

Substance Use Disorders and Gambling in the Latinx Community: Raising Our Community Voices

Dr. Cristina Rabadán-Diehl
Bethesda, Maryland



Cultural Humility- DISCLAIMER

I am

- a scientist and public health professional who has worked in academia , federal government and private industry for a total of almost 40 years!
- a immigrant Hispanic person who has worked with Latinx populations for 30+ years
- someone who cares about culture, heritage, equity and people of all backgrounds
- someone who wants to learn from you

I am not many things, but among those ...

- a clinician
- an artist (no fancy slides!)
- an expert in gambling



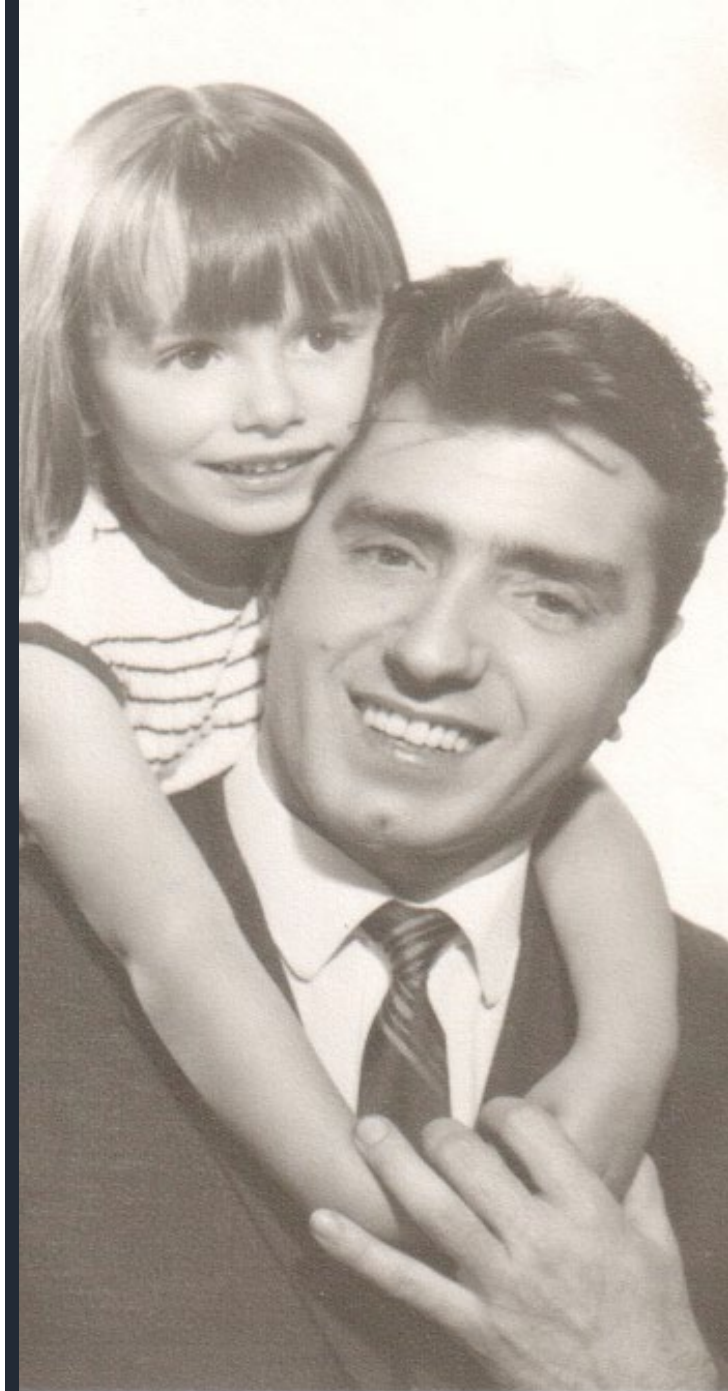
Why am I the one giving this lecture?



Unique perspective as
a health/science
professional and family
member impacted by
alcoholism (father) and
the opioid crisis (son)

Died at 28

Died at 63






Remembering

- The 270 million people worldwide who use drugs
- The > 35 millions who have a drug use disorder
- The >3 million of Americans with severe gambling problems
- The 3 million lives lost to alcohol use disorder and >500,000 lives lost to substance use disorders every year in the world
- The 300 lives lost every day in the U.S. due to drug overdose

AND

- The families and communities who are impacted by addiction disorders



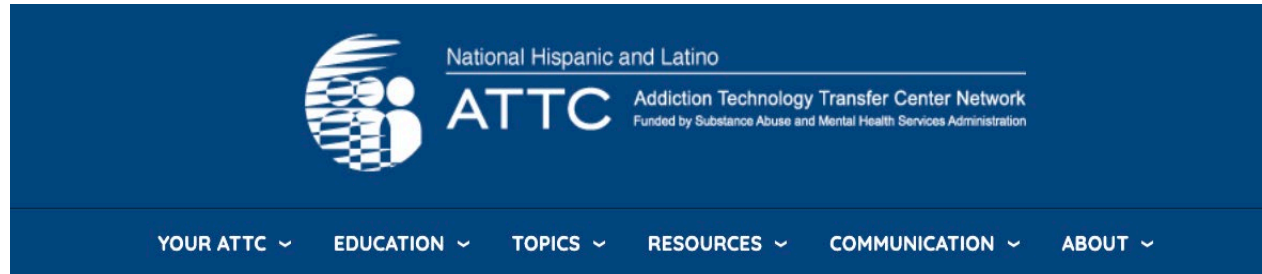
The background of the banner is a dark navy blue, adorned with various colorful geometric and floral patterns. These include large circular mandala-like designs in shades of purple, teal, and orange, as well as smaller starburst and floral motifs in yellow, purple, and teal. The patterns are stylized and layered, creating a vibrant and celebratory atmosphere.

NATIONAL HISPANIC HERITAGE MONTH

September 15 to October 15

Gambling and SUD in Latinx individuals

- The rate of **problem gambling in Hispanic/Latino individuals is about 1%**. While problem gambling may not be as common compared to other ethnic groups, Hispanic people are more at risk of developing a gambling disorder from problem gambling and developing other addictions in the process.
- Studies have shown that Latinx with gambling disorders are more likely to have other mental health conditions, including mood, anxiety, personality and substance use disorders, than their white counterparts, who also gamble regularly.






[« Back to Product & Resources listing](#)



Problem Gambling Toolkit
Collaborating TTC: National Hispanic and Latino ATTC
Publication Date: September 9, 2022

 **DOWNLOAD**

-  [Hispanic and Latino Problem Gambling Awareness - Infographic](#)
-  [Gambling Factsheet - English](#)
-  [Gambling Factsheet - Español](#)
-  [Gambling Factsheet - Português](#)

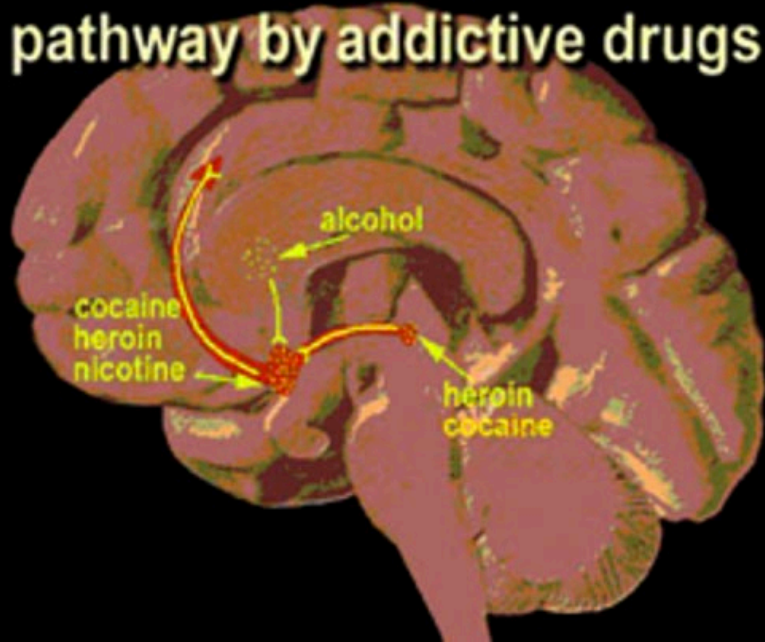
Resources developed by the National Hispanic and Latino ATTC and PTTC.

<https://attcnetwork.org/centers/national-hispanic-and-latino-attc/product/problem-gambling-toolkit>



Substance Use Disorder : A Disease

Activation of the reward pathway by addictive drugs



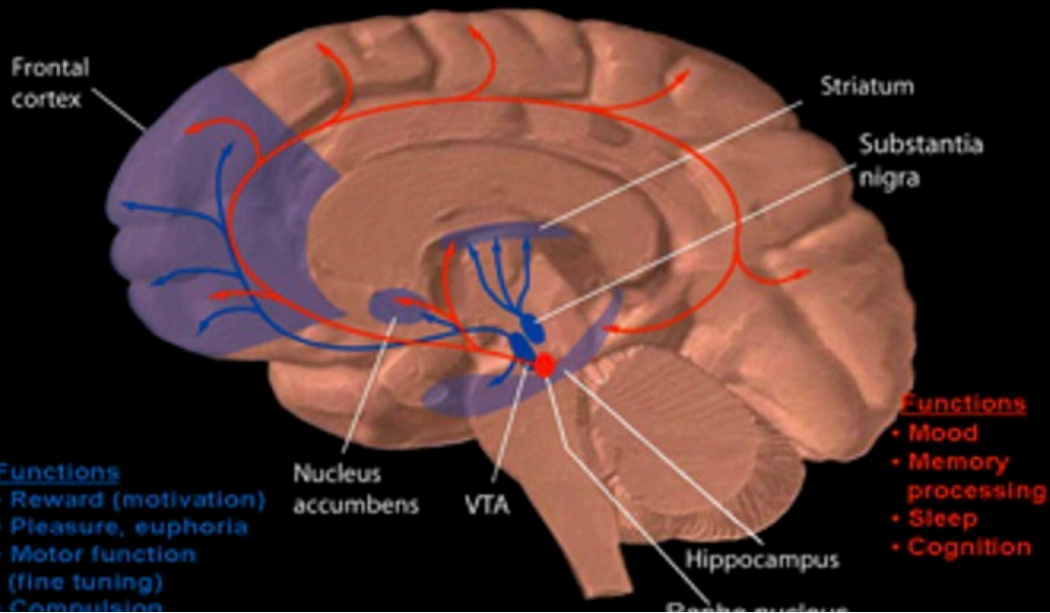
Substance use disorder is a disease and NOT a character flaw

“We must help everyone see that addiction is not a character flaw – it is a chronic illness that we must approach with the same skill and compassion with which we approach heart disease, diabetes, and cancer.”

Vivek Murthy, U.S. Surgeon General from *Facing Addiction in America . The Surgeon General’s Report on Alcohol, Drugs and Health. 2016*

Dopamine Pathways

Serotonin Pathways



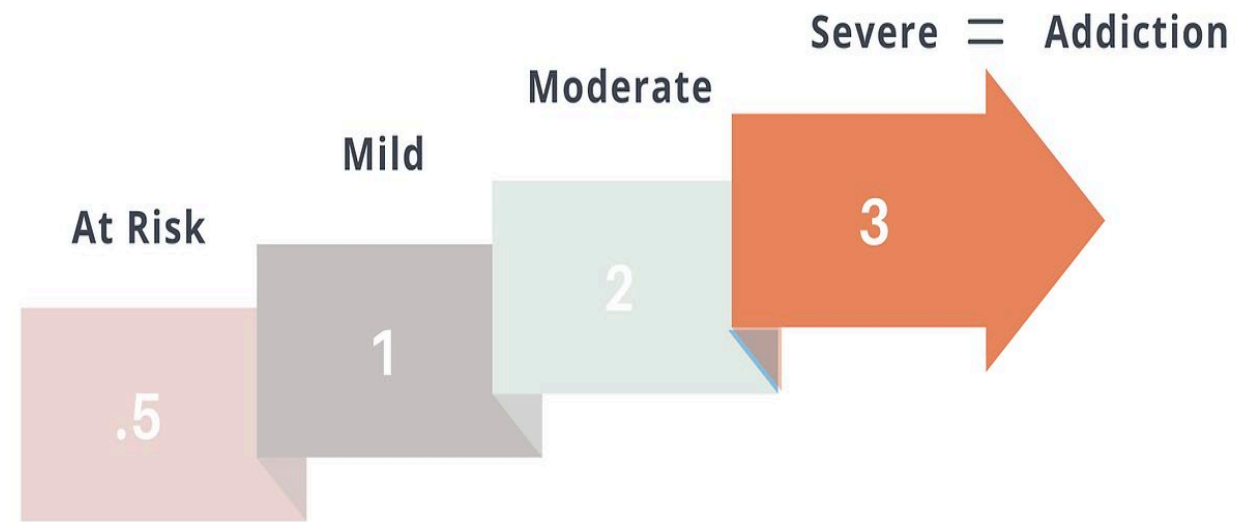
Like other illnesses, addiction gets worse over time. Similar to stages of cancer, there are levels of severity to describe a substance use disorder.

CATEGORIES OF SUD SYMPTOMS

Symptoms of substance use disorders in the DSM 5 fall into four categories: 1) impaired control; 2) social problems; 3) risky use, and 4) physical dependence.

Impaired Control	Social Problems	Risky Use	Physical Dependence
<p>Using more of a substance or more often than intended</p> <p>Wanting to cut down or stop using but not being able to</p>	<p>Neglecting responsibilities and relationships</p> <p>Giving up activities they used to care about because of their substance use</p> <p>Inability to complete tasks at home, school or work</p>	<p>Using in risky settings</p> <p>Continued use despite known problems</p>	<p>Needing more of the substance to get the same effect (tolerance)</p> <p>Having withdrawal symptoms when a substance isn't used</p>

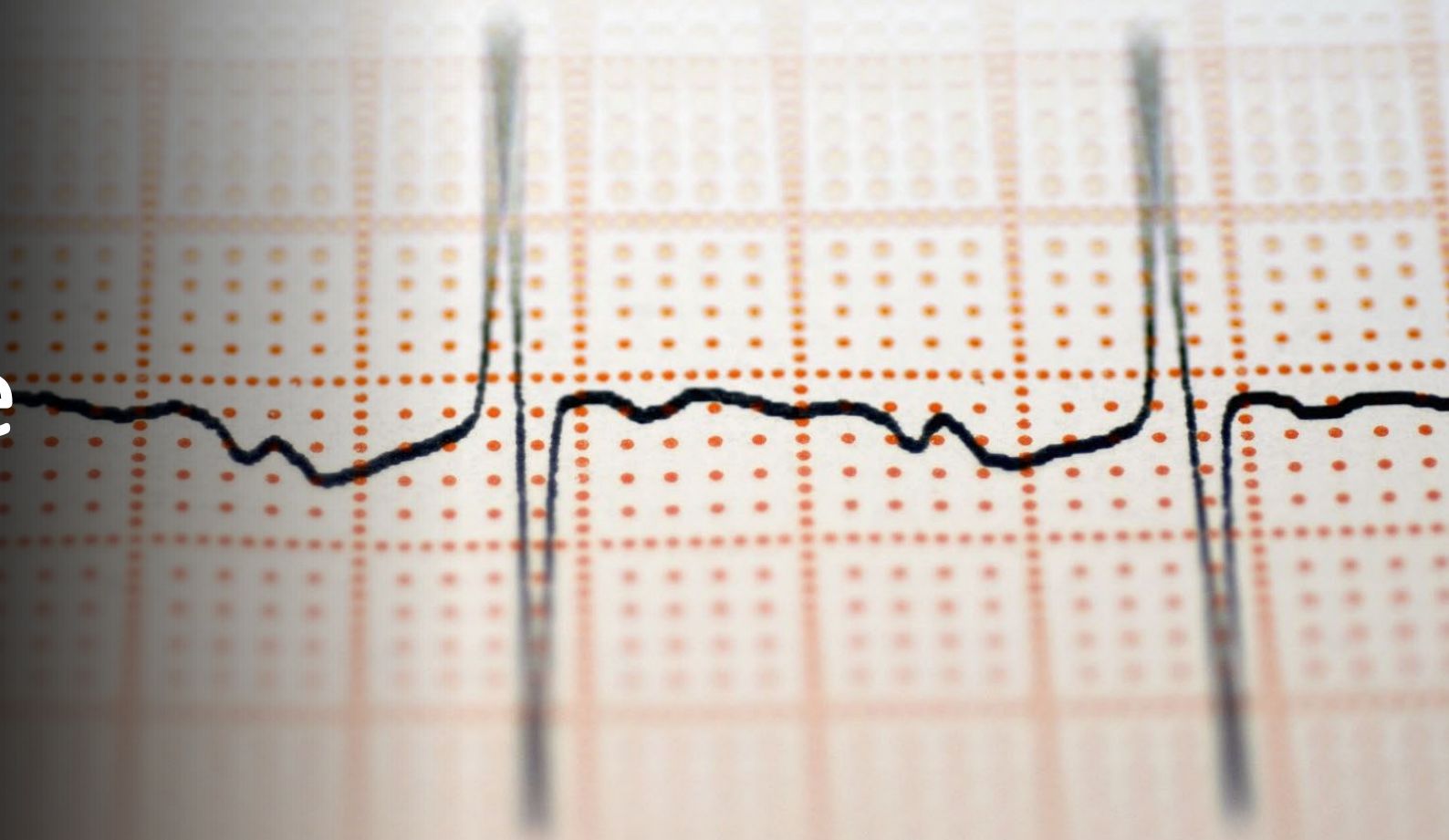
Levels of Severity of Substance Use Disorders



Gambling and SUD

- Neurobiology foundations of both disorders might be similar.
- The mesocorticolimbic dopaminergic pathway has been suggested as the underlying cause of reward-seeking behavior in gambling disorder, and it is modulated by the opioid system.
- There is little information concerning the effects of opioid antagonists (Ex. Naltrexone), but numerous publications have described the value of opioid antagonists on individuals with GD.
- Risky behaviors are common on individuals with OUD and GD and methadone (opioid agonist) administration is strongly associated with significant decrease in risky behavior in both groups.
- SUD and GD are interrelated
 - Comorbid conditions associated with severe gambling include substance, mood, and antisocial personality disorders
 - Comorbid conditions associated with substance use disorder include mental health disorders and gambling

Magnitude of the Substance Use Problem



The overdose crisis is national, but the impact is personal.



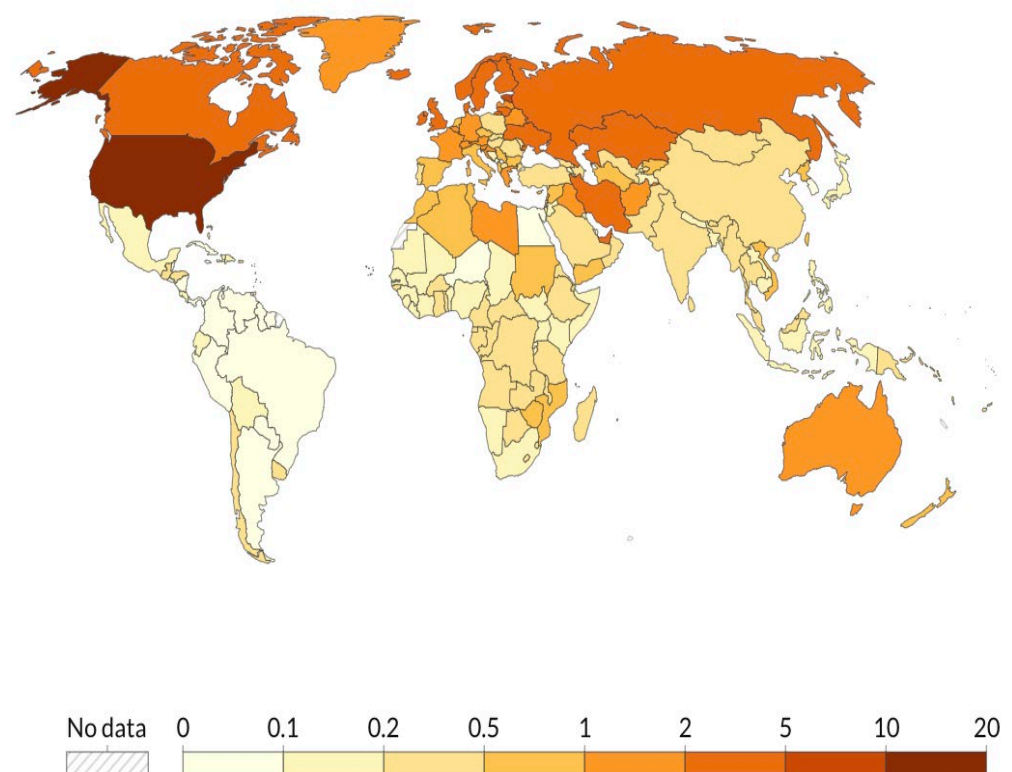
Washington , DC. September 2022

Opioid use disorder death rate, 2019

Estimated annual number of deaths from opioid use disorders per 100,000 people.



World



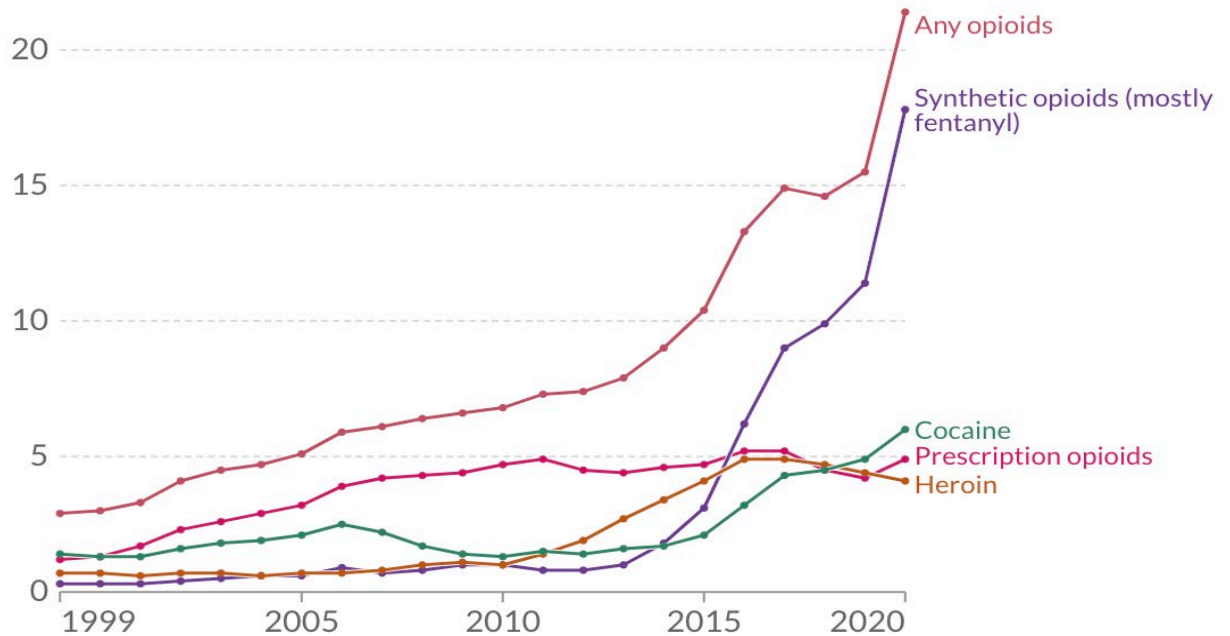
Source: IHME, Global Burden of Disease (2019)
 Note: To allow for comparisons between countries and over time, this metric is age-standardized.
 OurWorldInData.org/illicit-drug-use • CC BY

Drug overdose death rate by drug type, United States, 1999 to 2020

Annual number of deaths in the United States from drug overdose per 100,000 people.



All together



Source: US Centers for Disease Control and Prevention WONDER
 Note: Opioids include prescription pain-relief drugs; synthetic opioids, excluding methadone; and other opioids, such as heroin.
 OurWorldInData.org/illicit-drug-use • CC BY

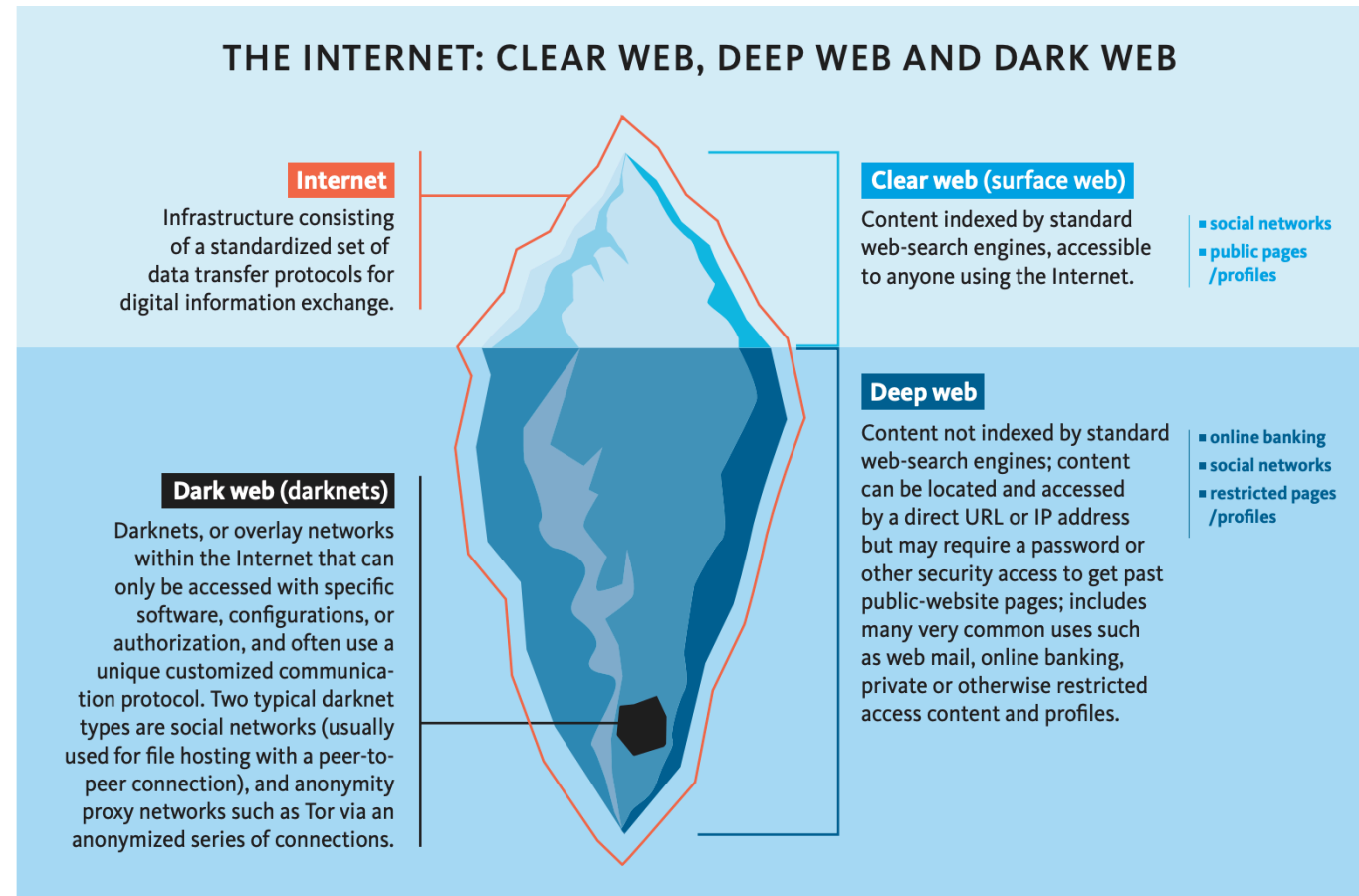
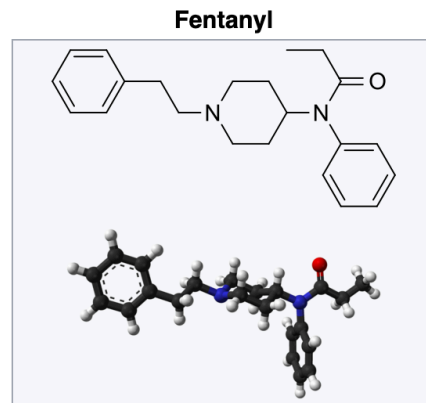
Overdose deaths in the US in 2022: 109,680 = **300 /day**
 Opioid overdose death in the US in 2022: 82,998 = **228/day**

Fentanyl and
why should
we care



Facts about Fentanyl

- Fentanyl is a **very** potent synthetic opioid 100 times more potent than morphine and in clinical settings it is used as a pain reliever for pain management for cancer patients and those recovering from painful surgery operations. Fentanyl is 50 times stronger than heroin and **a few grains can be enough to kill you.**



Getting drugs is easier than ever

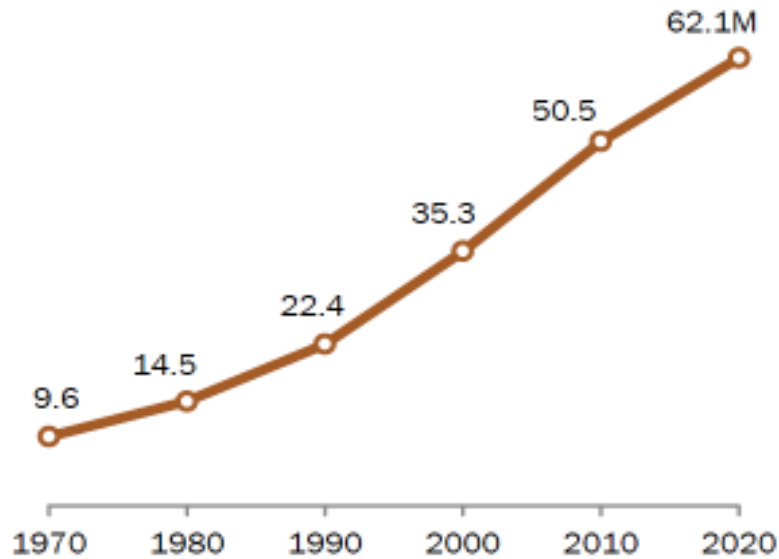


Getting to Know the Latinx Community

There is no typical Hispanic/Latino Person or Family

U.S. Hispanic population reached more than 62 million in 2020

In millions



Note: Population totals are as of April 1 each year. Hispanics are of any race.

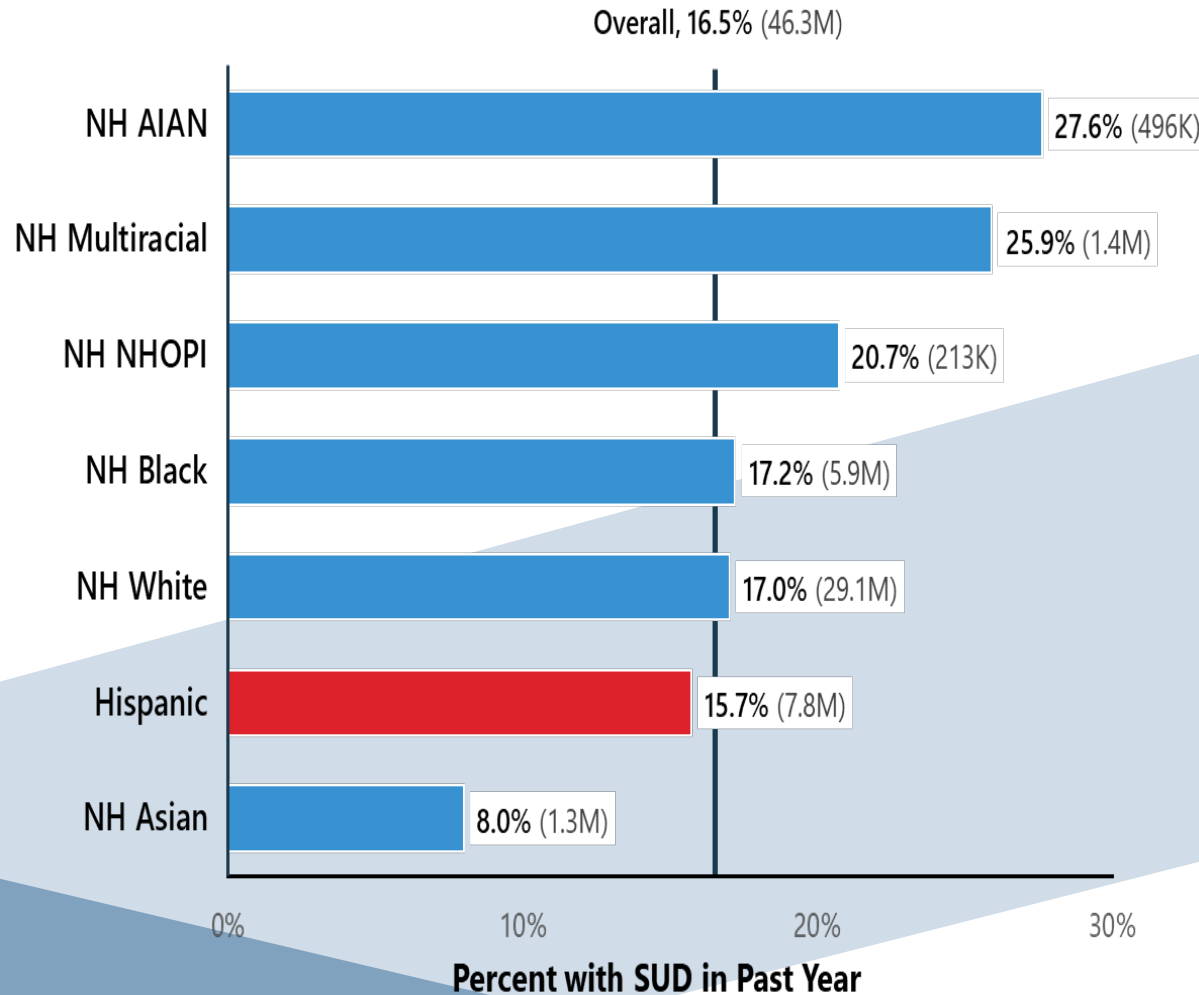
Source: Pew Research Center analysis of 1970-1980 estimates based on decennial censuses (see 2008 report "U.S. Population Projections: 2005-2050"), 1990-2020 PL94-171 census data.

PEW RESEARCH CENTER

- **Polyculture**
 - Heterogeneous group,
 - **Multiethnic group**
 - 20+ countries
 - Diverse backgrounds
- **Collectivistic**
 - Family-centered
- **Different reasons for immigration**
- **Minority**



Substance Use Disorder (SUD) in 2021 Year by Racial and Ethnic Groups: Among People Aged 12 and Older



Hispanic people were **less likely** to have an SUD compared with American Indian or Alaska Native and Multiracial people

Hispanic people were **more likely** than Asian people to have an SUD

NH = Not Hispanic or Latino; AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

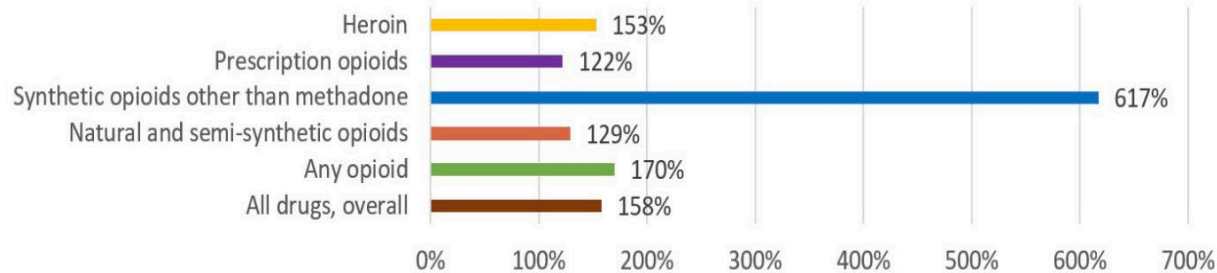
Hispanic people were **less likely** to have an SUD compared with American Indian or Alaska Native and Multiracial people

Hispanic people were **more likely** than Asian people to have an SUD

THE OPIOID CRISIS AND THE HISPANIC/LATINO POPULATION: AN URGENT ISSUE



Figure 1. Percent increase from 2014 to 2017 in overdose death rates by drug among the Hispanic population in the United States, data from CDC National Vital Statistics System



See notes from Table 2 for details about drug definitions

Table 1. Annual prevalence of use of various drugs by race/ethnicity for 8th, 10th, and 12th graders—United States, 2018

Race/ Ethnicity	Heroin, Any Use ^a			Heroin with a Needle ^{a,b}			Heroin without a Needle ^{a,b}			OxyContin ^{b,c,d}			Vicodin ^{b,c,d}		
	8 th	10 th	12 th	8 th	10 th	12 th	8 th	10 th	12 th	8 th	10 th	12 th	8 th	10 th	12 th
Total	0.3	0.2	0.4	0.2	0.1	0.1	0.2	0.1	0.2	0.8	2.2	2.3	0.6	1.1	1.7
White	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.6	1.7	2.5	0.4	1.2	1.9
African American	0.2	0.2	0.6	0.2	0.2	0.2	0.1	0.1	0.4	1.4	1.6	1.7	1.5	0.9	1.1
Hispanic	0.6	0.3	0.4	0.3	0.2	0.2	0.5	0.2	0.2	0.7	4.0	2.1	0.5	1.8	1.7

Source: Monitoring the Future survey, the University of Michigan
^a8th and 10th grades only: Data based on three of four forms; N is four sixths of N indicated.
^b12th grade only: Data based on three of six forms; N is three sixths of N indicated.
^cOnly drug use not under a doctor's orders is included here.
^d8th and 10th grades only: Data based on one of four forms; N is one third of N indicated

Table 2. Number and age-adjusted rates^a of drug overdose deaths^b involving selected drugs by race/ethnicity—United States, 2017

Race/Ethnicity	Drug overdose deaths ^b , overall		Any opioid ^c		Natural and semi-synthetic opioids ^d		Synthetic opioids other than methadone ^e		Prescription opioids ^f		Heroin ^g	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Total	70,237	21.7	47,600	14.9	14,495	4.4	28,466	9.0	17,029	5.2	15,482	4.9
White, non-Hispanic	53,516	27.5	37,113	19.4	11,921	5.9	21,956	11.9	13,900	6.9	11,293	6.1
Black, non-Hispanic	8,832	20.6	5,513	12.9	1,247	2.9	3,832	9.0	1,508	3.5	2,140	4.9
Asian/Pacific Islander, non-Hispanic	756	3.5	348	1.6	117	0.5	189	0.8	130	0.6	119	0.5
American Indian/Alaska Native, non-Hispanic	672	25.7	408	15.7	147	5.7	171	6.5	187	7.2	136	5.2
Hispanic	5,988	10.6	3,932	6.8	994	1.8	2,152	3.7	1,211	2.2	1,669	2.9

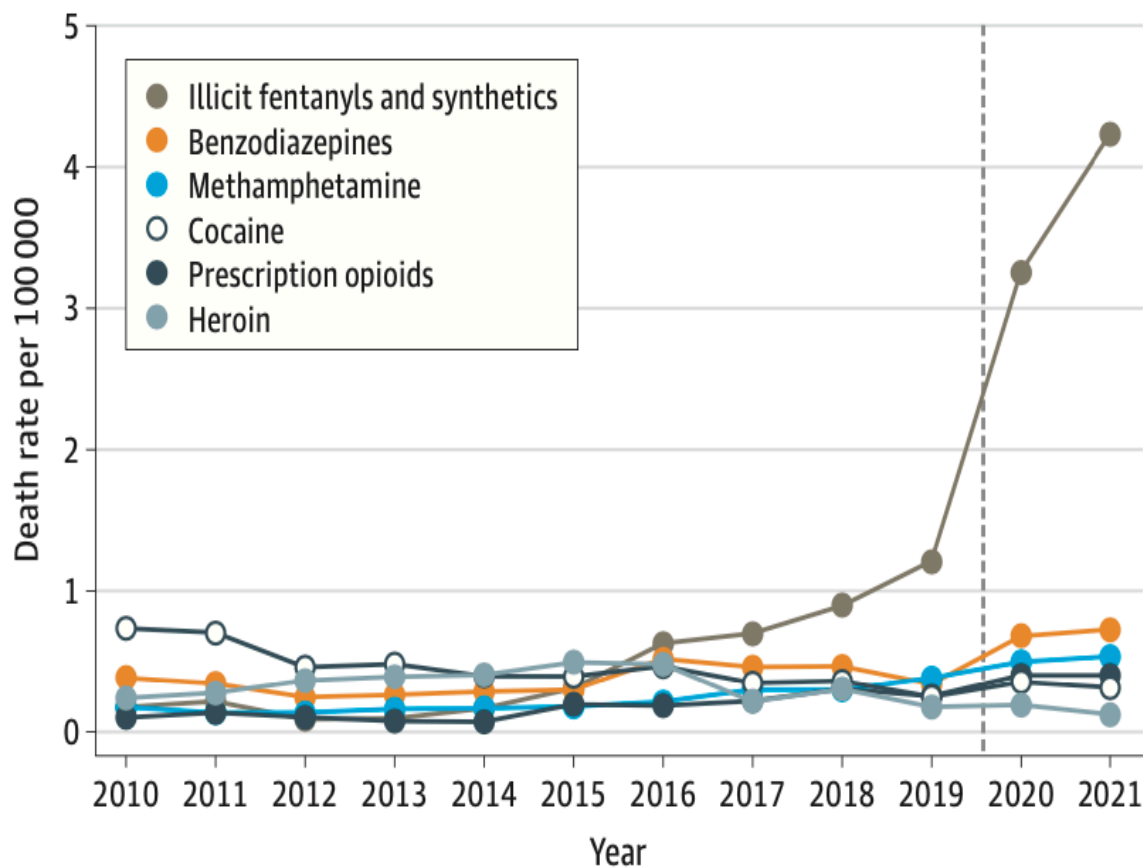
Source: National Vital Statistics System, Mortality File
^aRate per 100,000 population age-adjusted to the 2000 U.S. standard population using the vintage year population of the data year. Rates are suppressed when based on <20 deaths.
^bDeaths are classified using the International Classification of Diseases, Tenth Revision (ICD-10). Drug overdose deaths are identified using underlying cause-of-death codes X40–X44 (unintentional), X60–X64 (suicide), X85 (homicide), and Y10–Y14 (undetermined). Because deaths might involve more than one drug, the specificity of drugs involved with deaths varies over time. In 2016, approximately 15% of drug overdose deaths did not include information on the specific type of drug(s) involved.
^cDrug overdose deaths, as defined using ICD-10 codes, that involve opium (T40.0), heroin (T40.1), natural and semi-synthetic opioids (T40.2), methadone (T40.3), synthetic opioids other than methadone (T40.4) and other and unspecified narcotics (T40.6).
^dDrug overdose deaths, as defined, that involve natural and semi-synthetic opioids (T40.2).
^eDrug overdose deaths, as defined, that involve synthetic opioids other than methadone (T40.4).
^fDrug overdose deaths, as defined, that involve natural and semi-synthetic opioids (T40.2) and methadone (T40.3).
^gDrug overdose deaths, as defined, that involve heroin (T40.1).

Chart

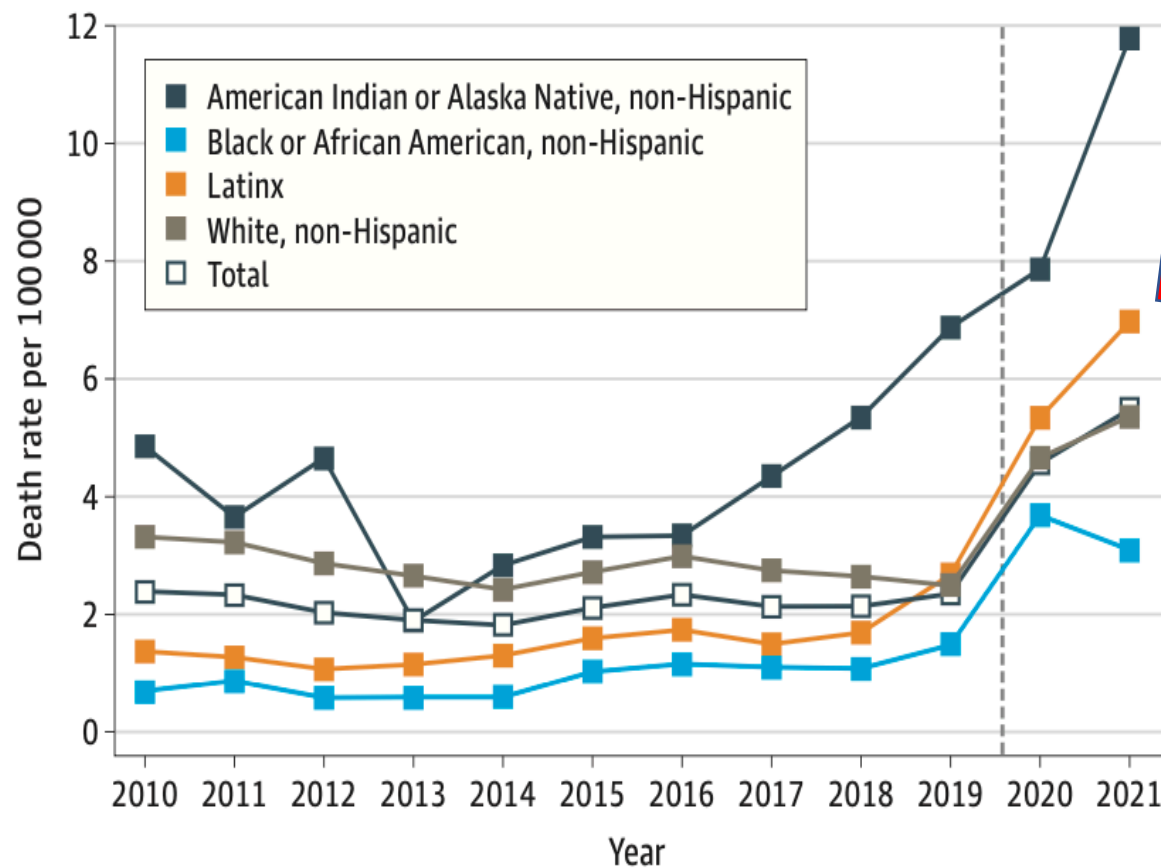
<https://www.samhsa.gov/behavioral-health-equity/hispanic-latino>

Figure. Adolescent Overdose Deaths, 2010-2021

A Overdose mortality among adolescents by substance type



B Overdose mortality among adolescents by race and ethnicity



Drug overdose rates per 100 000 adolescents are shown by (A) substance involved and (B) race and ethnicity. The year 2021 refers to January to June 2021, and rates have been annualized. The vertical dashed lines delineate the pre-pandemic and pandemic periods of observed data.

What to else we Need 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

A cultural mismatch between clinicians and clients may be a contributor. Some evidence indicates a clash in values, beliefs, and practices between Latinx cultural traditions and how treatment programs are structured.

Key Sociocultural factors associated with opioid misuse within the Hispanic/Latino population

Facilitators and barriers to accessing appropriate prevention, treatment, and recovery services and supports:

- Familismo
- Religion, faith, and spirituality
- Immigration issues
- Discrimination and trauma
- Heterogeneity of the Hispanic/Latino population
- Intergenerational substance misuse and polysubstance use
- Risks for youth
- Language barriers
- Stigma, misperceptions, and negative narratives about SUDs
- Fear of seeking treatment and calling the usual first responders
- Lack of culturally responsive prevention and treatment
- Less access to Medication-Assisted Treatment (MAT)

How do we
address the
problem?

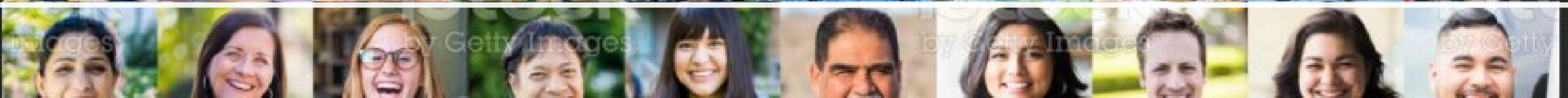




Public health approaches are colored by our perception and judgment of the individuals who use them, the way they are obtained, and the punitive laws and actions that accompany them. People are discriminated against and marginalized based on the type of substance they use. Societal beliefs and media channels, like the entertainment industry, continue depicting a person with addiction as one who lacks character, chooses to live a life outside societal norms and expectations, and consequently deserves isolation, rejection and punishment.

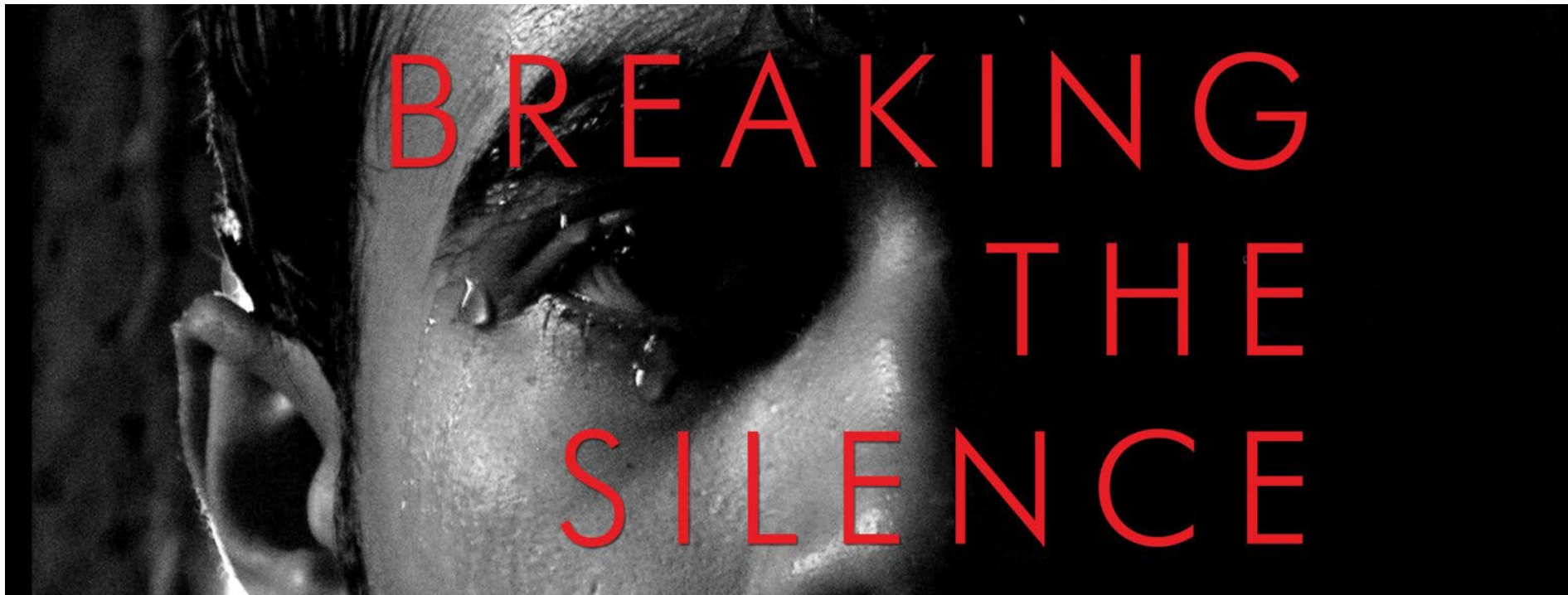


The Face of Addiction



Addiction- The Silent Killer

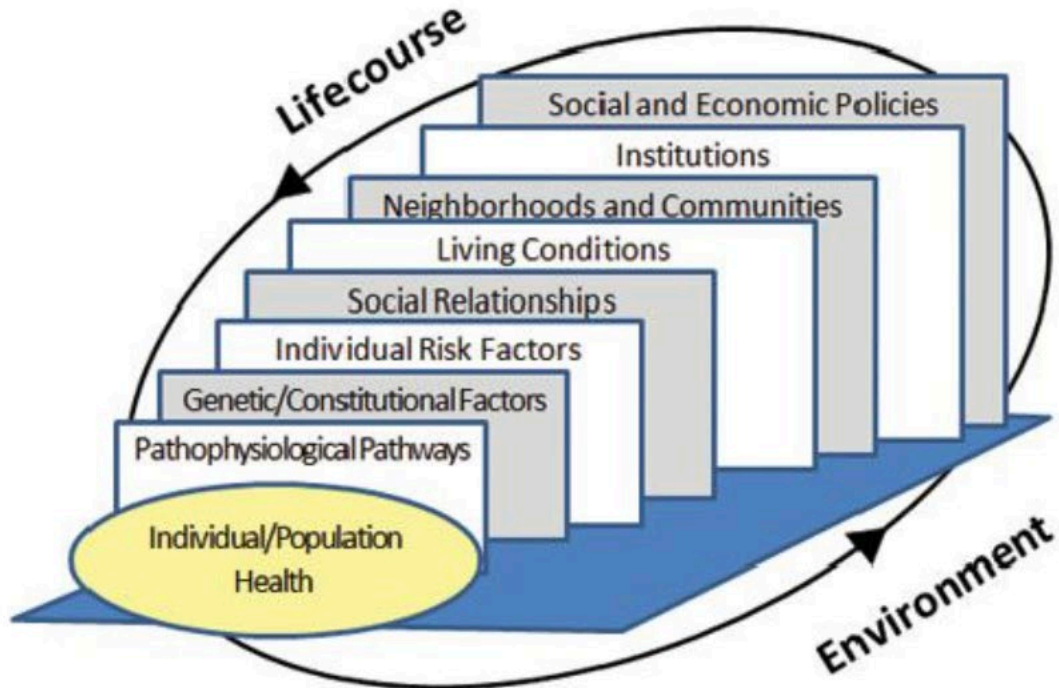
- Takes over the individual and families
- Leads to Isolation
- Leads to suffering alone
- Leads to death



Stigma



Socioecological Model



Words Matter

Terms to Use and Avoid When Talking About Addiction

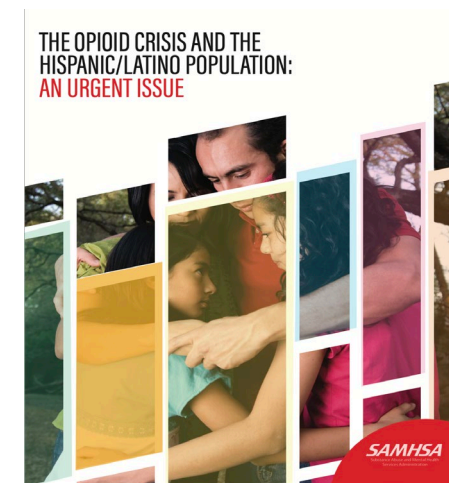
Instead of...	Use...	Because...
<ul style="list-style-type: none"> Addict User Substance or drug abuser Junkie Alcoholic Drunk Former addict Reformed addict 	<ul style="list-style-type: none"> Person with substance use disorder⁸ Person with opioid use disorder (OUD) or person with opioid addiction [when substance in use is opioids] Patient Person with alcohol use disorder Person who misuses alcohol/engages in unhealthy/hazardous alcohol use Person in recovery or long-term recovery Person who previously used drugs 	<ul style="list-style-type: none"> Person-first language. The change shows that a person “has” a problem, rather than “is” the problem.⁷ The terms avoid eliciting negative associations, punitive attitudes, and individual blame.⁷
<ul style="list-style-type: none"> Habit 	<ul style="list-style-type: none"> Substance use disorder Drug addiction 	<ul style="list-style-type: none"> Inaccurately implies that a person is choosing to use substances or can choose to stop.⁶ “Habit” may undermine the seriousness of the disease.
<ul style="list-style-type: none"> Abuse 	<p>For illicit drugs:</p> <ul style="list-style-type: none"> Use <p>For prescription medications:</p> <ul style="list-style-type: none"> Misuse Used other than prescribed 	<ul style="list-style-type: none"> The term “abuse” was found to have a high association with negative judgments and punishment.⁹ Legitimate use of prescription medications is limited to their use as prescribed by the person to whom they are prescribed. Consumption outside these parameters is misuse.
<ul style="list-style-type: none"> Opioid substitution replacement therapy Medication-assisted Treatment (MAT) 	<ul style="list-style-type: none"> Opioid agonist therapy Medication treatment for OUD Pharmacotherapy Medication for a substance use disorder Medication for opioid use disorder (MOUD) 	<ul style="list-style-type: none"> It is a misconception that medications merely “substitute” one drug or “one addiction” for another.⁶ The term MAT implies that medication should have a supplemental or temporary role in treatment. Using “MOUD” aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient’s treatment plan.

Instead of...	Use...	Because...
<ul style="list-style-type: none"> Clean 	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> Testing negative <p>For non-toxicology purposes:</p> <ul style="list-style-type: none"> Being in remission or recovery Abstinent from drugs Not drinking or taking drugs Not currently or actively using drugs 	<ul style="list-style-type: none"> Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.¹⁰ Set an example with your own language when treating patients who might use stigmatizing slang. Use of such terms may evoke negative and punitive implicit cognitions.⁷
<ul style="list-style-type: none"> Dirty 	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> Testing positive <p>For non-toxicology purposes:</p> <ul style="list-style-type: none"> Person who uses drugs 	<ul style="list-style-type: none"> Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.¹⁰ May decrease patients’ sense of hope and self-efficacy for change.⁷
<ul style="list-style-type: none"> Addicted baby 	<ul style="list-style-type: none"> Baby born to mother who used drugs while pregnant Baby with signs of withdrawal from prenatal drug exposure Baby with neonatal opioid withdrawal/neonatal abstinence syndrome Newborn exposed to substances 	<ul style="list-style-type: none"> Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome. Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.¹⁰ Using person-first language can reduce stigma.

- 1. Implement a comprehensive, holistic approach**
—“Need for more holistic approaches...so many issues in their communities, housing, employment.”
- 2. Create culturally tailored public awareness campaigns in native languages—“Don't see commercials talking about addiction in Spanish, none directed to Latino communities.”**
- 3. Form diverse partnerships—“Successful practitioners tap into partnerships with CBOs.”**
- 4. Utilize schools—“Family liaison, in schools with large Latino populations, is an employee that is Latino, serves as an interpreter, organizes the services, becomes ‘everything’ for the families.”**

- 5. Leverage faith-based organizations—**
“Church is the last institution standing to provide supports [and has a] historically important role in dire circumstances.”
- 6. Build a bilingual, culturally aware and respectful workforce—“Being culturally aware...takes more than didactic.”**
- 7. Develop culturally and linguistically appropriate prevention and treatment—“We need to have the treatment available for Latinos and tailored for Latinos.”**
- 8. Link to primary care—“Getting them back to primary care physician services to address other chronic medical conditions impacted by OUD.”**

COMMUNITY-INFORMED STRATEGIES TO ADDRESS OPIOID MISUSE AND OUD IN HISPANIC/LATINO COMMUNITIES



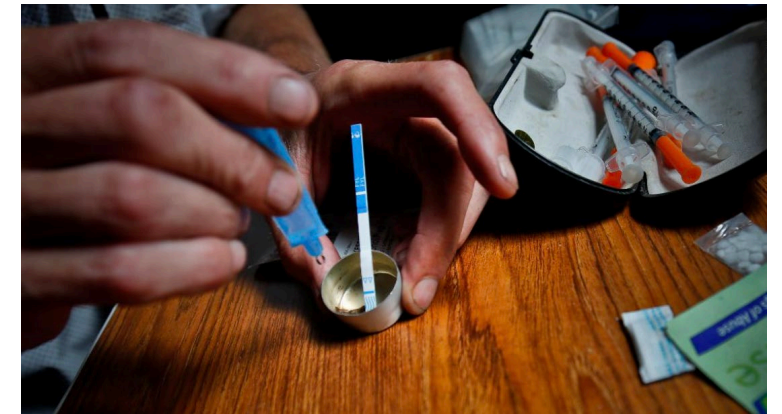


Prevention and Treatment

Prevention

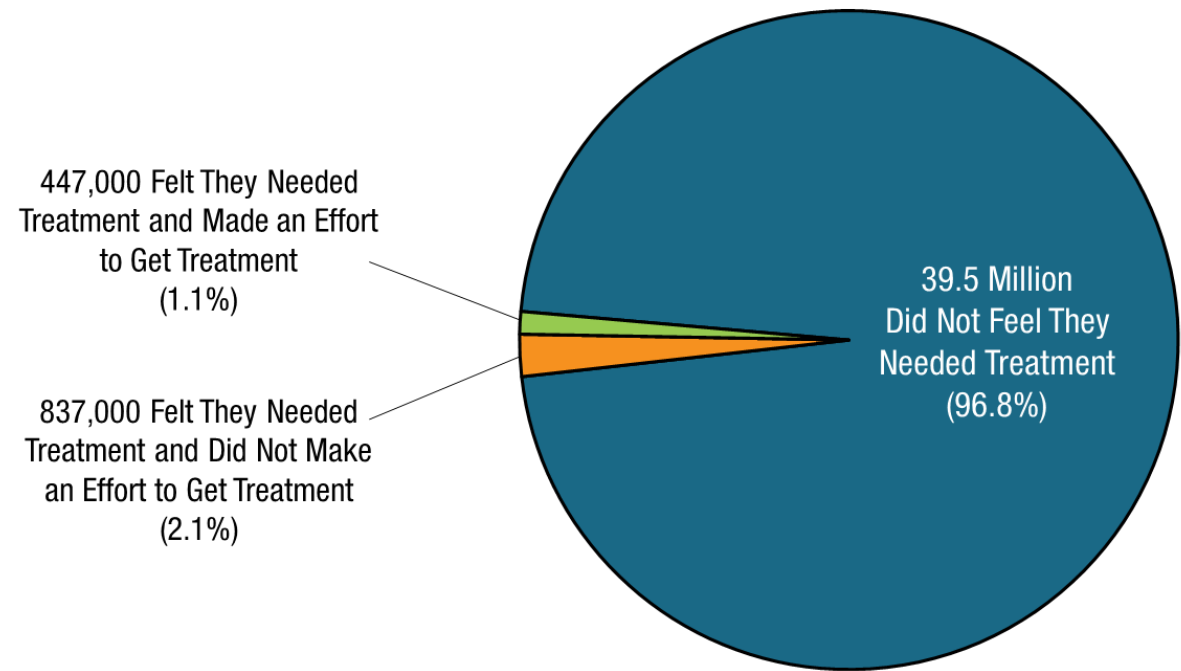
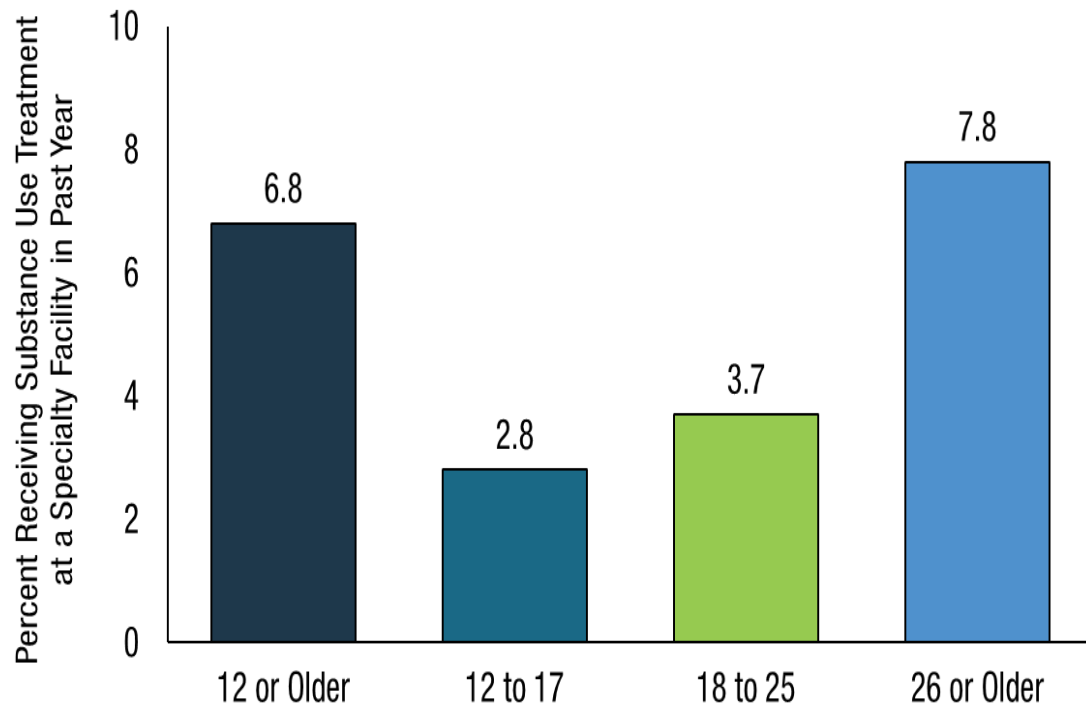
- Primary Prevention
 - Education (Individuals, Families, Faith/Spiritual Leaders , Health Professionals, Educators, Law Enforcement,...)
 - Resources in Spanish
 - Culturally Competent Work Force...
- Secondary Prevention/Harm Reduction

Naloxone is an opioid antagonist. It is used in the treatment of opioid toxicity. It counters and blocks the unwanted effects of opioid overdose.



Fentanyl Test Strips (FTS): Detect the presence of fentanyl in all different kinds of drugs and drug forms.

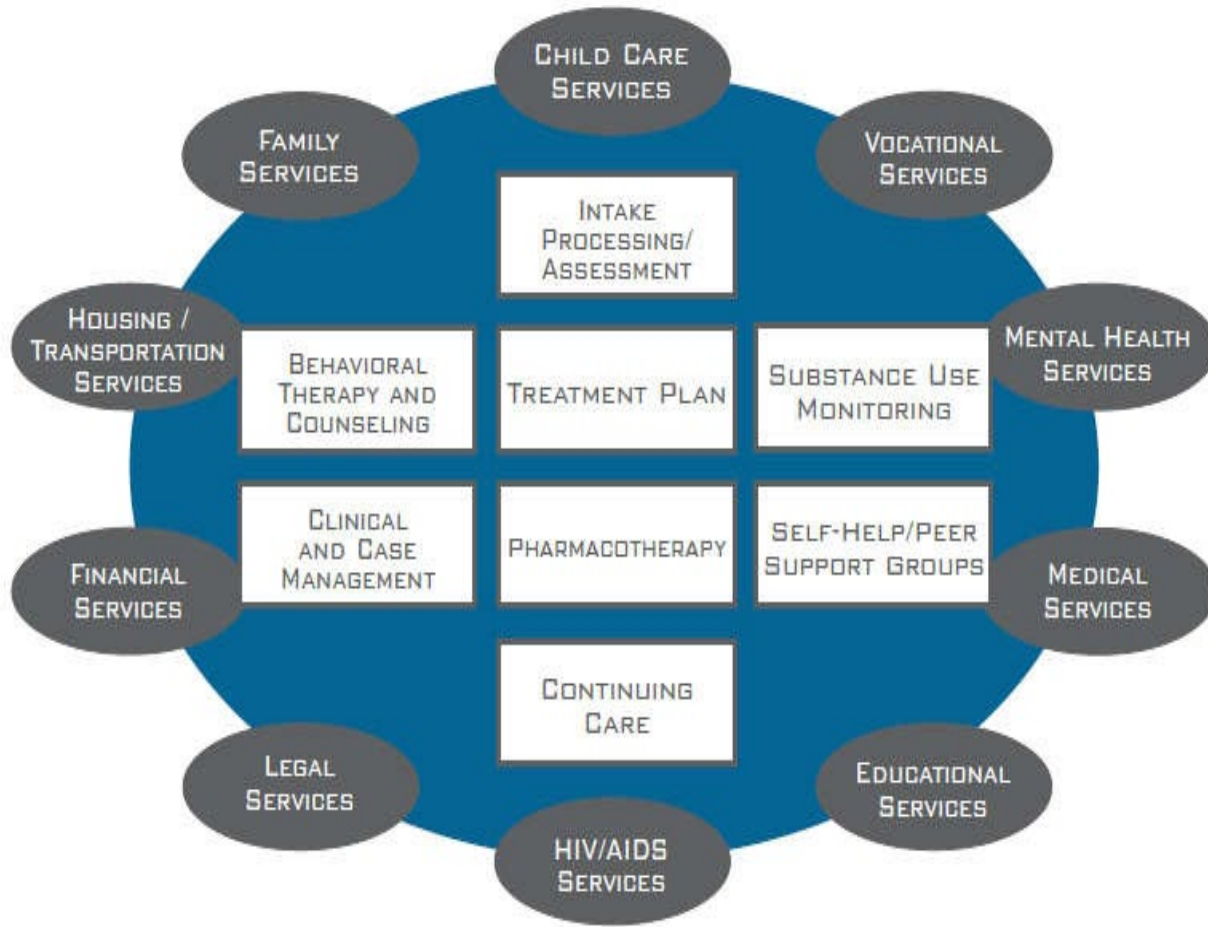
Received Substance Use Treatment at a Specialty Facility in the Past Year: Among People Aged 12 or Older Who Needed Substance Use Treatment in the Past Year; 2021



40.7 Million People with an Illicit Drug or Alcohol Use Disorder Who Did Not Receive Substance Use Treatment at a Specialty Facility

Note: People who had an illicit drug or alcohol use disorder were classified as needing substance use treatment.

Components of Comprehensive Drug Abuse Treatment



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

Treatment

MEDICATIONS FOR OPIOID OVERDOSE, WITHDRAWAL, & ADDICTION

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.


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.

REDUCES OPIOID USE AND CRAVINGS

Methadone


Daily liquid or tablet



Dolophine® Methadose®
Generics available

Naltrexone


Monthly injection



Vivitrol®

Buprenorphine

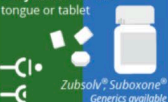
Daily tablet
Monthly injection



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



Narcan®, Kloxxado®
Generics available

Resources



Published in final edited form as:
Soc Work. 2009 April ; 54(2): 167–174.

Social Work Practice with Latinos: Key Issues for Social Workers

Rich Furman, PhD, MSW,

Director of social work and associate professor, Social Work, University of Washington, Tacoma, Box 358425, 1900 Commerce Street, WCG 203A, Tacoma, WA

Nalini Junko Negi, PhD, MSW,

Assistant professor, School of Social Work, University of Maryland, Baltimore

Derek Kenji Iwamoto, PhD,

Research fellow, Division of Prevention and Community Research, Yale University School of Medicine

Diana Rowan, PhD, MSW,

MSW coordinator and lecturer, Department of Social Work, University of North Carolina at Charlotte

Allison Shukraft, MSW, and

Charlotte, NC

Jennifer Gragg, MSW

Charlotte, NC

Rich Furman: rcfurman@u.washington.edu

Abstract

The Latino population is the fastest growing group in the United States; thus, it is imperative that social workers and other mental health practitioners be knowledgeable about the current literature on how to effectively serve this population. This article elucidates key issues and knowledge, such as immigration and migration concerns; discusses how to assess for levels of acculturation; examines cultural values; and highlights salient work issues and health disparities that Latinos experience. Recommendations on how agencies and universities can recruit and promote bilingual practitioners are introduced. Finally, culturally responsive strategies for professional use of self and fostering the therapeutic alliance are discussed.

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Cultural Values Associated With Substance Use Among Hispanic Adolescents in Southern California

Claradina Soto, Jennifer B. Unger, Anamara Ritt-Olson, Daniel W. Soto, David Scott Black, and Lourdes Baezconde-Garbanati

Institute for Health Promotion and Disease Prevention Research, University of Southern California, Alhambra, California, USA

Abstract

Cultural values can shape people's attitudes toward substance use and influence their risk of experimentation with drugs. This article examines the relationships between cultural values (familism, respeto, and machismo), fatalism (a culturally encouraged personality disposition), and substance use among Hispanic adolescents. In 2005, cross-sectional data were collected from 1,616 Hispanic ninth grade students in Los Angeles. Each cultural value was associated with lifetime substance use; however, these relationships depended on the type of substance and gender. Our findings suggest that it might be useful to incorporate the cultural values and address the personality trait of fatalism in prevention programs for Hispanic adolescents. The study's limitations are noted.

Cultural Adaptations of Evidence-Based Interventions for Latinx Populations



Cultural Adaptations of Evidence-Based Interventions for Latinx Populations is a publication produced by the National Hispanic and Latino Mental Health Technology Transfer Center (National Hispanic and Latino MHTTC). The main goals of the publication are to help educators and supervisors train clinicians to culturally adapt existing evidence-based treatments (EBTs) for the Latinx population they serve; describe an array of cultural adaptation models, frameworks and methods; highlight the benefits and challenges of undertaking cultural adaptations; and provide recommendations and resources to culturally adapt and implement an existing EBT.



Developing Culturally Responsive Approaches to Serving Diverse Populations: A Resource Guide for Community-Based Organizations

Michael López, Kerry Hofer, Erin Bumgarner, and Djaniele Taylor



March 2017



<https://mhttcnetwork.org/centers/national-hispanic-and-latino-mhttc/product/cultural-adaptations-evidence-based>

<https://mch.umn.edu/resource-developing-culturally-responsive-approaches-to-serving-diverse-populations/>

<https://www.samhsa.gov/behavioral-health-equity/hispanic-latino>

<https://txicfw.socialwork.utexas.edu/effective-cultural-adaptations-to-ebps/>



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Hispanic/Latino



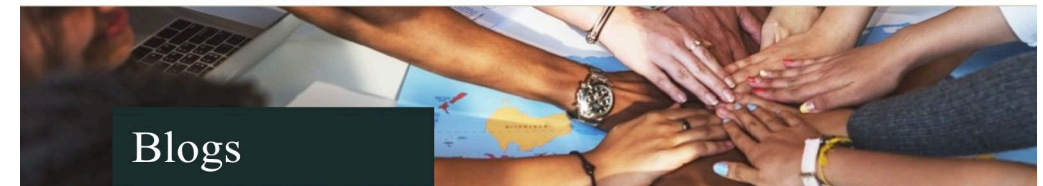
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How to Make Effective Cultural Adaptations to Evidence-based Interventions

By [Rubén Parra-Cardona](#), PhD, Associate Professor, Steve Hicks School of Social Work, UT Austin for the [2018 Clinician's Corner](#)

PREVENCIÓN



Prevention Resources by Language

The project was supported by the AmerisourceBergen Foundation, the Ethnic Communities Opioids Response Network – Missouri (ECORN-MO), the Opioid Response Network (ORN) and the Mid-America Addiction Technology Transfer Center (ATTC) to provide open-source, science-backed prevention materials for communities and families with limited English proficiency.



Adolescentes y opioides



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Spanish | Español

La Campaña de Prevención de Opioides
(Opioid Prevention Resources in Spanish)

<https://www.addictionpolicy.org/post/kit-de-herramientas-de-la-campa%C3%B1a-de-prevenci%C3%B3n-de-opioides>



Doce cosas que los padres pueden hacer para prevenir la adicción



Just Five is an online, self-paced, mobile enabled program focusing on increasing awareness, reducing stigma, and sharing information about addiction prevention and treatment. Just Five includes six five-minute learning experiences. Lessons combine animated and expert videos, interactive learning, and supplemental materials. The program is available directly through employers. If you'd like to learn more about this program, including how to make it available to your employees, please email justfive@shatterproof.org.

To download a program brochure, [use this link](#).



<https://justfive.org/>



RESUMEN DEL PROGRAMA

Los gobiernos, las organizaciones no gubernamentales y los empleadores juegan un importante papel en la vida de quienes trabajan con y para ellos. Tienen una singular oportunidad de educar a estos grupos sobre temas relacionados a la salud y al bienestar que los afectan a ellos mismos y a sus familias.

Just Five incluye seis experiencias de 5 minutos de duración. Las lecciones están en línea, se pueden seguir al propio ritmo, y pueden accederse en dispositivos móviles; su enfoque es aumentar la conciencia, reducir el estigma, y difundir información sobre cómo prevenir la adicción y su tratamiento. Combinan videos animados y de expertos con aprendizaje interactivo y material suplementario. El programa está disponible en inglés y en español.

Los temas cubiertos incluyen:

La ciencia de la adicción	¿Está usted en riesgo?
Los peligros de los opioides	Señales, síntomas y tratamiento
Cómo puede ayudar	El don de la recuperación

Quienes se asocian al programa pueden implementar fácilmente Just Five en unos pocos pasos:

- ▶ Firme un simple acuerdo de autorización
- ▶ Proporcione algunos detalles para su página web
- ▶ Cree un plan de promoción interna

LA TRADUCCIÓN del programa educativo Just Five se realizó bajo la guía de dos profesionales hispano-parlantes nativas y doctoradas. El contenido fue editado y adaptado como fuere necesario para asegurar su relevancia cultural y todos los textos fueron traducidos "a mano".

Costo:

- || \$5.000 para compañías < 10000 empleados
- || \$10.000 para compañías > 10000 empleados
- || Idioma español, sumar \$1.000/\$2.000

Shatterproof es una organización nacional sin fines de lucro dedicada a poner fin a la crisis de adicción en Estados Unidos. En reconocimiento de que todos juegan un papel en resolver este problema y salvar vidas, Shatterproof se asocia a compañías y organizaciones para difundir recursos vitales respaldados por evidencia y educación.

Para más información, envíe un correo electrónico a justfive@shatterproof.org
Para ver un anticipo del programa, visite: <https://vimeo.com/467805509>

A Community of Partners Against Addiction

- Individuals
- Families
- Schools/ Colleges
- Workplace
- Faith-based organizations
- Governments (local, state, federal)
- Law Enforcement & Judiciary
- Community Based Organizations
- Patient and Family groups
- Other Non-governmental Organizations (NGOs)



(Adobe Stock, n.d.)

My contact information

Cristina Rabadán-Diehl, PharmD, PhD, MPH

Cristina Rabadan Consulting, LLC

Email: rabadan@sud-consult.com

LinkedIn: www.linkedin.com/in/cristina-rabadan-diehl-3b53b917



Now it is time for US to talk....

