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Program Evaluation and Research Unit

Racial Disparities in Treating Substance Use Disorder



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Presenter Information



Alexis Waksmunski, MPIA
Associate Training Coordinator



Latonya Latamore, PhD, MS
Senior Equity Specialist



Learning Objectives

By the end of this module, you will be able to do the following:

- Identify and summarize the **terms related to racism** that lead to actions that create disparities.
- List **key racial disparities** in substance use disorder treatment.
- Discuss **strategies** and next steps for reducing racial disparities in substance use disorder treatment.



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Definitions and Foundational Principles



Definitions and Foundational Principles

Racism

“A system of **power entwined with practices and beliefs** that produce and maintain an ethnic and racial hierarchy.”

Discrimination

The **unjust treatment and interpersonal acts** of persons “based on perceived, categorical differences.”

Prejudice

An **individual’s emotional response** and evaluation based on “preconceived, unsubstantiated opinions of persons based on perceived categorical differences.”



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Subtle Racism (Covert)

Microaggression

Microinsults

Microinvalidations

Microassaults



Explicit Racism

Verbal harassment

Physical harassment



Implicit Bias

- Implicit bias is also known as unconscious bias
- Attitudes toward people or associated stereotypes **with or without** our conscious knowledge
- Includes an **automatic preference** for one race over another without being aware of this bias



Implicit Bias Affects Client Health Outcomes

Implicit bias is **significantly related** to client-provider **interactions**

- Treatment decisions
- Treatment adherence of clients



Racial Disparities in Substance Use Disorder (SUD) Treatment



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Racial Disparities



How many people in the United States have or have had an opioid use disorder (OUD)?

~2 million people¹

- Black Americans are **more susceptible to die from overdose** in the U.S. than their White counterparts.²
- The **pandemic** has exaggerated overdoses disproportionately affecting Black Americans.³



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Racial Disparities in OUD Treatment for Women



Black women are **less likely to access, receive, and complete** substance use disorder treatment than White women.¹



Black women are **less likely to visit the emergency department** because of opioid use.¹



White women are **more likely to receive an overdose response** compared to their Black or Latinx counterparts.²



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¹Peeler et al., 2020; ²Barboza & Angulski, 2020)

Medications for Opioid Use Disorder (MOUD)



What percent of people with OUD receive medication for their opioid use?

20%

MOUD decreases overdose risk, but Black Americans are less likely to receive MOUD treatment than their White counterparts.



Knowing this, how likely are Black patients to enroll in MOUD compared to their White counterparts?

41% less likely



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Access and the Role of Providers



Black patients with SUD are less likely to be **referred to MOUD treatment** by a medical professional.¹



Black patients have a decreased likelihood of having MOUD **incorporated into their treatment plan**.¹

What percent are Black Americans less likely to **obtain follow-up appointments for OUD care after discharge from the emergency department?**



50% less likely²

¹Entress, 2021; ²Nguemeni, 2021)



Racial Disparities and Medications for OUD



Black Americans have statistically **significantly lower odds** of receiving a buprenorphine **prescription**.¹



White Americans are more likely to have used and been prescribed **buprenorphine** than their Black counterparts.²



Black Americans are **less likely to receive naloxone** co-prescriptions with their opioid analgesics.³



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(¹Lagisetty et al., 2019; ²Robbins et al., 2021; ³Madden & Qeadan, 2020)

Impact of Racial Disparities in SUD Treatment

- MOUD treatment is particularly beneficial to Black patients, but they are **significantly less likely to receive it**.
- MOUD has been associated with **greater improvement in treatment outcomes** for Black and Latinx patients compared to their White counterparts.



Impact of Racial Disparities in SUD Treatment (cont.)

Black patients who engage in MOUD treatment have increased race-based **discrimination**, increased **homelessness**, and an increased presence of a **comorbid psychiatric disorder**.¹



How likely are Black or Latinx Americans to report **reduced access to naloxone and sterile syringes** compared to their White counterparts?

**8-10 times
more likely²**



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Structural Disparities and Institutional Racism¹

“Black individuals have generally suffered **worse consequences of SUD** than Whites in terms of greater criminal justice involvement, stigma and health problems, while at the same time facing **greater barriers to accessing and utilizing SUD treatment**, often with poorer outcomes.”²

- Fish & Syed, 2020



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Examples of Structural Disparities

- **Race predicts access to MOUD** in relationship to the demographic makeup of neighborhoods.¹
- Buprenorphine treatment facilities are **less accessible to racial and ethnic minorities.**²



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(¹Nguemni, 2021; ²Schuler et al., 2020)

Examples of Structural Disparities (cont.)

- Black Americans are subject to structural racism and likely to live in disadvantaged **neighborhoods** creating social and environmental **risk factors for return to use and triggers for SUD in general.**¹
- The **growth of distribution** of buprenorphine access by ZIP code is disproportionately greater for ZIP codes with a **higher percentage of White residents.**²



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Waivered Buprenorphine Prescribers



What percent of waivered buprenorphine prescribers in **urban** settings are White?

About 70%



What percent of waivered buprenorphine prescribers in **rural** settings are White?

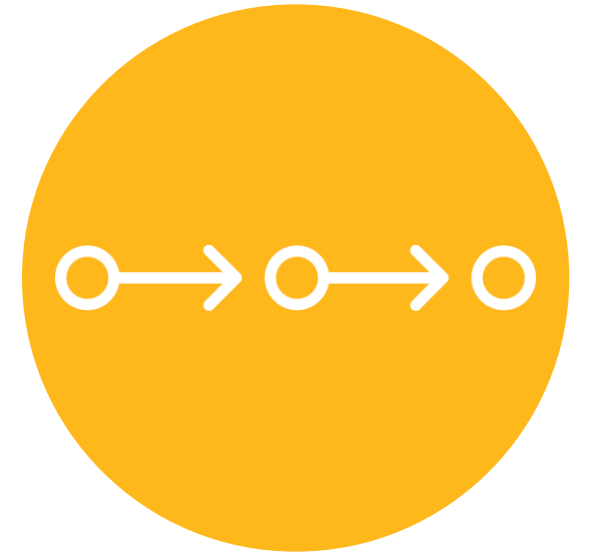
About 85%

Strategies and Next Steps to Address Racial Disparities in SUD Treatment



Strategies and Next Steps

1. Implement **trauma-informed care** and peer support services in treatment settings.
2. Collaborate with community partners and organizations.
3. **Reduce discrimination** related to recovery and medications for substance use disorder care.



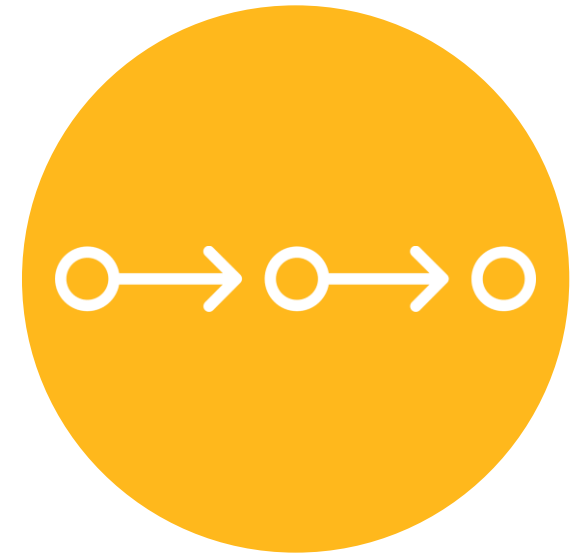
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Strategies and Next Steps (cont.)

4. Self-assess MOUD **prescribing practices** and treatment.¹
5. Support **providers of color** to seek and successfully receive buprenorphine **waivers** and enforce equitable hiring practices for staff.²
6. Create a **safe environment** where patients can relate to providers as non-judgmental people and accept patients' truths and experiences.³



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Trauma-Informed Care and Collaboration with Peer Support

- **Collaboration** with community partners and organizations includes integrating trauma-informed care and peer support into patient care.
- **Peer support** as an integrated continuation of care provides for diverse patient and client needs.¹
- Trauma-informed care requires people to have a **basic understanding of trauma and how it affects people and communities**, especially within the context of coping strategies.²

(¹Manning et al., 2020; ²SAMSHA, 2014)



Impacts of Trauma-Informed Care

A study found that **introducing trauma-informed care** to low-income Black primary care patients found that participants exhibited **increased resilience** in adapting to adversity, trauma, and other life stressors.



Decrease Stigma Related to Recovery and Medications^{1,2}

- **Educate** people about substance use disorder and the **effects of stigma** along with the evidence behind treatment and medications.³
- **Speak out when stigmatizing language** is used and avoid using such language.³
- Listen **without holding judgement** and treat everyone with dignity and respect.³



Self-Assess MOUD Prescribing Practices and Treatment

- Use **data** as a learning tool to inform next steps.
- Evaluate **what and how information** is collected.
- Adopt a **learning culture** for the purpose of improving patient care and interactions.
- Share information and next steps with staff.



Support Providers of Color and Equitable Hiring Practices

- Support and encourage providers of color becoming **buprenorphine waivered**.
- Support and encourage **equitable hiring practices** for staff.



Create a Safe Environment and Accept People's Experiences

This includes:

- Developing cultural **humility**
- Building **trust** and relationships
- Providing **patient-centered care**



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Discussion

- What are your organizations **currently doing** to combat racial disparities in SUD treatment?
- What are some ways to **apply these strategies** or next steps?
- What are strategies or next steps that we have **not discussed**?



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Key Takeaways



Key Takeaways

- **Implicit bias** or unconscious bias along with **racism, discrimination, and prejudice** lead to actions that create racial disparities in healthcare settings.¹
- Black Americans are **more susceptible to die from overdose** in the U.S. than their White counterparts.²



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(¹Thomas & Booth-McCoy, 2020; ²Johnson & Herrera, 2021)

Key Takeaways

- MOUD decreases overdose risk, but Black Americans are **less likely to receive MOUD** treatment than their White counterparts.¹
- Black Americans who engage in MOUD treatment have increased **race-based discrimination**, increased **homelessness**, and an increased presence of a **comorbid psychiatric disorder**.²



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Key Takeaways

- Race predicts **access to MOUD** in relationship to demographic makeup of **neighborhoods**.¹
- Black Americans are subject to **structural racism** and likely to live in disadvantaged neighborhoods creating social and environmental **risk factors** for return to use and triggers for SUD in general.²



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Questions?

Final Thoughts

- Reflect on the strategies and next steps proposed and **brainstorm practical application** in your work.
- Some strategies include the following:
 - Implementing trauma-informed care and peer support¹
 - Reduce discrimination related to recovery¹
 - Self-assess prescribing and treatment practices²
 - Support providers of color and equitable hiring practices³
 - Foster a safe environment for patients⁴



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