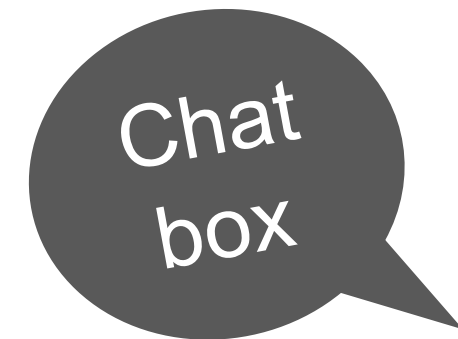


Addressing Racial Equity in Recovery: Examining Critical Actionable Steps

WELCOME.

We're glad you
are here.



- All participants are in listen-only mode
- We encourage frequent use of the chat box to participate and ask questions
- Say hello now using the chat box to tell us your **name and organization**
- Please complete the three question survey towards the end of the webinar. We value your feedback!



INTERACT
FOR HEALTH

Your trusted source of health information

Addressing Racial Equity in Recovery: Examining Critical Actionable Steps

Presenter: Ashley E. Stewart, Ph.D., MSSW

Friday, January 29, 2021

11:00 a.m. to 12:30 p.m.



**INTERACT FOR HEALTH PROMOTES
HEALTH EQUITY TO IMPROVE THE
HEALTH OF ALL PEOPLE IN OUR REGION.**

GRANTS

Education

Research

Policy

Engagement

Grants

EDUCATION

Research

Policy

Engagement

Grants

Education

RESEARCH

Policy

Engagement

Grants

Education

Research

POLICY

Engagement

Grants

Education

Research

Policy

ENGAGEMENT

REDUCING TOBACCO USE



SCHOOL-BASED HEALTH CENTERS

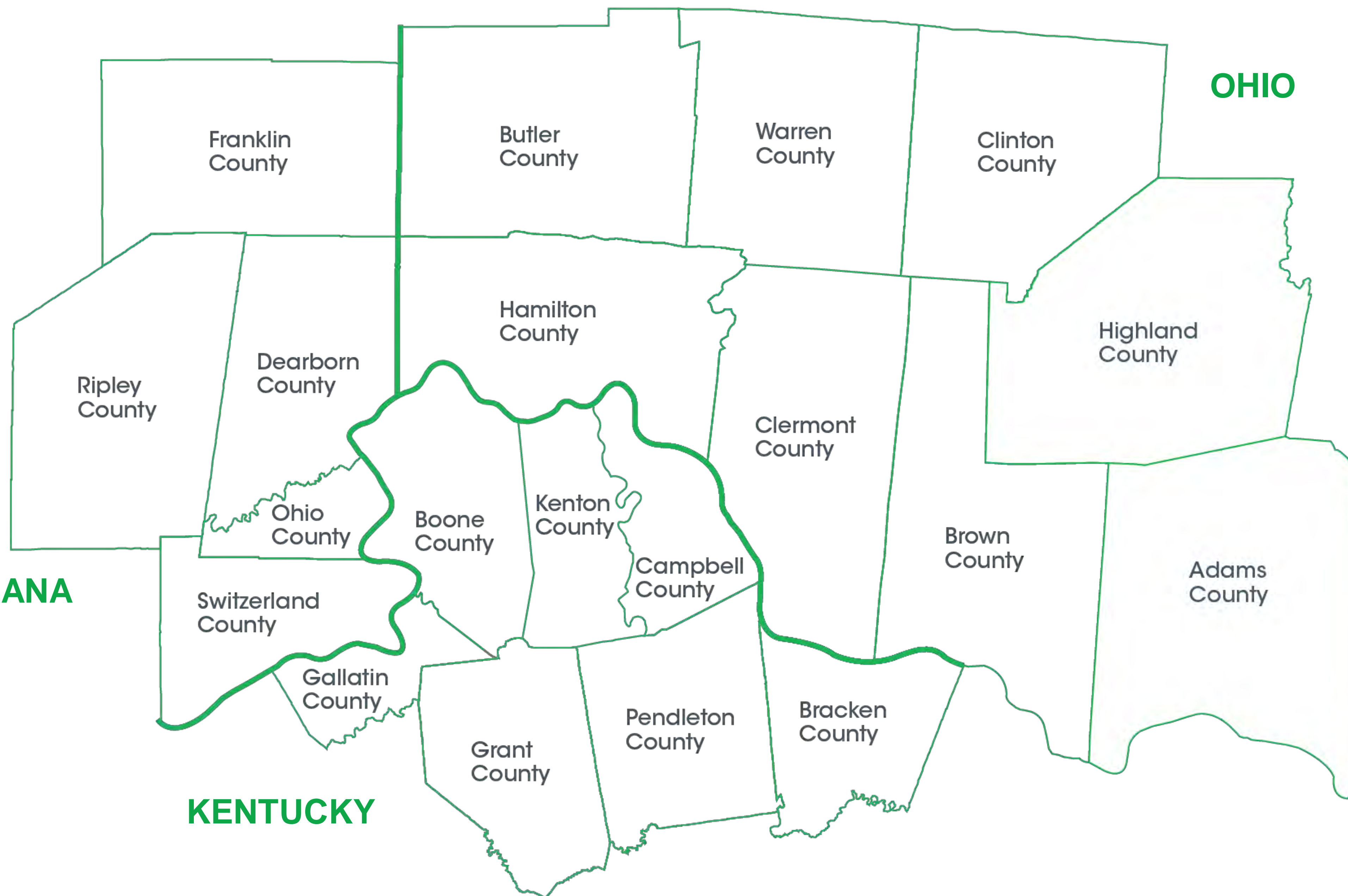


A photograph showing a woman with blonde hair and glasses placing her hand on the shoulder of a man in a blue shirt. The man is seen from the side, and the woman is looking towards him. In the background, another woman is blurred. A large green graphic element is on the left side of the image.

ADDRESSING THE OPIOID EPIDEMIC

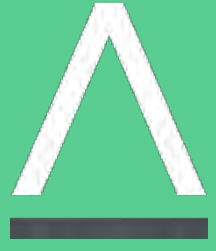


INDIANA



OHIO

KENTUCKY



Sonya Carrico
Senior Program Officer



Lisa Myers
Program Officer



Michelle Lydenberg
Evaluation Officer

www.interactforhealth.org



Goal: Reverse the trend of overdoses and deaths from opioids





ADDRESSING RACIAL EQUITY IN RECOVERY: EXAMINING CRITICAL ACTIONABLE STEPS

Ashley Stewart, PhD, MSSW

SESSION OVERVIEW

This session will briefly review critical gaps in racial equity in recovery spaces, including processing through the layers of racism and how they impact individuals. Further, the session will outline actionable steps that treatment providers, community partners, grantees, and recovery stakeholders can take to reduce racial harm and pivot toward equity.

WHO AM I?

RACIAL EQUITY
AND
INCLUSION
SCHOLAR

TRAINING AND
CURRICULUM
SPECIALIST

PROFESSOR

MH
PROFESSIONA
L

INSTITUTIONALIZED
FORMS OF
IDENTITY-BASED
OPPRESSION

UNIVERSITIES
CORPORATIONS
NATIONAL ORGS
HEALTH PROF.

SOCIAL JUSTICE
ADVOCACY
CLINICAL
ANTI-OPPRESSION

RACE-BASED
TRAUMA
ANXIETY
DEPRESSION
FAMILY



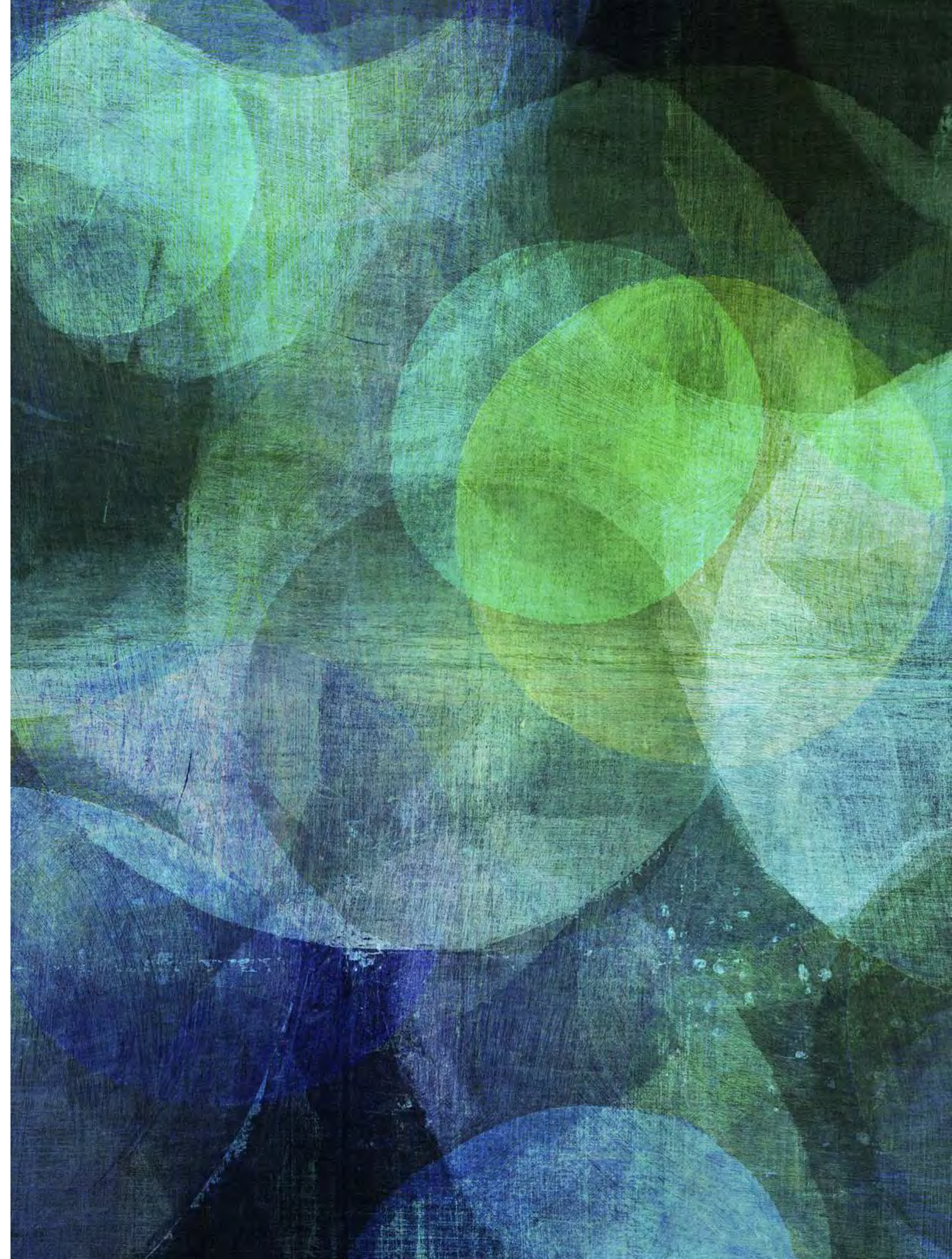
REQUESTS

- Expect that this is a journey
- Ask for clarification
- Safe and brave space
- Affirm and give credit
- Rule to revisit
- Listen to understand
- Be accountable for impact
- Be gentle with yourself and others
- “We can not challenge what we can not acknowledge.”

TALKING ABOUT RACE-EQUITY IN RECOVERY

- Q1: Have you had an increase in conversations recently about issues around race and racism?
 - Diversity, inclusion, equity?
- Q2: What have been some of the challenges you have experienced in these conversations?
- Q3: What do you hope people will take away from those conversations?

DIVERSITY INCLUSION EQUITY



Rethinking our framing



Talking through the Terms

- Privilege [Identity and Positionality]
- Biases [Implicit/Explicit]
- Microaggressions
- Anti-Racism
- Race-Based Traumatic Stress
- Intersectionality
- Oppression



Deflection | Dissociation | Discomfort

These are challenging conversations, but they shouldn't be, and don't have to be, divisive.

Dr. A.E. Stewart

THE FOUR ^{OF} DIMENSIONS **RACISM**

INSTITUTIONAL

Policies and practices that reinforce racist standards within a workspace or organization.

STRUCTURAL

Multiple institutions collectively upholding racist policies and practices, i.e. society.

INTERPERSONAL

Racist acts and micro-aggressions carried out from one person to another.

INTERNALIZED

The subtle and overt messages that reinforce negative beliefs and self-hatred in individuals.



*Inspired by
Race Forward Trainings*

**Slow Factory
Foundation**

Racism and Recovery Spaces

- Q1: Do you feel prepared to address issues around race with the community members you serve?
- Q2: What, if anything, would make you feel more prepared?
- Q3: How do you create the space for conversations around racism to come up?



RACISM AND RECOVERY

- History of recovery
- Recovery principles
- Pathways to recovery
- Policies, Programs, and Best Practices

Sources:

- Hecht, B. (2020). Moving Beyond Diversity. <https://hbr.org/2020/06/moving-beyond-diversity-toward-racial-equityancis>.
- Matsuzaka, S. & Knapp, M. (2019): Anti-racism and substance use treatment: Addiction does not discriminate, but do we?, *Journal of Ethnicity in Substance Abuse*, DOI: 10.1080/15332640.2018.1548323
- Su, J., Kuo, S. I-C., Derlan, C. L., Hagiwara, N., Guy, M. C., & Dick, D. M. (2020). Racial discrimination and alcohol problems among African American young adults: Examining the moderating effects of racial socialization by parents and friends. *Cultural Diversity and Ethnic Minority Psychology*, 26(2), 260-270



STRATEGIES FOR HAVING DIFFICULT CONVERSATIONS

- Starting where people are in the process.
- Pivot if the conversation shifts to debating humanity.
- Listen to hear. Make sure you're being heard.
- Be clear, and navigate with care (values may be shifting).
- Be accountable when harm is caused.
- If discomfort is stemming from a knowledge gap, pivot to a learning space.

Dr. Kenneth V. Hardy's Tasks of the Privileged and the Subjugated

GENERIC TASKS:

1. To be the expert in your own experience, not of others.
2. To create space for the telling of one's story.
3. To make space for both thoughts and feelings.



Dr. Kenneth V. Hardy's Tasks of the Privileged and the Subjugated

TASKS OF THE PRIVILEGED:

1. To resist false notions of equality. It is not helpful to equate suffering.
2. Intentions vs. consequences: to understand that intentions may be good, but that doesn't change the fact that consequences may be bad. It is not helpful to just clarify intentions when consequences were hurtful. Acknowledge the effect of consequences of your actions. Intentions are the province of the privileged; consequences are the provinces of the subjugated.
3. To challenge the ahistorical approach. History does matter, the past does effect the present. The privileged cannot understand the subjugated "out of context."
4. To develop thick skin. Need to be able to thicken one's skin, to not give up on connections with people who have been subjugated even if you are initially rebuffed, to continue to go back and back, to continue to try.
5. To not become a FOE – framer of other's experiences.



Dr. Kenneth V. Hardy's Tasks of the Privileged and the Subjugated

TASKS OF THE SUBJUGATED:

1. To overcome learned voicelessness; to advocate for oneself. One needs to challenge the belief that it is not worth speaking up. The subjugated have often been taught that “silence is golden” and “don’t speak unless spoken to;” the challenge is to unlearn this behavior.
2. To learn to exhale the negative messages that have become internalized.
3. To overcome the impulse to protect, educate, or change the privileged.
4. To honor one’s own experiences, to channel frustration, not to eradicate it.



Strategies for Change

Challenge

Clarify

Commit

Culture-Shift

THANK
YOU!

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