# Workforce considerations for improving racial equity in substance use disorder treatment

**Ranjani K. Paradise[1], Jeff Desmarais[1], Jaylen Clarke[2], Andrés Hoyos-Céspedes[1], Alykhan Nurani[3], Shannon O'Malley[2], Angela Bazzi[4], Simeon Kimmel[3], Sunday Taylor[2], Dan Dooley[2]**

[1]Institute for Community Health; [2]Boston Public Health Commission; [3]Boston Medical Center, [4]Boston University School of Public Health & University of California San Diego

## BACKGROUND

- There are growing racial disparities in opioid overdose mortality nationally and in Massachusetts[1], and there are disparities in receipt of treatment following opioid overdoses in Boston, with Black and Latinx survivors less likely to get treatment than White survivors[2]
- The capacity and characteristics of the behavioral health workforce delivering care can impact access to and engagement in substance use disorder (SUD) services
- To develop impactful workforce development solutions, we must learn from the experiences and perspectives of people of color who have survived overdoses and those working in the field

[1]MA Department of Public Health, Opioid-Related Overdose Deaths 2021; CDC Vital Signs 2022
[2]Dooley et al., Boston Public Health Commission 2019

## METHODS

- Boston Overdose Linkage to Treatment Study (BOLTS): qualitative research study examining equity in access to care following overdose
- Sept 2020-Sept 2021: Qualitative interviews and demographic survey with **59 recent opioid overdose survivors** who were living in Boston and **28 key informants** with roles related to overdose response, harm reduction, and treatment
- Interviews inquired about barriers and facilitators to racial equity in access/engagement in treatment following an opioid overdose in Boston, and solicited recommendations for improvement
- Team coding and framework analysis to summarize data and identify themes

**Research question: What are the workforce-related factors that are barriers or facilitators to engagement in treatment and support services?**

## RESULTS

### Participant characteristics

Overdose survivors (N=59)

- 18 (31%) Black, 23 (39%) Latinx, 18 (31%) White
- 42 (71%) male, 17 (29%) female
- 44 (75%) experiencing homelessness; 50 (85%) with history of incarceration
- 55 (93%) had used opioids in the last month, 49 (83%) had used stimulants
- 50 (85%) reported having had multiple overdoses in the last year; median = 4

Key informants (N=28)

- 9 (32%) Black, 6 (21%) Latinx, 12 (43%) White
- Roles: advocates/activists, MD clinicians, licensed and unlicensed service providers, first responders, policy makers
- Organizations represented: City of Boston, fire department, EMS, community health centers, hospitals, SUD treatment programs, harm reduction homeless shelter

### Interactions with staff and their impact

- Overdose survivors described interactions with staff that strongly affected their perspectives about different programs and services and their choices about what to engage in
- Experiences of feeling cared for and respected by staff gave overdose survivors positive impressions of programs and services, while negative impressions were often related to feeling dehumanized and being treated with stigma, disrespect, and racism by staff
- Key informants emphasized that nonjudgmental, respectful, compassionate interactions facilitate engagement. Key informants also reinforced that stigma, bias, and poor treatment by staff towards people who use drugs is a significant barrier, and that this can be worse for people of color.

*"Because they really care. You don't just ask them a question and they just answer it. No, they engage. [...] They would stop their own job to make sure that you got what you need. Many times, I came here with my clothes all dirty from me rolling on the floor from a blackout and they'll dig through any donation bags to get me an outfit."*
- Latinx overdose survivor

*"They all know I'm a junkie, I get treated with disgust. Like they don't want to get any close to me, and they talk about my look. They say, I'm dirty, and I stink."*
- Latinx overdose survivor

*"We [people of color] just don't get the same treatment, we're not talked to as nicely."*
- Black overdose survivor

*"The way they're treated by every step of the way, I think most often than not people have poor experiences rather than good experiences [...] But there's a lot of work to do around helping people with a culture of harm reduction and a culture of meeting people where they're at in a non-judgmental way, because there's so much stigma. And so, that's the experience of most people when they reach out for help a lot of times too. That kind of stigma..."*
- Key informant, reflecting on what affect's a person's decision about whether or not to seek treatment

## RESULTS, CONTINUED

### Staff characteristics that build connection and trust

**The biggest facilitator to engagement is having staff who share lived experiences and reflect the communities being served** - this creates rapport and builds comfort, connection, and trust

- Overdose survivors primarily emphasized having lived experience with addiction.
- Key informants highlighted a need for shared racial/ethnic identity in addition to lived experience with addiction. Some also suggested hiring staff who come from the same neighborhoods as clients or have similar socioeconomic backgrounds.
- Staff must have compassion and relational skills; some key informants also talked about cultural responsiveness and sensitivity. This often comes with shared lived experience, but programs still need to hire intentionally for these skills.

*"So, we're really focused on trying to hire people who have lived experience and were from the communities that we seek to serve so that people will feel like I can go and talk to people who understand. If not what it's like to be a dope fiend, what it's like to be somebody who's a person of color that you see struggling from just the community. So, I think number one. They have to see themselves reflected in the service provider."*
- Key informant

*"You have to care about the people. That is top priority. You have to care about people, you have to have compassion."*
- Key informant

*"[Programs should hire] people that are recovering, yeah, because like you can read a book on it all you want, but you still never walked in those shoes. [...] if there was one person who had like eight years clean or there's somebody else who has a PhD [...] I'm still gonna listen to the person that has years clean because they've been in my shoes"*
- Black overdose survivor

*"And someone who really hasn't lived in the trenches like that, it's hard for me to really vibe with you."*
- Latinx overdose survivor

*"I think that [we need] more people that are diverse, and [have] a sense of the cultural sensitivity around the Black and Latino population. And I think also more leadership roles for people of color."*
- Key informant

*"I think they got to have better social skills [...] You know what I'm saying like, ask them some questions like, [...] how do you think we can help, better help a person that's addicted, or a homeless person, and see what they put like their answers are and stuff like that, you know what I'm saying? That what I feel, because [...] a lot of these staff that work in these agencies man, they do not have no social skills whatsoever."*
- Black overdose survivor

### Barriers to hiring and retaining a diverse and effective workforce

Key informants shared a range of challenges related to recruiting, supporting, and retaining staff with diverse experiences and identities

- Insufficient staffing, burnout, and desensitization
- Frontline staff experience trauma on the job, with particular risks for people in recovery
- Bias and discrimination makes it harder for staff of color to disclose prior drug use and to stay in the workforce (e.g., discriminatory disciplinary practices)
- Standard qualifications and hiring criteria (e.g., degree requirements, CORI checks) present barriers to diversifying staff, especially for hiring people who have lived experience with drug use
- Stigma about substance use keeps people of color from entering this line of work
- Feedback loop - who works in programs affects who starts and stays in treatment which affects who can join the peer workforce in the future

*"[...] you have less people accessing care, which means [...] less people that are getting into long term recovery then going back to work in that field. And then helping out that next person who needs that referral, which increases that disparity and so on and so on and so forth."* - Key informant

*"Sometimes, just because if someone has a degree, doesn't mean they qualify for a job. I think sometimes they let that paper play a bigger factor than life experience because to me, life experience is more valuable than anything I could ever get sitting behind a desk in a classroom. Maybe not letting that dictate who gets the job and who doesn't."*
- Key informant

## IMPLICATIONS

These results highlight several program- and systems-level needs:

- Increased investment in the behavioral health and harm reduction workforce, to attract and retain diverse staff and to allow for sufficient staffing
- Strategies to address trauma and support employee wellbeing, such as integrating counseling services
- Diversifying the workforce to reflect the communities being served, including lived experience with addiction as well as racial and ethnic identities (and corresponding language skills)
  - Revisiting requirements and qualifications to support a more diverse candidate pool
  - Creating pipelines into the workforce especially for people with non-traditional experience and education (e.g., training, job skills development)
  - Strategies to address community-level stigma to attract more people to the field
- Training and professional development around bias, stigma, cultural responsiveness, relational skills
- Identifying and addressing discriminatory practices that lead to lower retention for staff of color

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