Toward Anti-Racist Opioid Use Disorder Treatment

What is the path foreword?

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STOP KILLING US

# BLACKLIVESMATTER
Moment of Silence for Jacob Blake and Trayford Pellerin

- Mr. Jacob Blake, a 29-year-old Black man, in Kenosha, Wisconsin
- Mr. Blake intervened in dispute → shot at least 7 times in the back
- Mr. Blake’s three young sons in his car and witnessed this shooting
- Likely paralyzed...details emerging
- Trayford Pellerin in Lafayette, LA. Shot 11 times in the back, dead
OF Equality—As if it harm’d me, giving others the same chances and rights as myself—As if it were not indispensable to my own rights that others possess the same.

Disclosures

- Member of the Board of Trustees for the American Psychiatric Association
- Consultant, People’s Preparatory Charter School
Conflict of Interest

COI
• None

I believe:
• That **RACE** is a **social** construct, not a **biological** construct
  
  – DO NOT believe physiologic racial differences → explanations in disparities in addiction
Conflict of Interest

- **Racism**, both historical & contemporary, is THE “root cause” for disparities in addiction
- Eradication of **Racism** was up to Black people and/or POC, resolved a long time ago
  - Governmental Agencies (NIH, SAMHSA), White people, & White organizations → dismantle **Racism** and co-lead the charge to do so.
  - **Understanding this is essential for helping Black, Indigenous, and People of Color (BIPOC) live equitable lives**
Objectives

- **Define key concepts that** contribute to the oppression, pain and overwhelming health disparities among Black, Indigenous and People of Color (BIPOC)

- To identify **political and structural factors** that have led to the erasure of the ongoing opioid crisis among BIPOC, despite increasing death rates

- To understand how **to empower and operationalize BIPOC voices** into the larger opioid discussion, including policy development and implementation

- To become aware of different health programming that is more **culturally-affirming and anti-racist**, as a means to eliminate inequities in opioid use disorder treatment
Liberated Space
Racism

- RACE -- ISM: A system based on race
- Structures opportunity and assigns value based on the social interpretation of how one looks (RACE)
- One group of people (usually White) is systematically advantaged and assigned more value, whereas those assigned to the OTHER group (Black people) are viewed as less then

- Social Construct

- Result in Harmful Consequences, Including Death

- “When someone sneezes...White people get sick, but Black people get Pneumonia”

Jones, CP Levels of Racism: A Theoretic framework and a Gardener’s Tale, AmJPublicHealth 2000; 90 (8) 1212-1215
Institutionalized Racism: Policies → differential access to the goods, services, and opportunities of society, by “race”
Examples: housing, education, employment, income, medical facilities

Personally-mediated Racism: Differential assumptions about the abilities, motives, and intents of others, by “race”
Examples: Police brutality, Physician disrespect, Shopkeeper vigilance, Teacher devaluation

Internalized Racism: Acceptance by the stigmatized “races” of negative messages about your own abilities and intrinsic worth
Examples: Self Devaluation, White man’s ice is colder
Resignation, helplessness, hopelessness

Jones, CP  Levels of Racism: A Theoretic framework and a Gardener’s Tale, AmJPublicHealth 2000; 90 (8) 1212-1215
• **Structural Racism**: Public policies, institutional practices, cultural representations, and other norms reinforce ways to perpetuate racial group inequity.

• **White Privilege**: historical & contemporary advantages for White people in access to quality education, decent jobs and liveable wages, homeownership, retirement benefits, wealth, etc

• **Racial Equity**: A genuine non-racist society where the distribution of benefits and burdens would not be skewed by race
A Note about Language

1. Language begets narratives, which beget policies and practices
   - “Abuse” and “abuser” charged w/ stigma (e.g. Ashford et al, 2018)
   - “Dependence” ≠ “addiction”
   - Treatment ≠ “substituting one drug with another,” “recovery”
   - Marijuana vs. cannabis
   - “Legalization,” “harm reduction,”
   - More about language: www.changingthenarrative.news

2. Linguistic norms define the goals and the means
3. “Carceral” ≠ “criminal justice”
The Current State of Affairs

- Racial/ethnic URMs have **worsening** substance use outcomes, esp among Black, Latinx, Natives
- But this is IGNORED by Regulatory Agencies (Healthcare, Public Health, Law Enforcement, Policy) and Media

James K, Jordan A: The Opioid Crisis in Black Communities. The Journal of Law, Medicine & Ethics 46:404-21, 2018
C. Hart, ‘People Are Dying Because of Ignorance, not Because of Opioids,’ *Scientific American*, Nov. 1, 2017
Rate of Opioid Deaths by Racial Groups

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, Results from the 2016 National Survey on Drug Use and Health: Detailed Tables, Sept. 7, 2017
Fentanyl Deaths have Drastically Increased, Black by 140.6%/Latinx 118%

Black Overdose Deaths Surpass General Population in 8 States + DC

<table>
<thead>
<tr>
<th>Location</th>
<th>White opioid-related death rate</th>
<th>Black opioid-related death rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.C.</td>
<td>8.6</td>
<td>60</td>
</tr>
<tr>
<td>West Virginia</td>
<td>50.5</td>
<td>55</td>
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<tr>
<td>Missouri</td>
<td>15.5</td>
<td>31.5</td>
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<tr>
<td>Illinois</td>
<td>18.6</td>
<td>28.3</td>
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<td>Wisconsin</td>
<td>16.7</td>
<td>26.1</td>
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<td>24.4</td>
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<tr>
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<td>21</td>
</tr>
<tr>
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<td>14.6</td>
</tr>
<tr>
<td>Washington</td>
<td>10.9</td>
<td>12.3</td>
</tr>
</tbody>
</table>

Regulatory Agencies Advertise to WHITES

The National Alliance of Advocates for Buprenorphine Treatment

Buprenorphine (Suboxone®, Subutex®, Zubsolv®, Bunavail™, Probuphine®) is an opioid medication used to treat opioid addiction in the privacy of a physician's office. Buprenorphine can be dispensed for take-home use, by prescription. This, in addition to the pharmacological and safety profile of buprenorphine, makes it an attractive treatment for patients.

Patients:
Find a Buprenorphine Provider

TreatmentMatch.org
Have a certified buprenorphine prescribing provider contact you:

Get Started
Clear Focus on White OUD, not marketed for Blacks or Latinx
Media Opinions about Black vs White Drug Use

Wendell Pierce
@WendellPierce

Crack epidemic destroys a poor Black community. The war on drugs. Opioid epidemic destroys a poor White community: National Public Health Crisis

12:43 PM - 26 Oct 2017

115 Retweets 181 Likes
The New Health Care

Overshadowed by the Opioid Crisis: A Comeback by Cocaine

It’s the No. 2 killer among illicit drugs in the U.S. and kills more African-Americans than heroin does.

Cocaine #2 Killer of Illicit Drugs
Kills More Black Americans than Opioids (Heroin)

Anti-Drug Abuse Act 1986:
harsher penalties for crack vs powder cocaine (Prior 11%, since 49%)

Sentencing Disparity between Powder Cocaine and Crack Cocaine (100-1)

> 80% of the defendants sentenced for crack offenses are Black, despite 66% of crack users white or Latinx

James, K and Jordan, A. The Opioid Epidemic In Black Communities, The Journal of Law, Medicine, and Ethics, July 2018
Defining the Problem

Figure 9. Opioid Overdose Deaths by Number of Drugs Involved, 2014

“The War on Drugs is a war on low-income people and a war on minorities.”


Modified from A. R. James
Law as a Structural Determinant of Health

- Structural determinants of health: many social, economic, built environment factors
- Laws shape many of these structural factors
- Laws can improve health and reduce risk, including for people who use drugs
Disparities in SUD Outcomes

Social Determinants of Health:

Racism
Parentless households
Poverty
Limited Access to Care
Under-Education
No Insurance
Under-Graduation Rates
Teen Births
Nutrition
Weathering
Housing
“Medical baggage”
Medical Problems
Incarceration rates
Unemployment
Hopelessness
Stress
“Othering”
Food Insecurity
Family Support
Poor Working Conditions
Language

Modified from A. R. James
Dismal Access to Treatment

Source: Williams et al, To Battle The Opioid Overdose Epidemic, Deploy the ‘Cascade of Care Model’ Health Affairs Blog (2017)
The Treatment Gap: Access

Percent of Population 12+ Diagnosable w SUD

Source: amFar.org (2018)
The Treatment Gap: Access

Treatment Providers with Any MAT

Source: amFar.org (2018)
The Treatment Gap: Access

Treatment Providers w/any MAT Accepting Medicaid

Source: amFar.org (2018)
NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL, COMMITTED CITIZENS CAN CHANGE THE WORLD; INDEED, IT'S THE ONLY THING THAT EVER HAS.

MARGARET MEAD
(1) BIPOC voices cannot be excluded from the opioid narrative
(2) BIPOC leaders and organizations must be involved in all stages of public health policy development and implementation
(3) Health programs must meet the needs of BIPOC communities, removing current & historic barriers to health
What Do We Know About Opioid Use in the Black community?
An appraisal of the Literature Over the Past 20 Years

- TOTAL of 76 CITATIONS in Review
- Suggested areas of FOCUS:
  1. Culturally-informed collection methods in epidemiological surveys to accurately reflect prevalence rates
  2. Fund research that specifically addresses the importance of culture in accessing treatment
  3. Directly studying how social determinants can improve or exacerbate health outcomes.
  4. Analyzing policies that may parallel carceral systems, not based in evidence

Operationalize movement in these suggested areas

“Any strategy that doesn’t see people of color as essential to the fight also guarantees that even when there is a win - people of color continue to lose.”

- Workgroups to support/introduce local policy for increased $$$ for treatment and wrap-around services for ALL SUD, #NotJustOpioids

- #NOTJustOpioids Opioids are not always the leading problem: Opioids are responsible for a staggering 91% of drug overdose deaths in New Hampshire, but 26% in Hawaii. National numbers show methamphetamine-related hospitalizations are soaring

- Support The Urban Minority Alcoholism and Drug Abuse Outreach Program of Franklin County (UMADAOPFC) that provide services specifically for the African-American community.

Communitycatalyst.org, Feb 20. 2019
Focus on the unique needs of Black people who use opioids → increase treatment initiation/adherence among a population less likely to engage with the traditional health care system

**Overview of PILOT STUDY**

**Figure 9: Overview of Pilot Study:**
40 participants, divided into 5 cohorts of N=8, (1) **Feasibility** (2/3 Retention N=27); (2) **Acceptability** (Post-intervention satisfaction survey, Qualitative Exit Interview); (3) **Substance Use** (Urine Tox, Breathalyzer, Brief Symptom Inventory); (4) **Recovery Goals** (Recovery Markers Questionnaire); (5) **Functioning** (Quality of Life Scale)

**Recruitment of research participants N=40 (Black church and neighborhood)**
Unemployed, Limited Social Supports

DEMOGRAPHICS (N=40)
28% did not complete high school
59% were high school graduates
13% completed some college-level work.

8% employed
33% disabled

64% had never been married or were living alone
46.2% cocaine, 30.8% alcohol, cannabis, 12.8% and opioids, 10.3%

Half of the sample 53.8% met criteria for SEVERE SUD, DSM 5

Jordan, A, Carroll, K., 2019, submitted
BLACK CHURCH BASED PROJECT → MAT

IMANI

BREAK

Through
The Imani Breakthrough intervention involves two components and takes place over 6 months:

**Part 1:**

- **A group component** – 12 weeks of classes and activities 8 Dimensions of Wellness; and the 5Rs of Citizenship enhancement (Roles, Responsibilities, Relationships, Resources, Rights)

- **Wrap around Support and Coaching** – provided during 12 weeks. Coaches provide weekly check-ins assist in goal setting within the scope of the 8 Dimensions of Wellness
Addressing SDOH is a MUST!

8 Dimensions of Wellness

- Emotional: Developing skills and strategies to cope with stress.
- Environmental: Good health by occupying pleasant, stimulating environments that support well-being.
- Financial: Satisfaction with current and future financial situations.
- Intellectual: Recognizing creative abilities and finding ways to expand knowledge and skills.
- Social: Developing a sense of connection and a well-developed support system.
- Physical: Recognizing the need for physical activity, diet, sleep, and nutrition.
- Spiritual: Search for meaning and purpose in the human experience.
- Occupational: Personal satisfaction and enrichment derived from one's work.

https://store.samhsa.gov/product/Learn-the-Eight-Dimensions-of-Wellness-Poster-/SMA16-4953
The Imani Breakthrough intervention involves two components and takes place over 6 months:

**Part 2:**

- **Next Step group component** – 10 weeks mutual support (post 12 week group).
Make sure you are implementing equitable policies for all in the clinic

- Involving BIPOC staff in creating policies in the clinic
- Paying Special attention to creating a environment of belonging
- Signage, waiting room areas, magazines
- Create consistency in how policies are carried out in the clinic
- Educate people in those policies
- Have a clear process to report racism, consequences for not upholding a respectful environment
Implications for Policy and Practice

- Carceral elements in all systems
- Changes in institutional policies/guidelines
- Policy change is insufficient in and of itself
- Surveillance and Monitoring
- Intersectionality between police reform, racial justice, and public health
- Political empowerment and emancipation: civil rights frame

Check YOURSELF---Are you perpetuating STIGMA?
What Can I do?

• WITH EACH OTHER?
  - Be aware of your privilege
  - Be sure to include participation of those less vocal
  - Consider sitting in a different space than usual
  - TALK to people privately if you felt uncomfortable
  - Educate yourself (Together We Rock—TED talks on Diversity)

• WITH RESEARCH PARTICIPANTS?
  - Do not Stereotype
  - Understand Your Biases (IAT) https://implicit.harvard.edu/ - Use Positive, Affirming Phrases:
    - I’m so glad your helping with this research
    - Your contribution is invaluable (SUPER IMPORTANT)
    - I see its important for you to make healthier decisions
I am often asked...which Social Determinants to address?

Every community is different:
- Begin where you reach consensus
- Where the community has the most strength or greatest will/need
- Schedule a time-table for on-boarding interventions that address all Social Determinants

Modified from A. R. James
WE MUST DISMANTLE WHITE SUPREMACY

https://www.benjerry.com/about-us/media-center/dismantle-white-supremacy
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- LAST but certainly not LEAST (All my BABIES!)
Questions?

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