Addressing OUD in Black, Indigenous and People of Color (BIPOC) Communities Part 1: Treatment and Recovery for African American Communities

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Andre Johnson, MA
Detroit Recovery Project

Tuesday, March 29 from 4-5pm ET

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Housekeeping

- You will be muted automatically upon entry. Please keep your phone line muted for the duration of the webinar.
- Webinar is being recorded and will be archived for future viewing at www.pcssNOW.org within 2 weeks.
- Submit questions in the Q&A box at the bottom of your screen.

Today's Presenters

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Founder, President, CEO
Detroit Recovery Project

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Disclosures

Dr. Michelle Durham and Andre Johnson have no disclosures.

Not all harm reduction views are supported by the federal government or SAMHSA, though some harm reduction approaches have demonstrated promising results.

Target Audience

- The overarching goal of PCSS is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well for the prevention and treatment of substance use disorders.

Learning Objectives

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

- Identify existing inequities in access to quality substance use treatment and recovery services for African Americans.
- Discuss the contextual issues and treatment barriers that impact rates of substance use disorder (SUD) and opioid overdoses in African American populations.
- Explore the use of specific outreach strategies and recovery supports to increase access and engagement in care for African Americans.
- Examine the use of effective harm reduction strategies within African American communities.

Opioid Use Disorder and Black Communities: Challenges and Opportunities

Michelle P. Durham, MD, MPH
Vice Chair of Education, Department of Psychiatry
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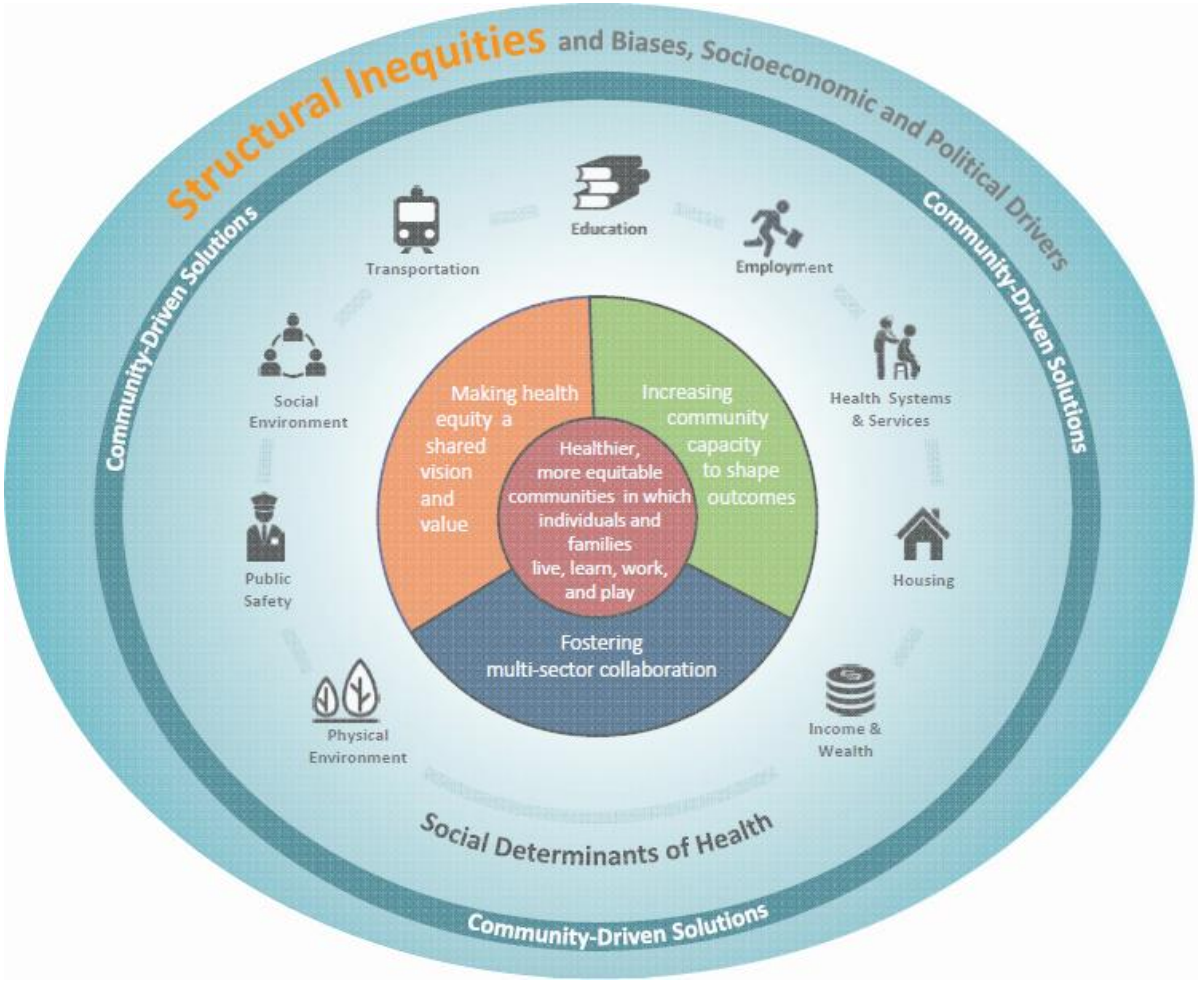
DEFINING HEALTH INEQUITIES

Health Inequities



Health Inequities arise when certain populations are made vulnerable to illness or disease, often through the inequitable distribution of protections and supports.

Jones, CP 2002
National Academies of Sciences, Engineering, and Medicine. 2017

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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.
- Cannabis use is roughly equal among Black people and white people, yet Black people are 3.73 times as likely to be arrested for cannabis possession
- Discrimination, racism and social pressures play a role in substance use within the Black community.

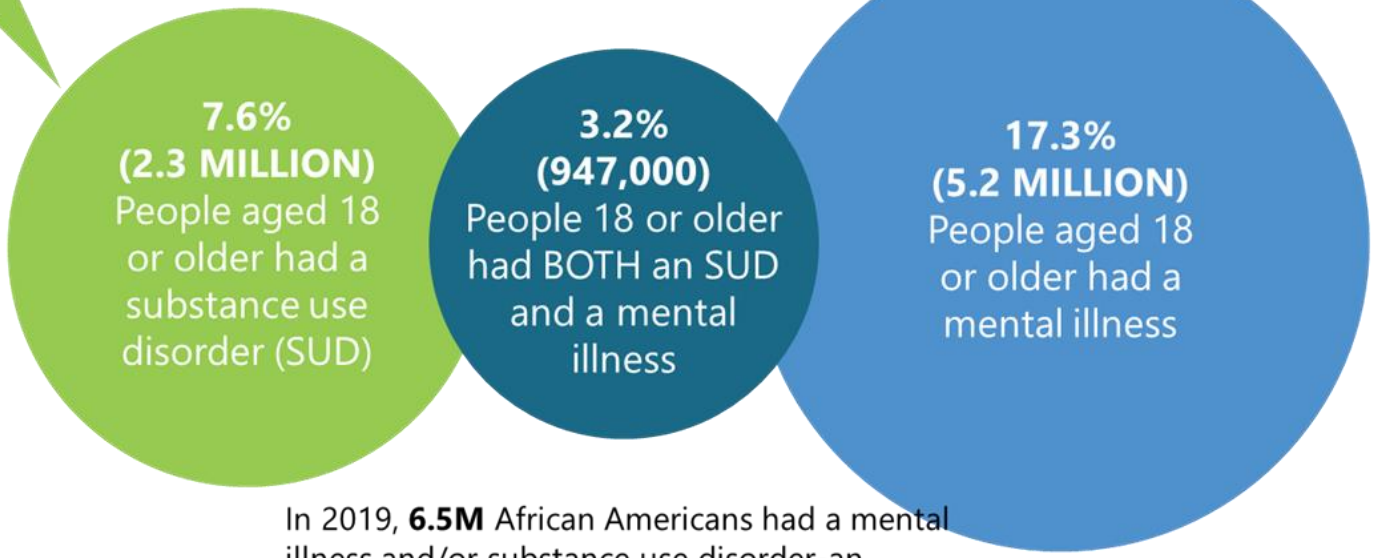
RWJF 2001 ; Jordan, A 2020; Hunte, H 2012

Mental Illness and SUD in Black Americans

PAST YEAR, 2019 NSDUH, African American 18+

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



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.

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Between 2018 and 2020, drug overdose death rates increased across all racial and ethnic groups, but increases were largest for Black and American Indian and Alaska Native people.

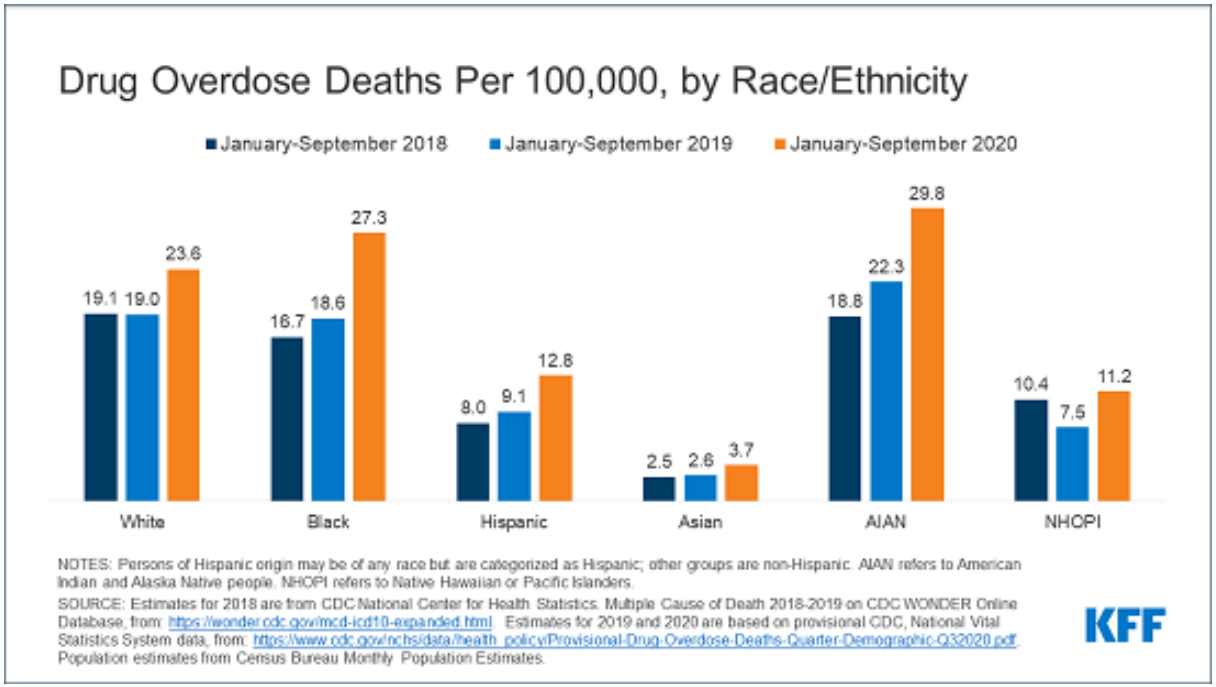
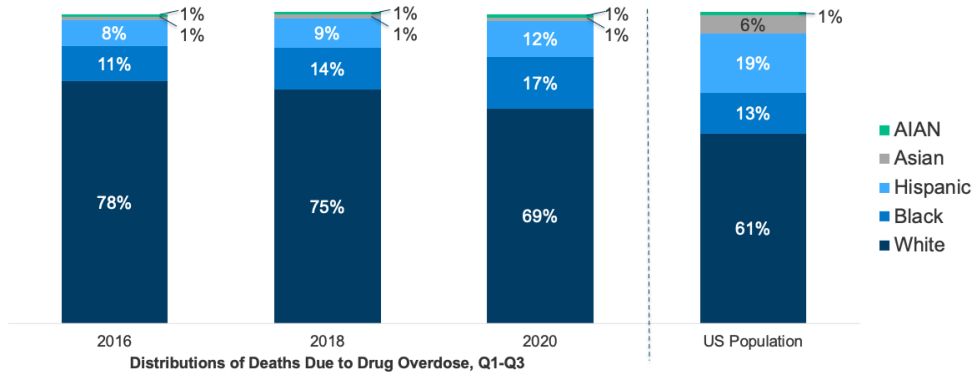


Figure 3

Drug Overdose Deaths, by Race/Ethnicity



Distributions of Deaths Due to Drug Overdose, Q1-Q3

NOTES: Totals may not sum to 100 due to rounding. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. AIAN refers to American Indian and Alaska Native people. Other race groups were excluded due to variation between sources.

SOURCE: Estimates for 2016 and 2018 are from CDC National Center for Health Statistics, Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, from: https://wonder.cdc.gov/mcd-icd10.html. Estimates for 2020 are based on provisional CDC, National Vital Statistics System data, from: https://www.cdc.gov/nchs/data/health_policy/Provisional-Drug-Overdose-Deaths-Quarter-Demographic-Q32020.pdf. Population estimates from Census Bureau Monthly Population Estimates.

KFF

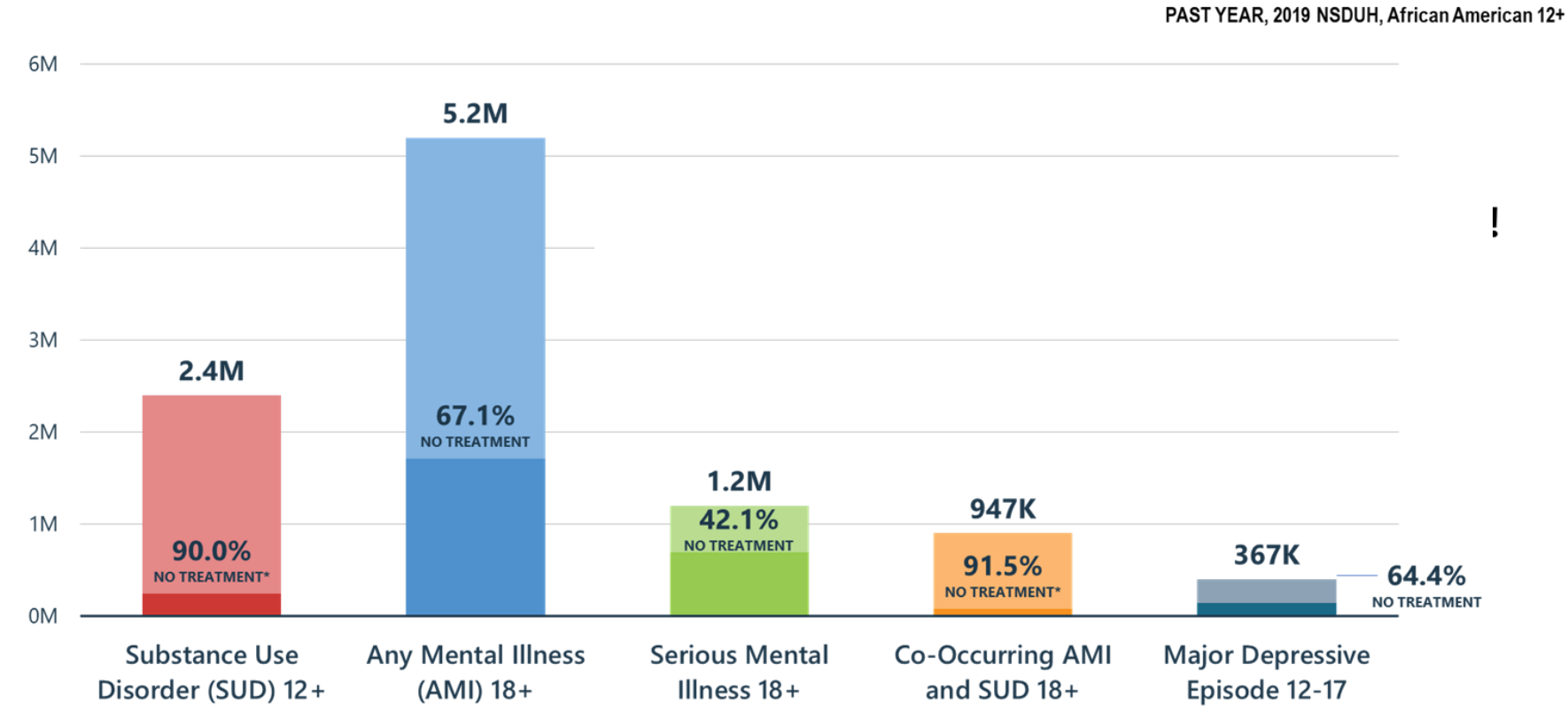
- White people continue to account for the largest share of deaths due to drug overdose, **but people of color are accounting for a growing share of drug overdose deaths over time.**
- Between 2016 and 2020, the share of drug overdose deaths among White people fell from 78% to 69%, while at the same time the shares of deaths among Black and Hispanic people rose (from 11% to 17% and 8% to 12%, respectively).
- As a result of this increase, **Black people now account for a disproportionate share of drug overdose deaths relative to their share of the total population (17% vs. 13%).**

Drug overdoses are increasingly becoming a racial justice issue, one that has been exacerbated by the Covid-19 pandemic but stems from historic inequities, including high rates of incarceration, economic disenfranchisement and loss of community cohesion.

-Dr. Helena Hansen

The Guardian 2022

Mental Health and SUD: Huge Treatment Gaps for Black Americans



* 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.

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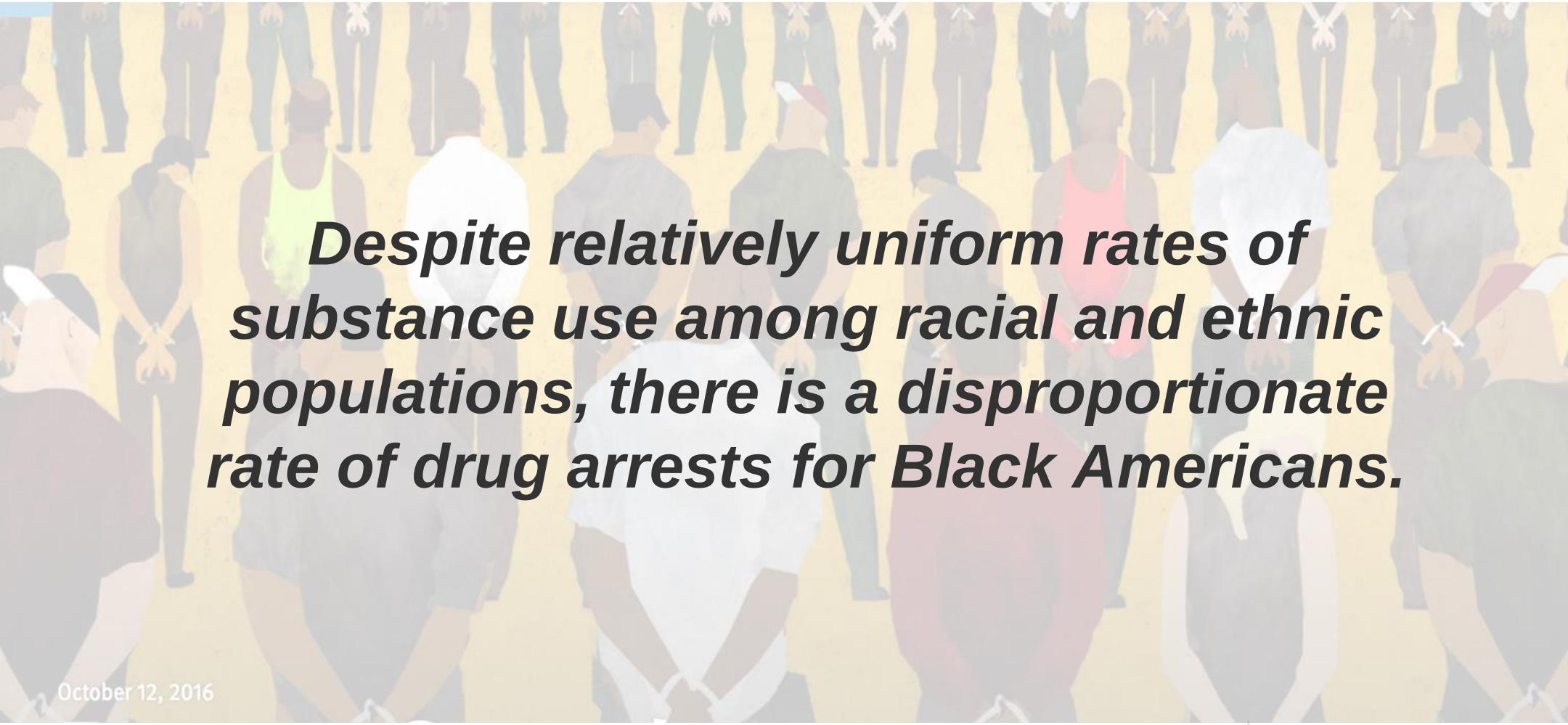
U.S. Drug Policies in the 20th Century

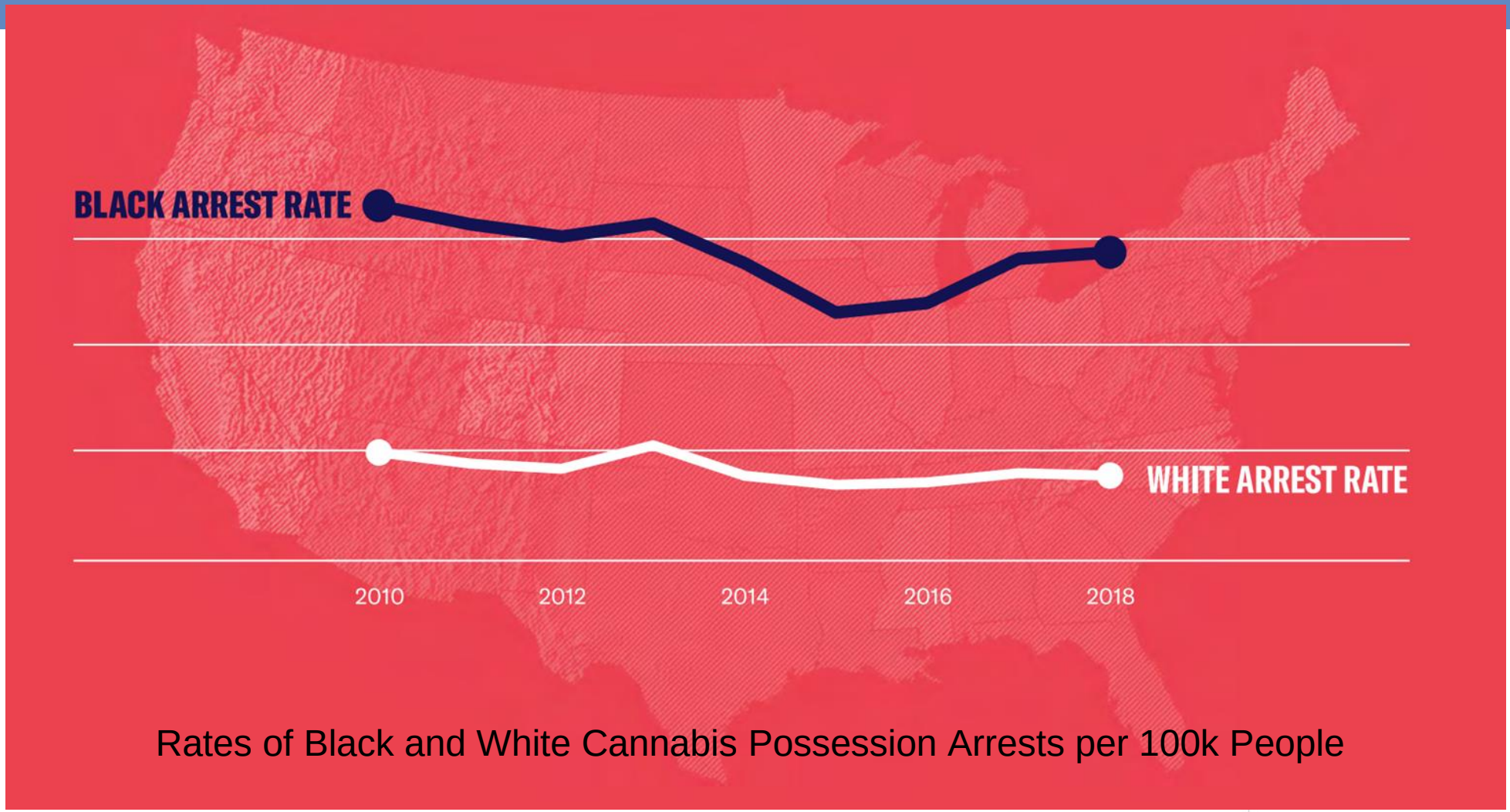
U.S. Drug Policies

1920 National Prohibition Act	Criminalized the sale and distribution of alcohol
1937 Marijuana Tax Act	Criminalized possession of cannabis
1970 Comprehensive Drug Abuse Prevention and Control Act	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.
1986 & 1988 Anti Drug Abuse Act	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.**



Despite relatively uniform rates of substance use among racial and ethnic populations, there is a disproportionate rate of drug arrests for Black Americans.

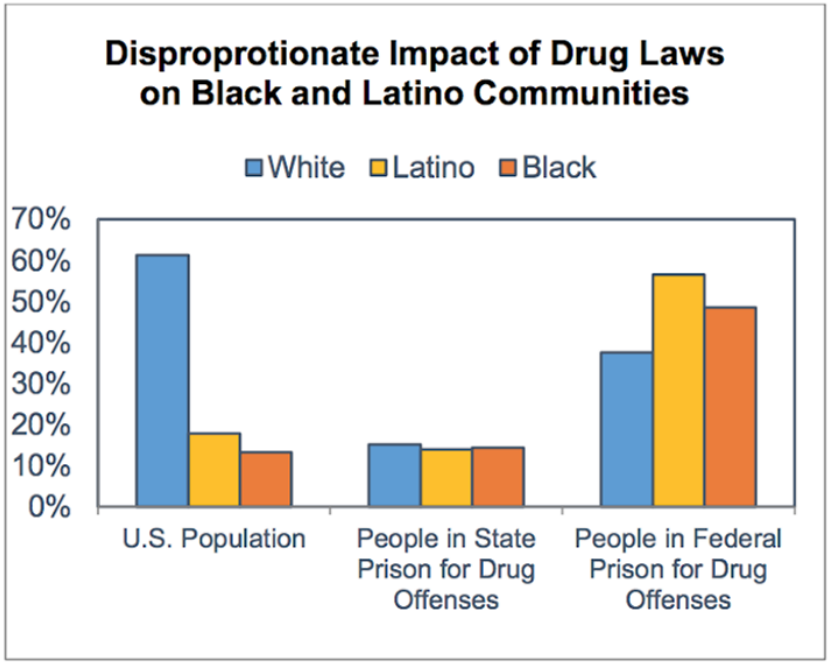
Inequities in Rates of Incarceration



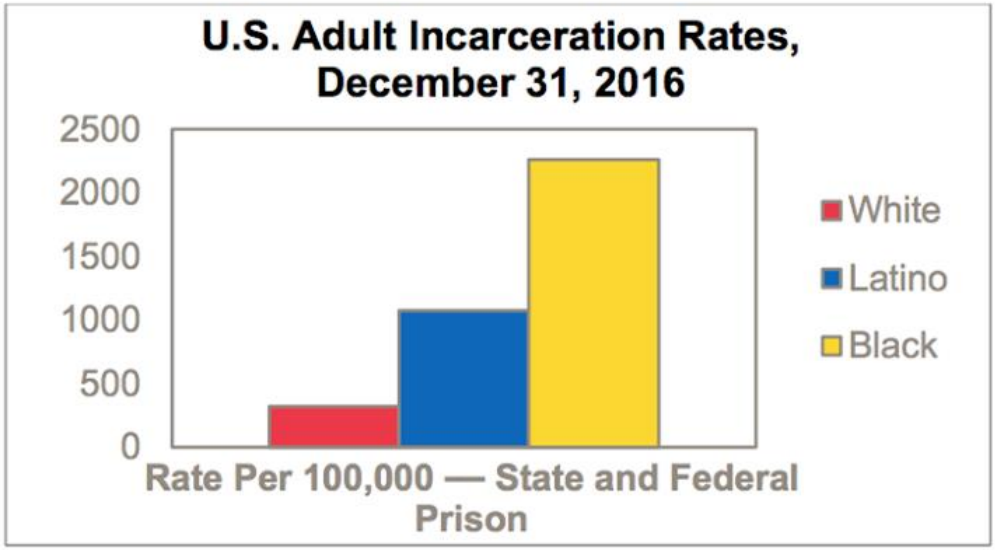
Rates of Black and White Cannabis Possession Arrests per 100k People

ACLU Tale of Two Countries 2020

Inequities in Rates of Incarceration

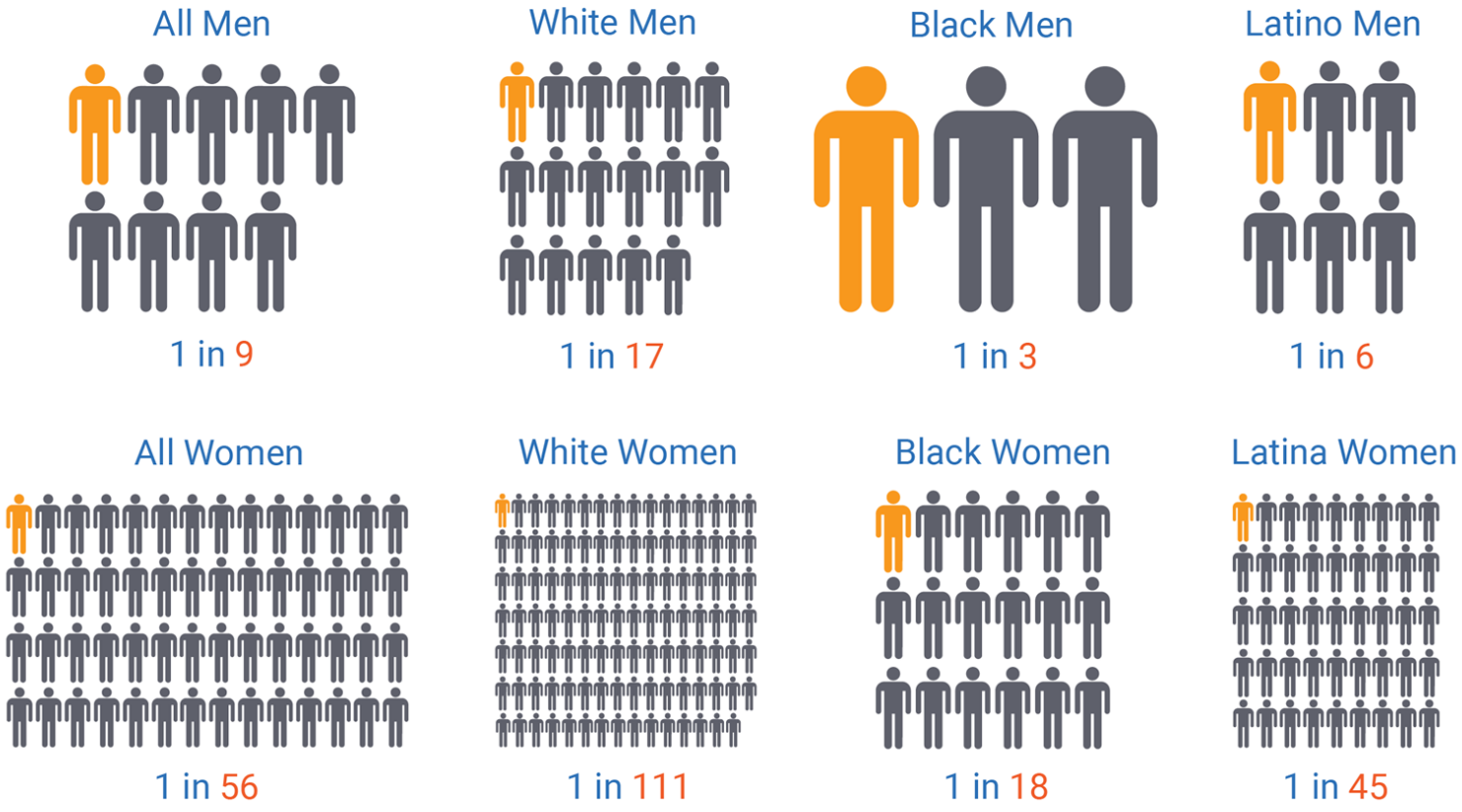


Sources: U.S. Census Bureau; Bureau of Justice Statistics.[19]



Source: Bureau of Justice Statistics, 2017.[25]

Lifetime Likelihood of Imprisonment of U.S. Residents Born in 2001



Source: Bonczar, T. (2003). *Prevalence of Imprisonment in the U.S. Population, 1974-2001*. Washington, D.C.: Bureau of Justice Statistics.

THE SENTENCING PROJECT

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The Psychological Toll

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.

https://www.hrw.org/report/2016/10/12/every-25-seconds/human-toll-criminalizing-drug-use-united-states

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

- Michelle Alexander, The New Jim Crow (2010)

October 12, 2016

https://www.hrw.org/report/2016/10/12/every-25-seconds/human-toll-criminalizing-drug-use-united-states

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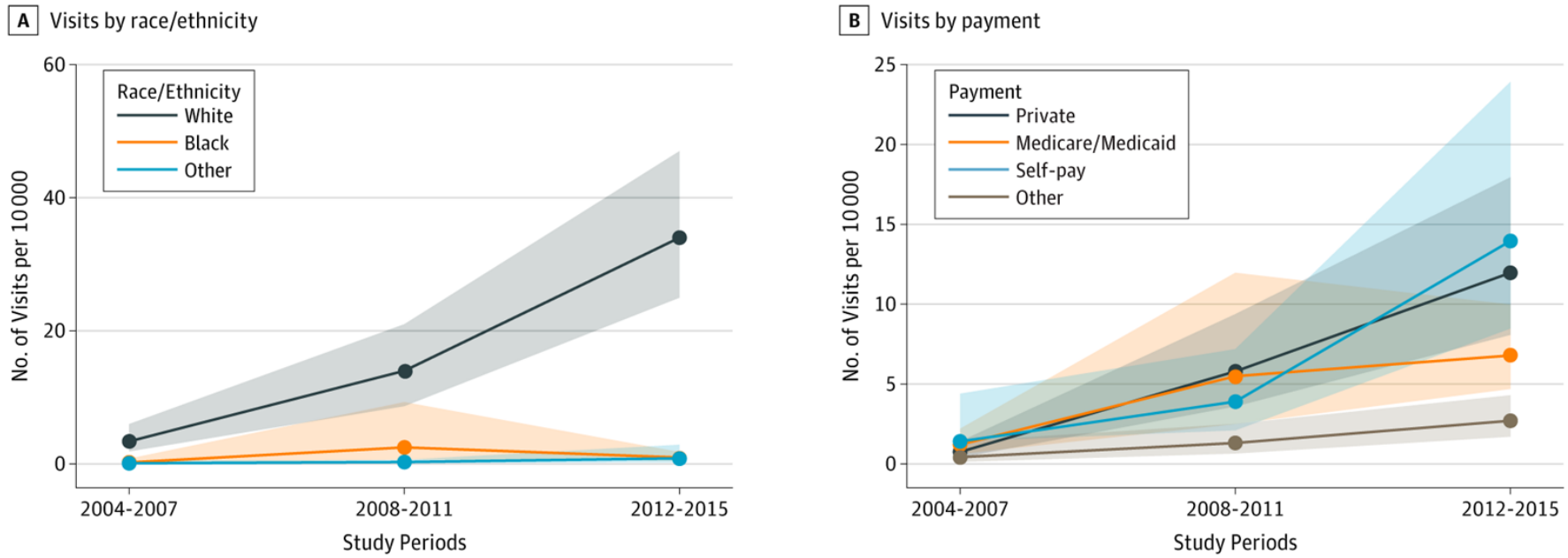
Inequities in OUD Treatment



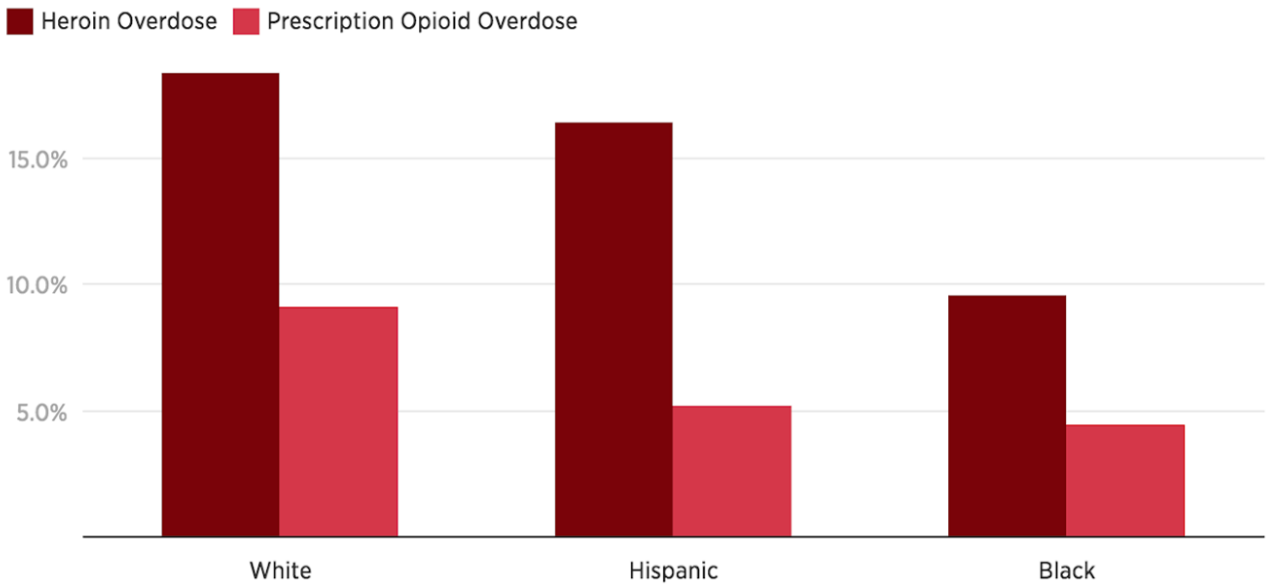
- Black patients were 70% less likely to receive a prescription for buprenorphine at their visit when controlling for payment method, sex and age
- This study demonstrates that buprenorphine treatment is concentrated among white persons and those with private insurance or use self-pay

Lagisetty 2019

Inequities in OUD 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.



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

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

Kilaru 2020

Buprenorphine treatment is largely unavailable to people of color—the very people who could most benefit from its lower stigma.

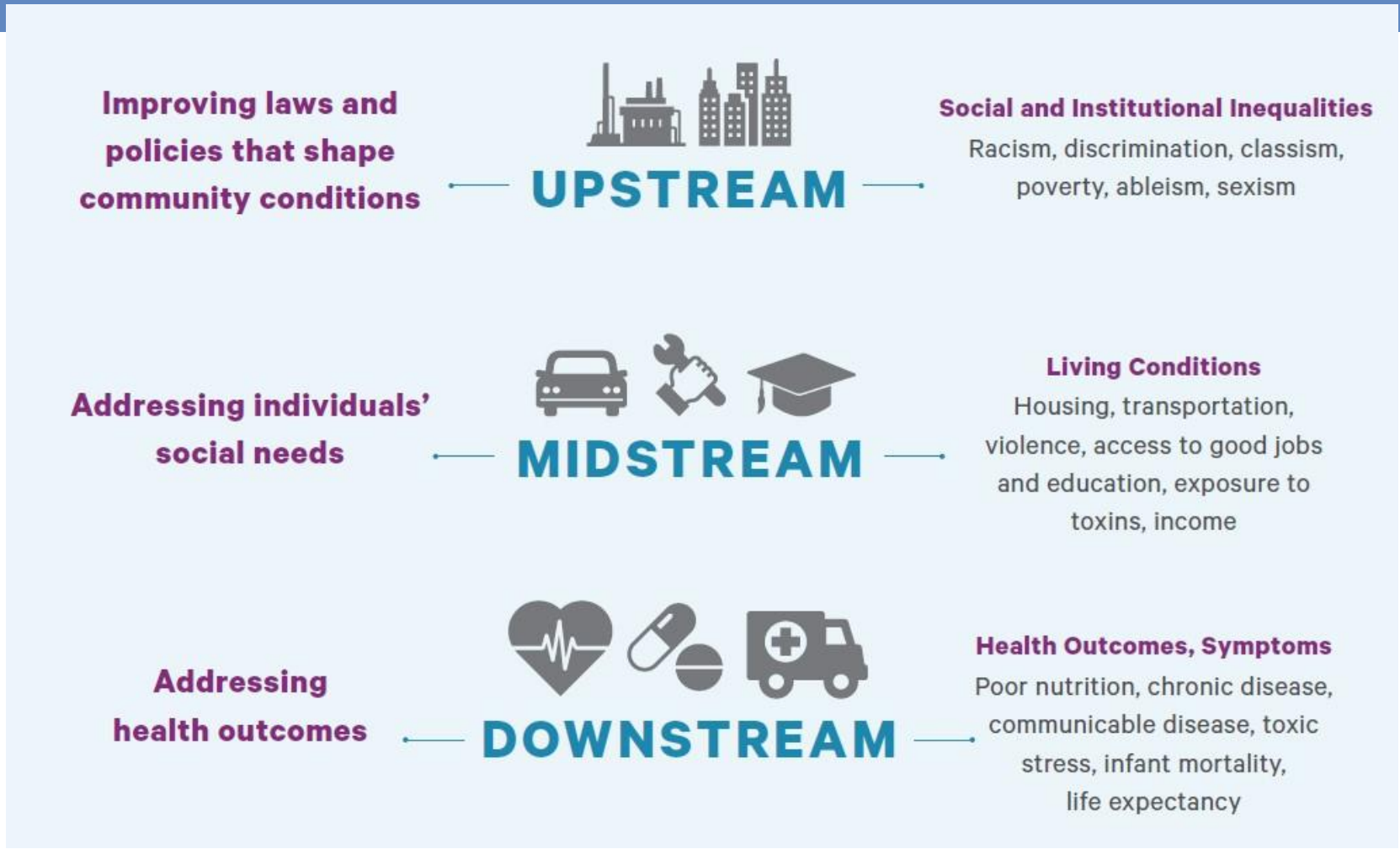
Andraka-Christou 2021

Inequities in OUD Treatment

- Methadone Maintenance Treatment Programs (MMTP)
  - 1800 Opioid Treatment Programs (OTP) nationally
  - Regulated by federal and state governments
  - Highly stigmatized-historical roots “war on drugs”
    - Mical Raz explains, *the regulations framed methadone treatment not as part of a physician-patient therapeutic relationship but as part of a tightly controlled system with extensive surveillance that implied distrust of patients.*
    - Many Black communities view as sources of control

Suen 2021
Andraka-Christou 2021

WHAT CAN WE DO?



https://archive.massbudget.org/report_window.php?loc=Going-Upstream.html

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How Can Treatment Incorporate Racial Equity Lens

- Minority Stress Framework
- Building Relationships with community-you have to understand needs of communities you want to work with
- Patient centered care, trauma informed care
- Inclusive language and Culturally responsive care
  - Pamphlets, brochures, videos
  - What stories are you telling? Are they inclusive of Black families and their stories
- Education/Training for all staff within the place you practice
- Decrease in stigma, racism, discrimination

Key Principles for Addiction Treatment & Health Equity

- Timely, readily available treatment
- Comprehensive care-focuses on the whole individual and not just substance use
  - What other factors may hinder 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;

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Regardless of the type of medication for OUD treatment that patients receive, initiation of treatment has little benefit without retention, which likewise evidences inequities by race/ethnicity.

Andraka-Christou 2021

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, psychological, 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.**

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 focuses on substance use and spirituality as understood and addressed within the African American and Latinx communities	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 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.

Venner 2018
Bellamy and Jordan
https://ylng.yale.edu/news/imani-breakthrough-recovery-program

Workforce

- Too few providers of medication for OUD exist, with only 16% of specialty SUD treatment programs in the US offering any medication for OUD
- Many providers of medications for OUD do not accept Medicaid--creating an access barrier for people with Medicaid coverage

Andraka-Christou 2021

Workforce

REACH
Recognizing and Eliminating disparities in Addiction through Culturally informed Healthcare

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 at NYU and Jeanette Tetrault at Yale.

BU School of Medicine Psychiatry

Achieving Culturally Competent and Equitable Substance use Services (ACCESS)

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

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Workforce

- Nurse Practitioner
  - Grayken Center at Boston Medical Center
  - Grayken Center for Addiction, in partnership with the Substance Use Disorder Nursing Council launched the nation's first addiction fellowship for registered nurses. The goal of this fellowship is to provide nurses with comprehensive, immersive, and specialized training in the care of persons with SUD.

- Physician Assistant
  - In 2019, PAEA has administered the PRAC-ED-PA project, funded by the Substance Abuse and Mental Health Services Administration, with the aim of developing a standardized SUD curriculum for PA education

https://www.bmc.org/addiction/training-education

EVIDENCE BASED TREATMENT

Diagnostic and Statistical Manual Criteria for OUD

TABLE 1 Summarized DSM-5 diagnostic categories and criteria for opioid use disorder

Category	Criteria
Impaired control	• Opioids used in larger amounts or for longer than intended • Unsuccessful efforts or desire to cut back or control opioid use • Excessive amount of time spent obtaining, using, or recovering from opioids • Craving to use opioids
Social impairment	• Failure to fulfill major role obligations at work, school, or home as a result of recurrent opioid use • Persistent or recurrent social or interpersonal problems that are exacerbated by opioids or continued use of opioids despite these problems • Reduced or given up important social, occupational, or recreational activities because of opioid use
Risky use	• Opioid use in physically hazardous situations • Continued opioid use despite knowledge of persistent physical or psychological problem that is likely caused by opioid use
Pharmacological properties	• Tolerance as demonstrated by increased amounts of opioids needed to achieve desired effect; diminished effect with continued use of the same amount • Withdrawal as demonstrated by symptoms of opioid withdrawal syndrome; opioids taken to relieve or avoid withdrawal

Brezing 2015

Characteristics of Medications for Opioid-Addiction Treatment.

Characteristic	Methadone	Buprenorphine	Naltrexone
Brand names	Dolophine, Methadose	Subutex, Suboxone, Zubsolv	Depade, ReVia, Vivitrol
Class	Agonist (fully activates opioid receptors)	Partial agonist (activates opioid receptors but produces a diminished response even with full occupancy)	Antagonist (blocks the opioid receptors and interferes with the rewarding and analgesic effects of opioids)
Use and effects	Taken once per day orally to reduce opioid cravings and withdrawal symptoms	Taken orally or sublingually (usually once a day) to relieve opioid cravings and withdrawal symptoms	Taken orally or by injection to diminish the reinforcing effects of opioids (potentially extinguishing the association between conditioned stimuli and opioid use)
Advantages	High strength and efficacy as long as oral dosing (which slows brain uptake and reduces euphoria) is adhered to; excellent option for patients who have no response to other medications	Eligible to be prescribed by certified physicians, which eliminates the need to visit specialized treatment clinics and thus widens availability	Not addictive or sedating and does not result in physical dependence; a recently approved depot injection formulation, Vivitrol, eliminates need for daily dosing
Disadvantages	Mostly available through approved outpatient treatment programs, which patients must visit daily	Subutex has measurable abuse liability; Suboxone diminishes this risk by including naloxone, an antagonist that induces withdrawal if the drug is injected	Poor patient compliance (but Vivitrol should improve compliance); initiation requires attaining prolonged (e.g., 7-day) abstinence, during which withdrawal, relapse, and early dropout may occur

Volkow 2014

Key Takeaways

- Opioid use disorder is treatable through medication, recovery supports and/or evidence-based therapies
- Racism, stigma and discrimination in policy, institutions and interpersonally mediated have had profound inequities in Black people receiving timely, accessible treatment
- Culturally responsive care recognizes the biases, stigma and discrimination toward Black People and creates services that are attuned and aligned with the community's culture

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Recovery Oriented Systems of Care Intersection with Harm Reduction

Andre L. Johnson
Detroit Recovery Project Inc.

Educational Objectives

- Understand and develop evidence-based best practices related to the intersection between Recovery Oriented Systems of Care and Harm Reduction Services
  - Reducing opioid overdose utilizing grassroots approaches
  - Learn effective strategies to engage vulnerable populations

DETROIT RECOVERY PROJECT INC.
Doing It Together!

Detroit Recovery Project

Mission

DRP is a private non-profit corporation, licensed and accredited by the State of Michigan, dedicated to supporting recovery which strengthens, rebuilds, and empowers individuals, families and communities who are experiencing co-occurring mental illness, and substance use disorders. This is accomplished by ensuring access to integrated networks of effective and culturally competent holistic health services.

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ARCO
Association of Recovery Community Organizations

Certified Community Behavioral Health Clinic

- Substance Use Treatment
- Recovery Support
- Physical Health and Primary Care
- Mental Health Services
- Case Management Services
- Psychiatric Services

Prevention

- Harm Reduction
- Syringe Services Program
- HIV/AIDS Prevention and Education Services
- HCV Prevention and Education Services
- Linkage to Care
- Collegiate Recovery
- Youth Community Center

HIV Prevention, Testing and Linkage to Care

- Safe and Healthy Decision-Making Workshops for Youth and Young Adults
- Case Management for Youth and Young Adults active in High-Risk Behaviors
- Rapid HIV Antibody Testing
- Direct Linkage to Care
- Free Condom Distribution
- SUD Treatment Center Safe Sex and Health Education Workshops
- Linkages to SUD Treatment for HIV positive individuals not currently in treatment or recovery

CDC- HIV Testing

Working to increase HIV testing among PWID or PWUD

Rapid HIV Testing at Pope Francis Center

Rapid HIV Testing on DRP Mobile Unit

Direct Linkage to Care for new HIV Cases

Re-engagement to care for individuals fallen out of care

HCV (HEP-C) Testing- GILEAD

Provide rapid HCV testing for individuals active in drug use, entering SUD treatment, or early in recovery

Direct linkage to HCV treatment through telehealth services with Henry Ford Hospital

Assistance in all needs to access HCV care including transportation, ID, and medication access

Syringe Services and Engagement MDHHS

- Provide direct care to PWID/PWUD with integrity and kindness
- Provide clean drug using supplies
- Provide education on safe smoking, snorting and injection practices
- Provide direct linkage to inpatient, MOUD or other SUD treatments
- Wound care
- Food, gloves, ID assistance, and more

Mobile Prevention Team Services

- Provided 5-days/week
- Allows the team to access and serve more people
- Linking more people to treatment, in that one moment when they are willing
- Providing people connection before they have reached a state of willingness to change, through Motivational Interviewing
- Decreasing overdose deaths
- Decreasing new HIV and HCV cases
- Preserving life until they become “recovery ready”

Recovery

- Recovery Support Services
- Recovery Coaching
- Tri-Cities Recovery Communities
- Building Communities of Recovery
- Bureau of Justice- R.I.S.E Initiative
- Recovery On Call

Recovery Services

Built on the Foundational idea that there are many pathways to recovery, DRP meets the Informational, Instrumentation, Affiliation, and Social Support Needs through our comprehensive services and supports.

Individuals

- Screening, Brief Intervention and Referral to Treatment (if needed)
- One-on-One Mentorship and Recovery Coaching
- Linkages to Care and Supportive Services
- Social Supports, including Support Groups, 12-Step Networks
- Life Skills Workshops
- Wellness Support (Fitness, Mindfulness Meditation and Yoga)
- Recovery Housing

City & State

- Recovery Community Organization Support
- Technical Assistance for Recovery Community Organizations throughout the State of Michigan
- Quarterly Workshops and Webinars to Support Recovery Leaders and Paraprofessionals
- Community Education on Prevention, Treatment & Recovery
- Recovery Advocacy Education

Education & Enrichment

Recovery Training Institute

Recovery Training Institute

- Nationally there is more demand for behavioral health treatment than workforce capacity to deliver services
- DRP's new registered Apprenticeship Program with the Department of Labor creates opportunity to expand behavioral health workforce
- Opportunity to earn Nationally recognized credentials and Associates Degree in partnership with University of Phoenix

Evidence-Based Practices and Interventions

- Choosing Life: Empowerment, Action, Results (CLEAR)
- Be Proud, Be Responsible
- Cognitive Behavioral Therapy
- Contingency Management
- Harm Reduction
- Social Networking Strategy (SNS)
- Screening Brief Intervention, Referral to Treatment (SBIRT)
- Motivational Interviewing (MI)
- Assertive Community Treatment (ACT)
- Recovery Support Services
- Stop Tobacco and Nicotine Dependence (STOP)
- Mindfulness Meditation
- Trauma Informed Yoga

CDC, 2020; CDC, 2016

Data and Statistics

Clinical Services (Behavioral Health, Primary Care, Group Support)

- 863 Individuals served

Recovery Coaching

- 125 individuals received Recovery Coaching services

BCOR (Building Communities of Recovery) Trainings

- 61 Recovery Trainings Hosted in 2021
- 679 Participants

Recovery Training Institute

- 100 Recovery Coaches Trained

Syringe Services, Engagement and Recovery On Demand

- 1,002 New Enrollees
- 4,124 Encounters
- Naloxone Distributed to 5,070 people
- 1,124 Overdoses Reversed
- 57 Linked to Treatment

Key Takeaways

- 5 P’s: Proper, Planning, Prevents, Poor, Performance
- Understand your population quality of life (biological, environmental stresses)
- Design and develop programs that truly meet the population where they are at
- We need more ”Boots on the Grounds” services

References

- Detroit Recovery Project, https://recovery4detroit.com/
- Rotheram-Borus, M. CDC. (2020, Jan 13). *Choosing Life: Empowerment, Actions, Results (CLEAR).* Compendium of Evidence-based Interventions and Best Practices for HIV Prevention. https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/rr/cdc-hiv-intervention-rr-best-clear.pdf
- Jemmott, J. B. CDC. (2016, Oct 3). *Be Proud! Be Responsible!* Compendium of Evidence-based Interventions and Best Practices for HIV Prevention. https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/rr/archive/cdc-hiv-rr-be-proud-be-responsible.pdf

Thank you

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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 (MOUD)**.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

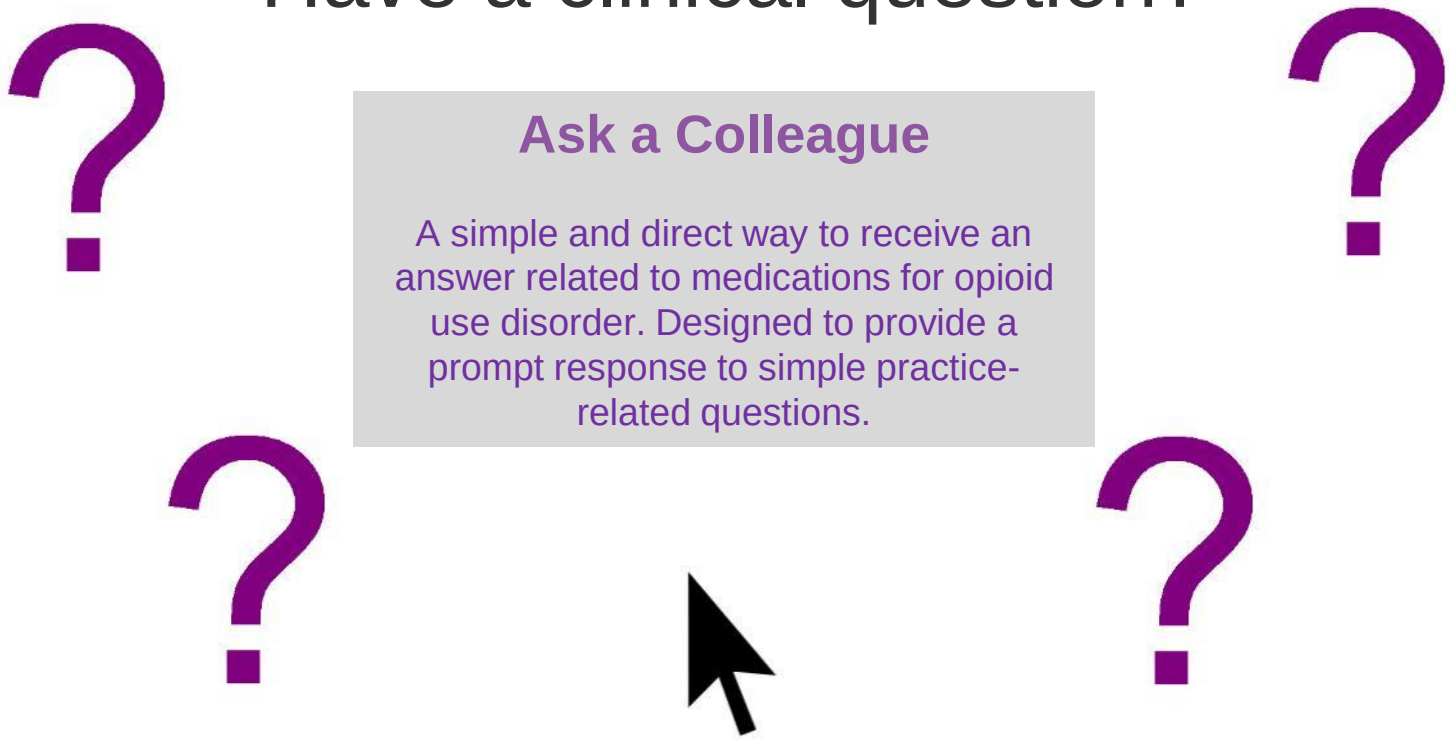
For more information visit:

https://pcssNOW.org/mentoring/

PCSS Providers Clinical Support System

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

PCSS Providers Clinical Support System

PCSS Providers Clinical Support System

PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

Addiction Technology Transfer Center	American Society of Addiction Medicine
American Academy of Family Physicians	American Society for Pain Management Nursing
American Academy of Pain Medicine	Association for Multidisciplinary Education and Research in Substance use and Addiction
American Academy of Pediatrics	Council on Social Work Education
American Pharmacists Association	International Nurses Society on Addictions
American College of Emergency Physicians	National Association for Community Health Centers
American Dental Association	National Association of Social Workers
American Medical Association	National Council for Mental Wellbeing
American Osteopathic Academy of Addiction Medicine	The National Judicial College
American Psychiatric Association	Physician Assistant Education Association
American Psychiatric Nurses Association	Society for Academic Emergency Medicine

PCSS Providers Clinical Support System

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