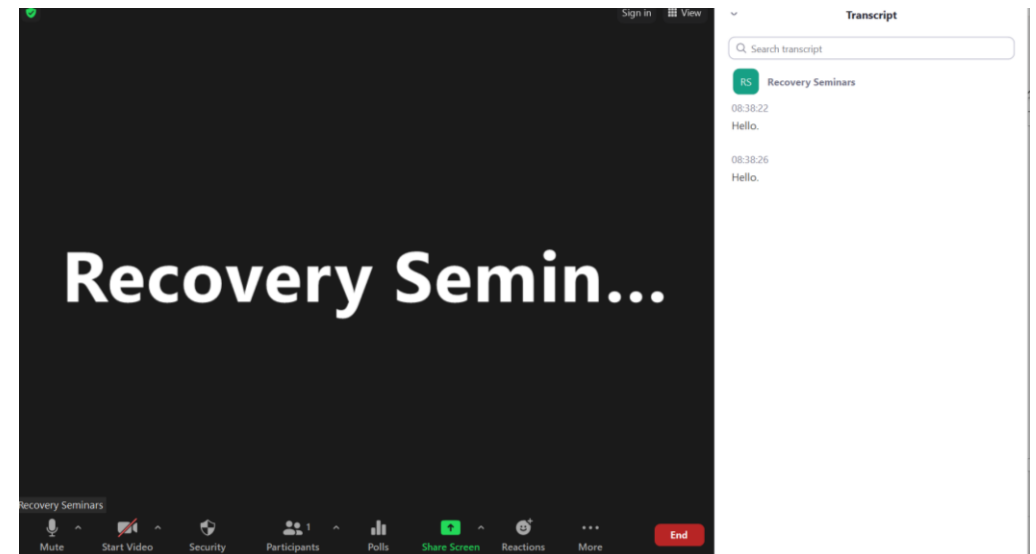
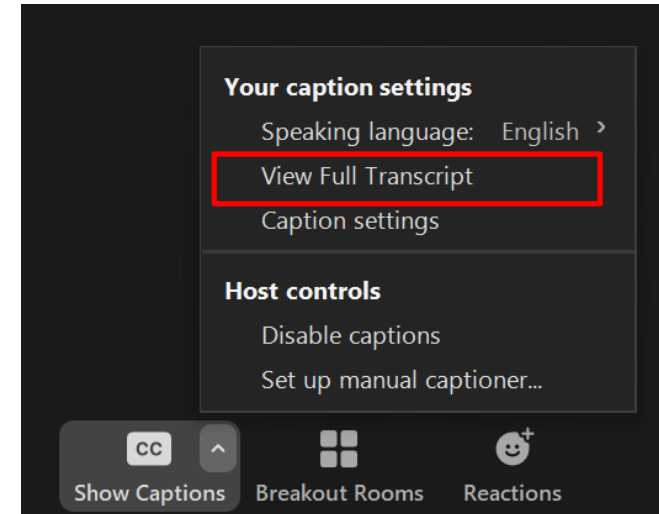


Closed Captions



- For this seminar we are using Zoom's **automatic captions**.
- These should automatically appear at the bottom of your screen.
- The full transcript of the captions can also be opened on the sidebar:
 - Click the **"Closed Captions"** button at the bottom of the Zoom window and select the **"Show Full Transcript"** option:



Steering Committee Members



The Steering Committee is made up of scientists, clinicians, RCC leadership and persons with lived experience from multiple organizations and institutions from across the US.

Principal Investigators:



John F.
Kelly



Bettina B.
Hoeppe



Robert D.
Ashford



Patty
McCarthy



Julia
Ojeda



Philip
Rutherford



Brandon
G.
Bergman



Lauren A.
Hoffman



Vinod
Rao



Amy A.
Mericle

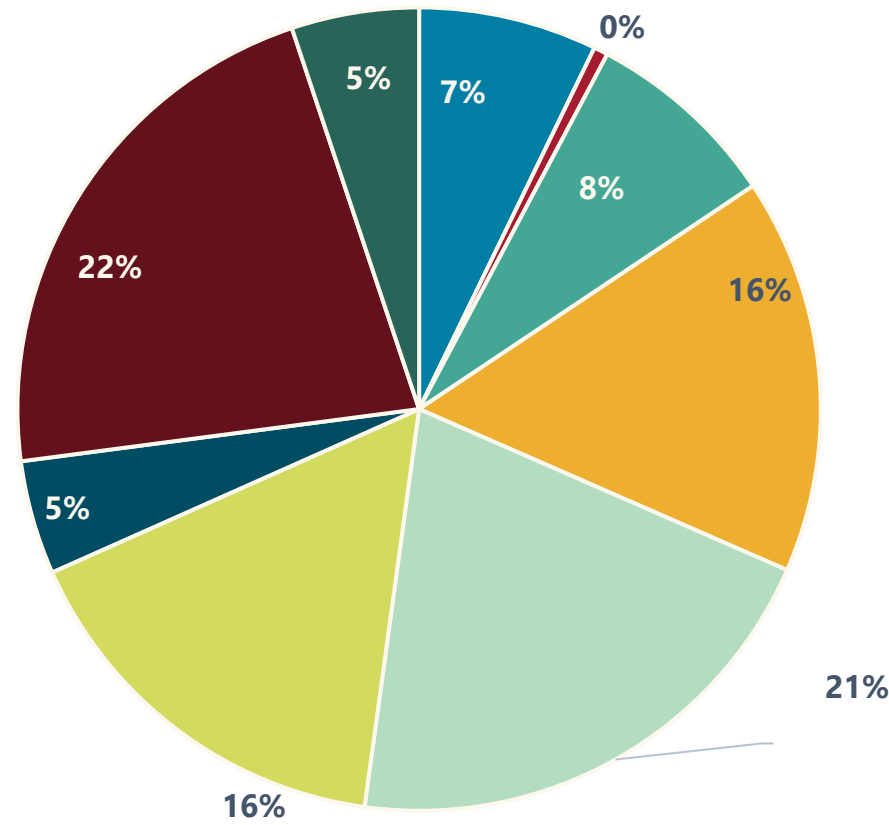
Recovery Seminar Series

Twenty-Eight seminars so far

Average number of attendees: **161**

Range: **58** to **444** attendees

Attendees with lived experience regarding substance use: **23%**



- Healthcare decision maker (e.g., hospital leadership, department of health, etc.)
- Prescriber (of medications for OUD)
- Clinician
- Scientist
- RCC leader / staff
- Peer support worker / volunteer
- RCC participant
- Recovery advocate
- None of the above

The Consortium on Addiction Recovery Science (CoARS)

(<https://www.recoveryanswers.org/coars/>)



CoARS collective mission:

(PI: Aaron Hogue, Partnership to End Addiction - <https://drugfree.org/staff/aaron-hogue/>)

To advance the science on recovery support services through research networking, training and mentoring students and early career scientists, and building community partnerships.

- **Pilot study funding**
 - On recovery housing (<https://istarr.org.org/pilot-studies/>) – LOI deadline: November 13th
- **Work groups and Seminars**
 - Monthly webinar series on recovery housing (presented by the I-STARR team): **Next one:** “Treatments and Medications for OUD and MAR” **November 7, 2023, 2pm EST** (<https://istarr.org.org/webinars-training/>)
 - [The FIRST Research Network’s Diversity and Disparities Meeting](#) occur every fourth Monday: **Next one: November 27th 12pm EST**
- **Postdoctoral fellowship positions**
 - Emerging adults, UConn - contact Kristyn Zajac (zajac@uchc.edu); for details: <https://health.uconn.edu/contingency-management/wp-content/uploads/sites/119/2023/01/CHEARR-Post-doc-flyer-FINAL1-1.pdf>
- **CHEARR Young Adults in Recovery Community Board**
 - Looking for young adults (ages 18-28) who are in recovery and have lived experience receiving treatment involving medications for opioid use disorder. <https://chearr.org/#community-boards>



RCC Live Feature



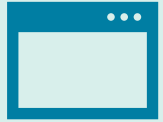
We are featuring a different RCC at the start of each of our seminars in order to allow all participants to learn first-hand about RCCs



Ty A. Bechel, MNM, CPRS
**Executive Director &
Business Development**



Polling Questions



A pop-up Zoom window will appear with the poll questions



You must complete all questions before clicking to submit

→ Remember to scroll down to see all the questions!



We will share the poll results after a few minutes



Your responses will remain anonymous



Special Programs offered by all SAMHSA clinics



	Total (n=13,012)	
	%	n
Special Groups		
Clients with co-occurring mental and substance use disorders	63.22%	(8226)
Adult women	57.39%	(7467)
Adult men	56.73%	(7382)
Clients who have experienced trauma	54.55%	(7098)
Criminal justice (other than DUI/DWI)/Forensic clients	46.53%	(6054)
Clients who have experienced intimate partner violence, domestic	39.43%	(5130)
Clients who have experienced sexual abuse	39.25%	(5107)
Young adults	38.69%	(5034)
Lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ)	36.87%	(4797)
Seniors or older adults	35.34%	(4598)
Pregnant/postpartum women	34.58%	(4500)
Veterans	33.51%	(4360)
Clients with co-occurring pain and substance use disorders	33.13%	(4311)
Clients with HIV or AIDS	30.22%	(3932)
Adolescents	24.66%	(3209)
Members of military families	24.55%	(3195)
Active duty military	21.70%	(2823)



- There is **no significant difference** between all Substance Use Programs and Certified Opioid Treatment Programs for LGBTQ+ special programs
- About **1/3 of all clinics** provide special programs for LGBTQ+ populations

Presenter



Dr. Abigail Batchelder, PhD, MPH

Assistant Director, Behavioral Medicine Program for Stigma and
Substance Use Research

Assistant Professor in Psychology, Harvard Medical School
Director of the Substance Use Scientific Working Group, Harvard
University Center for AIDS Research

Examining the engagement of LGBTQ+ people in RCCs

ABIGAIL BATCHELDER, PHD, MPH

(SHE/HER/HERS)

ASSISTANT PROFESSOR, HARVARD MEDICAL SCHOOL

ASSISTANT DIRECTOR & STAFF PSYCHOLOGIST, BEHAVIORAL MEDICINE, MASSACHUSETTS GENERAL HOSPITAL

DIRECTOR OF THE SUBSTANCE USE SCIENTIFIC WORKING GROUP, HARVARD CENTER FOR AIDS RESEARCH
(CFAR)

ASSOCIATE DIRECTOR OF THE BIOBEHAVIORAL AND COMMUNITY SCIENCE CORE, HARVARD CFAR

AFFILIATED INVESTIGATOR, THE FENWAY INSTITUTE



Outline of Presentation

10

- ▶ Brief Background & Positionality Statement
- ▶ Description of Pilot Study
- ▶ Results
- ▶ Next Steps
- ▶ Team
- ▶ Questions/Comments



Definitions

- ▶ **Sexual identity**- commonly conceptualized as who someone is romantically and/or sexually attracted to, who someone has sex with, and how someone labels themselves or identifies.
 - ▶ Includes straight/heterosexual, lesbian, gay, bisexual, queer, pansexual, etc.
 - ▶ *Sexual minority* is an umbrella term to inclusively categorize those who do not identify as straight or heterosexual.
- ▶ **Gender identity** – how someone labels themselves or identifies.
 - ▶ Includes cisgender male or female, transgender male or female, nonbinary, gender queer, two-spirit, etc.
 - ▶ *Gender minority*, *gender diverse*, and *gender expansive* are umbrella terms to inclusively categorize those who do not identify as cisgender.
- ▶ **Sexual and Gender Minority (SGM)**- Preferred umbrella term by some to inclusively describe people who do not identify as straight/heterosexual and/or do not identify as cisgender. Inclusive of LGBTQIA+ people.

Positionality Statement

- ▶ Queer White cisgender woman married to a transman.
- ▶ Longstanding focus on health disparities and public health.
- ▶ Started working with people living with substance use disorders and HIV in 2007.
- ▶ Worked in urban substance use and HIV clinics with limited resources.
 - ▶ Focus on HIV and HCV
- ▶ Began focusing on SGM populations in 2014



Examining Sexual Minority Engagement in Recovery Community Centers

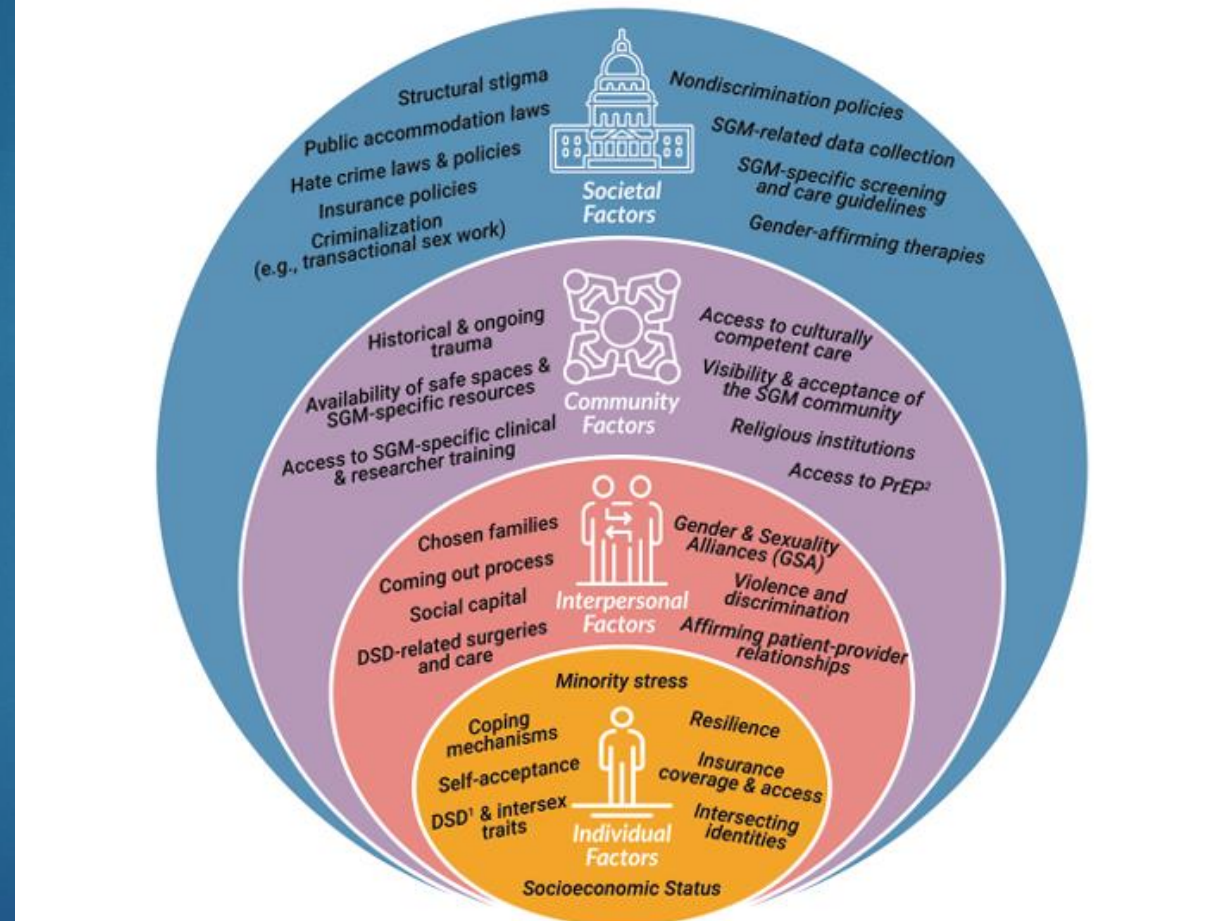
PILOT PROJECT

Background

- ❑ Sexual minority (SM; or LGBTQ+) individuals report more alcohol and other drug use than heterosexuals.¹
- ❑ While most people with alcohol and other substance use disorders (SUDs) do not seek treatment, even fewer SM individuals seek treatment.²
- ❑ However, recent findings show that >20% of those attending RCCs in the past year identified as SMs:³
 - A substantially higher prevalence than estimated in the U.S. general population (7.1%) in 2022.
- ❑ Better understanding of the reasons for RCCs being used by SM individuals may inform more effective and acceptable recovery support.

Sexual & Gender Minority Health Disparities Research Framework

Sexual & Gender Minority Health Disparities Research Framework
 (Adapted from the NIMHD Minority Health and Health Disparities Research Framework)



Aims

1. Secondary data analyses (R21AA022693; PI Kelly) to characterize the use of RCCs by sexual minority individuals (operationalized as gay, lesbian, and bisexual individuals).
2. Conduct ≥ 25 semi-structured qualitative interviews with sexual minority individuals who reported using RCCs in the northeast.
 1. We selectively sampled gay, lesbian, bisexual and other SM-identified individuals with a range of reported primary substances used.



Aim 1: Secondary Analyses

- We conducted secondary data analyses to characterize the use of RCCs by SM (operationalized in the parent grant as gay, lesbian, and bisexual) individuals.
- We examined use of RCCs by SM individuals in relation to:
 - Demographic variables (e.g., race, gender, ethnicity, education, income)
 - Recovery status (in versus seeking recovery)
 - Type(s) of substance use
 - Recovery capital (e.g., employment, housing)
 - Service utilization outside of RCCs (e.g., clinically-oriented alcohol and other substance use disorder treatment)
- We used content analyses to examine and compare reported recovery facilitators among SM and heterosexual individuals.



Demographics

Variable	Heterosexual (n = 259)	Sexual Minority (n = 68)		
Age (Mean (SD))	41.15 (12.10)	40.34 (13.50)		
Race				
White or Caucasian	202 (78.0%)	49 (72.1%)		
Black or African American	39 (15.1%)	15 (22.1%)		
Asian	1 (0.4%)			
Native Hawaiian or Other Pacific Islander	1 (0.4%)			
Native Indian or Alaskan Native	7 (2.7%)	1 (1.5%)		
Ethnicity				
Hispanic or Latino	27 (10.4%)	9 (13.2%)		
Not Hispanic	228 (88.0%)	59 (86.8%)		
Gender				
Cisgender Male	130 (50.4%)	24 (35.3%)		
Cisgender Female	128 (49.40%)	41 (60.3%)		
Transgender Male		2 (2.9%)		
Other		1 (1.5%)		
Sexual Orientation		Total	Men	Women
Heterosexual or straight	259 (100.0%)			
Homosexual, gay or lesbian		22 (32.4%)	12 (7.7%)	9 (5.3%)
Bisexual		29 (44.1%)	5+ (7.4%)	24 (14.2%)
Questioning, curious, or not sure		7 (11.8%)	5+ (7.4%)	2 (2.9%)
Other		3 (4.4%)	2 (2.9%)	1 (1.5%)
Non-sexual or asexual		7 (10.3%)	2 (2.9%)	5 (7.4%)
Education				
High School Graduate or GED or Less	137 (52.9%)**	21 (30.9%)**		
Some College or More	117 (45.2%)**	45 (66.2%)**		
Annual Income				
< \$10,000 USD	120 (46.3%)	31 (45.6)		
\$10,001 - \$29,999 USD	92 (35.5%)	16 (23.5%)		
> \$30,000 USD	41 (15.8%)	17 (25.0%)		

**p<.01; +, n includes 1 transgender male in total number.

Additional Information

Variable	Heterosexual (n = 259)	Sexual Minority (n = 68)
Education		
High School Graduate or GED or Less	137 (52.9%)**	21 (30.9%)**
Some College or More	117 (45.2%)**	45 (66.2%)**
Annual Income		
< \$10,000 USD	120 (46.3%)	31 (45.6)
\$10,001 - \$29,999 USD	92 (35.5%)	16 (23.5%)
> \$30,000 USD	41 (15.8%)	17 (25.0%)
Unemployed (Last 90 Days) ^a	114 (45.8%)	38 (57.6%)
Lifetime Psychiatric Diagnosis ^b	115 (45.1%)**	45 (67.2%)**
Lifetime Emergency Room Treatment for Mental Health	93 (36.8%)**	37 (55.2%)**
Lifetime Emergency Room Treatment for Alcohol and/or Drug Use	105 (41.8%)	30 (44.8%)
Primary Substance (Top 4)		
Alcohol	61 (23.6%)**	27 (39.7%)**
Marijuana	22 (8.5%)	24 (35.3%)
Cocaine	33 (12.7%)	13 (19.1%)
Heroin	79 (30.5%)	14 (20.6%)
Substance Use History (Top 3)		
Alcohol	185 (71.4%)**	60 (88.2%)**
Marijuana	161 (62.2%)**	54 (79.4%)**
Cocaine	171 (66.0%)	51 (75.0%)

**p<.01.; ^a = 'Did you hold a job anytime during the last 90 days (3 months)?' (Y/N); ^b = Has a doctor, nurse, or counselor ever told you that you have a mental or psychological condition?' (Y/N)

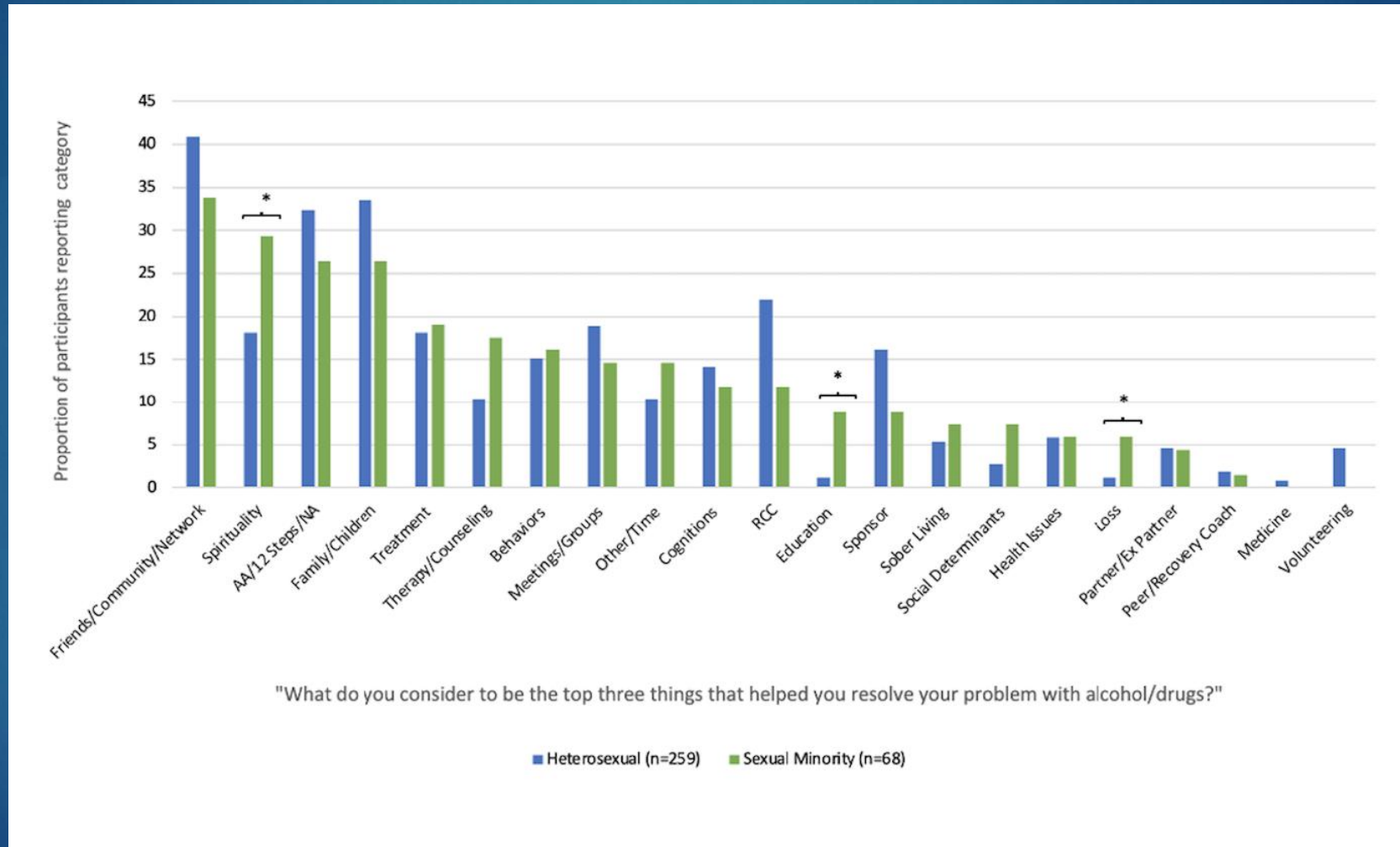
Recovery Characteristics

20

Variable	Heterosexual (n = 259)	Sexual Minority (n = 68)
Length of Time in Recovery		
Years, n = 248, n = 63	4.0 (7.36)	4.68 (7.32)
Months, if year <1, n = 68, n = 19	5.47 (3.05)	5.26 (3.36)
Lifetime recovery support services or formal treatment		
Sober living environment	108 (41.7%)	31 (45.6%)
Recovery high schools	4 (1.5%)	0
College recovery programs	3 (1.2%)	2 (2.9%)
Faith-based recovery services	28 (10.8%)	7 (10.3%)
State or local recovery community organizations (RCO)	21 (8.1%)	5 (7.4%)
Outpatient addiction treatment	91 (35.1%)	31 (45.6%)
Alcohol/drug detoxification services	66 (25.5%)	18 (26.5%)
Inpatient or residential treatment	111 (42.9%)	30 (44.1%)
Length of Time Attending RCC		
Years, n = 257, n = 67	2.44 (3.53)	2.21 (3.22)
Months, if year <1, n = 82, n = 27	5.72 (2.81)	4.41 (2.53)
Visits to RCC in Past 90 Days	41.31 (28.33)	38.79 (30.16)
Hours at RCC/Visit	3.10 (2.80)	3.23 (2.18)
RCC Helpfulness to Recovery ^c	6.20 (1.15)	6.22 (1.22)
Sense of Community at RCC ^d	5.03 (1.15)	4.94 (1.35)

**p<.01.; ^c = 'How helpful has the [rcc] been for you in your recovery?' 1 = "Not Helpful at All", 4 = "Moderately Helpful", 7 = "Extremely Helpful" ; ^d = 'There is a sense of family (or community) at the [rcc].' 1 = "Strongly Disagree", 2 = "Disagree", 3 = "Somewhat Disagree", 4 = "Somewhat Agree", 5 = "Agree", 6 = "Strongly Agree".

Recovery Facilitators: What do you consider to be the top three things that helped you resolve your problem with alcohol/drugs?



* $p \leq .05$.

Summary of Quantitative Results

- ▶ While SM and heterosexual individuals were similar in many ways, SM individuals had higher education and were more likely to report alcohol as their primary substance.
- ▶ SM individuals were more likely to have psychiatric diagnoses and have received psychiatric treatment in an emergency department.
- ▶ Recovery facilitators were similar, with SM and heterosexual individuals identifying friends, community, family, and AA/12-step programs as most helpful.
 - ▶ SM individuals more frequently cited spirituality, continuing education, and experiences of loss as facilitators than heterosexual individuals.

Aim 2: Qualitative Interviews

- Conduct ≥ 25 (or until saturation is reached) semi-structured qualitative interviews with SM individuals who have accessed RCCs in the northeast.
- Selectively sampled gay, lesbian, bisexual, and other SM-identified individuals with a range of reported primary substances used.
- Inquired about SM individuals' perceptions of RCCs, including:
 - Facilitators (e.g., individual, social, systems-level)
 - Barriers (e.g., individual, social, systems-level)
 - Recommendations



Qualitative Interview Eligibility

- ▶ To participate in the interview, participants must:
 - ▶ Be at least 18 years old;
 - ▶ Identify as a SM individual;
 - ▶ Currently be seeking or in treatment from a drug or alcohol problem and attending an RCC.

MASSACHUSETTS GENERAL HOSPITAL

Identify as a sexual minority individual?
Engaging in a recovery community center (RCC) or other addiction and recovery services?

The Behavioral Medicine Program at Massachusetts General Hospital is looking for sexual minority individuals who identify as RCC members to participate in a **ONE-TIME** video-chat and digitally audio-recorded interview.

Wondering what your participation looks like?

You may be eligible if:

- You are at least 18 years old.
- You identify as a sexual minority (gay, lesbian, bisexual, or other).
- You are currently seeking or in recovery from a drug or alcohol problem and attending an RCC.

Eligible and interested participants will complete a self-report survey with demographic questions and other questions related to substance use. In the interview, we will ask you about what helps or gets in the way of engaging in RCCs, as well as how RCCs can better meet the needs of sexual minority individuals. Participants can receive \$30 electronic gift card for completing the study.

Questions? To learn more about this study, please feel free to contact Lauren Bernier at (617) 724-6871 or lebernier@mgh.harvard.edu.

Sample

- ▶ Recruited participants from RCCs across the northeast
- ▶ n=25
- ▶ Interviews conducted via Zoom

ADD DEMOGRAPHIC TABLE HERE

Facilitators

- ▶ Sense of community:
 - ▶ “The recoverees who come here are very supportive of one another, and it's a beautiful recovery community.”
 - ▶ “They make me feel like I have a family again, like I'm wanted, and they help you with all your needs that you need.”
- ▶ Appreciation of diverse recovery experiences:
 - ▶ “We recognize and celebrate all pathways of recovery, and I think that adds for a nice diversity in the recovery experience.”
- ▶ Accessibility
- ▶ Range of programs

Barriers

- ▶ Programming: Some conveyed that aspects of programs were “misguided,” “outdated,” and “not very harm reduction-centered”
 - ▶ Variability across participants
- ▶ Limited outreach and/or programming for specific populations:
 - ▶ “There is very little outreach as far as the LGBTQI+ community.”
 - ▶ “There doesn't seem to be a whole lot of outreach to many minorities at all.”
- ▶ Accessibility:
 - ▶ “Transportation is always a issue, getting to and from.”

Identified Recommendations for RCCs

- ▶ Increased:
 - ▶ Signage that conveys inclusivity
 - ▶ Disclosure of staff's sexual orientation(s)
 - ▶ Use of buttons and other methods to convey allyship and/or being a member of the LGBTQ+ or sexual or gender minority community
 - ▶ Normalization of introducing self with pronouns
 - ▶ Trainings
 - ▶ Affirmative care

Next Steps

- ▶ Consider results in relation to active projects focused on optimizing substance use interventions for sexual and gender minority people (LGBTQ+).
 - ▶ For example, our results have informed our formative qualitative interview guides currently underway at Fenway to adapt and implement evidence-based alcohol interventions for sexual minority women and gender expansive people.
- ▶ Share results with the RCCs that participated in this project.



What's
Next?

Team

- ❑ PI: Abigail W. Batchelder, PhD, MPH
 - Department of Psychiatry, Massachusetts General Hospital
 - Harvard Medical School
 - The Fenway Institute
- ❑ Co-I: Jillian R. Scheer, PhD
 - Department of Psychology, Syracuse University
- ❑ Co-I: John Kelly, PhD
 - Department of Psychiatry, Massachusetts General Hospital
 - Harvard Medical School
- ❑ Co-I: Bettina Hoepfner, PhD
 - Department of Psychiatry, Massachusetts General Hospital
 - Harvard Medical School
- ❑ CRC: Lauren Bernier
 - Department of Psychiatry, Massachusetts General Hospital

Thank you!

Questions/Comments?



ABATCHELDER@MGH.HARVARD.EDU



 THE FENWAY INSTITUTE

Discussants



**Dr. Lara Weinstein, MD, MPH,
DrPH**

Associate Professor, Thomas Jefferson
University,
Program Director, Addiction Medicine
Fellowship



Ty A. Bechel, MNM, CPRS
Executive Director & Business Development
of Amare NFP

Discussion Questions



While the pilot study focused on sexual minority individuals (gay, lesbian, bisexual, etc.), discussion questions below use the term LGBTQ+ to open discussion to include transgender and gender expansive groups. Study findings should not be generalized to transgender and gender expansive groups.

- What is the most important way to increase inclusion of LGBTQ+ individuals in healthcare settings?
 - More outreach.
 - More programs specifically for sexual minorities.
 - Changing the language in programs/on websites.
 - More research on what sexual minorities experience in healthcare settings.
- What should RCCs consider when creating a space for LGBTQ+ individuals?
- How could we better inform LGBTQ+ individuals of resources available at RCCs/RCOs?

Thank you – and see you soon!



Seminar 30:

- Title: **Science that is needed to Support Unlocking the Potential of Recovery Community Centers**
- Presenter: [Dr Kenneth D. Smith](#) (University of Tennessee)
- Discussant: [Dr. Sarah Duffy](#) (National Institute on Drug Abuse)
- RCC Live Feature: TBD
- Date: Friday, December 1, 2023, at 12:00 PM ET
- [Register here!](#)

