

Cultural and Structural Competence to Improve Treatment Engagement for Substance Use Disorders

Cultural competency is the ability to understand the socio-cultural influences on patients' health beliefs/behaviors – and how they interact – and to develop interventions that address cross-cultural differences and meet culturally-specific needs^{7,8}

Structural competency is the ability to understand social, economic, and political structures and their downstream effects on health and health care¹³

Why is this important?

- 21.2 million people aged 12+ needed substance use disorder (SUD) treatment in 2018, but only 3.7 million received it¹
- 95% of people aged 12+ who identified as needing SUD treatment did not think they needed it¹
- Common barriers to SUD treatment include: Not feeling ready to quit, lack of coverage, unaffordability, fear of stigma among neighbors/relatives, perceived negative effect on job, and not knowing where to receive treatment¹
- Stigma is commonly experienced by persons with SUD within the health care system^{2,3}

The lack of culturally and structurally competent care can also hinder treatment for patients with SUD.⁴ Opportunities exist to improve cultural and structural competency among health care providers (HCPs) who treat patients with SUD. Increasing sensitivity and acceptance surrounding cultural, structural, and linguistic factors may help patients feel more comfortable in obtaining SUD treatment.

How is cultural and structural competence related to SUD and opioid use disorder (OUD)?

- Culturally and linguistically diverse (CALD) populations are at higher risk for SUD and less likely to initiate and maintain treatment.⁴ CALD patients with SUD may face the following barriers:
 - Social stigma from relatives and community,
 - Victim-blaming based on cultural stereotypes and biases,
 - Feelings of discomfort, disrespect, or prejudice from HCPs,
 - Miscommunication and/or distrusting relationship with provider, and
 - Lack of culturally and linguistically appropriate treatment.
- By creating an empathetic and non-judgmental space for patients and applying cultural and structural competence, providers can help patients feel more respected and valued, resulting in:
 - Greater sense of safety and security,⁵
 - Improved patient-provider communication,⁵
 - Increased therapeutic alliance or trust in provider,⁵ and
 - Enhanced patient satisfaction and quality of care,⁵
- In turn, this promotes treatment engagement, maintenance, and improved outcomes for patients with SUD or OUD.⁶



What skills are necessary to create a welcoming environment?

Cultural competency is the ability to understand the socio-cultural influences on patients' health beliefs/behaviors – and how they interact – and transform that knowledge into “specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services.”^{7,8} Cultural competence is not only acknowledging cultural differences, but also forming positive attitudes toward different cultural backgrounds and learning how to effectively communicate across cultures. It is important to view culture as a dynamic process that evolves within social, economic, and political contexts, rather than being static or disconnected,⁹⁻¹² which can inadvertently reinforce racial, ethnic, and cultural stereotypes,¹⁰ and ultimately, overlook barriers to SUD treatment.

Structural competency is the ability to understand the social, economic, and political structures an individual may be experiencing and their downstream effects on health and health care.¹³ This approach builds upon the social determinants of health (SDOH) by uncovering why and how these social structures influence health inequities. Examples of ‘structures’ that negatively influence substance use behaviors or hinder SUD treatment include:

Health Care System / Care Delivery	<ul style="list-style-type: none"> - Segregated treatment delivery systems for SUDs - Lack of insurance or health care coverage for SUD treatment
Federal Regulations / Law Enforcement	<ul style="list-style-type: none"> - War on drugs that criminalizes drug use rather than offers treatment - Different mandatory sentences for various forms of drugs often related to racism (e.g. cocaine vs. crack)
Community and Neighborhood Factors	<ul style="list-style-type: none"> - Lack of transportation and/or time demands in receiving SUD/ODU treatment - Neighborhood safety (e.g. crime rate, accessibility of drugs) - Built environment (e.g. access to pharmacies/clinics, distribution of liquor stores) - Lack of family and work protections (e.g. fear of losing kids or job upon admittance of SUD treatment)

A deeper understanding of SDOH increases awareness of the upstream causes of illness and health, and shifts the burden of reducing health disparities from the patient or provider to the larger systems involved.^{14,15} Together, cultural and structural competency training enhances providers’ sensitivity to SDOH, fosters self-reflection regarding cultural differences, and refines effective strategies to improve health and treatment for patients with SUD and OUD.¹⁵

What are some culturally and structurally competent (CSC) interventions?

Evidence suggests that providers’ implicit attitudes and biases can negatively influence patient care.¹³ By increasing providers’ empathy for marginalized patients and more mindfully and effectively responding to the challenges that patients may face, cultural and structural competency training can improve quality of care.¹³ Examples of CSC interventions on multiple levels include^{6,13}:

Patient Care	<ul style="list-style-type: none"> - Matching patients with SUD/ODU providers based on race/ethnicity, culture, and language - Providing SUD therapy and patient education materials in clients’ language - Assuring interpreter services to patients receiving SUD treatment and care - Linking patients with SUD to culturally and linguistically appropriate community services/resources
SUD Workforce	<ul style="list-style-type: none"> - Training clinicians and staff in cultural and structural humility, cross-cultural communication, and the cultural and structural influences on substance use - Recruiting healthcare providers and SUD treatment specialists from culturally and linguistically diverse populations - Similarly, implementing initiatives to increase diversity and capacity of SUD treatment workforce
Policy	<ul style="list-style-type: none"> - Advocating for universal healthcare, fair housing, and reformed immigration laws that support frictionless access to SUD treatment and services - Promoting the use of drug courts and drug treatment rather than incarceration

CSC interventions can help providers better understand *who they are serving*, ultimately, improving patient-provider communication and offering a greater sense of security to patients.⁶ After all, when patients with SUD feel safe and valued, they are much more likely to initiate and continue treatment.¹⁶

As a first step, I encourage you to explore the multitude of tools and resources for assessing cultural competency in clinical, training, and organizational settings listed in [Appendix C of SAMHSA’s Treatment Improvement Protocol 59: Improving Cultural Competence](#).⁶ Resources include a counselor self-assessment tool, cultural competence checklist for health agencies, patient questionnaire regarding their satisfaction and feedback on clinical and program culturally responsive services, the Health Resources and Services Administration’s Organizational Cultural Competence Assessment Profile,¹⁷ and many more.

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