HRSA
Health Resources & Services Administration

Strategies for Addressing Health Disparities in Medication-Assisted Treatment for Patients With Opioid Use Disorder

Monday, May 16, 2022
1:00-1:30 p.m. ET

Vision: Healthy Communities, Healthy People

MAY

MENTAL HEALTH

AWARENESS MONTH

Making Mental Health A Priority

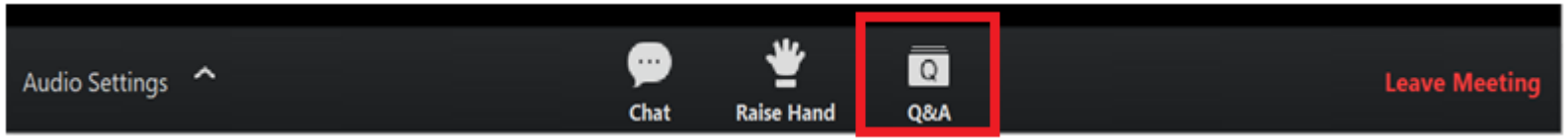
Mental health is an incredibly important part of our overall health. We're strongest when we join together to advocate for mental health resources, support, and access to quality care.

National Alliance on Mental Illness, 2021

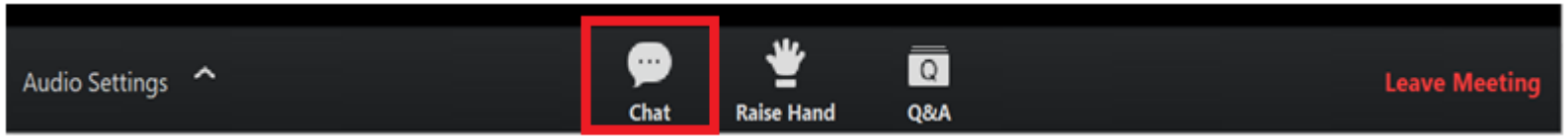
HRSA Health Center Program

Submitting Questions and Comments

- Submit questions by using the Q&A feature. To open your Q&A window, click the Q&A icon on the bottom center of your Zoom window.



- If you experience any technical issues during the information session, please message us through the chat feature or email healthcenter_BHTA@jbsinternational.com.



Continuing Education (CE)

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- You **must** complete the Health Center Satisfaction Assessment after this session.
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Presenter

Robert Lyle Cooper, PhD
Associate Professor,
Meharry Medical College
Department of Family and
Community Medicine

Strategies for Addressing Health Disparities in Medication-Assisted Treatment for Patients with Opioid Use Disorder

Agenda

- Welcome
- Prevalence of overdose among Black/African American people
- Upstream barriers to medication-assisted treatment (MAT) for Black/African American people
- Strategies for addressing disparities in care and outcomes
- Recommendations
- Q&A
- Wrap-up and adjournment
  - Training and technical assistance (T/TA) opportunities
  - Completing the Health Center Satisfaction Assessment
  - Obtaining CE credit

Objectives

Source: iStock

After attending this session, attendees will be able to:

- Explain disparities in opioid overdose and in access to treatment in Black/African American communities
- Recognize barriers that contribute to health disparities among Black/African American and White populations
- Discuss strategies to address multi-level barriers to receive care

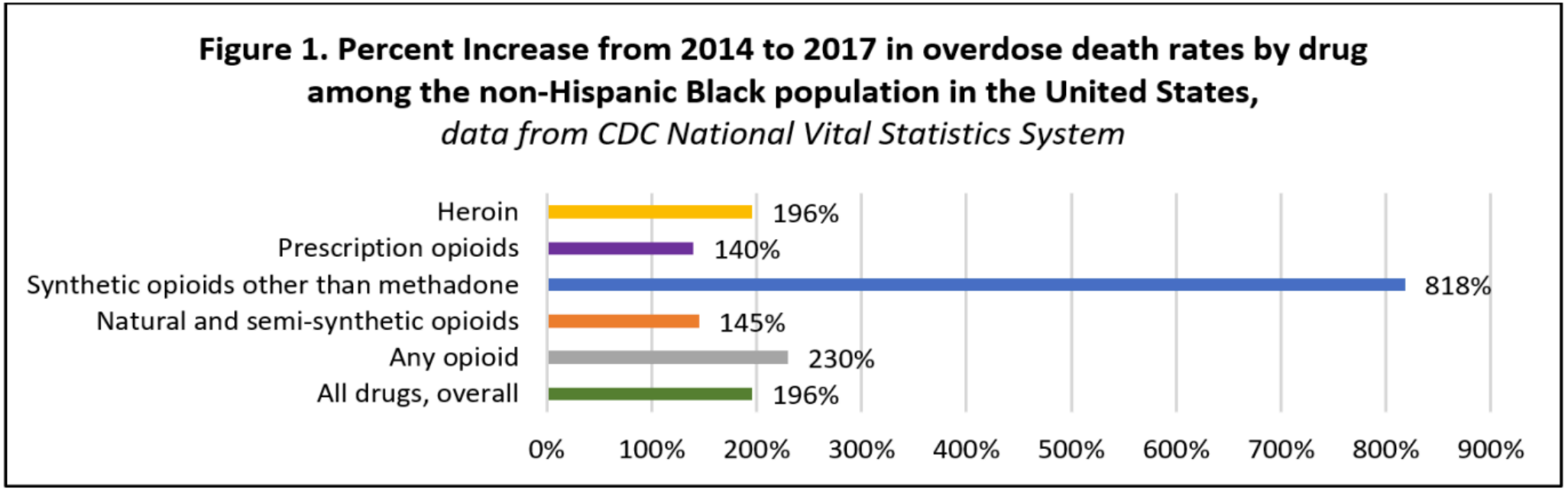
Polling Question 1

What are the barriers to Black/African American people receiving MAT?

- Stigma
- Lack of insurance
- Unaware of the service
- Services not culturally appropriate
- I don't know!

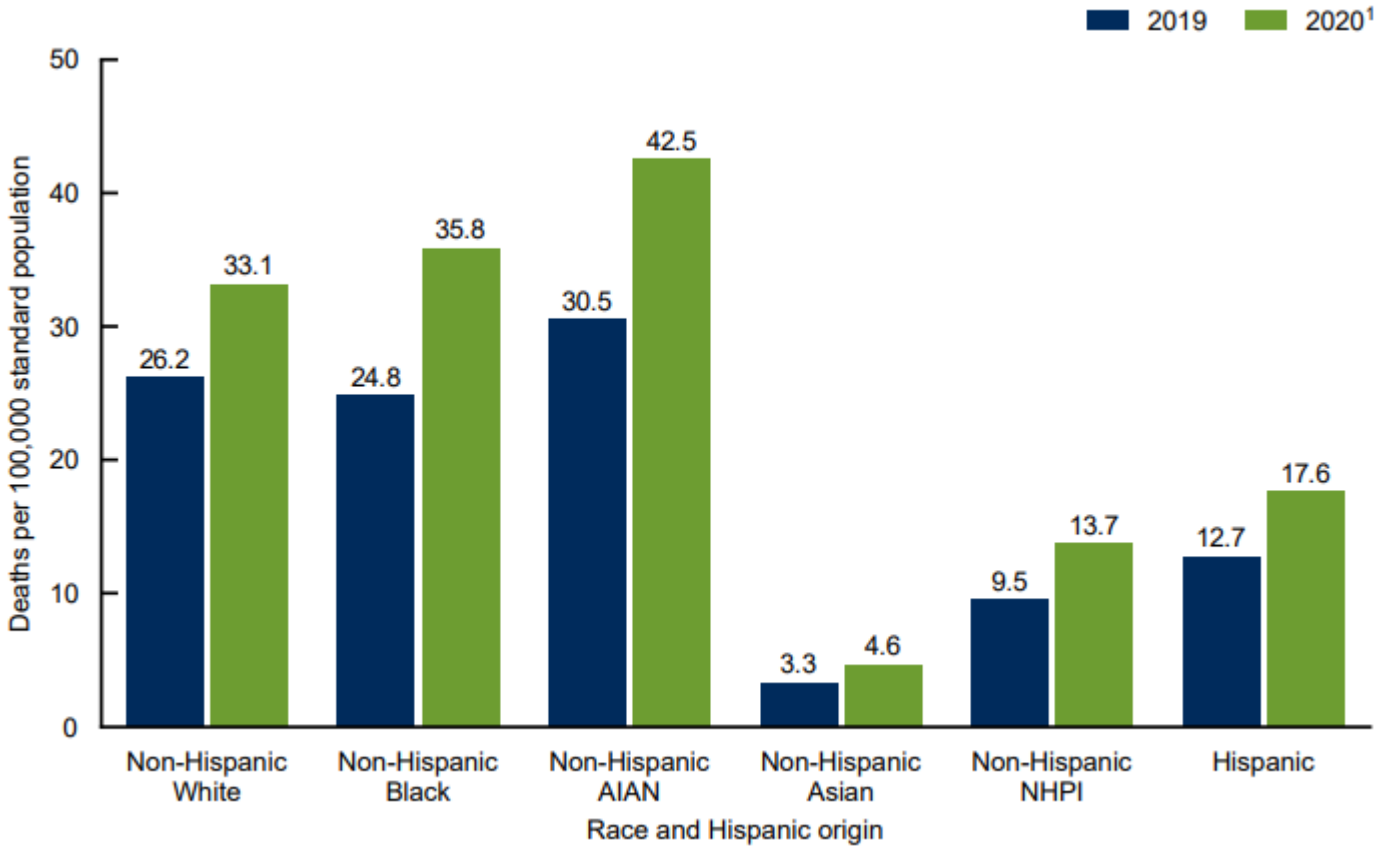
Source: iStock

Overdose Death Rates by Race 2014-2017



(Substance Abuse and Mental Health Services Administration [SAMHSA], 2020)

Overdose Death Rates by Race 2019-2020



(Hedegaard et al., 2021)

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MAT Is Frontline Treatment for Opioid Use Disorder

Treatment of opioid use disorder

NIH National Institute on Drug Abuse

Naloxone for Opioid Overdose: Life-Saving Science

SCIENCE DRIVEN SOLUTIONS

USER-FRIENDLY NALOXONE

In 2015, the FDA approved the first naloxone nasal spray—**NARCAN®**—developed as a result of NIDA-funded research.[1,2] Naloxone is also available as an autoinjector—**EVZIO®**—that provides verbal step-by-step instructions for use. Increasing access to naloxone is a priority for the U.S. Department of Health and Human Services, and research funded by NIDA is developing strategies to identify people at risk and ensure they have access to naloxone in the event of an overdose.

IDENTIFYING AT-RISK PATIENTS

A survey given to chronic pain patients receiving prescription opioids found that nearly 1 in 5 had experienced an overdose and more than half engaged in high-risk behaviors, including combining opioids with alcohol. While only 3% of patients surveyed reported having a naloxone prescription or being trained to deliver naloxone, nearly 40% had witnessed an overdose.[3] Another study found 68% of participants recruited from syringe service programs, detoxification, or opioid treatment programs had witnessed an overdose but only 17% had a prescription for naloxone.[4]

CO-PRESCRIBING NALOXONE TO AT-RISK PATIENTS

NIDA-funded researchers are evaluating interventions to improve opioid prescribing practices, including the co-prescription of naloxone. An early study found that giving naloxone to patients on opioid therapy for chronic pain was associated with fewer opioid-related emergency department visits, especially among patients receiving high doses of prescription opioids. This study will help to inform implementation efforts that can increase access to naloxone.[5]

NALOXONE SAVES LIVES

Naloxone can quickly restore normal breathing and save the life of a person who is overdosing on opioids. In 2015, over 33,000 people died from an overdose on opioid drugs, including prescription pain relievers, heroin, and fentanyl.[6] Naloxone is a safe medication that is widely used by emergency medical personnel and other first responders to prevent opioid overdose deaths. Unfortunately, by the time a person having an overdose is reached, it is often too late.

Friends, family, and other bystanders can save lives with naloxone. Naloxone distribution programs give naloxone kits to opioid users, their friends and families, and others who may find themselves in a position to save the life of someone at risk of an opioid overdose.

- A naloxone distribution program in Massachusetts reduced opioid overdose deaths by an estimated 11 percent in the nineteen communities that implemented it without increasing opioid use.[7]
- From 1996 to 2014, at least 26,500 opioid overdoses in the U.S. were reversed by laypersons using naloxone.[8]

HOW DOES NALOXONE WORK?

Naloxone is an opioid receptor antagonist meaning it binds to opioid receptors and reverses or blocks the effects of other opioids. Giving naloxone immediately reverses the effects of opioid drugs, restoring normal respiration. It can be administered by injection or through a nasal spray.

IS NALOXONE SAFE?

Yes. There is no evidence of significant adverse reactions to naloxone.[9] Administering naloxone in cases of opioid overdose can cause withdrawal symptoms when the person is dependant on opioids; this is uncomfortable without being life threatening.[10,11] The risk that someone overdosing on opioids will have a serious adverse reaction to naloxone is far less than their risk of dying from overdose.[12,13] Naloxone only works if a person has opioids in their system; the medication has no effect if opioids are absent.

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Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep

Long-term outcomes from the National Drug Abuse Treatment Clinical Trials Network Prescription Opioid Addiction Treatment Study☆

Roger D. Weiss[a,b,*], Jennifer Sharpe Potter[a,b,c], Margaret L. Griffin[a,b], Scott E. Provost[a], Garrett M. Fitzmaurice[a,b,d], Katherine A. McDermott[a], Emily N. Srisarajivakul[a], Dorian R. Dodd[a], Jessica A. Dreifuss[a,b], R. Kathryn McHugh[a,b], Kathleen M. Carroll[e]

[a] McLean Hospital, 115 Mill Street, Belmont, MA 02478, USA
[b] Harvard Medical School, 25 Shattuck Street, Boston, MA 02115, USA
[c] University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive, San Antonio, TX 78229, USA
[d] Department of Biostatistics, Harvard School of Public Health, 677 Huntington Street, Boston, MA 02115, USA
[e] Department of Psychiatry, Yale University School of Medicine, 333 Cedar Street, New Haven, CT 06510, USA

ARTICLE INFO

Article history:
Received 22 October 2014

ABSTRACT

Background: Despite the growing prevalence of prescription opioid dependence, longi
not examined long-term treatment response. The current study examined outcome

Cochrane Library

Cochrane Database of Systematic Reviews

Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence (Review)

Mattick RP, Breen C, Kimber J, Davoli M

(Mattick et al., 2014; Weiss et al., 2015; NIDA, 2017)

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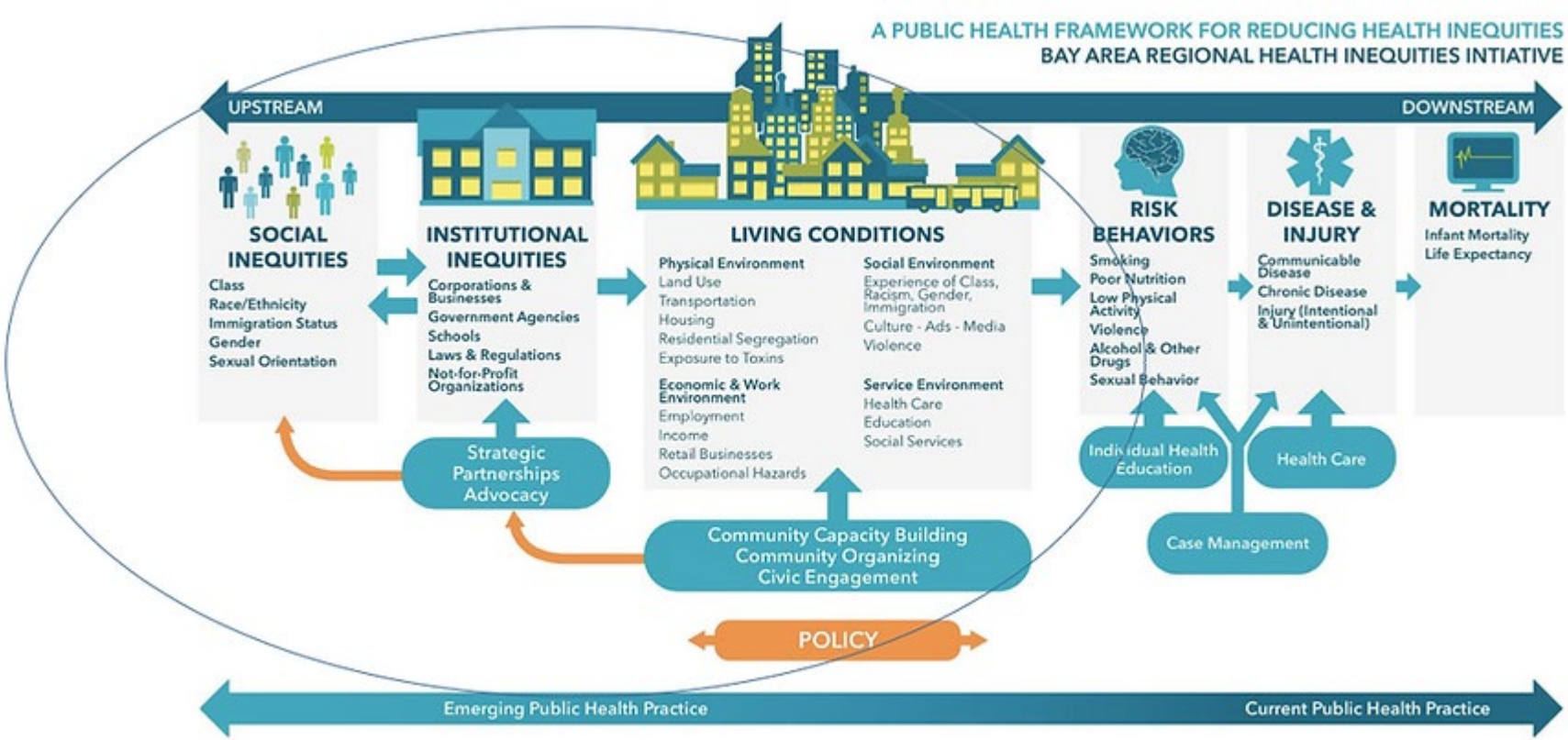
BARHII Framework



(Bay Area Regional Health Inequities Initiative [BARHI], 2020; Stanford et al., 2021)

Upstream Barriers to Care: Social Inequities

Social Inequities	Rates of Overdose	Factors Affecting Disparity
Class	Negative relationship	Increasing availability of opioids in the illicit drug market
Race/Ethnicity	Rising as rates fall or level among Whites	"Deaths of Despair" not specific to whites (media narrative)
Immigration Status	Rates low	Very little data to understand this; underreporting is possible.
Gender	Generally lower	Females that overdose less likely to have had MAT
Sexual Orientation	Higher rates	Less literature; however, the Centers for Disease Control and Prevention reported homophobia as a contributing factor to these rates.

(Bohnert et al., 2011; Campbell et al., 2010; Chatterjee et al., 2019; Faces & Voices of Recovery, 2019; Kunins, 2020; Muennig et al., 2018; National Institute on Drug Abuse, 2020; Schuler et al., 2019; Visconti et al., 2015; Weerasinghe et al., 2020)

Upstream Barriers to Care: Institutional Barriers

Institutional Inequities	Factors Affecting Disparity
Law and Regulation	• Access to medical care • Criminalization (Anti-Drug Use Act of 1986 and many others) • Criminalization of women who use drugs
Organizations	• Hierarchical structures that do not include BIPOC and LGBTQIA+ persons • Focus on intentions instead of impacts
Media: Dominant Narratives	• Drug use among Black/African American people is particularly treated as a criminal justice issue as opposed to a health care issue among White people (e.g., the crack/HIV syndemic versus opioid epidemic). • Even the move to a structural explanation for disparity in the media stresses structure more frequently to explain White drug use than Black/African American.

(Burris, 2018; Dasgupta et al., 2018; Health in Justice Action Lab: Northwestern University, 2019; Howell-Miller, 2019; National Academies of Sciences, Engineering, and Medicine, 2016; National Academies, 2018; National Harm Reduction Coalition [NHRC], 2017; NHRC, 2012; Santoro & Santoro, 2018; Stanford et al., 2021; Thompson et al., 2020; Walker & Mezuk, 2018)

Upstream Barriers to Care: Social Determinants of Health (SDOH)

Social and institutional barriers lead to SDOH through systematic disadvantages that influence health outcomes.

SDOH	Effects of Barriers
Physical Environment	• Geographic location and built environment • Urban revitalization and development • Neighborhood disadvantage and homelessness • Mass traumatic events and economic distress
Economic and Work Environment	• Availability of jobs and labor conditions • High-risk occupations (e.g., mining, manufacturing and service sectors) • Community-level economic stressors • Social isolation, disempowerment, and lack of social cohesion • “Deaths of Despair”

(Abt Associates, 2019; Burris, 2018; Dasgupta et al., 2018;Eisenberg-Guyot et al., 2020; Iheanacho et al., 2020; Linton et al., 2013; Miceli, 2019;; Monnat, 2018; Monnat, 2019; Pear et al., 2019; Stanford et al., 2021; Thompson et al., 2020; Unick & Ciccarone, 2017)

Upstream Barriers to Care: SDOH (cont.)

Social and institutional barriers lead to SDOH through systematic disadvantages that influence health outcomes.

SDOH	Effects of Barriers
Social Environment	• Historical trauma • Layered stigmas • Protective factors • Adverse childhood experiences
Service Environment	• Culturally and structurally competent care • Historical mistrust • Health care service availability • Bias and stereotyping

(BARHI, 2020; Dasgupta et al., 2018; Greenfield et al., 2019; Joshi et al., 2018; Pear et al., 2019; Ponicki et al., 2018; Santoro & Santoro, 2018; SAMHSA, 2020; Stanford et al., 2021; Thompson et al., 2020; Trust for America's Health, 2020; Venner et al., 2018)

Strategies to Engage Black/African American People

Strategies	Examples
Comprehensive, holistic approach from harm reduction to treatment and all points in between	• Combine the intake processes within a holistic system of care • Allow the client to engage the services they are ready to accept • Build relationships around services the patient wants (e.g. , people attending syringe services programs are 5 times more likely to enter treatment than those who do not.)
Involving the target community in program development	• Ensure that all programs should have a community advisory board (CAB) that is inclusive of different races, current drug users, and recognized community leaders • Use peer support workers to engage potential clients • Incorporate people with lived experience into training
Public awareness campaigns target population focused	• Include visuals of BIPOC in brochures • Identify barriers to care proactively and weave this into campaigns • Use the CAB to create these materials

(Bluthenthal et al., 2001; Hagan et al., 2000; SAMHSA, 2020; Stanford et al., 2021; Strathdee et al., 1999)

Strategies to Engage Black/African American People (cont.)

Strategies	Examples
Incorporate culturally specific engagement strategies	• Identify community leaders to whom the target population listens regularly and work through them to disseminate information • Bring services to the clients; gentrification is rapid--be ready to move or to get mobile • Identify sources of stigma and address proactively
Represent the target population in the service staff	• Hire BIPOC and LGBTQIA+ people • Recognize top-down decision making may lead to problems in on-the-ground services • Peer support workers are essential (i.e., not only shared drug use experience but also same neighborhoods)
Provide wraparound case management to all clients	• Provide job training • Assist in acquiring insurance (e.g., SSDI Outreach, Access, and Recovery [SOAR]) • Offer critical housing assistance
Influence upstream barriers	• Create coalitions to influence policy, outside of state government work groups • Examine policies with an eye toward inequity • Include active drug users in coalitions… and really listen!

Recommendations

Intersectionality

Examine health inequities both within and across race, LGBTQIA+, adolescent, aging, gender-based, and immigrant populations.

Historical and Structural

Identify underlying and historical root causes of health inequities (e.g., slavery and Native genocide), as well as inequitable and unjust policies, which have led to redlining and structural poverty and racism.

System Perspective

Examine social and institutional health inequities within the context of an interconnected system of upstream inequities.

(Iheanacho et al., 2020; SAMHSA, 2020; Stanford et al., 2021)

Q&A

TA Opportunities for Health Centers

- One-on-One Coaching
- Communities of Practices
- Virtual Intensive T/TA
- SDOH Roundtables
- Office Hours
- Webinars

Accessing Additional T/TA Opportunities

BPHC BH TA PORTAL ONLINE REQUEST FORM

https://bphc-ta.jbsinternational.com/ta-request-form

EMAIL

healthcenter_BHTA@jbsinternational.com

BH TA WEEKLY UPDATE

healthcenter_BHTA@jbsinternational.com

Upcoming TA Opportunities in May/June 2022

WEBINARS

https://bphc-ta.jbsinternational.com/e-learning-webinars

SDOH ROUNDTABLES

Wednesday, May 25, 2022 from 2:00-3:30 p.m. ET

Building Relationships and Community Partners to Address Social Determinants of Health (SDoH)

https://bphc-ta.jbsinternational.com/sdoh-group-virtual-ta-roundtable

ASK AN EXPERT

Every Thursday from 2:00-4:00 p.m. ET
Request Link: https://bphc-ta.jbsinternational.com/ask-expert-series

CoPs

May 17 – August 23, 2022 (eight sessions), from 2:00-3:30 p.m. ET

CoP 3: Workforce Resiliency and Retention

Registration coming soon

May 24 – August 30, 2022 (eight sessions), from 2:00-3:30 p.m. ET

CoP 4: Polysubstance Use

Registration coming soon

INTENSIVE TA

Request Link: https://bphc-ta.jbsinternational.com/ta-request-form

CE Revisited

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Health Center Satisfaction Assessment

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- The link to the Satisfaction Assessment will automatically open in your browser at the conclusion of this webinar.
- You can also click the link for the Satisfaction Assessment provided in the Zoom chat feature; click the link now to have the browser open.
- We will also email you a link to the Satisfaction Assessment.

Please take 2–3 minutes to complete the Satisfaction Assessment directly following this session.

THANK YOU!

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Health Resources & Services Administration

Thank You!

Robert Lyle Cooper, PhD
Meharry Medical College
Department of Family and Community Medicine

Vision: Healthy Communities, Healthy People

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