

ADDRESSING OPIOID USE DISORDERS IN DIVERSE COMMUNITIES: FINDING THE YOU IN OUD SOLUTIONS!

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DISCLOSURES

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LEARNING OBJECTIVES

At the conclusion of this session, participants should be able to:

- Describe opioid use disorder (OUD) and mortality in diverse populations.
- Identify at least 5 barriers to equitable care for diverse patients with opioid use disorder.
- Recall at least 3 strategies to address OUD in diverse communities and incorporate these strategies in a personalized action plan.



OPIOID CRISIS OVERVIEW

More than 760,000 people have died since 1999 from a drug overdose

More than 80% of overdose deaths in 2019 involved opioids

Overall, Americans consume up to 80% of the world's prescription opioids



OPIOID CRISIS BY THE NUMBERS 2018

130 people die every day from an overdose involving an opioid

10.3 million people misused a prescription opioid in 2017

2 million people misused prescription opioids for the first time

Among those who self identified as needing but not receiving treatment
ACCESS/COST
was the biggest barrier



Source HHS.GOV/Opioids: <https://www.hhs.gov/opioids/about-the-epidemic/index.html>

Source: National Survey on Drug Use & Health, 2018

RISE IN OPIOID DEATHS IN AMERICA

Nearly 450,000 died of an opioid overdose 1999-2018

Significant increase in opioid related deaths.



Source CDC:
<https://www.cdc.gov/drugoverdose/data/analysis.html>

OPPORTUNITY FOR LIFESAVING CARE IDENTIFIED IN MOST PEOPLE WHO DIE FROM OVERDOSE

3 in 5 people who overdosed identified a source of care



Source CDC: <https://www.cdc.gov/drugoverdose/pubs/featured-topics/VS-overdose-deaths-illicit-drugs.html>

OPIOID DEATH RATES INVOLVING OPIOIDS BY TYPE IN THE UNITED STATES 1999-2018

2013-present sharp rise in synthetic opioid overdoses



NUMBER AND AGE-ADJUSTED RATES OF DRUG OVERDOSE BY STATE, UNITED STATES 2018

Deaths per 100,000 people vary by state.

Also great variance within states.



Source CDC NCHS, National Vital Statistics System,
Mortality

OPIOID OVERDOSE DEATHS BY RACE/ETHNICITY

Rise in overdoses amongst several racial and ethnic groups



Source KFF. Org: Opioid Overdose Deaths by Race/Ethnicity. Kaiser Family Foundation: <https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-raceethnicity>

MAGNITUDE OF INCREASE IN DRUG OVERDOSE DEATHS INVOLVING SYNTHETIC OPIOIDS FROM 2013 TO 2017

9.2 fold increase in Non-Hispanic Whites

12.3 fold increase in Hispanics

18 fold increase in Non-Hispanic Blacks



Source CDC NCHS, National Vital Statistics System, Mortality

PAIN PRESCRIPTION RATES BY STATE

States vary between 52/71 prescriptions per 100 people
to 96-143 prescriptions per 100 people



TREATMENTS FOR OPIOID WITHDRAWAL

3 FDA treatments for Opioid Use Disorder

Buprenorphine

Naloxone

Methadone



Source: The Pew Charitable Trusts, 2020

<https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2020/12/medications-for-opioid-use-disorder-improve-patient-outcomes>

MEDICATION ASSISTED TREATMENT (MAT)

The use of FDA-approved medications, in combination with counseling & behavioral therapies, to provide a "whole-patient" treatment approach.

FDA-Approved Medication	Mechanism of Action /Mu-receptor interaction	Formulations	Dosing Frequency	Who Can Prescribe
Methadone	Full agonist /fully occupies mu receptor → lessens withdrawal symptoms	Pill, liquid, wafer	Daily	Opioid Treatment Program (OTP)
Buprenorphine	Partial agonist/partially occupies mu receptor → lessens withdrawal symptoms & ceiling effect reduces risk of overdose	Pill, film Implant	Daily Every 6 months	Any X-Waivered Prescribing Provider
Naloxone	Antagonist / blocks rather than activates mu receptor	Oral ER Injection	Daily Monthly	Any Prescribing Provider



Source: The Pew Charitable Trusts, 2020

WHY ACCESS TO BUPRENORPHINE IS SO CRITICAL?

It Saves Lives!



Source: Dopouy et al., 2017; Evans et al., 2015; Sordo et al., 2017

MEDICATION ASSISTED TREATMENT

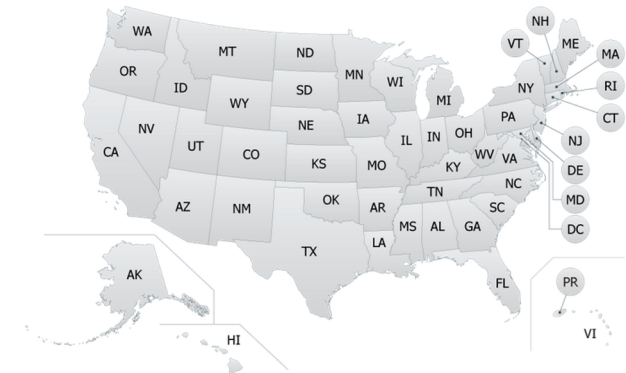
- 4.1% decline in drug overdose deaths in the United States from 2017 to 2018
- 1.27 million Americans are currently receiving medication assisted treatment (MAT)
- 106% increase in total number buprenorphine-waivered providers January 2017-June 2019
- PCSS Free Provider Training
- SAMHSA Buprenorphine Practitioner Locator
- SAMHSA Opioid Treatment Program Directory



Buprenorphine Practitioner Locator

Find practitioners authorized to treat opioid dependency with buprenorphine by state.

Select a state from the map or use the drop down lists to view all of the practitioners waived to provide buprenorphine for the treatment of OUD in a city, state or zip code. To update the contact information for your waiver, complete the [Update Practitioner Profile form](#).



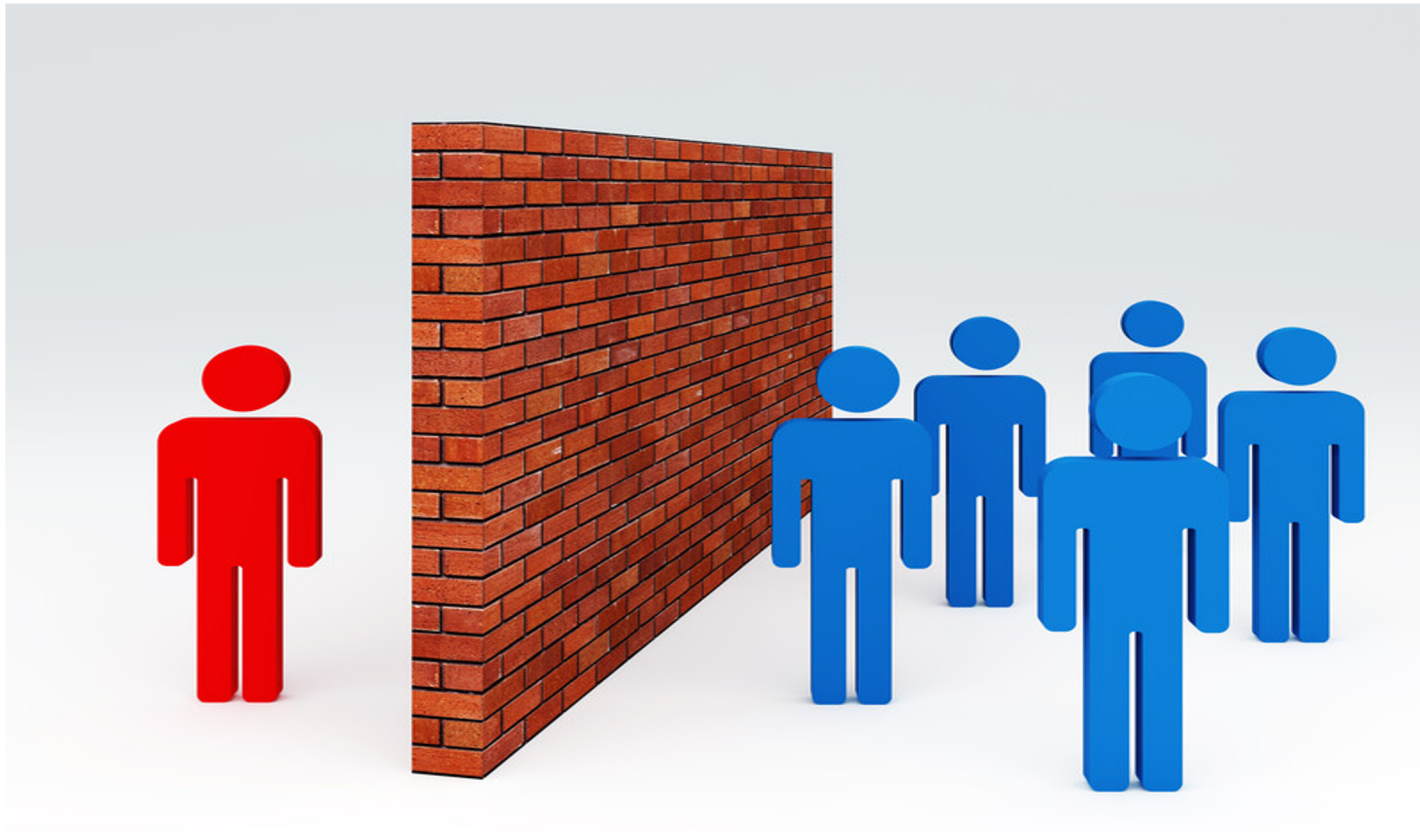
Postal code:

Distance:

City: State:

US Department of Health and Human Services, 2019

BARRIERS TO OUD CARE



8 BARRIERS TO EQUITABLE CARE IN DIVERSE COMMUNITIES

- Stigma
- Social determinants of health
- Healthcare policies
- Institutional racism
- Historical trauma in diverse populations
- Lack of diversity in medical providers
- Medical provider/team cultural competence/humility
- Healthcare structural /organizational barriers



DEFINITION OF STIGMA



STIGMA

“They look at us like junkies, but you know what? This junkie right here bleeds the way you bleed, have feeling the way you have feelings, love the way you love, hate the hate you hate, hold grudges the way you hold grudges. I walk the same way you walk. What’s the difference between your love and my love? ...They’re [healthcare providers] so judgmental that they would literally come out and speak about you behind your back.”



Source: Muncan et al., 2020

" I overheard them when I was in the ER, right before I was admitted last time for pneumonia. One of the doctors that was making a decision on what medication to give me said, ‘Well, I don’t think we have to worry about giving her too many benzos, look at everything she’s on.’ I’m overhearing this, and I’m like ‘Okay, you know that I can hear what you’re saying.

WORDS MATTER

Acceptance and Commitment Therapy has been used effectively to help people to reduce shame associated with cultural stigma around substance use treatment.



Source: American Society of Addiction Medicine

SDOH

Social determinants of health:
it takes a village



Various organizations concentrate on specific Social Determinants of Health.

There are several SDOH that are common across organizations including socioeconomic status and financial strain, community and social connections, and employment.



Source: Davidson et al., 2020

HEALTHCARE POLICIES



U.S. DRUG POLICIES

1914	The Harrison Narcotic Act
1930s	The Federal Bureau of Narcotics was formed
1951	The Durham Humphrey Bill
1960s	The Manufacturing Act
1970	The Comprehensive Drug Abuse Prevention and Control Act
1988.	The Anti-Drug Abuse Act



Source: Sacco, 2014

HOW CAN THESE DISPARITIES CONTINUE?

“The Nixon White House...had two enemies: the antiwar left and black people...by getting the public to associate the hippies with marijuana and Blacks with heroin, and then criminalizing both heavily, we could disrupt those communities... Did we know we were lying about the drugs? Of course, we did.”

-John Ehrlichman, Domestic Policy Chief, Nixon Administration



Source: LoBianco, 2016

HEALTHCARE POLICIES: SAMHSA

U.S. Department of Health and Human Services

Substance Abuse and Mental Health Services Administration (SAMHSA)

- Sober Truth on Preventing (STOP) Underage Drinking Act of 2006
- Mental Health Parity and Addiction Equity Act of 2008
- Tribal Law and Order Act (TLOA) of 2010
- Affordable Care Act (ACA) of 2010
- Comprehensive Addiction and Recovery Act (CARA) of 2016
- 21st Century Cures Act of 2016
- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018



HEALTHCARE POLICIES: CARA

- Comprehensive Addiction and Recovery Act (CARA) of 2016
 - This Act authorized over \$181 million to respond to the opioid epidemic
 - Several strategies were used to greatly increase both, prevention and treatment programs
 - Authorized comprehensive opioid abuse grants
 - Addressed opioid abuse among veterans
 - Increased access to naloxone to reverse opioid overdose



Source: Community Anti-Drug Coalitions of America (CADCA), 2020

HEALTHCARE POLICIES: 21ST CENTURY CURES ACT

21st Century Cures Act of 2016

- Responsible for streamlining the approval process for drugs and medical devices
- Incorporated the HELPING FAMILIES IN MENTAL HEALTH CRISIS ACT
- Authorized \$6.3 billion in funding between NIH, brain disease research, and cancer disease



Source: U.S. Food and Drug Administration (FDA)

<https://www.fda.gov/regulatory-information/selected-amendments-fdc-act/21st-century-cures-act>

HEALTHCARE POLICIES: SUPPORT ACT

- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018
 - Increased access to care for OUD
 - More waived providers
 - Medicare and Medicaid Coverage
 - Eliminated Kickbacks in Recovery Act of 2018



Source: American Hospital Association (AHA), 2018

<https://www.aha.org/system/files/2018-10/181024-legislative-adv-patients-and-communities-act.pdf>



“People fail to get along because they fear each other; they fear each other because they don’t know each other; they don’t know each other because they have not communicated with each other.”

— Martin Luther King, Jr.



INSTITUTIONAL RACISM: DEFINITIONS

- AKA “Systemic Racism” “Structural Racism” Exists
- What is Racism?
- What is institutional/systemic/structural racism?



BUPRENORPHINE TREATMENT

- Buprenorphine Visits in U.S. 2004 – 2015
 - Rose from 0.04% to 0.36%
 - Equates to ~13.4 million prescriptions
 - White ~ 12.7 million
 - Non-whites ~ 363,000
 - Private insurance and self-pay were the most common methods
 - Self-pay rose from 585,568 to 5.3 million from 2004-2015



Source: Lagisetty et al., 2019

SEPARATE AND UNEQUAL TREATMENT

National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Survey Outpatient (18 states) from 2004-2015



Source: Lagisetty et al., 2019

HISTORICAL TRAUMA IN DIVERSE POPULATIONS

- Multigenerational trauma
- HT is the cumulative exposure to traumatic events that not only affect the individual exposed, but continues to affect subsequent generations
- Descendants of those who experienced the traumatic stressor may still exhibit symptoms
- Populations include American Indians and Alaskan Natives, Blacks/African Americans, Hispanics/Latinx, Asians, immigrants and refugees, war veterans, and families experiencing intergenerational poverty.



Source: SAMHSA Gains Center <https://healthandlearning.org/wp-content/uploads/2017/11/Historical-Trauma-SAMHSAs-Gains-Center.pdf>

DIVERSITY OF MEDICAL PROVIDERS

"Once upon a time, the American medical profession was comprised almost exclusively of white, male doctors."



Source: St Georges University, <https://www.sgu.edu/blog/medical/pros-discuss-the-importance-of-diversity-in-health-care/>

DIVERSITY IN MEDICAL PROVIDERS

Data demonstrating a lack of diversity in physicians 2013



DIVERSITY IN MEDICAL PROVIDERS

Data demonstrating a lack of diversity in physicians 2018

New addition of racial and ethnic groups for data collection.



Source: Race and ethnicity are obtained from a variety of sources including DBS, ERAS, APP, MCAT, SMDEP, GQ, MSQ, Faculty, GME, Student with priority given the most recent self-report

DIVERSITY IN MEDICAL PROVIDERS

Data demonstrating a lack of diversity in psychologists



Source: Lin, et all, American Psychological Association (APA), 2018

MEDICAL PROVIDER CULTURAL COMPETENCE/ CULTURAL HUMILITY

Culturally competent care is defined as care that respects diversity in the patient population and cultural factors that can affect health and health care, such as language, communication styles, beliefs, attitudes, and behaviors.



Source: CDC, 2020. Cultural Competence in Health and Human Services

MEDICAL PROVIDER CULTURAL COMPETENCE/ CULTURAL HUMILITY

Graphic depicting a continuum of cultural competency ranging from
Cultural Destructiveness → Cultural Incapacity → Cultural
Blindness → Cultural Pre-Competence → Cultural Competence →
Cultural Proficiency



Source, Lindsey, 2018

HEALTHCARE STRUCTURAL & ORGANIZATIONAL BARRIERS

- Lack of leadership support
- Resistance/skepticism from staff
- Invest of time, money, and internal resources
- Uncertain roles and/or lack of accountability
- Community stakeholders



STRATEGIES TO ADDRESS OUD IN DIVERSE COMMUNITIES



KNOWLEDGE, SKILLS & ATTITUDES (KSAS)

- Knowledge of evidence-based treatments
- Knowledge of evidence-based OUD care delivery models



12 MODELS OF CARE FOR OUD

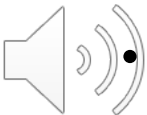
- Office-based Opioid Treatment (OBOT)
- Medicaid Health Home Model
- Massachusetts Nurse Care Manager Model
- Collaborative Opioid Prescribing Model (Maryland)
- Project Echo Model (New Mexico)
- Emergency Dept. Initiation of OBOT
- Southern Oregon Model
- Inpatient Initiation of MAT
- Hub and Spoke Model (Vermont)
- Integrated Pre-Natal Care and MAT
- Buprenorphine/HIV Evaluation & Support Model
- One Stop Shop Model



Source: Korthius et al., 2017

KNOWLEDGE, SKILLS & ATTITUDES (KSAS)

- Knowledge of evidence-based treatments & care delivery models
- Knowledge of OUD healthcare disparities and their root causes
- Clinical skill in motivational interviewing
- Clinical skill in medication management
- Cultural humility
- Open and active approach to learning about diverse populations and individuals
- Willingness to be out of my comfort zone
- Awareness of implicit bias and its impact on my clinical decision making
- Ongoing commitment to personal growth, healthcare equity and social justice



CLINICAL APPLICATION & ADVOCACY

- OUD prevention through education & outreach activities
- Same-day, in-house availability of culturally appropriate MAT and counseling services
- Collaboration with behavioral health providers through the integrated behavioral healthcare models
- Using Motivational Interviewing
- Case Management Services
- Safer opioid prescription practices
- Awareness of implicit bias and its impact on your clinical decision making (applies to both Knowledge and Clinical Application)



CLINICAL APPLICATION & ADVOCACY

- Patient and health policy advocacy at local, state and national levels
- PA participation in professional organizations
- OUD Awareness and outreach activities
- Contact your legislators

<https://www.house.gov/representatives/find-your-representative>

https://www.senate.gov/general/contact_information/senators_cfm.cfm



COMMUNITY ENGAGEMENT

People don't care how much you know
until they know how much you care.



Theodore Roosevelt

COMMUNITY ENGAGEMENT & NETWORKING

- Examine your personal circles through a diversity & inclusion lens.
- Identify & participate in activities that expand your cultural understanding.
- Adopt a learner/facilitator approach.
- Ask yourself who else needs to be at the table when key decisions are being made. Be an Upstander!
- Get involved in interdisciplinary organizations with a focus on OUD/SUD and diversity, equity & inclusion (DEI).
- Connect with community-based initiatives supporting DEI, OUD/SUD.



Call to Action!



My Personal Action Plan to Improve OUD for All				
Name:		Date:		
<i>I am part of the solution to increasing the quality and access to OUD care for everyone in my community. This action plan affirms my commitment to unity and human kindness in my personal and professional developmental journey. This action plan is important to me because...</i>				
Category	Activity	Start Date	Target Completion Date	Actual Completion Date
Knowledge				
Engagement & Networking				
Clinical Application & Advocacy				

PERSONAL ACTION PLAN EXAMPLE

Category	Activity	Start Date	Target Completion Date	Actual Completion Date
Knowledge	Complete PCSS MAT Training	4/1/21	5/15/21	4/15/21
	Review Arizona Pain & Addiction Curriculum	6/5/21	8/31/21	
	Review local OUD/SUD public health statistics	6/5/21	7/1/21	
	Reflect on my knowledge and experience through journaling at least 10 minutes per week for 6 months	5/1/21	12/1/21	
Community Engagement & Networking	Identify and connect with 3 community-based organizations committed to DEI	9/10/21	12/10/21	
	Attend Mount Zion Church at least 3 times	7/1/21	8/1/21	
	different than mine	5/5/21	7/15/21	
	and/or OUD/SUD	11/1/21	11/30/21	
Clinical Application & Advocacy	Evaluate and record observations in my clinical workplace on OUD services	7/1/21	9/30/21	
	Meet with medical director to discuss observations and suggest improvements	10/1/21	10/15/21	
	Discuss OUD services with colleagues	4/1/21	6/1/21	4/21/21
	OUD/diversity/equity initiatives	12/1/21	12/15/21	



My Personal Action Plan to Improve OUD for All People

Name: _____

Date: _____

I am part of the solution to increasing the quality and access to OUD care for everyone in my community. This action plan affirms my commitment to unity and human kindness in my personal and professional developmental journey. This action plan is important to me because...

Category	Activity	Start Date	Target Completion Date	Actual Completion Date
Knowledge				
Engagement & Networking				
Clinical Application & Advocacy				



RESOURCES (PAGE 1 OF 3)

- Free MAT Training - Providers Clinical Support System
<https://pcssnow.org/medications-for-opioid-use-disorder/>
- Free Motivational Interviewing Resources from Psychwire
<https://psychwire.com/motivational-interviewing/resources>
- NIH - Words to Use and Avoid When Talking About Addiction
<https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>
- SAMHSA Buprenorphine Practitioner Locator
<https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator>



RESOURCES (PAGE 2 OF 3)

- SAMHSA Opioid Treatment Directory
<https://dpt2.samhsa.gov/treatment/directory.aspx>
- NIH - Words to Use and Avoid When Talking about Addiction
<https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>
- American Association of Addiction Medicine (ASAM) <https://www.asam.org/>
- Society of Physician Assistants in Addiction Medicine (SPAAM)
<https://www.asam.org/>
- National Association for Addiction Professionals (NAADAC)
<https://www.naadac.org/>



RESOURCES (PAGE 3 OF 3)

- HHS Office of Minority Health <https://www.minorityhealth.hhs.gov/>
- CDC Opioid Overdose Center <https://www.cdc.gov/drugoverdose/>
- CDC Guideline for Prescribing Opioids for Chronic Pain
<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- The Arizona Pain and Addiction Curriculum, Arizona Department of Health Services <https://www.azdhs.gov/audiences/clinicians/arizona-pain-addiction-curriculum/index.php> (Scroll to the bottom of the page and click the link on “Arizona Pain and Addiction Clinical Resource Compendium”)

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