

KEY UNANSWERED QUESTIONS REQUIRING FURTHER INVESTIGATION TO IMPROVE SUD TREATMENT FOR BLACK PATIENTS

In 2022, the Grayken Center for addiction launched four day-long convenings with addiction treatment experts including people with lived experience of SUD from across the country to review information gathered from prior focus groups and literature reviews and to draw conclusions about the findings from this work. The intent was to gather input on how to interpret these findings, and to translate them into recommendations. Below is a table of key unanswered questions that need further research before further recommendations can be made to improve the experiences of Black people struggling with substance use disorders. For more details, read published manuscript.

<p>ADDICTION TREATMENT</p>	<ul style="list-style-type: none"> • If addiction treatment were developed specifically for Black people, what would it look like? • What are best practices to guide collaboration with Black people who have substance use disorders in designing clinical care? • What treatment models balance a patient's need for flexibility (e.g., incorporating spirituality, acknowledging that change may be slowed by social barriers) with the structure that is required to run a program/organization? • What practical measures can help Black patients feel more empowered in treatment relationships, and able to shape their treatment? • What will support Black people to feel that they have a right to understand everything that is said and done to them (and decide if that is what they want)? • What will support Black people to feel empowered to ask medical providers questions about important/difficult issues? • What would be an effective model for having Black patients advise treatment staff on how to manage problems that arise with Black patients during SUD treatment? • What is the best approach for including family members in addiction treatment; what approach will feel most supportive/comfortable for Black patients? • What are the most effective ways to incorporate spirituality and/or religion into addiction treatment in a way that feels supportive to Black people who identify with a faith tradition, but does not feel alienating to those who do not? • What is the best way to incorporate art, music, drama, spoken word into addiction treatment? • What are best practices for addressing social barriers to recovery, such as lack of identity document, access to employment/income, lack of housing? • What strategies can a residential treatment program use to increase new patients' engagement and likelihood of staying in treatment? • What is the relationship between chronic traumatic stress (subthreshold for PTSD), such as that caused by racial trauma, and development of SUDs? • What are the best approaches for treating/addressing racial trauma? • Does treatment of racial trauma help to improve health and functioning? • Does trauma-informed care increase patients' trust of medical treatment provider and treatment system? • Does trauma-informed care need to look different from SAMHSA's definition when treating Black people in general, and in addiction treatment specifically? • What alternative therapies for SUD could be appealing and effective for Black patients? • How can contingency management be implemented effectively in residential treatment settings? In primary care settings?
<p>IMPACT OF RACIAL CONCORDANCE</p>	<ul style="list-style-type: none"> • How does individual racial concordance between Black patients and addiction treatment providers change outcomes • Do Black patients benefit from being treated in organizations that are staffed (primarily or exclusively) by Black people?
<p>PROVIDER EDUCATION</p>	<ul style="list-style-type: none"> • Are there educational interventions that can make addiction treatment providers more able to: <ul style="list-style-type: none"> ○ Gain and maintain Black patients' trust ○ Treat Black patients in a way that honors their expertise about their experience and treatment needs
<p>POLICY</p>	<ul style="list-style-type: none"> • What are optimal operating policies for residential addiction treatment programs in order to decrease the carceral, punitive feel/approach that typically characterizes these settings, and instead create a strength-based empowering approach? • What policy changes would promote Black patients engaging in addiction treatment? • How do we avoid a backlash against interventions that attempt to increase racial equity in providing addiction treatment?
<p>DESIGNING RESEARCH</p>	<ul style="list-style-type: none"> • What are best practices for researchers who want to engage the Black community in research on addiction treatment? What is the best participatory design?

**EXTERNAL
SYSTEMS**

- How could schools provide SUD education, screening, and (if necessary) treatment in a way that is culturally tailored and acceptable to Black youth?
- What are the best ways to set up health centers in schools or other spaces that already have community relationships, in order to make them more accessible and welcoming for Black patients?
- What are viable models for child protection that are truly supportive of families staying intact rather than child removal/punitive approach?
- How can states effectively allocate agency funding to promote family unity, and what are suitable metrics for evaluating the safety and well-being of children?
- How can communities address social barriers that prevent parents from regaining custody of children who have been removed from their care due to substance use?
- What approaches are most effective for re-integrating people into society after exit from incarceration, particularly if they have an SUD?