

Substance Use Treatment and Recovery for African Americans in the U.S.

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Introduction

The following report provides an overview of the many considerations one must take into account while operating in a space that aims to support the substance use disorder treatment and recovery of Black people in the United States, henceforth referred to as “Black recovery” or “Black treatment and recovery.” Black recovery is challenged by an ongoing historical trend of mistreatment which has fueled modern feelings of devaluation and a distrust of traditional treatment pathways among Black people. However, Black people across the country are currently meeting these challenges by forming their own pathways to recovery. Black recovery is empowered by this group effort, but one’s recovery is ultimately decided by the individual. Utilizing a variety of sources—with many being found at the Online Museum of African American Addictions, Treatment and Recovery—these conclusions are laid out below.

Important Historical Considerations

As stated by White and colleagues (2006), present-day substance use among Black people in the United States must be presented within a larger historical context to fully illustrate the personal and societal mechanisms that contribute to substance use in Black communities. This not only provides a better connection between people in recovery and those serving them, but also acknowledges the role these mechanisms can play in the lives of Black people who use substances.

Much of the early history of substance use among Black people in the U.S. is tied to both West African cultural practices and slavery. The Black population in early America was largely made up of slaves taken from a multitude of territories in West Africa. Describing the various cultural practices of West African groups regarding substance use is beyond the scope of this report, though an important note surrounding one of the world’s most commonly-used psychoactive agents, alcohol, can be made. The consumption of wine and beer had been embedded into religious, social, and economic customs of many West African cultures for millenia at the point when triangular trade was first beginning (White &

Sanders, 2002). This parallels the prominent role alcohol has played across numerous cultures throughout history (Dietler, 2006). Though this example does not touch upon the potentially vast array of substances that were being used in West Africa at the beginning of North America's colonization, it does underline an especially notable example of substance use patterns being similar across racial and cultural lines before West African slaves began arriving in North America. In other words, West Africans' relationship with alcohol—and presumably other substances by proxy—were what can be considered as 'typical' before they were transported across the Atlantic against their will.

Upon the establishment of the system of slavery throughout colonial America, the personal and societal implications of substance use changed for Black people in the U.S. Slaves in America were subjected to various Slave Codes which, upon other measures, often limited slaves' access to alcohol to certain days of the week, holidays, or specific times of the year (White & Sanders, 2002). This aspect of the Slave Codes enabled two paradoxically opposite systems of control for slave owners. Firstly, limiting slaves' access to alcohol was seen as a way to prevent alcohol-related injuries or violence towards slave owners, as slaves were thought to be violent while intoxicated (White & Sanders, 2002). Secondly, permitting the consumption of alcohol at key times not only reinforced the power dynamic between slave owners and slaves, but also acted as a means of pacifying slave populations through the encouragement of binge drinking (White & Sanders, 2002). The sentiment of both aspects of this control—the misrepresented caricature of the 'violent slave' and the use of substances to conciliate groups of slaves—hold legacies in the present day.

The fears of slave owners regarding alcohol-fueled violence and rebellion among slaves has evolved to persist throughout the history of the United States. Following emancipation, Black people were often portrayed as excessively violent and abusive when under the influence of substances, especially alcohol. This perpetuated slave owners' fear and prejudice throughout the general U.S. population, though no evidence justifying these fears can be found in the present day (White & Sanders, 2002). Black people have also been subject to misrepresentations surrounding other substances, including cocaine. Both the late nineteenth and late twentieth centuries saw growing hysteria among White people surrounding

cocaine use among Black populations, despite no foundational evidence existing for the magnitude of these concerns (White & Sanders, 2002). The crack cocaine hysteria of the late twentieth century is especially important today seeing as the U.S. is continuing to grapple with its direct consequences.

The continued existence of negative stereotypes—along with the many other consequences of racial prejudice—regarding substance use among Black communities has acted as a never-ending fuel source for bouts of fear among White populations in the U.S. One recent spark that ignited not a fire of fear, but a conflagration of horror, was the death of college basketball star Len Bias to a cocaine overdose in 1986. Bias' death is often cited as one of the key events which kickstarted White Americans' perception of crack cocaine use among Black people as an epidemic. This mindset birthed the policy movement known as the War on Drugs, which saw the development of strict legislative and enforcement policies surrounding substance use in the U.S., specifically among Black and low-income communities (White & Sanders, 2002). The image of the 'violent slave' had evolved. To many White people, Black people were no longer just dangerous while using substances; they were dangerous *criminals* while using substances. Given the association of the perceived crack cocaine epidemic with Black people, yet more misrepresentations of Black people were born in that of the 'crackhead' or other such caricatures. This association presented itself among the justice system as well, with Black people being disproportionately more likely to be arrested for drug-related crimes than White people. This trend continues to this day (Hinton et al., 2018), underlining the persistence of both the policies and the collective mindset the War on Drugs created nearly four decades ago. Though the substance-related misrepresentations of today are different from those which began from fears of slaves becoming violent or unruly under the influence of alcohol, the underlying principle has remained: Black people are regarded as especially dangerous while under the influence of substances, and thus must be controlled.

The act of misrepresenting Black people's use of substances is not the only slavery-era practice that has remained in the United States, though. The use of substances to pacify Black populations has also persisted. Frederick Douglass and Malcom X are known as two of the most prominent Black historical figures to have shared this perspective. Both men achieved recovery from substance use disorders and

preached for other Black people to refrain from substance use as to not allow themselves to be tranquilized in their pursuit of civil justice (White et al., 2006). However, Black communities, on average, continue to have greater access to alcohol vendors relative to other racial/ethnic groups (Snowden, 2016). This not only contributes to the pacification of Black people through the relative availability of alcohol, but also has been connected to increased rates of behavioral health issues—including substance use—among Black populations through inflated rates of neurobehavioral disorders associated with prenatal alcohol exposure (Bell, 2016; Bell & McBride, 2016). This essentially helps to pacify both Black adults and their children with one sociocultural factor. As such, both slavery-era aspects of control regarding substances persist to the present day, having the ability to slow civil progress both in the present and the future.

It should be noted that this perspective of substance use being leveraged as a pacification mechanism among Black communities is not meant to label those who use substances as ‘pacified’ or powerless for using substances. Though the central principle of this mindset is important to consider—and may be useful to point out in facilitating recovery among Black people (Bell, 2016)—this idea may work to further disempower people currently using substances and/or people in recovery. As is discussed in the next section, recovery is dependent on the individual, and this must be considered by those who service people who use substances.

Recent Considerations for Treatment and Recovery Among African Americans

Trauma-Informed Response

Trauma-informed care is a response process that: considers the delivery of behavioral health services with an understanding of trauma, is aware of the impact of trauma across various settings and populations, views trauma through an ecological and cultural lens, recognizes the significance of context in one’s perception of traumatic events, and avoids practices that may retraumatize those with histories of trauma, while also emphasizing the importance of population-of-interest participation in the development,

delivery, and evaluation of services (Substance Abuse and Mental Health Services Administration, 2015). Given the history of racism and mistreatment against Black people in the U.S., Black treatment and recovery should consider trauma-informed interventions. The negative misrepresentations of Black people in regard to substances, along with other modes of racial prejudice, have resulted in U.S. society largely deeming Black people as having lower social capital relative to White people. This is important to consider when discussing trauma-informed substance use treatment and recovery among Black people, as Black people's relatively low societal standing creates notable potential for Black people—especially youth—to experience devaluation (Hardy & Qureshi, 2012).

In essence, devaluation is the degradation of one's dignity, and this phenomenon can directly influence one's relationship with substances. As discussed by Hardy and Qureshi (2012), devaluation pervades almost all Black youth through a loss of: dignity/respect, innocence/benefit of the doubt, freedom/mobility, and value. Even if Black youth are taught to be empowered by their identity, the weight of systemic and internalized racism often overpowers these teachings. Additionally, the continued subjugation of Black communities to heightened scrutiny under the justice system (Hinton et al., 2018)—resulting in disproportionately high Black incarceration rates—likely reinforces feelings of devaluation.

These losses culminate in self-dehumanization and often result in feelings of rage within Black youth, which can lead to said youth engaging in behavioral and cognitive risks—including substance use—as a way to mask or deal with their feelings of devaluation (Hardy & Qureshi, 2012). Given the association of past substance use with substance use disorder (Marel et al., 2019), this urge to engage in substance use among Black youth likely influences substance use disorder rates among the overall Black population. Devaluation also likely affects Black adults in a similar manner to Black youth in terms of encouraging substance use as a means of numbing devaluation-related emotions.

It should be noted that the effects of devaluation and perceived discrimination are not limited to Black people of African descent. Feelings of perceived discrimination have been associated with higher rates of alcohol use disorder and illicit substance use disorder among Black people of both African and

Caribbean descent (Clark et al., 2015). Unless devaluation is properly countered, these risks will continue throughout the lives of many Black people of various ethnicities. As a result, devaluation has a direct impact on substance use among Black populations, and thus must be acknowledged when developing trauma-informed interventions to aid substance use disorder treatment and recovery among Black people—including youth and adults—in the U.S.

Diversity of Recovery Pathways

Individuals often have unique experiences that inform their relationship with substances. Though intergenerational traumas brought on by systemic and internalized racism are likely to affect large swaths of the Black population, the specific effects of this relationship—and modes of recovery from said effects—are not generalizable. Given this, there must be multiple recovery pathways available to individuals who seek to better their relationship with substances and/or achieve sobriety from certain substances. This stance looks to replace that which underlined the previous era of substance use treatment—most notably utilized during the height of the War on Drugs—which prioritized acute care and criminal punishment to treat people who use substances and prevent people from using substances, respectively (Dyer, 2016; White & Sanders, 2008). This is especially important for Black populations given the relatively low rates of initiation and engagement of Black people in traditional substance use disorder treatment (Acevedo et al., 2012; Acevedo et al., 2015). Though this is potentially due to a lack of access to treatment services, it is also possible that alternative pathways to recovery may present more promising routes of recovery for many Black people.

Stepping away from acute care and criminal punishment in substance use treatment requires a more holistic interpretation of substance use disorder, its effects, and how it can be treated (Dyer, 2016; Hardy & Qureshi, 2012). One useful example of this sentiment in substance use treatment is illustrated by what White and Sanders (2008) describe as a system of recovery management. Recovery management defines substance use disorders as complex conditions resulting from a multitude of factors, including intergenerational trauma, that can affect the person with a substance use disorder and those closest to

them. Utilizing recovery management entails proactive engagement in the community before a substance-related crisis occurs, being open to inviting indigenous cultural practices to be part of the recovery effort, sustained support over a long time period, culturally competent practices, and developing supportive relationships with those affected by substance use, among other aspects. To summarize, recovery management seeks to build the capacity for people with substance use disorders to initiate recovery, continue in recovery, and thrive in recovery. This is a similar sentiment to what is described today as a recovery oriented system of care.

Whether or not a person in recovery is engaged in a recovery management style of care, there exists a multitude of options for Black people who use substances to enter treatment and recovery in a productive manner. It is important to educate Black people who wish to begin recovery about these options, and to allow them to choose the recovery pathway(s) they believe will suit them best (Sanders & Powell, 2016) as the situation allows. Providing more options to aid in recovery from substance use disorder will help to capture the interests of more people across ethnic, religious, and socioeconomic backgrounds.

Some of the most successful recovery pathways for Black people with substance use disorders include faith-based, culture-based, or other indigenous recovery programs (Sanders, 2002; Sanders & Powell, 2016; White & Sanders, 2002). These programs include examples such as the Glide Memorial Church and the Nation of Islam. By providing a supportive community that recognizes the effects of historical transgressions on the modern day, is based in one's culture, provides an outlet to express one's feelings of loss and/or rage, and places value on recovery, these groups can work to battle devaluation among Black people who use substances (Sanders & Powell, 2016). Culture-based programs are especially important in providing recovery support suited for individuals; the Black population in the U.S. encompasses numerous ethnicities (Cortiz et al., 2023), meaning certain culture-based programs may apply more directly to individuals' experiences. For example, rites of passage, a specific type of culture-based programming, provide a set of challenges for people to meet as a parallel to their recovery from substance use disorder (Sanders & Powell, 2016). Rites of passage often take inspiration from

indigenous practices, making them unique to people of specific ethnic backgrounds (Sanders & Powell, 2016).

However, Black people in recovery are not limited to seeking out culture-based programs that apply directly to their ethnic background. While said programs may be of most interest to certain people, there also exist many Eastern approaches to recovery support that may prove useful such as yoga, meditation, Hinduism, and breathwork (Sanders & Powell, 2016). The potential of these modes of recovery are illustrated by Green (n.d.), where they emphasize the influence of breathwork and mindfulness had on their long-term recovery from substance use. Specifically, they mention breathwork's ability to allow them to understand and make peace with their past substance use in a way that Western treatment had not; it helped them find and accept their identity (Green, n.d.). The positive effects of mindfulness and mindfulness meditation in treatment and recovery for substance use disorders has been demonstrated in various trials, though methodological inconsistencies remain (Priddy et al., 2018). Despite this setback, Eastern modes of recovery may be especially useful in battling devaluation given their focus on inner healing.

Further pathways support recovery by improving other aspects of one's physical or mental health through a variety of means. Seemingly simple actions such as furthering one's education, reading, or improving nutrition can help to bolster recovery (Sanders & Powell, 2016). Treatment methods such as that outlined by Johnson (2012) demonstrate the potential benefits of pairing educational recovery methods with others such as journaling: building hope, generating self-love, and providing inspiration to face life's challenges, among other benefits. Building self-efficacy through involvement in advocacy and professional development groups has also been shown to assist people in recovery (Sanders & Powell, 2016). These pathways often have multiple levels of influence in addition to any direct health benefits they may provide. Such is illustrated in athletics programs, which can help to instill values in people, especially youth, that are not only helpful in supporting recovery, but also aid in preventing people from developing a substance use disorder. Joining an athletics program often exposes participants to a supportive group, an experienced role model, and a variety of lessons that can be useful while in

recovery: open-mindedness, discipline, time management, and learning from failure (Harden & Walton, 2012).

Along with these more personalized pathways, there also exist recovery pathways that involve more rigid structures without utilizing punishment. Recovery coaching, motivational interviewing, and other such peer-led recovery pathways—especially if the peer shares a similar background to the person in recovery—have the potential to benefit Black people in recovery (Eddie et al., 2019; Powell, 2012; Pulliam, 2012). These pathways can also be intertwined with other interventions such as recovery support services, incentives, or harm reduction principles (Powell, 2012; Pulliam, 2012) to provide a more comprehensive peer support system. Peer recovery methods such as these may be especially helpful in combating devaluation by providing Black people in recovery with an outlet to express feelings of loss or rage while also imparting them with examples of people in recovery who share at least a part of their identity.

These examples of recovery pathways are not a comprehensive list, and they are not meant to be treated as exclusive from each other. Those who service people in recovery should learn about recovery resources in their region to gain an improved understanding of how to better inform their clients. Many of the mentioned examples prioritize people of specific identities within the Black population, such as athletics programs typically prioritizing young Black men (Harden & Walton, 2012). However, these prioritizations should not dissuade Black people in recovery from seeking out what they wish to experience during their recovery journey. This includes accessing traditional acute care programs, medication-assisted treatment, and/or twelve-step programs as well.

Importance of Identity and Community

As demonstrated by many of the mentioned recovery pathways, building a sense of identity and community belonging is one of the most important aspects of recovery among Black people. This mindset helps to battle devaluation and therefore takes the place of substances in treating pains brought on by intergenerational trauma. Recovery pathways involving peers such as faith-based programs, culture-based

programs, rites of passage, recovery coaching, and motivational interviewing can aid in the development of one's identity, self-worth, community belonging, and quality of life (Collins-Henderson, 2012).

Discovering one's identity and sense of community is not restricted to peer-supported recovery pathways, though. This has also been accomplished via pathways such as journaling and mindfulness meditation (Green, n.d.; Powell, 2012).

Those who serve Black people in recovery must not only recognize the importance of identity and community for their clients, but also understand their clients' perceptions of their own identity and community standing. Achieving this level of understanding unlocks one's ability to better comprehend—and therefore respond to—the psychological and physical behaviors of those one serves (Collins-Henderson, 2012). This involves identifying where people in recovery stand among the stages of identity development: conformity, dissonance, immersion/emersion, and internalization and integrative awareness. These stages represent a spectrum of belief in one's true identity, with conformity representing rejecting one's identity in exchange for another while internalization and integrative awareness represents valuing one's own culture (Collins-Henderson, 2012). As such, recovery for many Black people will likely involve moving their mindset across this spectrum towards internalization and integrative awareness, directly opposing feelings of devaluation.

Sustainability of African American Treatment/Recovery Organizations

Given the importance of ensuring a long-lasting recovery process in recovery management (White & Sanders, 2008), organizations that serve Black people in recovery must consider establishing their organizations such that they can continue to operate over the long term. This involves efforts both internal and external to the organization. Regarding the internal efforts, several steps can be taken to ensure a continued participation from those in recovery: providing culturally competent and responsive care, creating a welcoming and inclusive environment, utilizing person-first and strength-based language, involving people in recovery in treatment decisions, and recognizing the importance of previously mentioned aspects such as trauma-informed response, the diversity in potential recovery pathways, and

identity and community (Sanders, 2002; Sanders, 2016; White et al., 2006). Insisting upon these qualities will ultimately help organizations to work in a recovery-oriented system of care and reject the effects of devaluation among Black people in recovery.

Looking externally requires the recognition that government and community partnerships are extremely valuable to service organizations. The former may present a greater challenge, though, as Nonwhite people are still underrepresented across all levels of the U.S. government. Even at the local level, Black people are far more likely to be underrepresented in their city council (1 in 6) compared to White people (1 in 66) (Public Wise, 2023). As such, organizations focusing on Black treatment and recovery from substance use disorder must take extra efforts to establish themselves among their local, state, or even the national government. This can be accomplished by various means, but one method of doing so while also empowering an organization's client base is through promoting voter enfranchisement. Historically, Black people have been barred from voicing their political opinions, and this treatment continues to this day (Public Wise, 2023). Seeing as this phenomenon likely contributes to feelings of devaluation by categorizing Black opinions as lesser than White opinions, organizations that service Black people in recovery should work to build the political capacity of those who seek their services. This can be as simple as providing voter registration services at one's organization. Politicians—specifically local politicians that support issues related to recovery among the Black population—may be apt to support organizations that work to build their potential voter base. Thus, long-term political support for one's organization can be achieved while also empowering those one's organization services (Community Tool Box, n.d.). Other external efforts can include partnering with other local, state, or national organizations, receiving technical assistance from governmental or consulting groups, and other such methods of building partnerships in the community. The University of Kansas' Community Tool Box (found at <https://ctb.ku.edu/en>) holds useful information in this regard.

Eyes Towards Prevention

Treatment and recovery are not the only required steps in working to empower and enfranchise Black people who use substances. Preventing the development of substance use disorder among the Black population—specifically Black youth—must be considered as well, which also largely centers around battling devaluation. Due to this core similarity, prevention principles for substance use among Black people utilize similar reasoning to the mentioned recovery pathways for Black people. In fact, many recovery pathways outside of those such as acute care, medication, and twelve-step programs can work in the contexts of both recovery and prevention.

Though prevention typically focuses on youth, prevention principles can be altered to apply to those of almost any identity. Generally, preventing the development of substance use disorder among Black people in the U.S. involves creating a supportive, loving, and monitoring environment (i.e. a good relationship with one's parents), developing one's identity and social capital, preventing substance use during pregnancy, identifying and treating co-occurring mental health issues, and recognizing the historical implications of substance use in the Black community, among other aspects (Bell & McBride, 2016; Dyer, 2016; White & Sanders, 2002). As mentioned, several similarities exist between principles of substance use prevention among Black people and substance use recovery among Black people. Expanding recovery pathways to include modes of prevention may work against devaluation among Black people, especially youth, and therefore contribute to lower rates of substance use disorder among Black people in the U.S. In this way, recovery and prevention can be viewed as one in the same (Lofgren et al., 2021).

What Does African American Treatment and Recovery Look Like?

Black treatment and recovery are silhouetted by the continuation of a history of oppression and mistreatment regarding substance use (White & Sanders, 2002). This has likely contributed to the

relatively low number of Black people initiating and engaging in traditional Western substance use disorder treatment compared to other racial/ethnic groups (Acevedo et al., 2012; Acevedo et al., 2015). Alternative methods of recovery for Black people often battle feelings of devaluation through the building of one's identity, the finding of one's community, and the teaching of important lessons. This approach to recovery requires a more holistic view of substance use (Dyer, 2016; Hardy & Qureshi, 2012), though this perspective is not shared by all in the substance use treatment sphere. In all, Black treatment and recovery battles an inequitable multitude of factors which threatens to destabilize Black people's recovery journeys. However, this has not disempowered many Black recovery champions from leading the effort to redefine, prioritize, and stabilize Black treatment and recovery.

As outlined by Lofgren and colleagues' "African American Recovery and Recovery Principles" (2021), Black recovery has taken on a new definition following the War on Drugs. Black recovery utilizes hope, purpose, cultural expression, joy, advocacy, and spirituality while also acknowledging the role that intergenerational trauma, justice, freedom, and community plays in the recovery process. Black recovery looks to place Black people in recovery in a strengths-based, supportive, validating, and culturally appropriate setting; a real frontal assault on devaluation.

Part of what makes this new Black recovery empowering is its emphasis on the movement being Black-led. This especially helps to individualize Black recovery and provide a culturally appropriate system of care. Black recovery is unique because Black people and their experiences are unique in the greater context of the United States. Black people differ from other racial/ethnic groups in a variety of means: they tend to be exposed to poorer social determinants of health regarding factors such as employment and quality of education (Lofgren, 2014), they are generally affected by more chronic diseases at an earlier age (Quiñones et al., 2019), and they often have uniquely high exposures to environmental toxins such as air pollutants (Kravitz-Wirtz et al., 2016). While these experiences are not shared by all Black people, they underline an example of the many social, economic, political, and other such factors that can affect the recovery experiences of Black people in a distinctive manner. Black

recovery recognizes the importance of these unique factors by promoting Black-led recovery organizations and Black recovery champions.

Some of the most prominent Black-led and/or Black-serving recovery organizations are considered recovery community organizations (RCOs). RCOs look to provide a series of services related to substance use recovery—case management, housing support, social services, mental health support, and recreational opportunities, among others—to provide a source of holistic care to people in recovery. This all-encompassing method of service provision can help to stabilize the recovery journeys of Black people against the many factors which could potentially result in relapse or continued feelings of devaluation, and thus plays an important role in establishing recovery oriented systems of care (African American Behavioral Health Center of Excellence, & Center for African American Recovery Development, n.d.). One such organization local to Massachusetts is the Massachusetts Organization for Addiction Recovery. Though Black-led RCOs are often plagued by a lack of funding relative to White-led RCOs, they also provide culturally appropriate services for Black people more often than White-led RCOs (African American Behavioral Health Center of Excellence, & Center for African American Recovery Development, n.d.). This underlines the need for further support of Black-led RCOs in supporting Black recovery.

There also exist many other Black-led organizations outside of RCOs which help to promote Black recovery. Some organizations deliver traditional Western substance use disorder treatment with Black counselors, such as Roots Recovery in Minnesota. Others provide alternative pathways to recovery, such as The Confess Project of America; this organization trains Black hair and beauty specialists in mental health advocacy, which often transfers to their clients. Organizations such as these provide services which work to better meet the needs of Black people who use substances and Black people in recovery by delivering said services in a more familiar and culturally appropriate environment. Additionally, the leaders of these organizations provide a source of recovery champions from which Black people in recovery can find inspiration to drive change within their own communities.

There are many such champions to consider in Black recovery. Though a comprehensive list is beyond the scope of this review—and likely impossible to create given the lengthy history of Black recovery—some current key Black recovery advocates are outlined by Lofgren (2014):

- Lonnetta Albright
- Roland Williams
- Andre Johnson
- H. Westley Clark
- Bethany Otuteye
- Ijeoma Achara
- Calvin Trent
- Benjamin Jones
- Iman El Amin
- Peter Hayden
- Jonathan Lofgren
- Carl Hart
- Angela Cornelius-Dawson
- Anita Bertrand
- David Whitters
- Joe Powell
- Mark Sanders
- Ryan Springer

The Black recovery movement is also one that acknowledges the individual component of recovery. Just as Black people often face a distinct set of challenges in terms of forming a healthy relationship with substances or recovering from substance use, they also must often utilize distinct recovery methods to battle said challenges. Having a unique set of challenges should not be viewed as a mode of disempowerment. The history of systemic issues regarding Black people and substance use

cannot be changed, but both individual and group actions can work to better the system. Black champions of recovery are currently leading the charge to bolster Black recovery in the U.S. It is up to the individual to begin their recovery journey, continue their recovery journey, and ultimately join these champions in working to build this system of Black recovery in their communities. The more individuals who decide to join this movement, the larger the group influence will become, and thus more progress will be made in shaping a more valued sense of self for Black people across the U.S. and therefore promoting Black recovery.

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