensive, integrated approach.

Harm Reduction's Place in and Among Prevention, Treatment, and Recovery

- Reduce stigma associated with substance use and co-occurring disorders
- Promote a philosophy of hope and healing by utilizing those with lived experience of recovery in the management of harm reduction services, and connecting those who have expressed interest to treatment, peer support workers and other recovery support services.

Recovery and Recovery Support

SAMHSA's [working definition of recovery](#) defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

A person's recovery is built on his or her strengths, talents, coping abilities, resources, and inherent values. It is holistic, addresses the whole person and their community, and is supported by peers, friends, and family members.

<https://www.samhsa.gov/find-help/recovery>

The Four Major Dimensions of Recovery

- Health**

- Overcoming or managing one's disease(s) or symptoms, and making informed, healthy choices that support physical and emotional well-being

- Home**

- Having a stable and safe place to live

- Purpose**

- Conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society

- Community**

- Having relationships and social networks that provide support, friendship, love, and hope

Q and A



Ana Chavez-Mancillas, MSW is the Program Specialist for the NHL ATTC. Prior to this position Ana worked for Pacific Clinics for over 18 years providing bilingual and bicultural mental health and substance abuse services to children and families. Over the years she held different roles within Pacific Clinics, including substance abuse specialist, case manager, therapist, program coordinator, Team supervisor and Program Director. She actively participated in the Pacific Clinics CHANGE Team which actively promoted integration of services within the organization. Ana has 10+ years of experience supervising and managing teams, she is a collaborative leader with expertise in mental health, substance abuse and team management. Prior to that Ana worked for Riverside County Mental Health. Ana received her MSW with a concentration in families and aging from California State University Los Angeles in 2010 and has certifications in Substance Abuse and Alcohol Counseling from Mount San Antonio College.



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Link is in the chat! Or use your phone to follow the Q code to the survey!

Thank you!



Resources



Opioid Use among Hispanic/Latino communities

<https://store.samhsa.gov/product/the-opioid-crisis-and-the-hispanic-latino-population-an-urgent-issue-spanish-version/PEP20-05-02-003>

<https://store.samhsa.gov/product/The-Opioid-Crisis-and-the-Hispanic-Latino-Population-An-Urgent-Issue/PEP20-05-02-002>

Opioid Overdose Prevention Toolkit

https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Spanish-/SMA18-4742SPANISH?referer=from_search_result

Underage Drinking

<https://store.samhsa.gov/product/after-high-school-talking-your-young-adult-about-underage-drinking-spanish-version/PEP22-03-10-011>

Talk they Hear You

<https://www.samhsa.gov/hable-ellos-escuchan>

https://store.samhsa.gov/product/tthy-catalog-campaign-support-materials/PEP20-03-01-081?referer=from_search_result

Treatment Locator

<https://findtreatment.gov/locator>



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Available in Spanish!

[Naloxone Guide and Resources | Technology Transfer Centers \(attcnetwork.org\)](https://attcnetwork.org)

[Xylazine 101: Xylazine Use and its Impact on Communities Across the United States | Technology Transfer Centers \(attcnetwork.org\)](https://attcnetwork.org)

[Fentanyl Resource Factsheet for Providers | Technology Transfer Centers \(attcnetwork.org\)](https://attcnetwork.org)



<https://mhccnetwork.org/centers/national-hispanic-and-latino-mhcc/product/caminando-en-recuperacion-espanol>

<https://mhccnetwork.org/centers/national-hispanic-and-latino-mhcc/product/stressors-hispanic-and-latino-communities>





ATTC

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

The ATTC Network Mission & Vision

- Accelerate the adoption and implementation of evidence-based and promising addiction treatment and recovery-oriented practices and services;
- Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other behavioral health disorders; and
- Foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.

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