PCSS Medications for Opioid Use Disorders

Providers Clinical Support System

Inequities in Black People Accessing and Receiving Substance Use Treatment

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- The overarching goal of PCSS-MOUD is to increase healthcare professionals' knowledge, skills, and confidence in providing evidence-based practices in the prevention, treatment, recovery, and harm reduction of OUD.

Disclosure to Learners

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All disclosures have been reviewed, and there are no relevant financial relationships with ineligible companies to disclose.

All speakers have been advised that any recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in patient care. All scientific research referred to, reported, or used in the presentation must conform to the generally accepted standards of experimental design, data collection, and analysis.

Educational Objectives

At the conclusion of this activity participants should be able to:

1. **Describe racial inequities in substance use disorders:** Understand how systemic racism, discrimination, and social inequalities contribute to disparities in access to and treatment for substance use disorders among Black individuals

2. **Review federal and state policies that influenced the criminalization of substance use:** Analyze key drug policies, such as the Harrison Narcotics Act and the War on Drugs, and their disproportionate impact on Black communities in relation to substance use criminalization.

3. **List individual and programmatic strategies to decrease inequities in treating substance use disorders:** Identify both individual-level actions and programmatic changes that can reduce racial disparities in substance use treatment, including culturally responsive care and policy reforms.

DEFINING TERMS

Race vs Ethnicity

- **Race** refers to the social construction and categorization of people based on perceived shared physical traits that maintain a sociopolitical hierarchy.
  - Self-reported race frequently varies owing to changing social contexts and an individual's possible identification with more than one race.

- **Ethnicity** is a characterization of people based on having a shared culture (e.g., language, food, music, dress, values, and beliefs) related to common ancestry and shared history

- **Colorism-or skin color stratification** is a process that privileges light-skinned people of color over dark in areas such as income, education, housing, and the marriage market *despite their race or ethnicity*

(Hunter 2007; Gong 2017, APA, n.d.)

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 the realization of the full potential of the whole society through the waste of human resources.

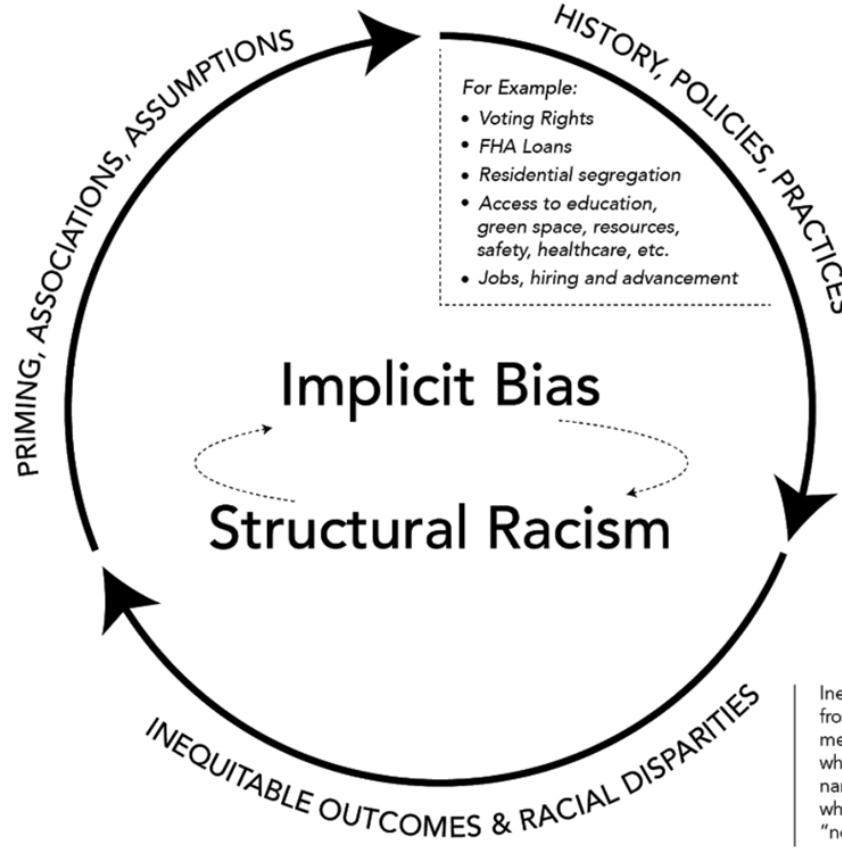
- It is a system (consisting of structures, policies, practices, and norms) that structures opportunity and assigns value based on phenotype, or the way people look. It unfairly disadvantages some individuals and communities.

(Jones, 2002)

Health Inequities

Health inequities arise when certain populations are made vulnerable to illness or disease, often through structural factors that cause the inequitable distribution of protections and supports

(Jones, 2002; KFF, 2023)



Dominant narratives about race (family, media, society) coupled with racialized structural arrangements and differential outcomes by race all **prime** us to believe that people of color are inferior to white people, create and maintain harmful associations, and lead us to make harmful assumptions, consciously and unconsciously, about people of color

Race is created to justify enslaving people from Africa (economic engine of country)

Policies and practices that consolidate and protect power bestow unearned economic, social, cultural, and political **advantage** to people called "white," and unearned **disadvantage** to people of color

National narrative (ideology, belief system) about people of color being "less than" human (and less than white) justifies mistreatment and inequality (white supremacy)

Inequitable outcomes and experiences resulting from policy decisions in health, housing, employment, education, and life expectancy - reinforces white supremacist beliefs and ideology; dominant narrative uses disparate outcomes as evidence of white superiority, promotes whiteness as "normal" and desirable and justifies inequality

(National Equity Project, n.d.)

"The only way to address inequity is to disaggregate groups of people, identify differences, understand root causes, and work with communities to develop solutions that reflect their lived experiences"

Bisola Ojikutu, MD

Commissioner of Public Health for the City of Boston

BY THE NUMBERS

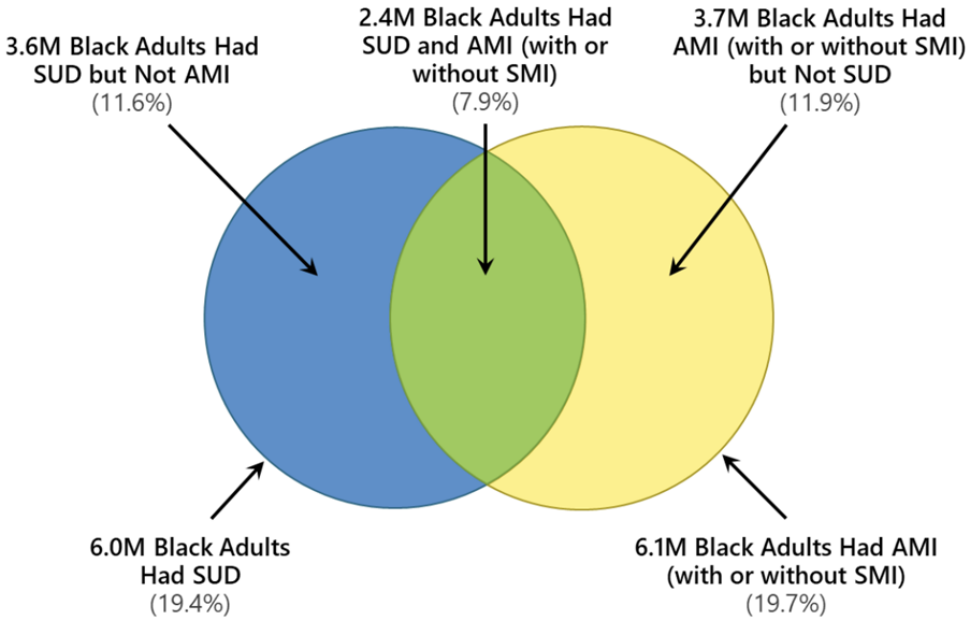
Importance of the Topic

- Substance use has been identified as one of the leading public health concerns in America.
- For Black people, 86% diagnosed with SUD did not seek out or receive addiction treatment.
- Over the last five years, drug overdose deaths among Black people have steadily increased
- Discrimination, structural racism, and mass incarceration have played critical roles in substance use within the Black community.

(RWJF, 2001; Jordan, 2020; Hunte, 2012; Ojikutu, 2024)

Mental Illness and SUD in Black Americans*

Co-Occurring Substance Use Disorder and Any Mental Illness: Among Black Adults Aged 18 or Older



9.7 Million Black Adults Had Either SUD or AMI (with or without SMI)

- **2.4 million (7.9%) Black adults aged 18 or older had co-occurring SUD and AMI**
- **More than 2 in 5 (41.3%) Black young adults aged 18 to 25 had SUD or AMI**

45 AMI = any mental illness; SMI = serious mental illness; SUD = substance use disorder.

***Past Year**

SAMHSA
Substance Abuse and Mental Health Services Administration

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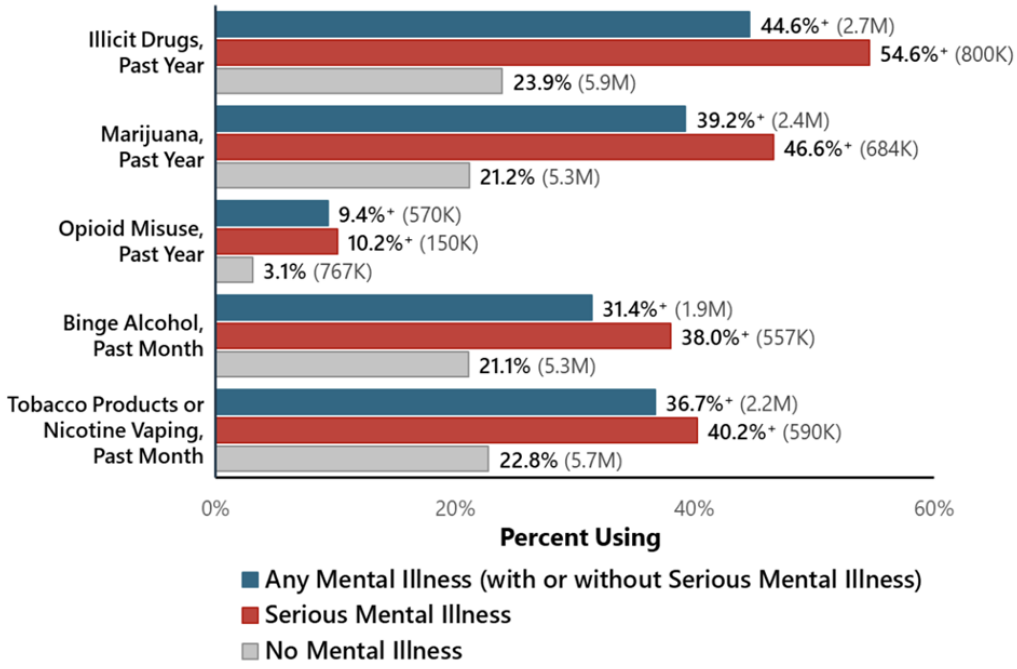
(SAMHSA, n.d.)

Past Year Substance Use by Mental Illness

Past Year Substance Use by Mental Illness: Among Black Adults Aged 18 or Older



- **Black adults with SMI or AMI in the past year were more likely to have used or misused these substances than those without mental illness**

AMI = any mental illness; SMI = serious mental illness.

+ Difference between this estimate and the estimate for adults aged 18 or older without mental illness is statistically significant at the .05 level.

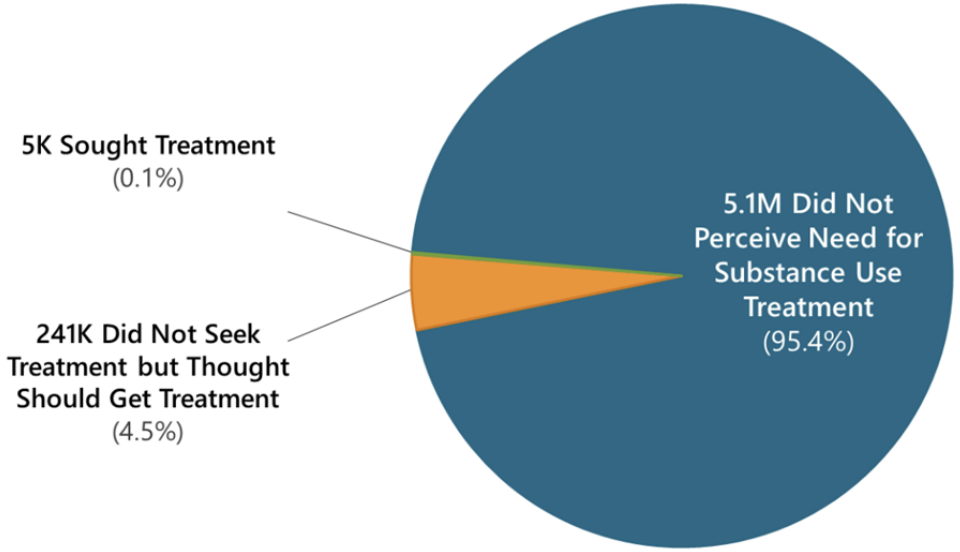
SAMHSA Substance Abuse and Mental Health Services Administration

Serious mental illness (SMI) is a subset of any mental illness (AMI) because SMI is limited to people with AMI which results in serious functional impairment.

(SAMHSA, n.d.)

Perceived Need for Substance Use Treatment

Perceived Need for Substance Use Treatment:
Among Black People Aged 12 or Older with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment in the Past Year



- **Nearly all Black people with a substance use disorder who did not receive substance use treatment did not think they needed treatment**

5.4 Million Black People with a Substance Use Disorder Who Did Not Receive Substance Use Treatment

Note: Respondents with unknown perceptions of need for substance use treatment were excluded from the analyses.

SAMHSA Substance Abuse and Mental Health

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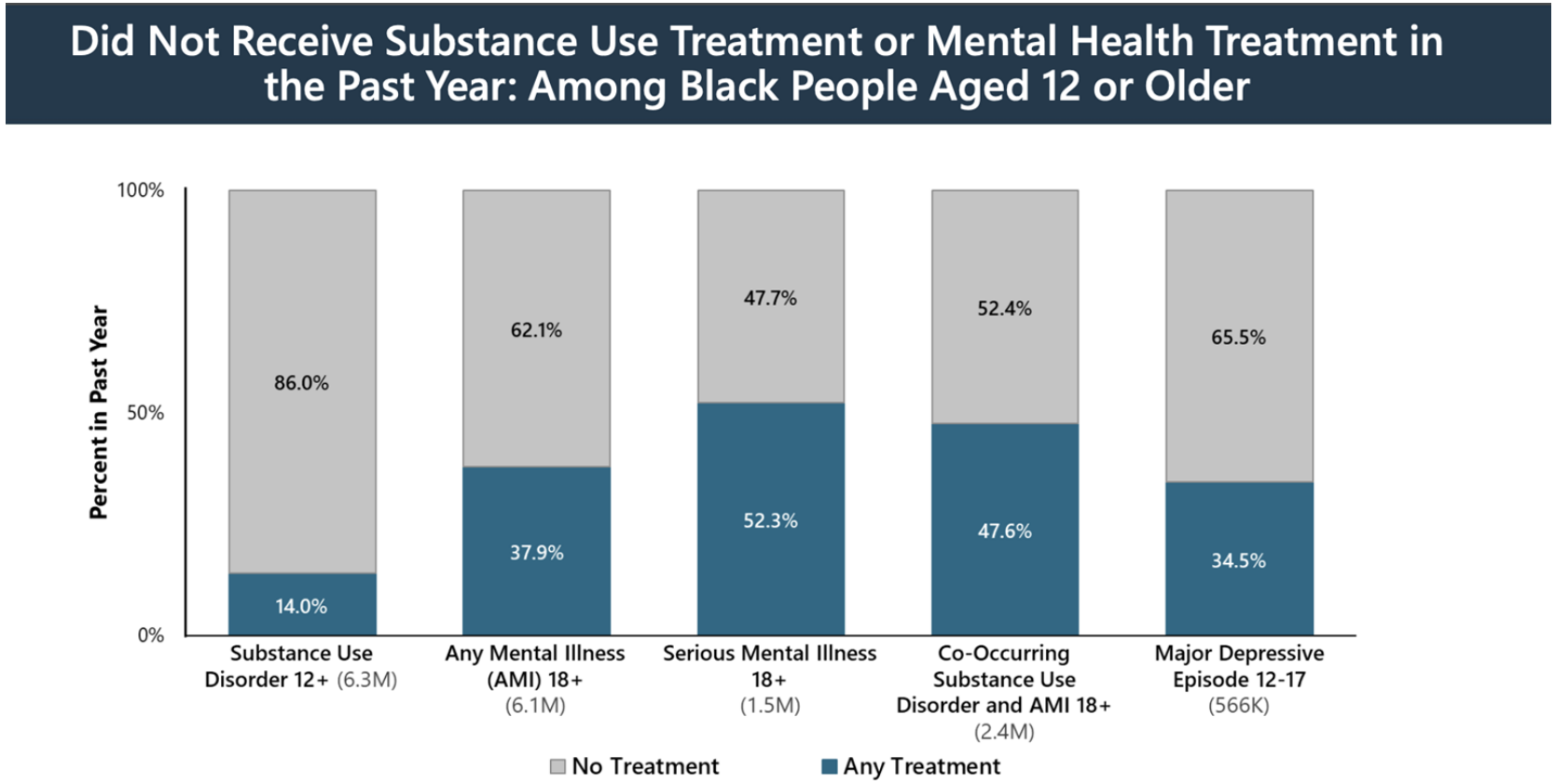
(SAMHSA, n.d.)

Mental Health and SUD: Huge Treatment Gaps



(SAMHSA, n.d.)

SAMHSA
Substance Abuse and Mental Health

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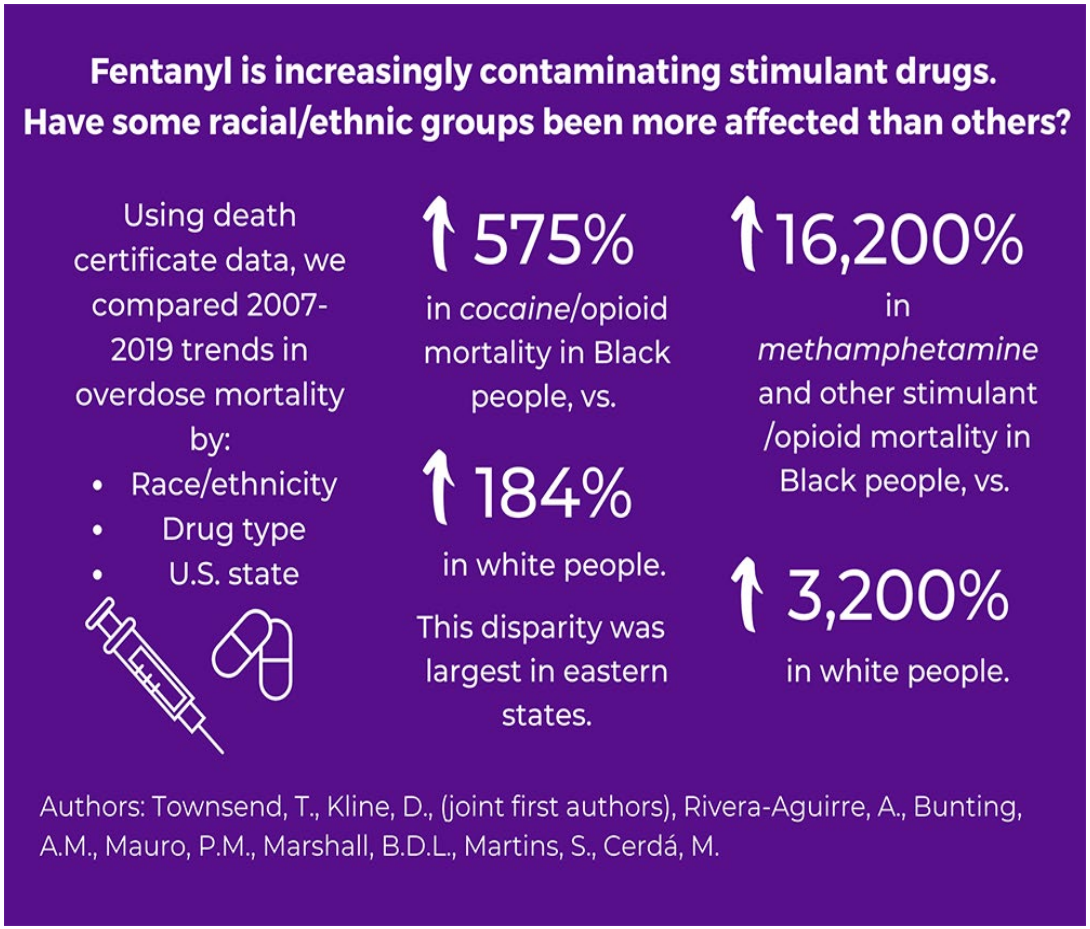
Pre-Pandemic



- The team of investigators found that between 2007 and 2019, the rate of Black Americans dying from opioids and cocaine climbed by 575 percent, compared to 184 percent among White people.
- While mortality from methamphetamine and other stimulants (MOS) remained at lower levels in 2019 than cocaine and opioid mortality, it has increased dramatically in recent years among Black Americans.
- MOS and opioid mortality rose 16,200 percent in Black people versus 3,200 percent in White people.

(Townsend et al., 2023)

Syndemic: COVID 19 Pandemic, Race and Substance Use

- From **2019 to 2020, drug overdose death rates increased by 44%** and 39% among non-Hispanic Black (Black) and non-Hispanic American Indian or Alaska Native (AI/AN) persons
- The **rate in 2020 among Black males aged ≥65 years was nearly seven times** that of non-Hispanic White males aged ≥65 years. A history of substance use was frequently reported.
- Evidence of previous substance use treatment was lowest for Black persons (8.3%).
- **Disparities in overdose deaths, particularly among Black persons, were larger in counties with greater income inequality**.
- Opioid overdose rates in 2020 were higher in areas with more opioid treatment program availability compared with areas with lower opioid treatment availability, particularly among Black (34.3 versus 16.6) and AI/AN (33.4 versus 16.2) persons.
- *Disparities in overdose mortality rates are not fully explained by substance use patterns and might result from unequal access to substance use treatment services, socioeconomic inequities, and social determinants of health*

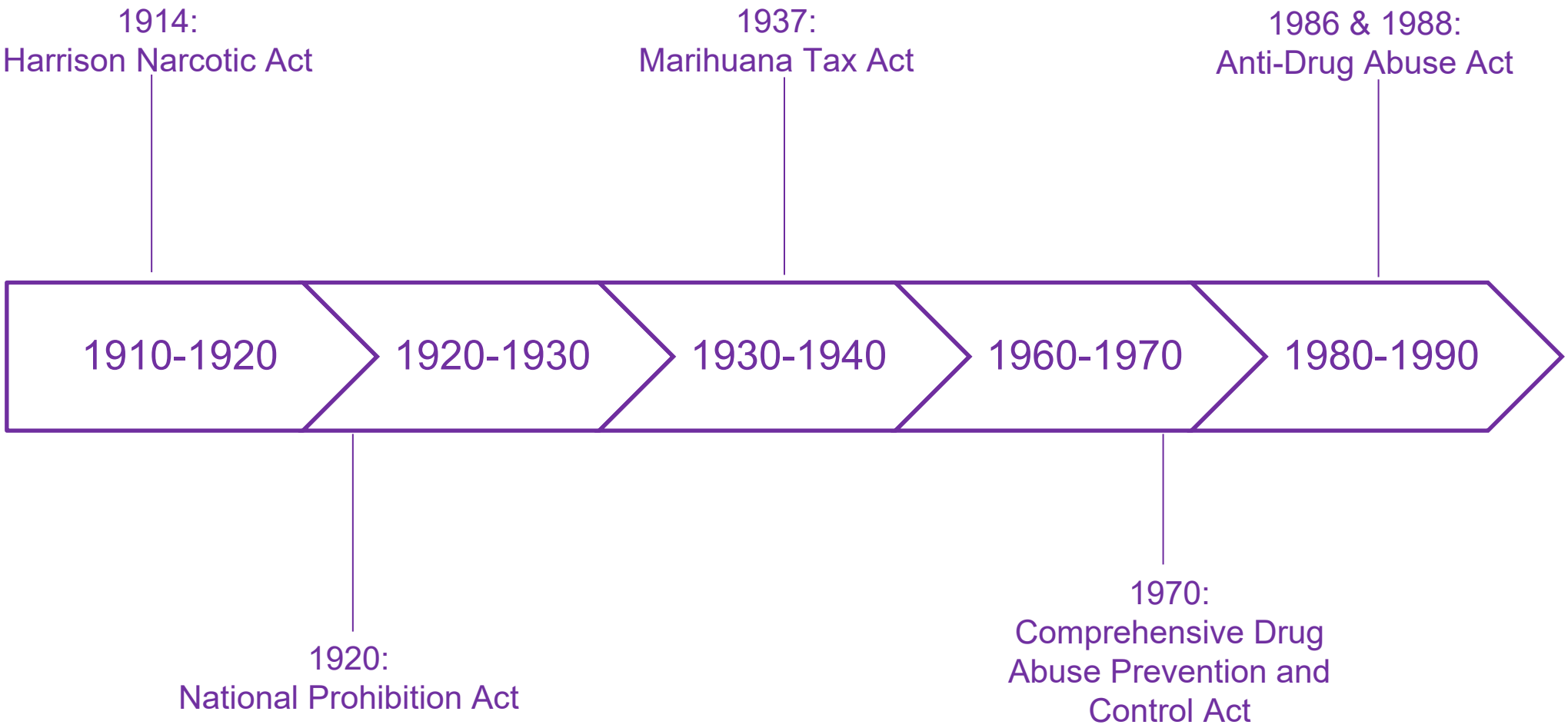
(CDC, Mpox Outbreak, 2022)

HOW DID WE GET HERE?

U.S. Drug Policies in the 20th Century

When considering health inequities in addiction, it is important to give attention to this longitudinal perspective, as it creates a framework for understanding the current treatment landscape.

U.S. Drug Policies



(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."**

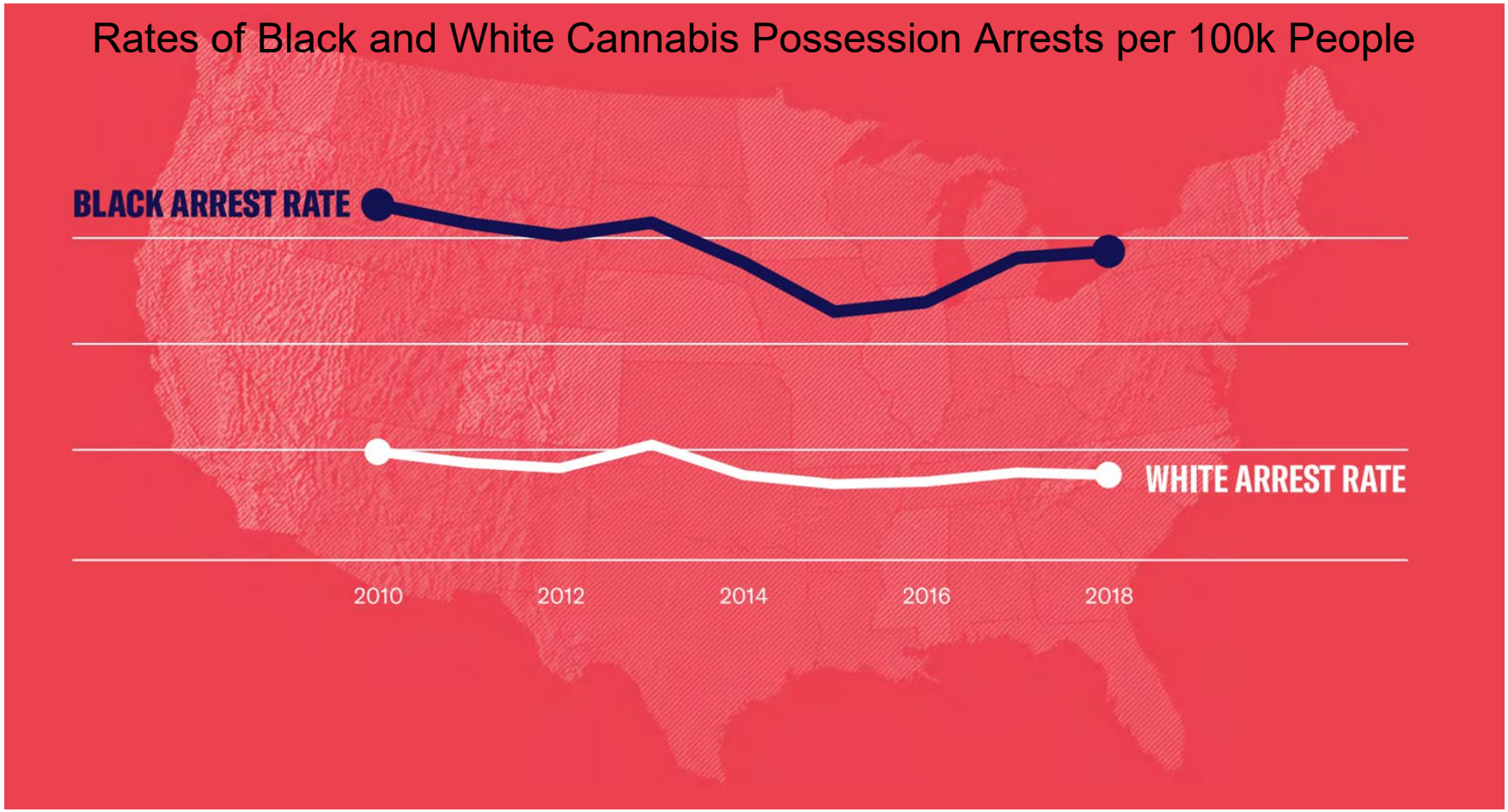
- **Provision protecting physicians, however, contained the phrase, "in the course of his professional practice only". <u>After the law passed, this phrase was interpreted by law-enforcement officers to mean that a doctor could not prescribe opiates to those in need of addiction treatment</u>**

U.S. Drug Policies

1920 National Prohibition Act	Criminalized the sale and distribution of alcohol
1937 Marihuana 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.**

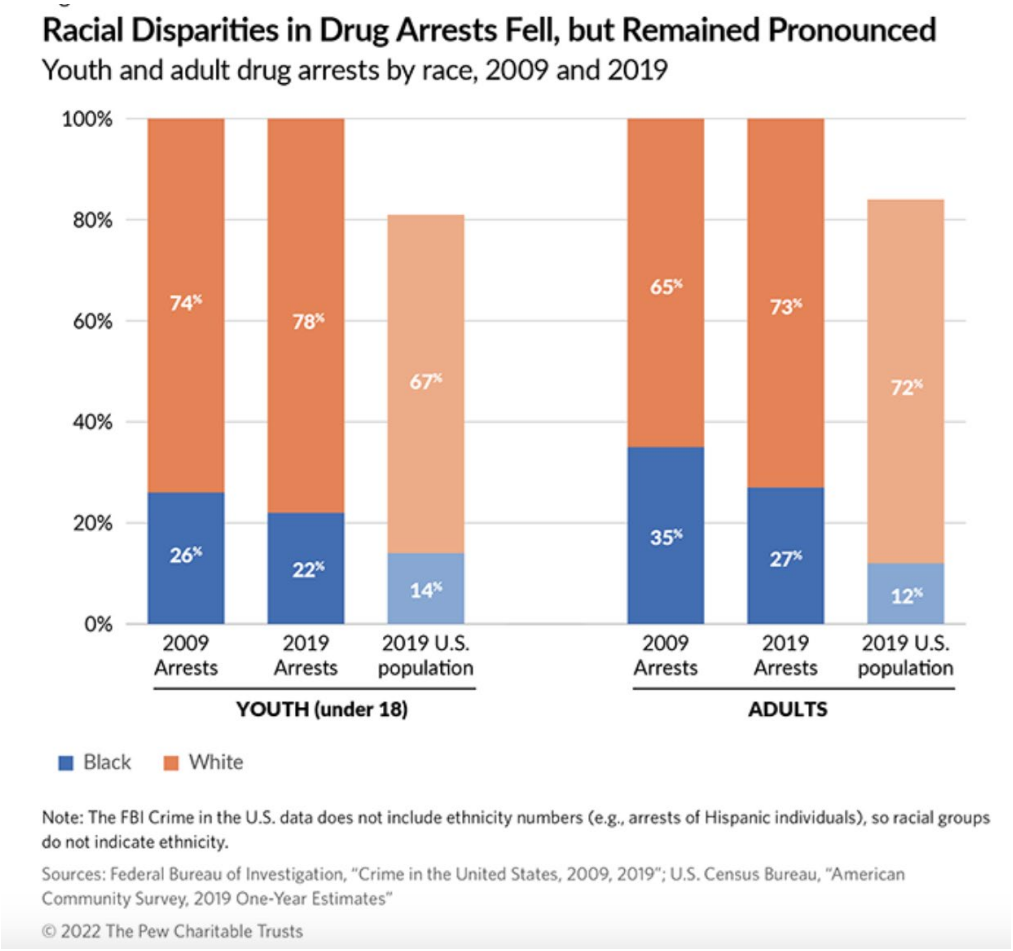
(Sacco, 2014)

Inequities in Rates of Incarceration



(ACLU, Tale of Two Countries, 2020)

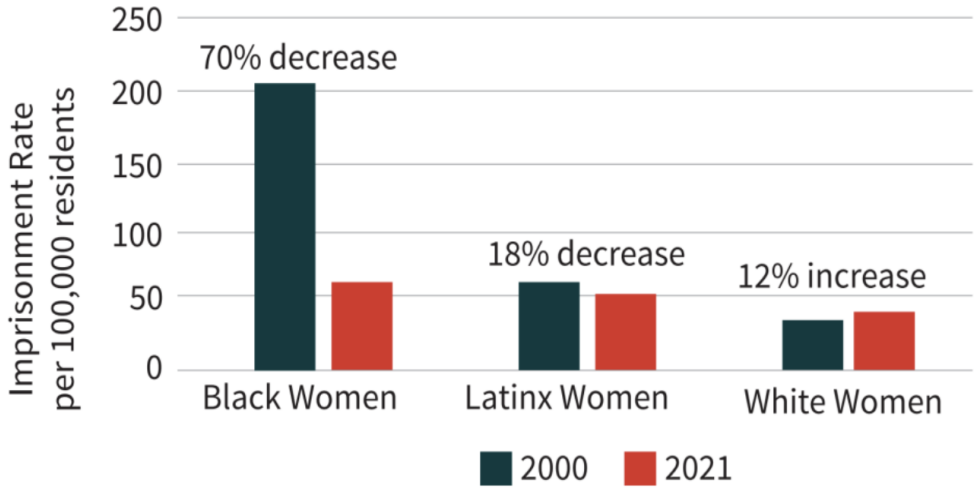
Drug Arrests Rates



(Pew Trusts, Drug Arrests and Imprisonment, 2022)

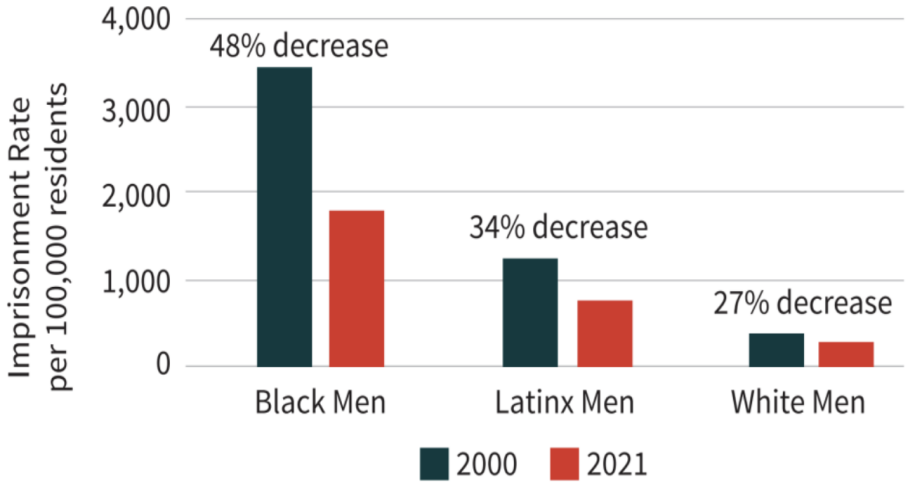
Imprisonment Rates

Figure 3. Female Imprisonment Rates: 2000 vs. 2021



Source: Carson, E. A. (2022). Prisoners in 2021 – Statistical tables. Bureau of Justice Statistics; Beck, A. J., & Harrison, P. M. (2001). Prisoners in 2000. Bureau of Justice Statistics.

Figure 4. Male Imprisonment Rates: 2000 vs. 2021



Source: Carson, E. A. (2022). Prisoners in 2021 – Statistical tables. Bureau of Justice Statistics; Beck, A. J., & Harrison, P. M. (2001). Prisoners in 2000. Bureau of Justice Statistics.

Sentencing Project, Ending Racial Inequity in Incarceration, 2021

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The Continued Consequences of the War on Drugs

- More than 60% of carceral–involved individuals are Black people or other people of color, even though these groups make up just 30% of the US population.
- Black, Latine, and American Indian/Alaska Native (AI/AN) persons are more likely to be incarcerated compared with White persons, and police interactions among racial/ethnic minorities are more likely to result in arrest, even after accounting for arrest decision-making by police
- Only 1 in 13 people who were arrested and had a substance use disorder received treatment while in jail or prison
- More Black people were arrested for cocaine in 2016 than white people were arrested for heroin and other opioids

(Rosenberg, Race and the War on Drugs, 2016; Camplain, Race and the War on Drugs, 2020)

The Continued Consequences of the War on Drugs

- Many of the health and social consequences of drug use are more severe for Black people. Not only are they more likely to be charged with a crime for using substances, but they are also much more likely than white people to be incarcerated and to have their children removed from their custody.

- Black people are also less likely than their white counterparts to receive treatment for substance use disorder (SUD). They are less likely to be offered FDA-approved medication treatment, and less likely to receive residential treatment or outpatient counseling.

(Rosenberg 2016; Camplain 2020; Komaromy & Reason 2021)

Societal Response

The Washington Post

Crack Babies: The Worst Threat Is Mom Herself

By Douglas J. Besharov

LAST WEEK in this city, Greater Southeast Community Hospital released a 7-week-old baby to her homeless, drug-addicted mother even though the child was at severe risk of pulmonary arrest. The hospital's explanation: "Because [the mother], demanded that the baby be released."

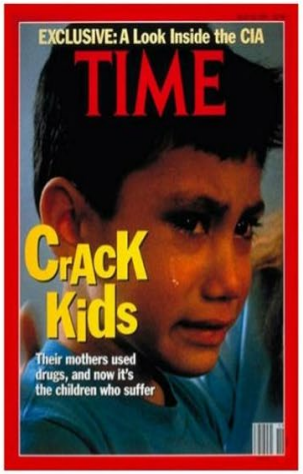
The hospital provided the mother with an apnea monitor to warn her if the baby stopped breathing while asleep, and trained her in CPR. But on the very first night, the mother went out drinking and left the child at a friend's house—without the monitor. Within seven hours, the baby was dead. Like Dooney Waters, the 6-year-old living in his mother's drug den, whose shocking story was reported in The Washington Post last week, this child was all but abandoned by the authorities.

Children of the Opioid Epidemic

In the midst of a national opioid crisis, mothers addicted to drugs struggle to get off them — for their babies' sake, and their own.

By JENNIFER EGAN MAY 9, 2018

Societal Response



"THE FUNDAMENTAL CLINICAL ACCOUNTABILITY OF DRUG TREATMENT PROFESSIONALS TO INDIVIDUAL PATIENTS HAS BEEN SUBORDINATED TO THE GOALS OF THE CRIMINAL JUSTICE SYSTEM."

ERNEST DRUCKER, *A PLAGUE OF PRISONS*

This literature demonstrates the greater likelihood of Black involvement in the criminal justice system through policing practices and sentencing policies for drug-related crime, differences in sentencing practices and case processing, and the heightened disadvantage Blacks face once they are removed from their communities, and upon return, as labeled felons and drug offenders

(Rosenberg 2017; Isom 2020)

"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)

(Human Rights Watch, The Human Toll of Criminalizing Drug Use, 2016)

The Psychological Toll

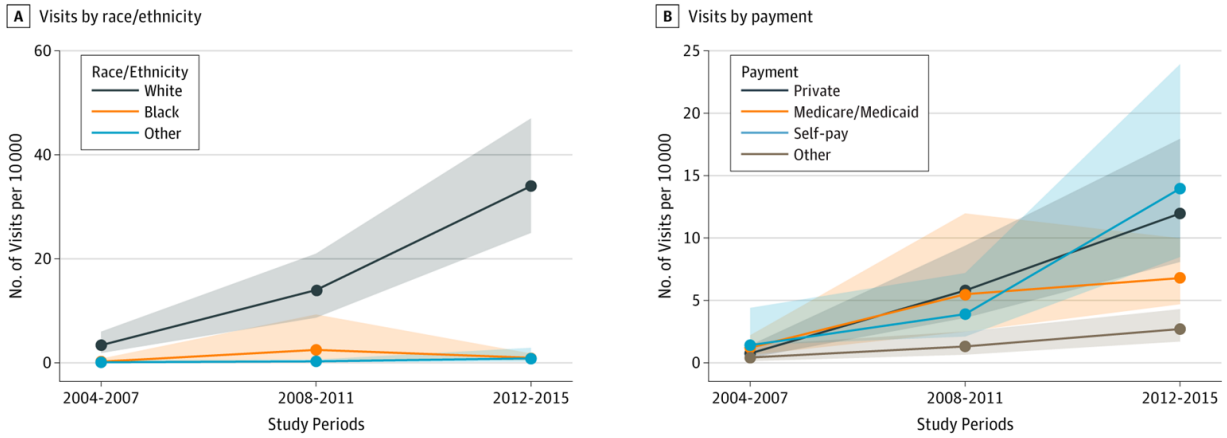
They disrupt, disrupt, disrupt our lives…. From the time the cuffs are put on you, from the time you're confronted, you feel subhuman. You're treated like garbage, talked to unprofessionally. Just the arrest is aggressive to subdue you as a person, to break you as a man.

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.

(Human Rights Watch, The Human Toll of Criminalizing Drug Use, 2016)

Factors Contributing to Substance Use Disorders for Black People

Inequities in Substance Use Treatment



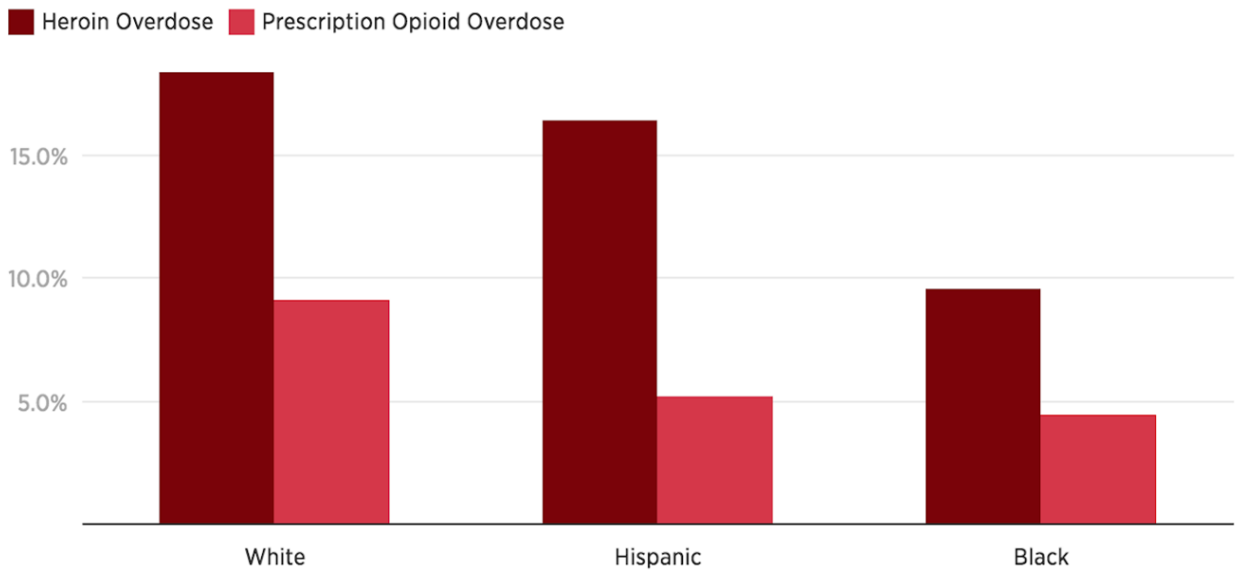
- Black patients were 70% less likely to receive a prescription for buprenorphine at their visit when controlling for payment method, sex, and age
- This study demonstrates that buprenorphine treatment is concentrated among white persons and those with private insurance or use self-pay

(Lagisetty, 2019)

Inequities in Substance Use 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)

Inequities in Substance Use Treatment

How long does it take to complete outpatient SUD treatment?

- Findings suggest that treatment completion, typically a result of achieving the completion of clinical goals, may represent a more important outcome measure than the length of stay, particularly when examining racial and ethnic disparities in treatment outcomes.
- Results suggest that using length of stay as a primary indicator of treatment progress may actually mask disparities in treatment outcomes for Black people and other people of color.
- A focus only on treatment duration, without also considering racial/ethnic differences in how treatment duration affects treatment completion, may lead to erroneous conclusions regarding disparities in treatment outcomes
- Furthermore, *one of the most important findings is that even after controlling* for length of stay, primary substance used, socioeconomic status, and other confounding variables, *Black and Hispanic people were still less likely to complete treatment than White people*

(Mennis, 2019)

Inequities in Substance Use Treatment

How long does it take to complete outpatient SUD treatment?

- Black people and other people of color may face obstacles related to program differences in cultural competence and communication, or the fit between a client's racial or ethnic identity and the cultural norms of the program

- Future research should focus on investigating the causal nature of the racial/ethnic disparities observed here in the length of stay required for treatment completion in order to more fully develop the implications for clinical practice and treatment policy

- Community-level interventions and policies that incentivize treatment engagement and long-term recovery by enhancing potential rewards, such as access to employment and housing, and mitigate environmental risks, such as exposure to violence in the community that can result in chronic stress or the presence of bars, liquor stores, and other features that can promote substance craving may particularly benefit minorities by targeting racial and ethnic socioeconomic and environmental inequalities.

(Mennis, 2019)

WHAT CAN WE DO?
FROM UNDERSTANDING TO ACTION

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 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)

Examples of Culturally Responsive Interventions

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 Black 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 2021

Boston Medical Center-System Analysis

- Study Aim
  - The qualitative component of the project aims to understand how to improve treatment for substance use disorders (SUDs) for patients who identify as Black

- 4 convenings with experts in addiction medicine, addiction researchers, mental health providers, policy experts, administrators, graduate-level trainees, epidemiologists, sociologists, and health system leaders seeking anti-racist approaches to treatment of SUDs

(Komaromy & Reason 2023)

Boston Medical Center-System Analysis
Change addiction treatment and addiction treatment organizations

Require Leadership commitment and hold leaders accountable
Change organizational operations to promote equity: hold staff accountable for how they treat Black patients; create environment that also represent culture/presence of Black people
Change was staff are hired, trained and supported: hire more Black people and people of color, front line staff with lived experience, professional development to help them be anti-racist
Empower and support patients: system of self-governance where patients collectively respond to individuals in treatment that violate behavioral norms/rules
Reshape addiction treatment with a less punitive, more strength-based approach: use patient feedback to improve care, patient are informed about all treatment options, honor the importance of family, make it truly patient-centered
Address trauma: racial trauma treatment, trauma informed care throughout
Remove barriers to receipt of mental health care services: screen for co-occurring disorders and combine treatment
Address social/practical barriers to care: assess for basic needs

(Komaromy & Reason 2023)

Boston Medical Center-System Analysis

Changes in the broader systems that intersect with addiction treatment

Child Welfare	Deeply feared and perceived as biased against Black families. Recognize that fear of separation from children is a major driver for Black parent not seeking treatment for SUD.
State-Federal Oversight & Funding	State-level accreditation of addiction treatment programs should include a requirement and metrics for racial justice within the program
Public Education	Some substance use is motivated by feelings of hopelessness among young people experiencing poverty, low educational quality, & racism. Importance of mentorship
Hospitals	Black patients who are in crisis and in an ER or inpatient setting due to their substance use often do not receive SUD treatment. Create support, such as recovery coaching, to increase rates of treatment engagement.
Carceral System	Judicial and carceral systems are deeply rooted in systemic racism; remedies should include drastic decrease in the use of these systems to address substance-related problems
Policing	Many police departments across the country are demonstrably racist, resulting in violence and death for many Black people. Police response should not be used to address substance use.
Employment	Provide recovery pathways that lead to employment. Historic and systemic racism have limited access to employment opportunities for Black people
Mental Health Systems	Expand the definition of traumatic MH disorders to include racial trauma. It is not possible to diagnose and bill for sub-threshold trauma. Partly because of this, our healthcare system largely fails to address it.
Community Organizations	Partner with non-clinical community organizations to provide education about SUDs & MH diagnoses and treatment
Military/VA	Black people serve in the military in disproportionate numbers, will benefit from changes in VA in regard to SUD prevention and treatment

(Komaromy & Reason 2023)

Carceral Policies and Advocacy

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.

(Drug Policy Alliance, Race and the Drug War, n.d.)

Workforce

REACH
Recognizing and Eliminating disparities in Addiction through Culturally informed Healthcare

REACH is a 1-year program starting July 2021 for medical trainees, including medical students, residents, APRN/NP, and PA trainees from underrepresented racial/ethnic minority (URM) backgrounds, interested in Addiction Fellowships.

Led by Drs. Ayana Jordan and Jeanette Tetreault at Yale.

Achieving Culturally Competent and Equitable Substance use Services (ACCESS)

BU School of Medicine Psychiatry

Psychiatry residents and psychology interns at an FQHC treat individuals with co-occurring mental health and substance use issues, focusing on CHCs serving marginalized communities. Trainees gain expertise in addiction, public health interventions, and care models 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

Institutions and Academic Centers: Strategies to Increase the Pipeline

1. Invest in educational pipeline gaps to support trainees who are Black people and other people of color in harm reduction–oriented fields in medicine, law, and social work, among others.
2. Medical and research institutions should provide funding, protected time, and mentors for Black and other people of color who are students and trainees pursuing innovative work to support the health and well-being of Black and Latinx people who use substances.
3. Promote harm reduction and treatment approaches informed by social justice, structural competency, and the social determinants of health in mainstream clinical education and practice, with curriculum development led by Black or other faculty, community members, and people of color with lived experience.
4. Medical and research institutions should build a national network for Black and Latinx harm reduction leaders through funded training grants, fellowships, and early career stages. Mentoring programs to support the development of Black and Latinx leadership in the field.
5. Health systems and research institutions should adopt a community-engaged approach as the gold standard; one that centers community leaders, peers, and community-based participatory research in harm reduction initiatives.

(Hughes et al., 2022)

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 decisions 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

"Implicit biases come from culture. I think of them as the thumbprint of the culture on our minds. Human beings have the ability to learn to associate two things together very quickly—that is innate. What we teach ourselves, what we choose to associate is up to us."

Dr. Mahzarin R. Banaji

Department of Psychology, Harvard University

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PCSS-MOUD Mentoring Program

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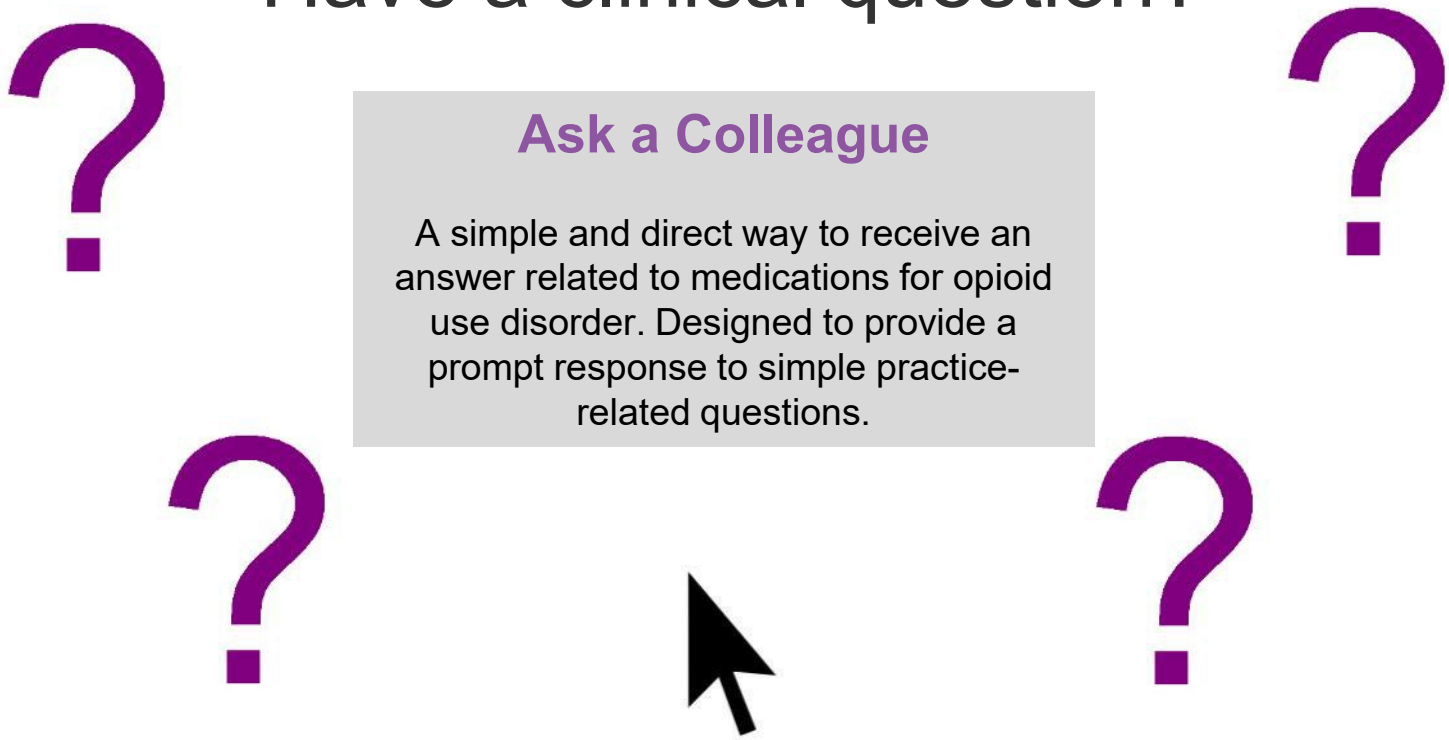

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PCSS-MOUD is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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Columbia University, Department of Psychiatry*	Northwest Portland Area Indian Health Board
Council on Social Work Education*	Partnership to End Addiction
Faces and Voices of Recovery	Physician Assistant Education Association
Mobilize Recovery	Project Lazarus
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National Alliance for HIV Education and Workforce Development	Sickle Cell Adult Provider Network
National Association of Community Health Centers	Society for Academic Emergency Medicine*
National Association of Social Workers*	Society of General Internal Medicine
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