

*Decreasing Treatment
Disparities for African
Americans with Opioid
Use Disorders*

Aliya Jones MD

Luminis Health

Executive Medical Director
Behavioral Health



All remaining planner(s)/teacher(s)/instructor(s)/faculty/author(s)/writer(s) or reviewer(s) of this activity have reported no relevant financial relationships to disclose.

Maryland Addiction Consultation Service

Provides support to prescribers and their practices, pharmacists, and healthcare teams across Maryland in the identification and treatment of Substance Use Disorders and chronic pain management.

MACS Services

All Services are FREE

- Phone consultation for clinical questions
- Education and training opportunities related to substance use disorders and chronic pain management
- Assistance with addiction and behavioral health resources and referrals
- Technical assistance to practices implementing or expanding office-based addiction treatment services
- MACS TeleECHO Clinics: collaborative medical education through didactic presentations and case-based learning



Learning Objectives



Summarize 2-3 treatment disparities experienced by African Americans with opioid disorders such as stigma, race-based stigma, and systemic discrimination



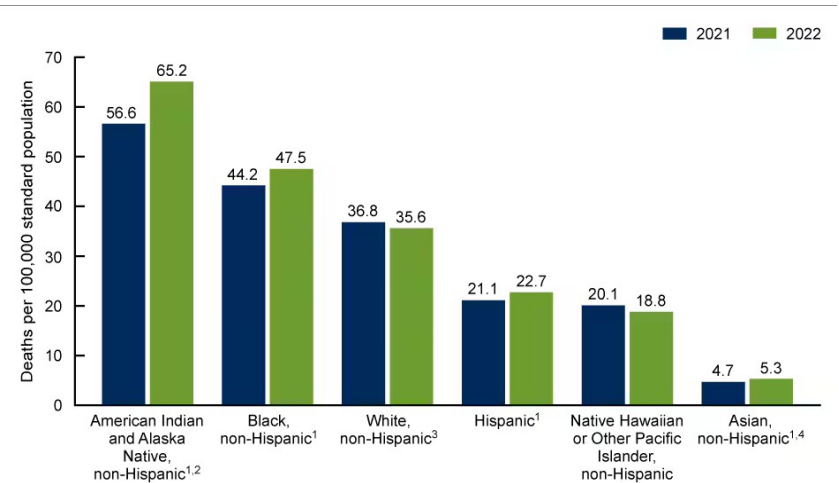
Describe 2-3 systemic impacts created by structural racism and their role in perpetuating disparities



List 2-3 benefits of using methadone and buprenorphine to treat opioid use disorders in African American clients

Still a Problem

- Overdose deaths dropped by 10% in the 12 months ending April, 2024, the largest decline in decades
- The overdose crisis is escalating in communities of color

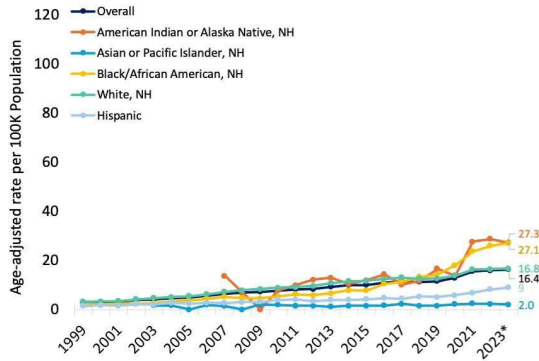


NCHS Data Brief No. 491, March 2024

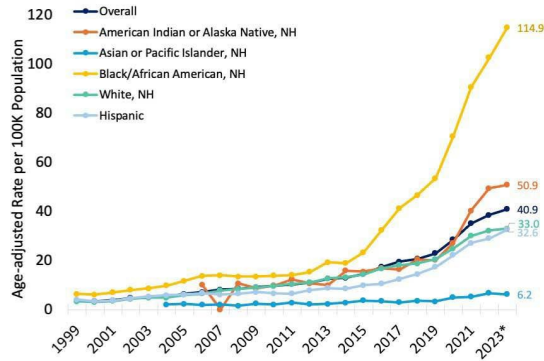
Age-adjusted rate of drug overdose deaths, by race and Hispanic origin: United States, 2021 and 2022

Among Older Americans, Drug Overdose is Highest Among Black, non-Hispanic Males

Adults Females, Aged 55-85+ years, by Race

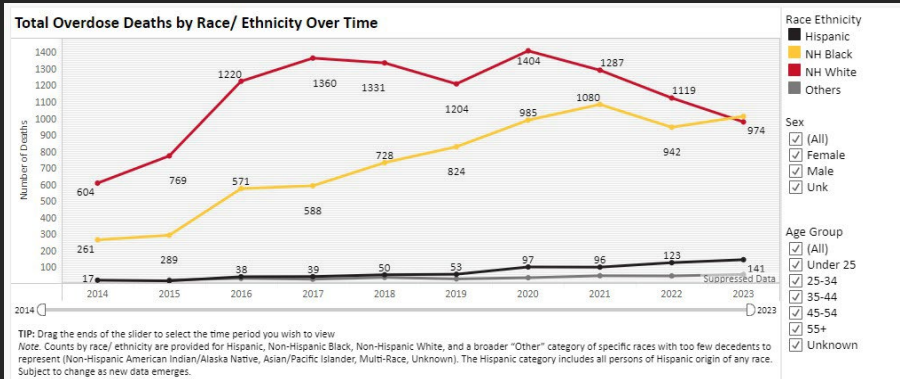
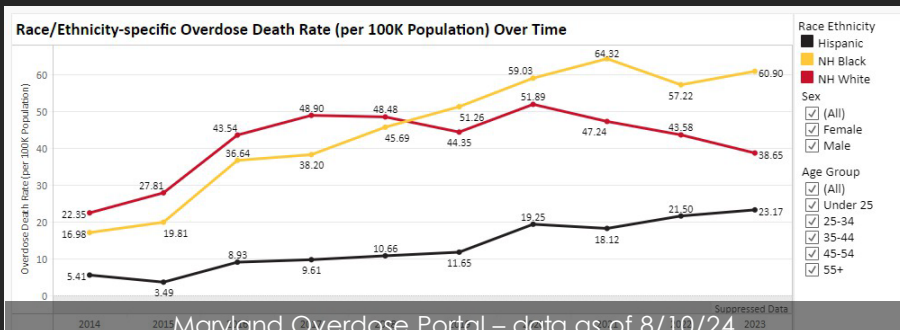


Adult Males, Aged 55-85+ years, by Race



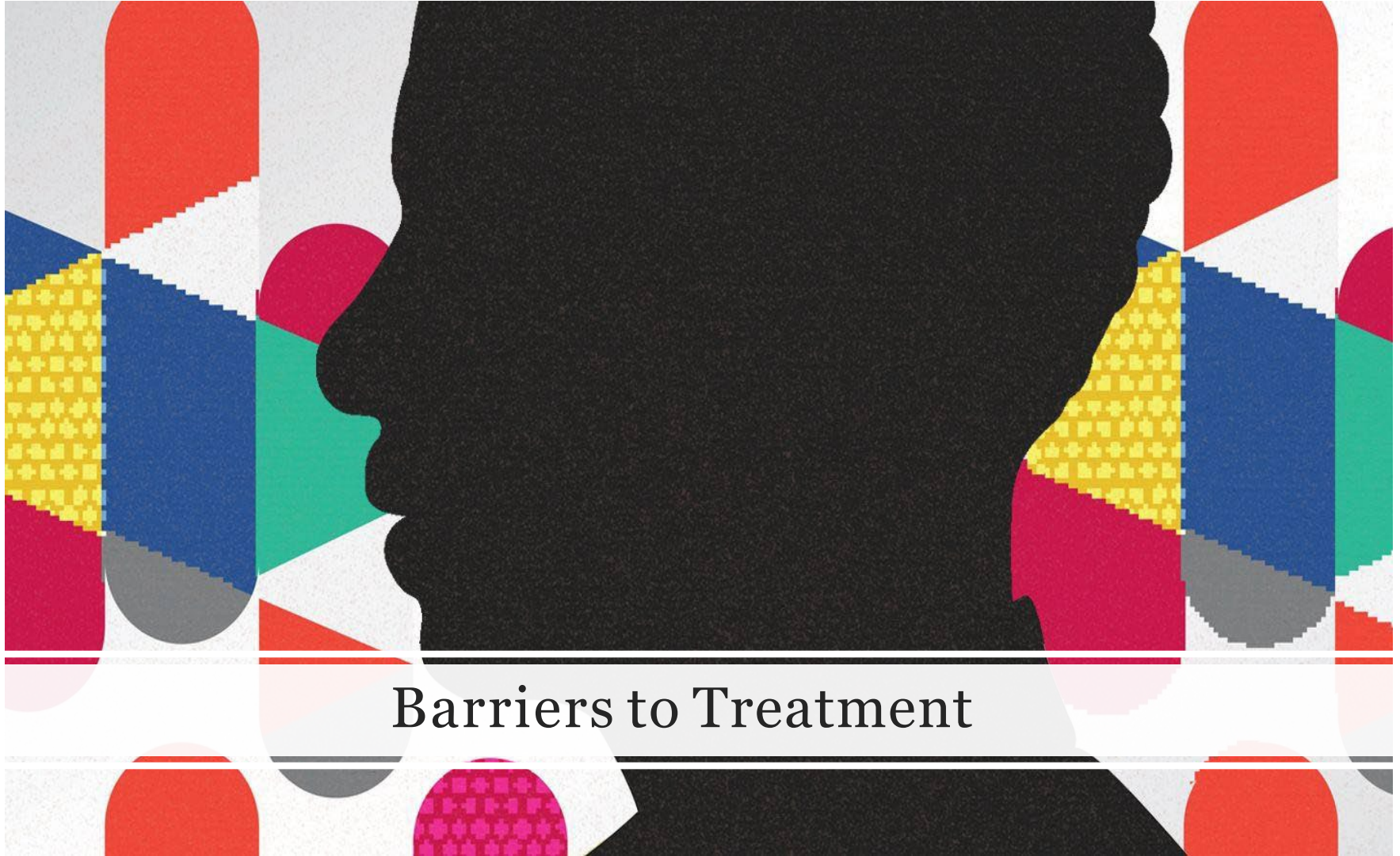
NCHS, CDC. Estimates are based on final data through 2022. *Data for 2023 are based on provisional data.

Between 2015 and 2023, there was a nearly 5-fold increase in overdose deaths among non-Hispanic Black men 55 and older



The Problem in Maryland

More black people die of opioid overdoses than white people, though they make up only 32% of the population.



Barriers to Treatment

Stigma

People are stigmatized when “the fact that they are labeled, set apart and linked to undesirable characteristics leads them to experience status loss and discrimination,” thereby affecting their life prospects including income, education, housing status, and well-being.

[Link and Phelan 2001](#)



MACS



- Health professionals
- Public safety officers
- Criminal justice settings
- Housing officials
- Child Welfare workers

MACS

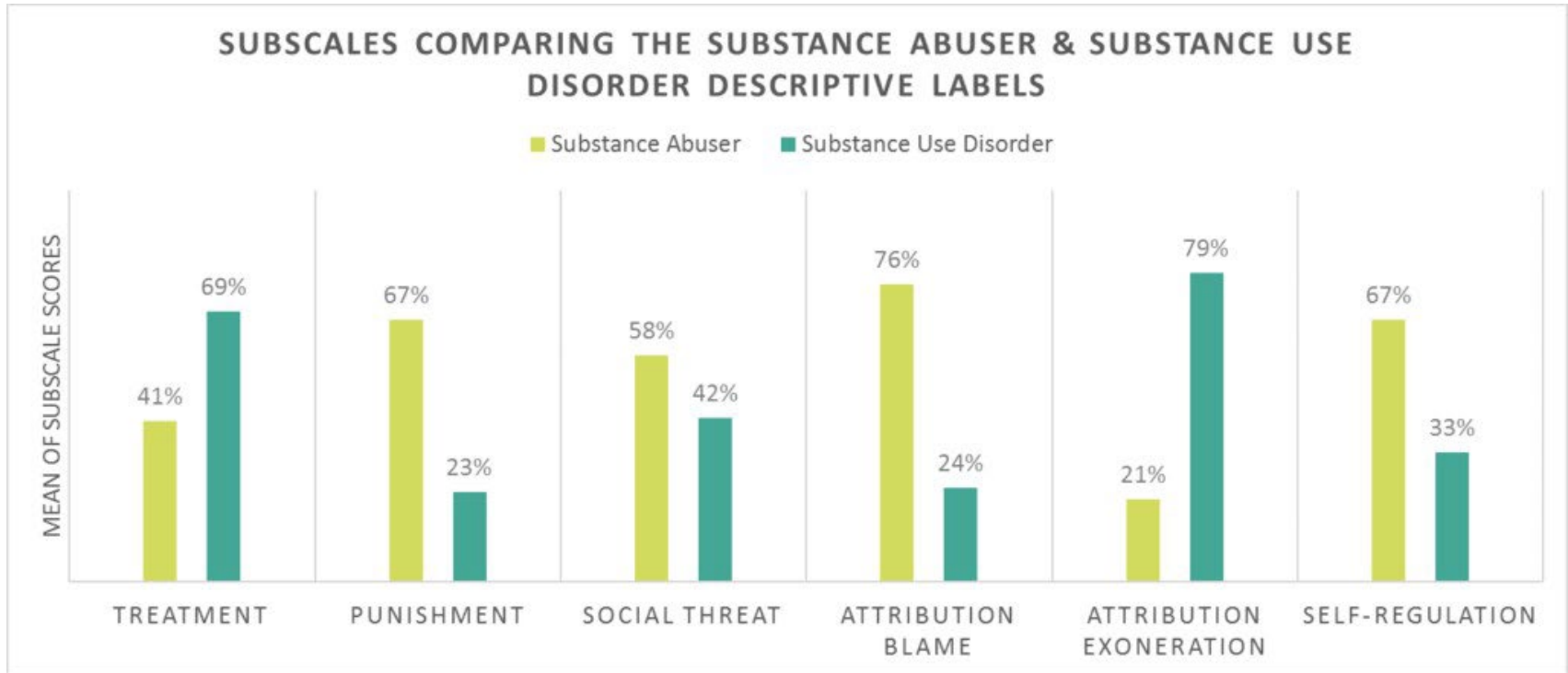


Health care
professionals

General
public

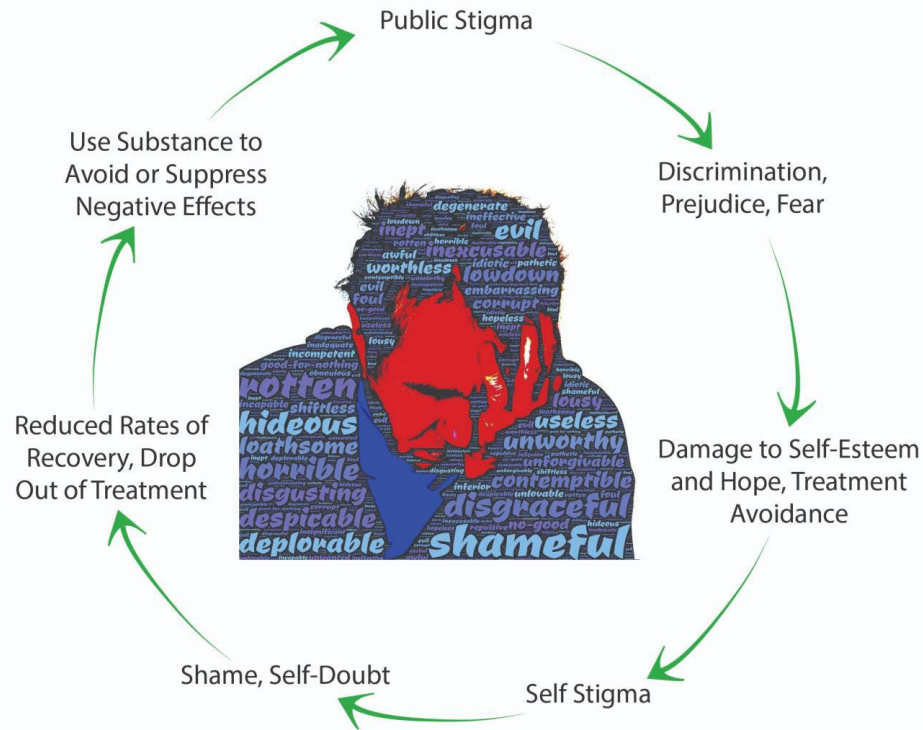
Drug court
personnel

Prison
system
personnel



Word choice matters when it comes to PWUD

Cycle of Stigma



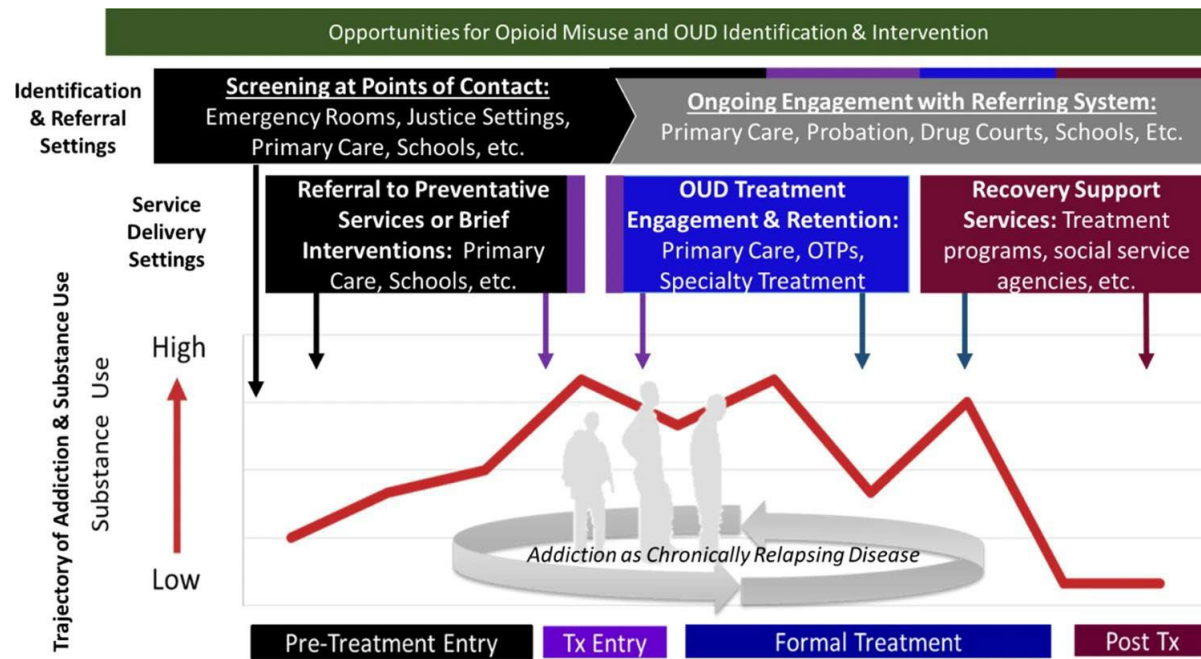
MACS



SUD Stigma and Race-based stigma interact

- A legacy of the war on drugs
- White non-urban people w/ Rx OUD versus Non-white urban people w/ heroin use d/o
- Media representations may contribute to and reinforce negative attitudes among the public toward people with SUDs





Opioid Use Disorder Cascade of Care

The Drug War drives mass incarceration and racial disparities in U.S. justice systems

FIGURE 6A.
Rates of Drug Use and Sales, by Race

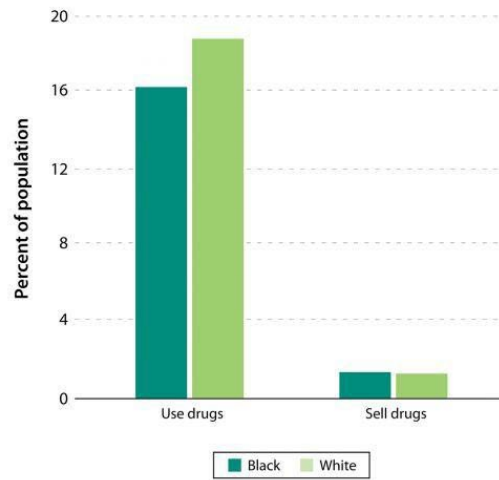
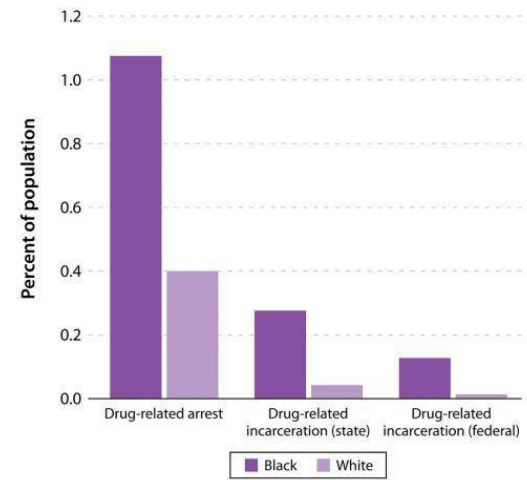


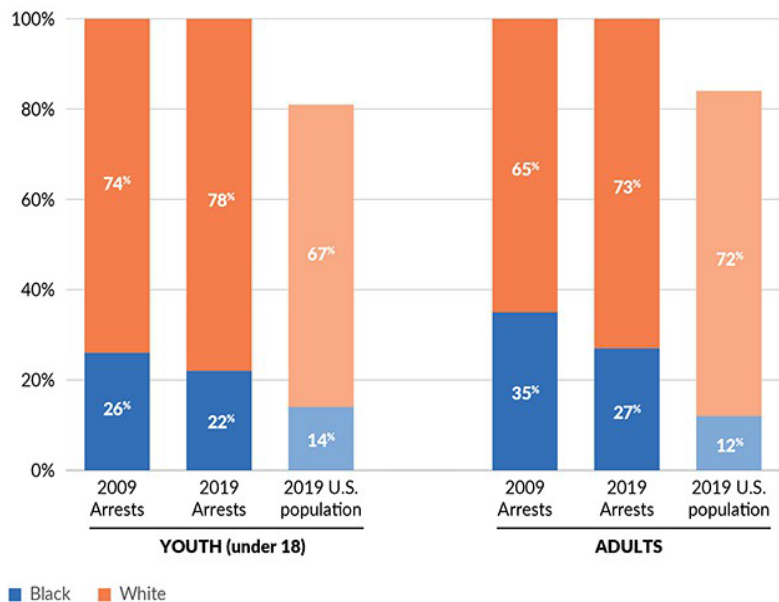
FIGURE 6B.
Rates of Drug-Related Criminal Justice Measures, by Race

At the state level, blacks are about 6.5 times as likely as whites to be incarcerated for drug-related crimes.



Source: BLS n.d.c.; Carson 2015; Census Bureau n.d.; FBI 2015; authors' calculations.

Figure 4
Racial Disparities in Drug Arrests Fell, but Remained Pronounced
 Youth and adult drug arrests by race, 2009 and 2019



Note: The FBI Crime in the U.S. data does not include ethnicity numbers (e.g., arrests of Hispanic individuals), so racial groups do not indicate ethnicity.

Sources: Federal Bureau of Investigation, "Crime in the United States, 2009, 2019"; U.S. Census Bureau, "American Community Survey, 2019 One-Year Estimates"

© 2022 The Pew Charitable Trusts

Disparities in arrests persist

- Black adults 2019
 - 12% of population
 - 27% of arrests
- Black youth 2019
 - 14% of population
 - 22% of arrests



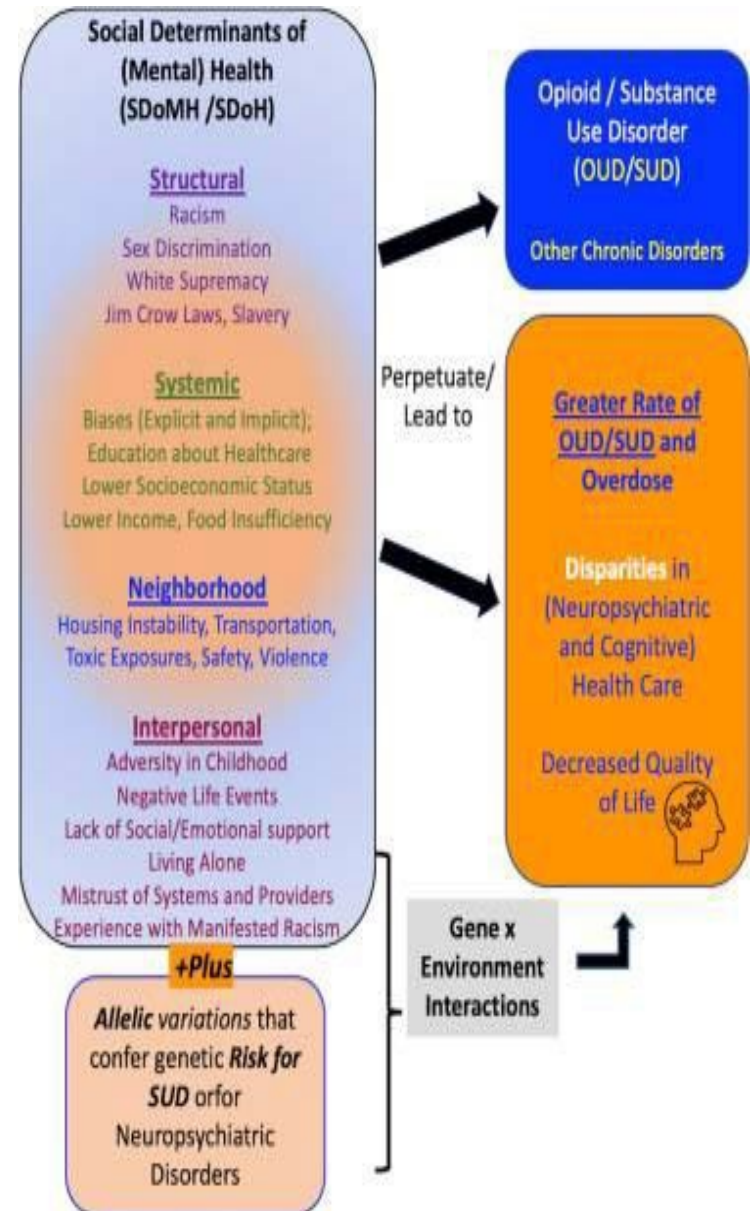
Treatment/Outcome Disparities

OLD medications work for Black people too!

MACS

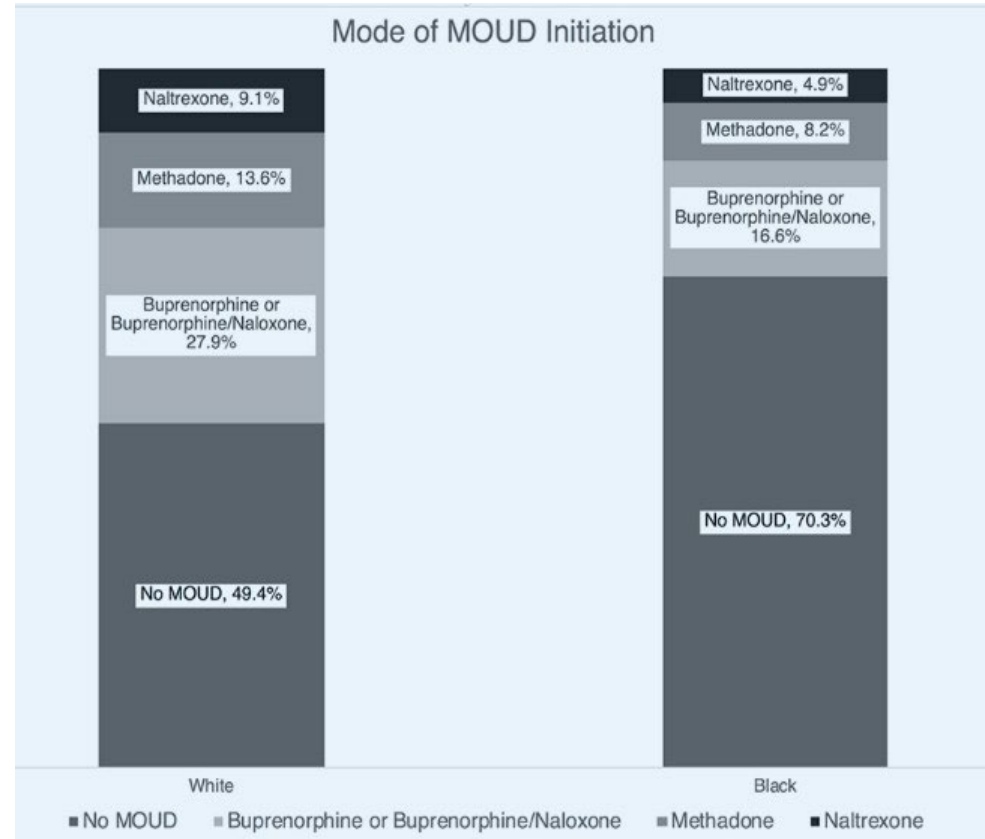
Structural racism magnifies racial disparities and inequities in social determinants of health

The Opioid Epidemic: a Crisis Disproportionately Impacting Black Americans and Urban Communities - Gondré-Lewis - Abijo - Gondré-Lewis
Journal of Racial and Ethnic Health Disparities 2022

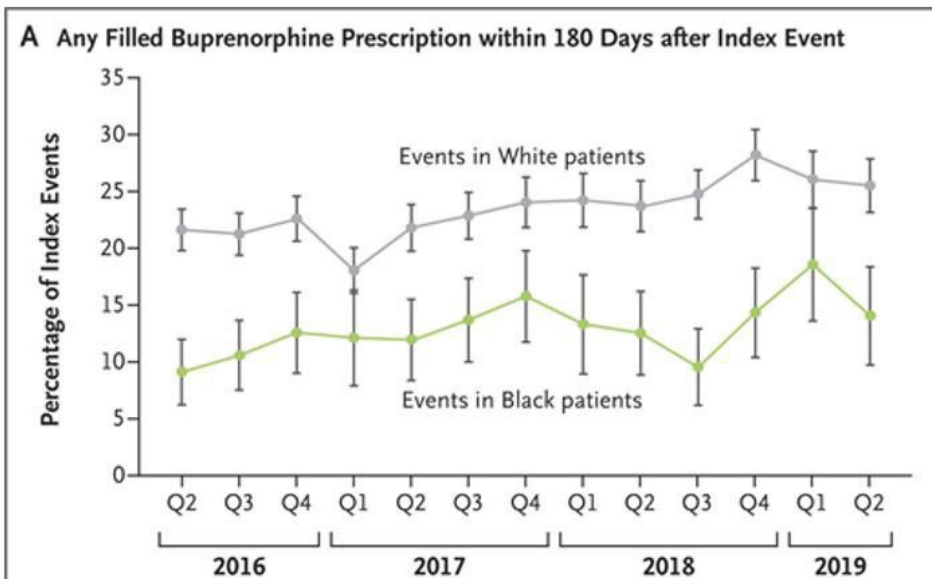


Pervasive racial disparities in opioid use disorder (OUD) treatment

- Black individuals with OUD are less likely to:
 - Enter treatment
 - Receive medication for opioid use disorder (MOUD)
 - Complete residential treatment
 - Remain in MOUD treatment for at least 1 year compared to White individuals



There are large racial and ethnic disparities in the receipt of medications for OUD among Medicare beneficiaries with disability



Quarterly Trends in Buprenorphine and Naloxone Receipt in the 180 Days after an Opioid Use Disorder-Related Event.

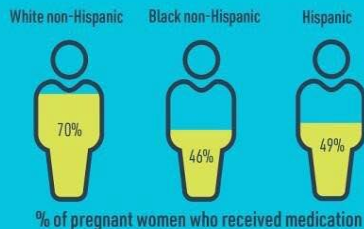
Significant Racial and Ethnic Disparities Exist in the Use of Medication to Treat Opioid Use Disorder in Pregnancy in Massachusetts

Schiff, DM et al. JAMA Network Open, 2020; 3(5)
DOI:10.1001/jamanetworkopen.20205734

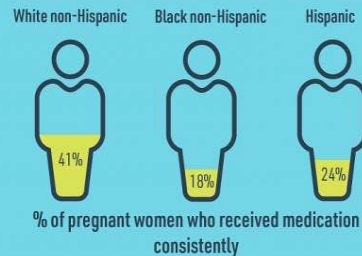
Importance: The use of medications, such as methadone or buprenorphine, for the treatment of opioid use disorder (OUD) has been associated with improvements in the outcomes of mothers and infants; however, only half of all pregnant women with OUD receive these medications.



Question: Do differences by maternal race and ethnicity exist in the use of methadone and buprenorphine medications for the treatment of opioid use disorder during pregnancy?



In adjusted models, Black non-Hispanic women and Hispanic women were **58-63% less likely to receive any medications** to treat opioid use disorder compared to white non-Hispanic women in pregnancy.



In adjusted models, Black non-Hispanic women and Hispanic women were **66-76% less likely to consistently receive medication** to treat opioid use disorder compared to white non-Hispanic women in pregnancy.

BOTTOM LINE

Significant racial and ethnic disparities exist in prenatal use of medication for OUD. Further investigation needed to explore factors associated with inequitable access to and receipt of medication.



MassGeneral Hospital
for Children



MASSACHUSETTS
GENERAL HOSPITAL

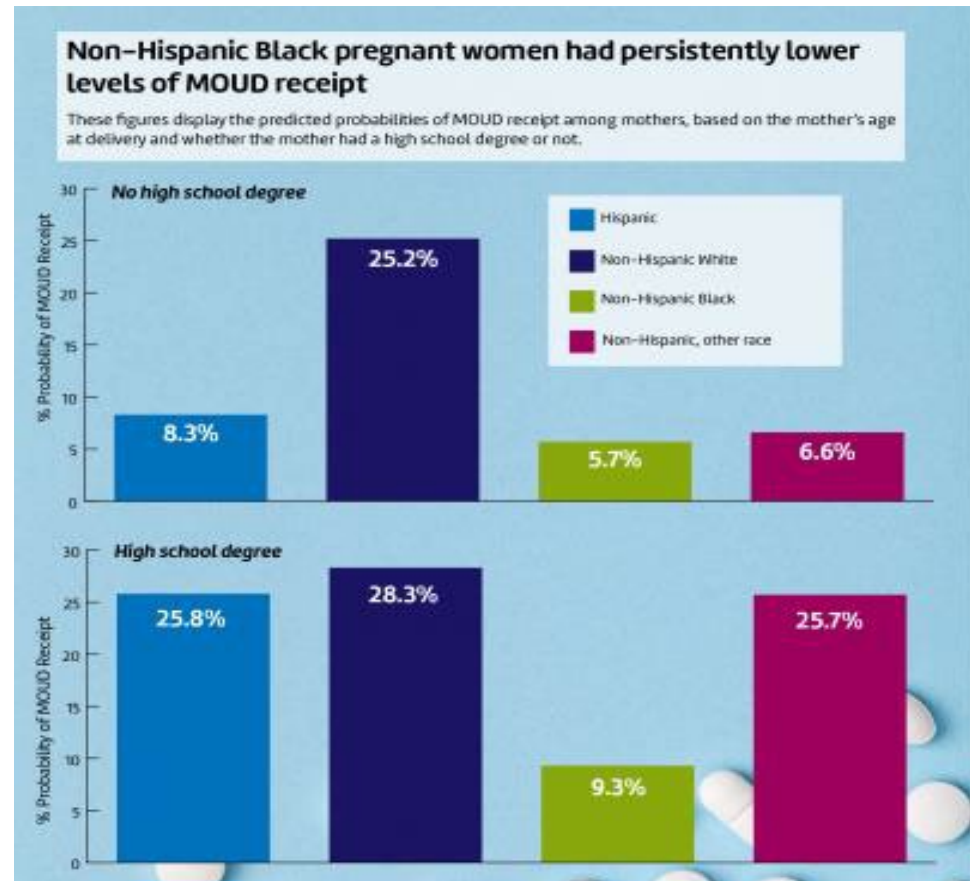


HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

There are wide disparities in medication treatment for pregnant women with opioid use disorder

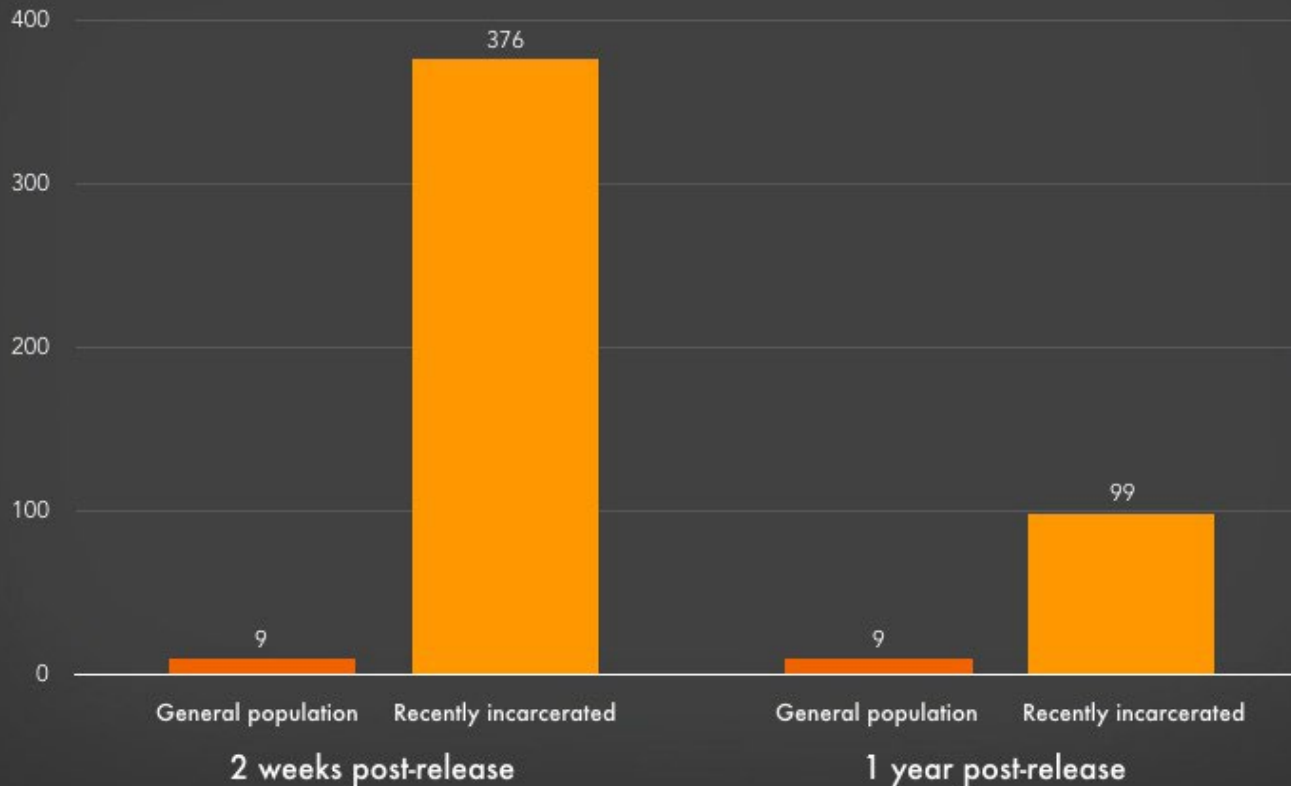
Wide disparities in medication treatment for pregnant women with opioid use disorder (Journal of Substance Abuse 2021)

- All deliveries covered by Tennessee's Medicaid program from 2009-16 (almost 315,000 mother-infant pairs)
- Treatment varied based upon:
 - Race
 - Language
 - Community



Recently incarcerated people are over 40 times more likely to die from an opioid overdose

Number of opioid overdose deaths per 100,000 recently incarcerated people in North Carolina compared to rate among the general population in North Carolina



A leading cause of death among recently incarcerated people is drug overdose

Data Source: "Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015" Table 1

Solutions

- Understand
- Learn & Leverage
- Demand
- Push





**Inter-Agency Heroin and Opioid
Coordinating Council**
Racial Disparities in Overdose Task Force

Policy and Programmatic Recommendations for
Addressing Widening Disparities in Overdose Outcomes
among Black Marylanders

Released: October 25, 2022

Maryland - Racial Disparities in Overdose Taskforce

Interagency Opioid Coordinating Council

February 2021 – October 2022

Mission: Identify contributing factors influencing the increase in overdose deaths among Black Marylanders and recommend policies and programs to eliminate disparities.

Workgroups:

- Data-Informed Interventions
- Community Voices & Insights
- Evidence-Based Practices
- Equitable Resource Allocation

<https://stopoverdose.maryland.gov/wp-content/uploads/sites/34/2023/04/Racial-Disparities-in-Overdose-Task-Force-Policy-and-Programmatic-Recommendations.pdf>

Recommendations

1

Expand Low-Barrier & Holistic Access to Treatment Services

2

Reduce Stigma for People who Use Drugs

3

Increase Harm Reduction in Non-Traditional Settings

4

Increase Transparency in State & Local Resource Allocation

Expand Low-Barrier & Holistic Access to Treatment Services

- Increase Buprenorphine Access for Black Marylanders with Opioid Use Disorder
 - Invest in low-barrier buprenorphine access for Black Marylanders with OUD
 - Identify opportunities to increase the provision of other somatic healthcare through harm-reduction outlets, such as syringe services programs (SSPs)
 - **Increase comfort with MOUD prescribing by further investigating barriers for physicians**
 - Ensure that pharmacies are adequately stocked with buprenorphine

Expand Trauma Informed Screenings/Care

- **Promote Trauma Informed Care for people who use drugs through Adverse Childhood Experiences (ACEs) organizational assessment and trauma Expand Trauma Informed screenings**

Addressing Barriers to Positive Outcomes

BH
INTEGRATION

SPECIAL
OUTREACH TO
OLDER ADULTS

ADDRESS
STRUCTURAL
RACISM

PROVIDE WRAP-
AROUND
SERVICES

The Effectiveness of Methadone

Used since 1947 A large number of studies support effectiveness at reducing opioid use

Methadone + Psychosocial Treatment
versus Psychosocial Treatment alone

- Greater reduction in opioid use
- Decreased opioid use-associated transmission of infectious disease
- Decreased criminal activity
- 33% fewer opioid-positive drug tests
- >4x more likely to stay in treatment

The
Effectiveness
of Methadone
or
Buprenorphine

Reduction in overdose:

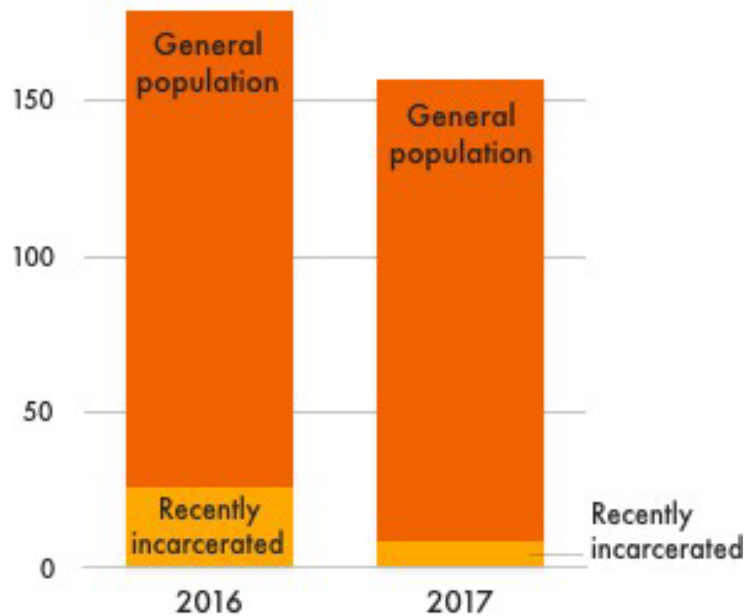
- 76% at 3 months
- 59% at 12 months

Relative rate of reduction in serious opioid-related acute care use:

- 32% at 3 months
- 26% at 12 months

Medication-Assisted Treatment helps reduce fatal overdoses

Fatal overdoses in the first 6 months of the year fell after the Rhode Island DOC implemented a MAT program in 2016



Make MAT
universally
available in
jails/prisons

Reduce Stigma for People who Use Drugs

Reduce Stigma Surrounding SUD among Healthcare Providers

- Promote training on **destigmatizing language**
- Promote adoption of **person-centered language**
- Promote wide-scale adoption of **implicit bias** training and National Culturally and Linguistically Appropriate Services (CLAS) Standards among healthcare practitioners

Leverage Individuals with Lived Experience as Credible Messengers in Key Settings

- Place individuals with lived experience with SUD in key settings

Increase efforts to solicit community feedback

Language Matters

Language is powerful – especially when talking about addictions.
Stigmatizing language perpetuates negative perceptions.
"Person first" language focuses on the person, not the disorder.

When Discussing Addictions...

SAY THIS	NOT THAT
Person with a substance use disorder	Addict, junkie, druggie
Person living in recovery	Ex-addict
Person living with an addiction	Battling/suffering from an addiction
Person arrested for drug violation	Drug offender
Chooses not to at this point	Non-compliant/bombed out
Medication is a treatment tool	Medication is a crutch
Had a setback	Relapsed
Maintained recovery	Stayed clean
Positive drug screen	Dirty drug screen

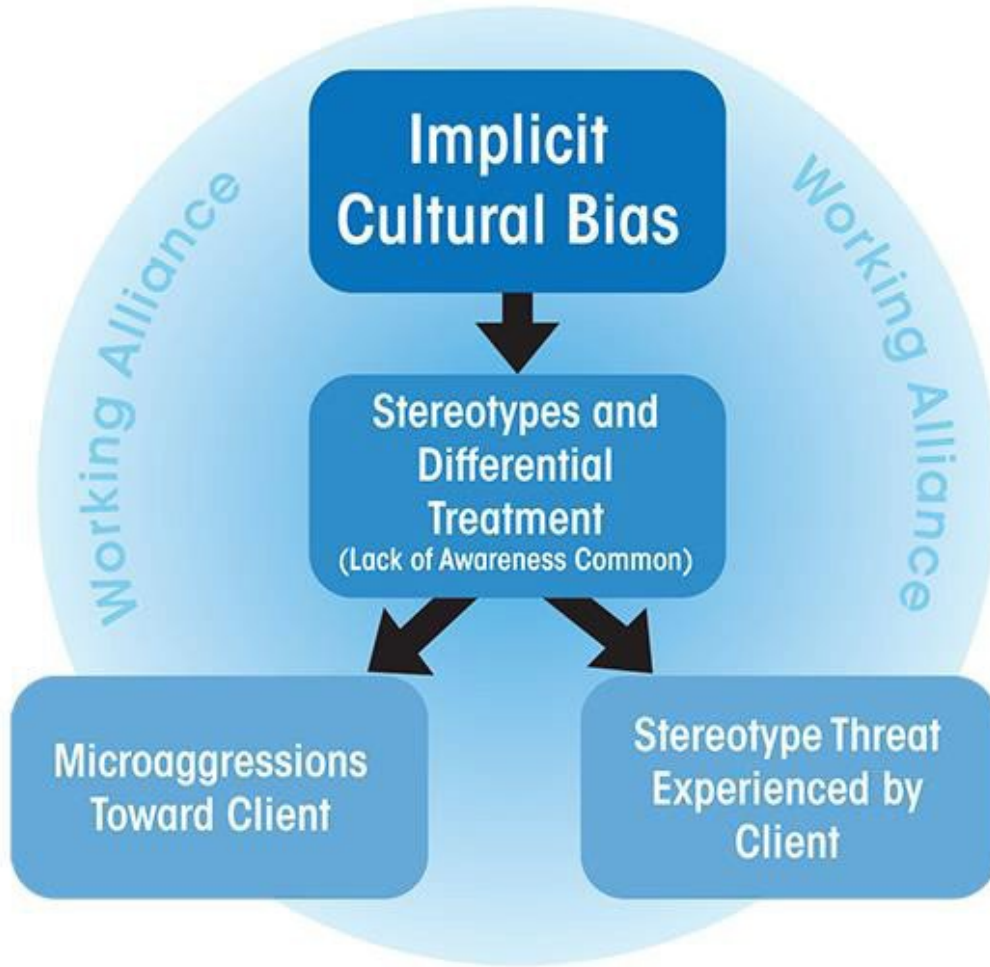
NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
THE ASSOCIATION OF ADDICTION SERVICES
Stronger Together.

What We Say Matters Person-First Language Guide

Addict, Addiction, Dirty	➔	A Person with a Substance Use Disorder
Former Addict, Getting Clean	➔	A Person in Recovery
Clean, Sober	➔	Substance Free
Treatment is the Goal	➔	Treatment is One Path to Recovery
Opioid Replacment, Opioid Management	➔	Medication Assisted Treatment
Relapse	➔	Recurrence, Return to Substance Use

Combat stigma by using person-centered language

MACS



To enhance positive outcomes create a safe environment

Cultural Humility (HUMBLE) Model

(Navigating Cultural Differences: Palliative Medicine Provider Education Workshop, 2016)

H- Humble about the assumptions you make

U - Understand your own background and culture

M - Motivate yourself to learn more about the patients background

B - Begin to incorporate this knowledge into your care

L - Life-long learning

E - Emphasize respect and negotiate treatment plans²



Combatting Stigma: Criminal Justice System

- Include people with lived experience in stigma reduction interventions
- Psychoeducation for personnel/professionals
- More research needed

Increase Harm Reduction in Non-Traditional Settings

Expand the Provision Harm-Reduction Services in Criminal Justice Settings

- Increase the provision of harm-reduction services in drug courts

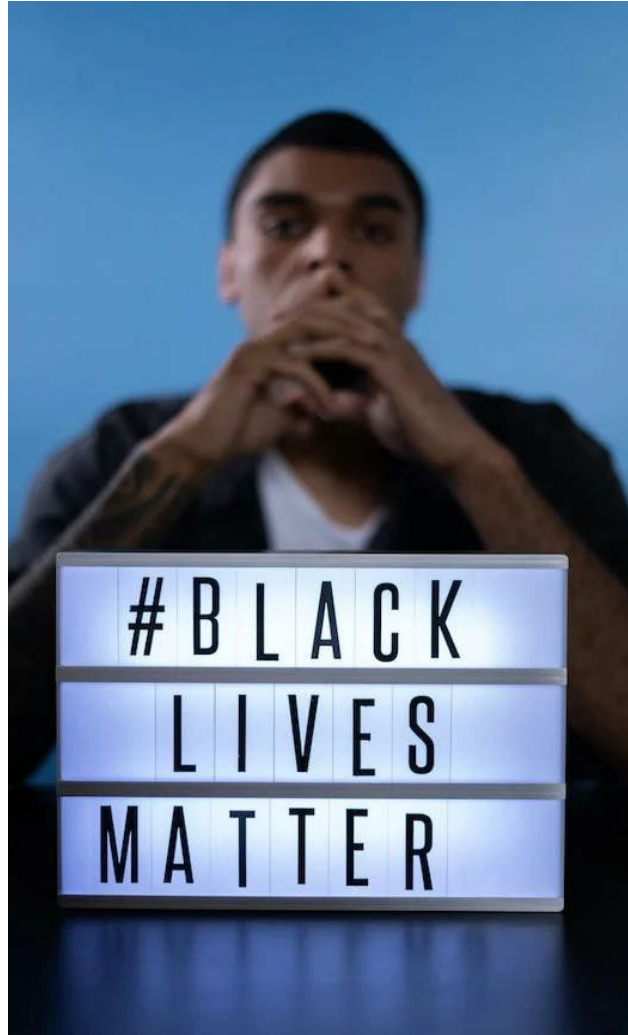
Increase Street-Based Harm Reduction Outreach

- Promote street-based outreach efforts by trusted community members to ensure supplies reach individuals at greatest risk of overdose

Embrace Innovative Mechanisms to Reach People with Harm-Reduction Supplies

- Place harm-reduction vending machines in locations where there is a high prevalence of drug use
- Increase the provision of wraparound services through harm-reduction programs
- Continue to assess other innovative harm reduction methods that can help reduce morbidity and mortality

MACS



MACS
