Racial Inequities in Substance Use

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Tuesday, February 9, 2021
12:00 – 1:00 PM EST
Webinar Housekeeping

Minimize or maximize the webinar panel by selecting the orange arrow.

To be recognized, type your question in the “Question” box and select send.
Meet Our Speaker

Michelle P. Durham, MD, MPH, FAPA, DFAACAP

• Vice Chair of Education, Department of Psychiatry, Boston University School of Medicine/Boston Medical Center
• Psychiatry Residency Training Director, Boston Medical Center
• Leading grant initiatives focused on workforce development that reflects groups historically excluded from medicine, training and education for both the pediatric workforce and mental health professionals with a focus on culturally responsive mental health and substance use care.
I have no relevant financial relationships with ACCME-defined commercial interests.
Learning Objectives

By the end of this presentation, attendees will be able to:

1. Summarize racial inequities and describe their relation to substance use treatment

2. Review federal and state policies that influenced the criminalization of substance use

3. List and apply strategies for assessing, diagnosis and treating substance use disorders in racial and ethnic minorities with a focus on marginalized communities
DEFINING HEALTH INEQUITIES
Health Inequities and Racism

• Racism is a system of structuring opportunity and assigning value based on phenotype ("race"), that:
  ▪ unfairly disadvantages some individuals and communities
  ▪ unfairly advantages other individuals and communities
  ▪ undermines realization of the full potential of the whole society through the waste of human resources.

• It is a system (consisting of structures, policies, practices, and norms) that structures opportunity and assigns value based on phenotype, or the way people look. It unfairly disadvantages some individuals and communities.
Health Inequities arise when certain populations are made vulnerable to illness or disease, often through the inequitable distribution of protections and supports.
BY THE NUMBERS
Importance of the Topic

- Substance use has been identified as the number one health problem in America.
- In 2018, only 18% of people identified as needing treatment actually received it, leaving 17.5 million people who did not receive care for a treatable health condition.
- For Black Americans, 89% diagnosed with a SUD did not seek out or receive addiction treatment.
- Marijuana use is roughly equal among Black people and white people, yet Black people are 3.73 times as likely to be arrested for marijuana possession.
- Discrimination, racism and social pressures play a role in substance use within the Black community.

RWJF 2001; Jordan, A 2020; Hunte, H 2012
Mental Illness and SUD in Black Americans

Among African Americans with a substance use disorder:
- 4 IN 9 (43.8% or 993K) struggled with illicit drugs
- 2 IN 3 (67.4% or 1.5M) struggled with alcohol use
- 1 IN 9 (11.1% or 252K) struggled with illicit drugs and alcohol

Among African Americans with a mental illness:
- 2 IN 9 (23.0% or 1.2M) had a serious mental illness

7.6% (2.3 MILLION)
People aged 18 or older had a substance use disorder (SUD)

3.2% (947,000)
People 18 or older had BOTH an SUD and a mental illness

17.3% (5.2 MILLION)
People aged 18 or older had a mental illness

In 2019, **6.5M** African Americans had a mental illness and/or substance use disorder—an increase of 10.1% over 2018 composed of increases in both SUD and mental illness.
Mental Health and SUD: Huge Treatment Gaps

PAST YEAR, 2019 NSDUH, African American 12+

* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.
Despite relatively uniform rates of substance use among racial and ethnic populations, there is a disproportionate rate of drug arrests for Black Americans.
Inequities in Rates of Incarceration

Rates of Black and White Marijuana Possession Arrests per 100k People
Figure 7: Race disparities in US drug possession arrests
Ratios of arrest rates per 100,000 adults, disaggregated by race (2014)
Red line indicates equal Black and white arrest rates

Note: Excludes states where less than 75 percent of the population was covered by reporting agencies. This is reported data only and does not estimate arrests from non-reporting agencies.
Source: Human Rights Watch analysis of United States Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program Data: Arrests by Age, Sex, Race, Summarized Years, 2014; Florida Office of the State Courts Administrator Offender Based Transaction System data; New York Division of Criminal Justice Services data; and US Census Bureau 2014 ACS 5-year estimate.
Inequities in Rates of Incarceration

Disproportionate Impact of Drug Laws on Black and Latino Communities

U.S. Adult Incarceration Rates, December 31, 2016

Sources: U.S. Census Bureau; Bureau of Justice Statistics.\textsuperscript{19}

Source: Bureau of Justice Statistics, 2017.\textsuperscript{25}
Lifetime Likelihood of Imprisonment of U.S. Residents Born in 2001

All Men: 1 in 9
White Men: 1 in 17
Black Men: 1 in 3
Latino Men: 1 in 6

All Women: 1 in 56
White Women: 1 in 111
Black Women: 1 in 18
Latina Women: 1 in 45

They disrupt, disrupt, disrupt our lives…. From the time the cuffs are put on you, from the time you’re confronted, you feel subhuman. You’re treated like garbage, talked to unprofessionally. Just the arrest is aggressive to subdue you as a person, to break you as a man.

I consider myself an addict and sometimes I worry when I’m using, because they search you for no reason. The cops know me; most of the time they see me they stop and search me. It makes it harder to live life when you’re walking down the street watching your back, but at the same time when you don’t have your drug it makes you sick.

"Nothing has contributed more to the systematic mass incarceration of people of color in the United States than the War on Drugs."
Inequities in Addiction Treatment

- Black patients were 70% less likely to receive a prescription for buprenorphine at their visit when controlling for payment method, sex and age.
- This study demonstrates that buprenorphine treatment is concentrated among white persons and those with private insurance or use self-pay.

Lagisetty 2019
Inequities in Addiction Treatment

Minority Follow-Up Treatment Lags After Overdose

A study of privately insured people who suffered an overdose and were treated at an emergency room found that referral rates were low. In particular, researchers found minorities were less likely to receive follow-up care after their overdose, such as being referred to an inpatient treatment program, or started on medication-assisted treatment.

Black patients were half as likely to obtain treatment following overdose compared with non-Hispanic white patients even when privately insured.

Note: Excludes patients who had opioid treatment in the 90 days before overdose; data show probability of obtaining follow-up treatment

Kilaru 2020
HOW DID WE GET HERE?
U.S. Drug Policies in the 20th Century
U.S. Drug Policies

1914: Harrison Narcotic Act
1937: Marihuana Tax Act
1986 & 1988: Anti-Drug Abuse Act

1910-1920
1920: National Prohibition Act

1920-1930
1970: Comprehensive Drug Abuse Prevention and Control Act

1930-1940
1960-1970
1980-1990

Sacco 2014
Harrison Narcotics Tax Act 1914

• "An Act to provide for the registration of, with collectors of internal revenue, and to impose a special tax upon all persons who produce, import, manufacture, compound, deal in, dispense, sell, distribute, or give away opium or coca leaves, their salts, derivatives, or preparations, and for other purposes”

• “Nothing contained in this section shall apply . . . to the dispensing or distribution of any of the aforesaid drugs to a patient by a physician, dentist, or veterinary surgeon registered under this Act in the course of his professional practice only.”

• Provision protecting physicians, however, contained the phrase, "in the course of his professional practice only”. After the law passed, this phrase was interpreted by law-enforcement officers to mean that a doctor could not prescribe opiates to those in need of addiction treatment
# U.S. Drug Policies

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<thead>
<tr>
<th>Year</th>
<th>Act</th>
<th>Description</th>
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<tr>
<td>1920</td>
<td>National Prohibition Act</td>
<td>Criminalized the sale and distribution of alcohol</td>
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<tr>
<td>1937</td>
<td>Marihuana Tax Act</td>
<td>Criminalized possession of cannabis</td>
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<td>1970</td>
<td>Comprehensive Drug Abuse Prevention and Control Act</td>
<td>Provides the legal basis for the government’s “war on drugs.” This law consolidated laws on manufacturing and distributing of all kinds, including narcotics, hallucinogens, steroids, chemicals when used to make controlled substances, etc.</td>
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<tr>
<td>1986 &amp; 1988</td>
<td>Anti Drug Abuse Act</td>
<td>Established criminal penalties for simple possession of a controlled substance Mandatory minimum penalties for certain federal drug trafficking offenses; it created two tiers of mandatory prison terms based on the quantity and type of drug involved in the offense.</td>
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WHAT CAN WE DO?
Key Principles for Addiction Treatment & Health Equity

- Timely, readily available treatment
- Focuses on the whole individual and not just substance use
  - What other factors may impede their success
- Duration of treatment should be adequate for the disorder being treated
- Use of effective medication with culturally responsive behavioral therapies

Jordan 2020; Pinedo 2019; Cook 2011
Culturally Responsive

• **Surface structure** involves matching intervention materials and messages to observable, “superficial” characteristics of a target population. This may involve using people, places, language, product brands, music, food, locations, and clothing familiar to, and preferred by, the target audience. Surface structure refers to how well interventions fit within a specific culture.
  - generally achieved through expert and community review as well as the involvement of the target population in the intervention development process

• **Deep structure** reflects how cultural, social, psychologic, environmental, and historical factors influence health behaviors differently across racial/ethnic populations
  - Specifically, this involves appreciation for how religion, family, society, economics, and the government, both in perception and in fact, influence the target behavior
Culturally Tailoring

• Black Americans include: communalism, religion/spiritualism, expressiveness, respect for verbal communication skills, connection to ancestors and history, commitment to family, and intuition and experience versus empiricism

• Latinx core cultural values include *familismo* (importance of family), *respeto* (respect for elders), *dignidad* (the value of self-worth), *caridad* (the value of rituals and ceremonies), *fatalism*, and *simpatía* (the importance of positive social interactions)

Resnicow 2000
## Interventions utilizing Cultural Tailoring

| MOUD for American Indians and Alaskan Natives with OUD | (1) the mismatch between Western secular and reductionistic medicine and the AI/AN holistic healing tradition;  
(2) the need to integrate MOUD into AI/AN traditional healing;  
(3) the conflict between standardized MOUD delivery and the traditional AI/AN desire for healing to include being medicine free |
|---|---|
| The Imani Breakthrough Recovery Program | Faith-based recovery initiative that takes place in churches and is designed to be culturally, spiritually, and trauma-informed, to assist individuals recovering from opioid use/abuse and other drug or alcohol problems. It involves 2 parts:  
**A group component** – 12 weeks of classes and mutual support focused on wellness enhancement and the 5 Rs: Roles, resources, responsibilities, relationships, and rights, and their importance to recovery and community connection.  
**A wellness coaching component** – During the 12 weeks and up to 1 month after, Coaches provide weekly check-ins to support you in your recovery goals. |

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Venner 2018  
Bellamy and Jordan  
https://ylny.yale.edu/news/imani-breakthrough-recovery-program
Available research suggests the following possible approaches to address these inequities:

- **Decriminalizing drug possession to remove a major cause of the disproportionate arrest and incarceration of people of color.** This would help more people receive drug treatment when appropriate and redirect law enforcement resources to programs that help build healthier communities.

- **Ending policies that permanently exclude people with a drug arrest or conviction from key rights and opportunities.** These include barriers to voting, employment, loans, financial aid, child custody, public housing and other public assistance.

- **Adopting pre-plea diversion programs that allow people with minor drug charges to successfully participate in treatment or other programming without having to enter a guilty plea** – since a guilty plea is often what triggers federal immigration consequences, including deportation.

https://drugpolicy.org/issues/race-and-drug-war
REACH is a 1-year program for trainees interested in pursuing an Addiction Fellowship beginning July 2021, as well as medical students, residents, APRN/NP and PA trainees from racial/ethnic underrepresented minority (URM) backgrounds, all specialties. Led by Drs. Ayana Jordan and Jeanette Tetrault at Yale.

Psychiatry residents and psychology interns work at a FQHC to treat individuals with co-occurring mental health and substance use issues with a focus on CHCs who serve minority communities. Trainees learn from experts in addiction on public health interventions, working with minority communities, and various models of care for co-occurring disorders. Led by Dr. Michelle Durham at BU/BMC.

REACH Supported by AAAP Minority Fellowship Grant funded by SAMHSA
ACCESS Supported by HRSA
What Can Each of Us Do?

• Upstander
• Commit to Antiracism work in your home, family, place of work
• Who is not at the table when important decision are being made
• Clear policies for discriminatory, racist behaviors
• Assess the needs of the community to understand how to make the greatest impact

*Regardless of their conscious intent, everybody in our society is conditioned, affected, and infected by racism*
References


References


PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.

- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medications for opioid use disorder.
  
  - 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
  
  - No cost.

For more information visit:  
https://pcssNOW.org/mentoring/
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

http://pcss.invisionzone.com/register
Upcoming Webinars

Methamphetamine in the Age of Fentanyl: Toxicities and Pharmacotherapies

Dr. Phillip Coffin, MD
Director, Center on Substance Use and Health, San Francisco Department of Public Health

Tuesday, March 9, 2021
12:00 – 1:00 PM ET
PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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