

# Racism in Addiction Medicine and MN Systems

Cuong Pham, MD  
Koushik Paul, BA  
Special Guest: Jay Z



URL: [etc.ch/KkGn](https://etc.ch/KkGn)

# Objectives

1. Describe the different types of racism.
2. Examine the historical context of racism in drug use.
3. Recognize the health inequities and disparities in Minnesota around drug use.

URL: [etc.ch/KkGn](https://etc.ch/KkGn)



# Introductions

## Cuong Pham, MD

- Refugee from Vietnam
- Raised in MN
- Residency in Med/Peds at UMN
- Interest in Diversity, Immigrant health
- No residency/fellowship training in addiction
- Waivered to do buprenorphine
- Boarded in Addiction Medicine through clinical pathway

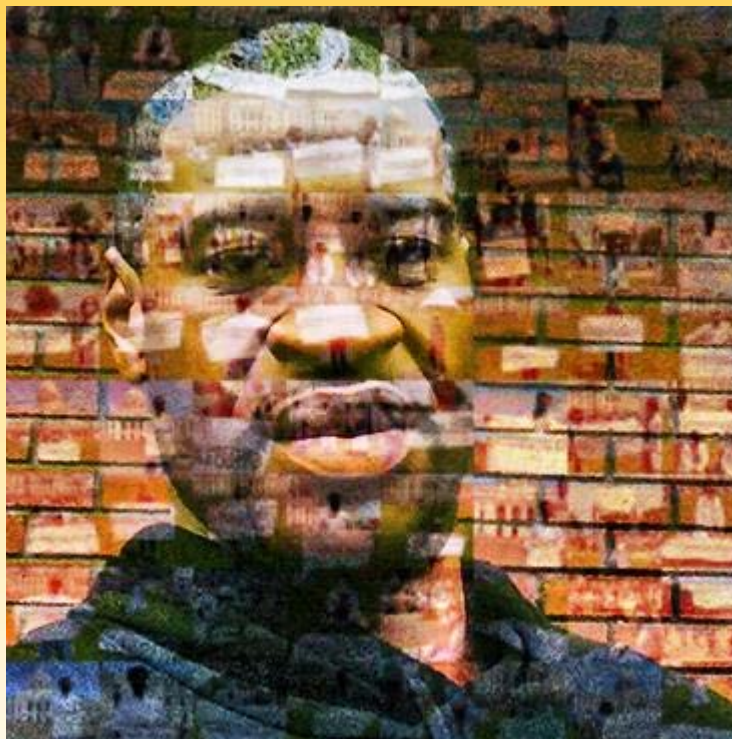


## Koushik Paul, BA

- Indigenous Asylee from Bangladesh
- Farmworker from Rural MN
- BA in American Indian Studies
- Extensive research experience in Indigenous health and CBPR
- Internship at Fond Du Lac's Reservation Clinic (RPAP site) and American Indian Community Housing Organization (Duluth)
- Employment and leadership positions with Urban nonprofits serving the Native community

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# George Floyd



# Land Acknowledgment

- We recognize the land as an expression of gratitude and appreciation. It is important for each of us to understand the long-standing history that has brought us to reside on the land and to seek to understand our place within that history. This acknowledgment centers on the 1837 Treaty, in which the land that the University resides on was ceded to the US by the Dakota people but we also recognize that this land had a long and dynamic history prior to the treaty.
- There are many Indigenous peoples who reside on the lands of the 1837 Treaty today. Land acknowledgments do not exist in a past tense or historical context: colonialism is a current ongoing process, and we need to build the mindfulness of our present participation. It is also worth noting that acknowledging the land is rooted in Indigenous protocol practices.

# Polling Questions

## URL: [etc.ch/KkGn](https://etc.ch/KkGn)



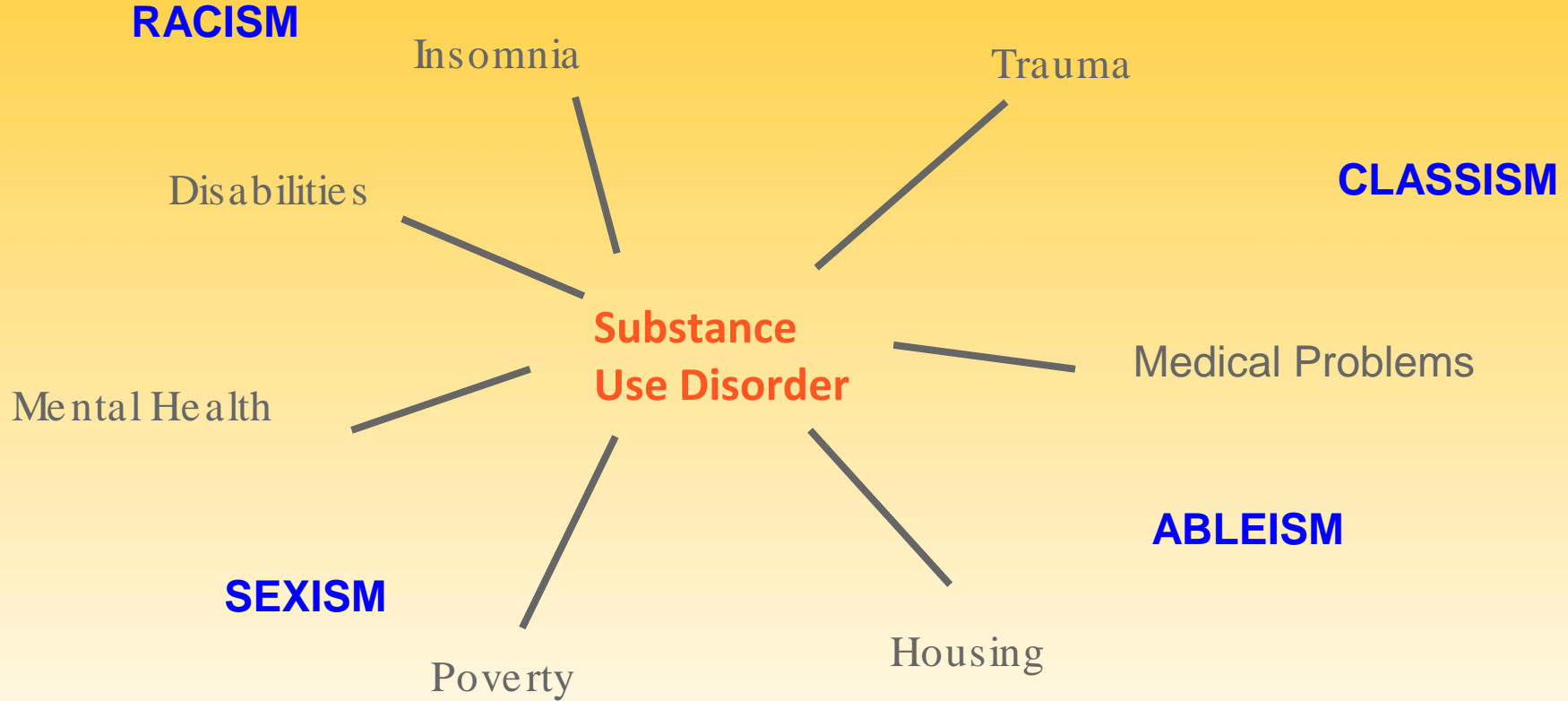
- What is your Race?
- What is the definition of Racism?
- Do you think Systemic Racism exist in your hospital/clinic/practice?
- Have you ever initiated a conversation on Race or Racism with a patient?
- Have you ever called out a patient's or a colleague's racist remarks?
- Do you think your patients of color trust you?

[Poll and Results](#)

# The Hard Part of Addiction Medicine

| In a Day  | Lifetime   |
|---|--|
| <ul style="list-style-type: none"><li>▪ Learn how to treat OUD treatment with buprenorphine and AUD treatment</li></ul> | <ul style="list-style-type: none"><li>▪ Understand Stigma, Discrimination, Bias, Racism, Sexism, Ableism</li></ul> |

# Social Determinants of Equity





# Racism is an everyday part of life

Racism = race prejudice + social and institutional **power**

Racism = a system of **advantage based** on race

Racism = a system of **oppression based** on race

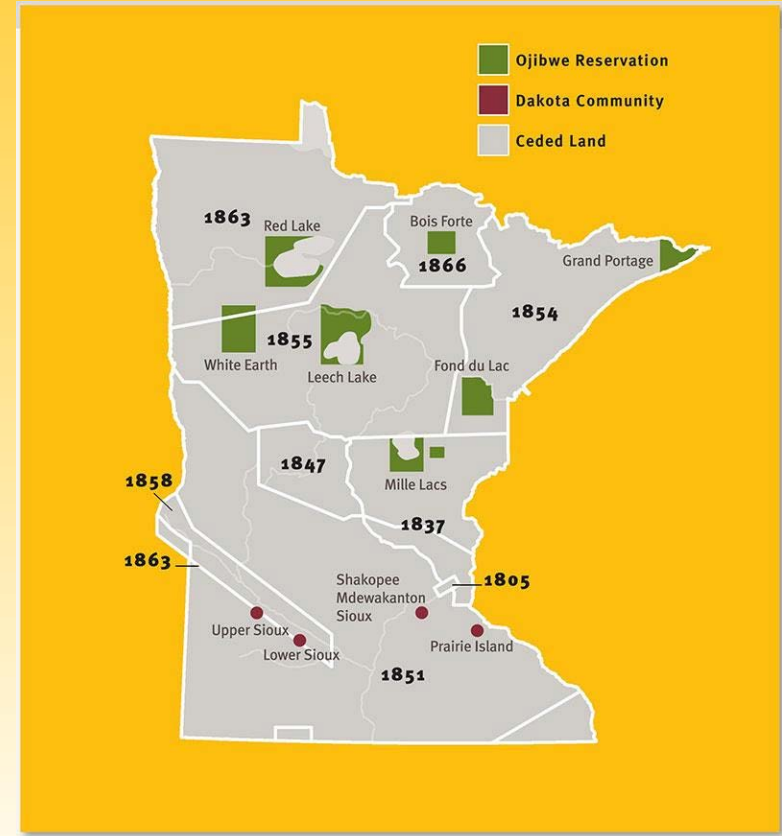
Racism = a **white supremacy** system

## Levels of Racism: A Theoretic Framework by Dr. Camara Jones

- Interpersonal/Personally Mediated Racism
- **Institutional/Systemic Racism**
- Internalized Racism
  
- Gardener's Tale <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.90.8.1212>
- Allegories on race and racism <https://www.youtube.com/watch?v=GNhcY6fTyBM>

# MN American Indian History

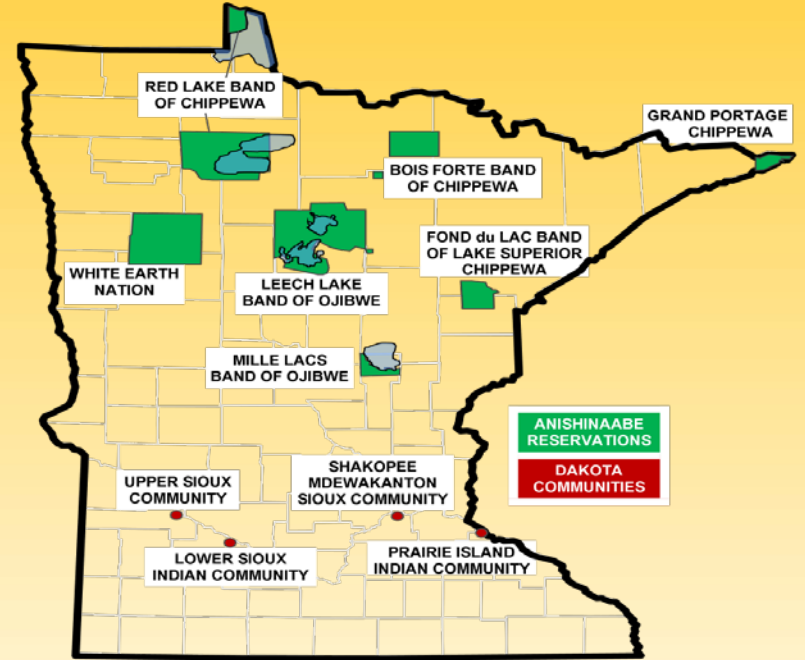
- ~80k AI; (~2%) of MN population
- Relocation into Reservations through treaties
- Minnesota has 11 reservations/communities:
  - 7 are Ojibwe
  - 4 are Dakota
- Ojibwe's migrated from the east coast
- Dakota's were already residing here
- Uneasy Coexistence
- Urbanization
  - "The Lost/Forgotten Tribe"
- Urban American Indians have ties with MN, SD, ND, and WI reservations



# Land Loss due to Colonization

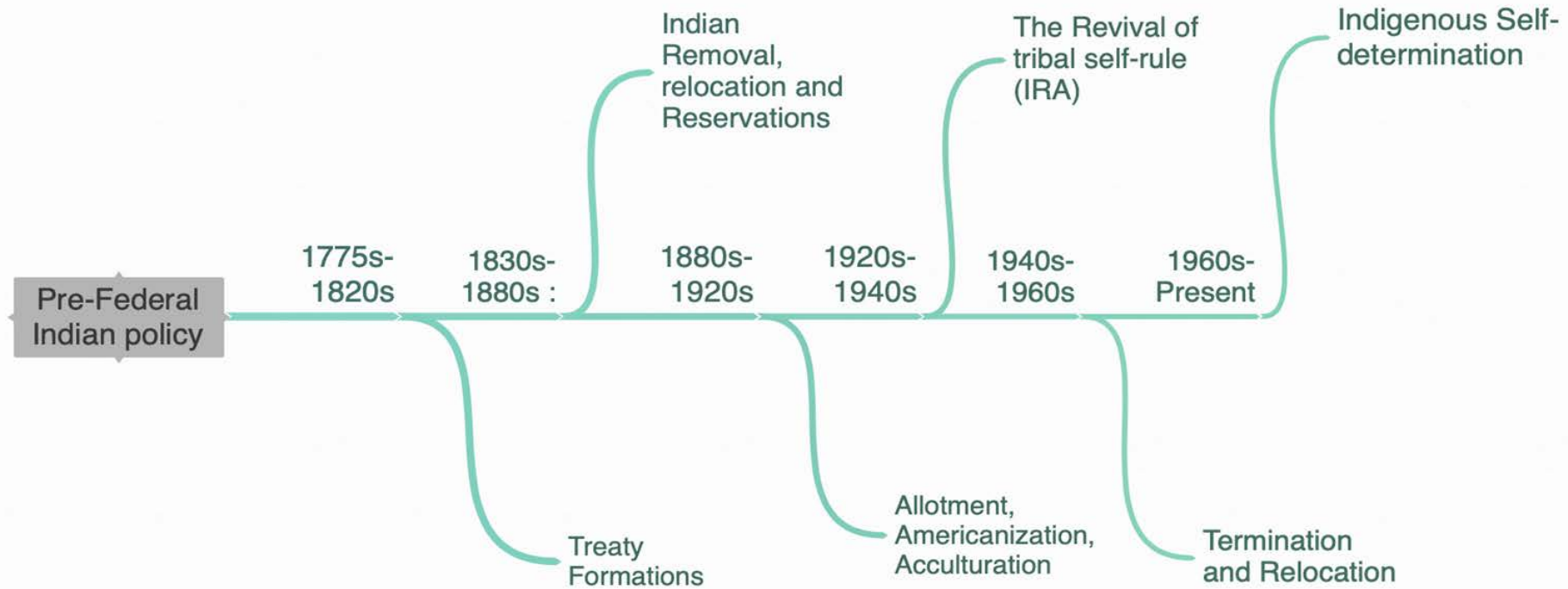


Pre-Colonization



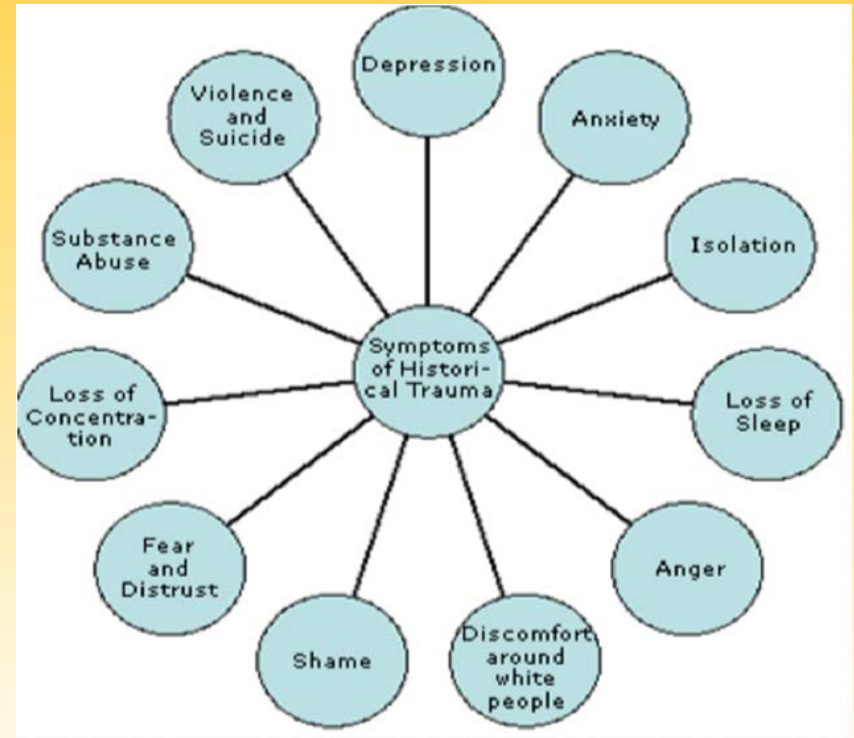
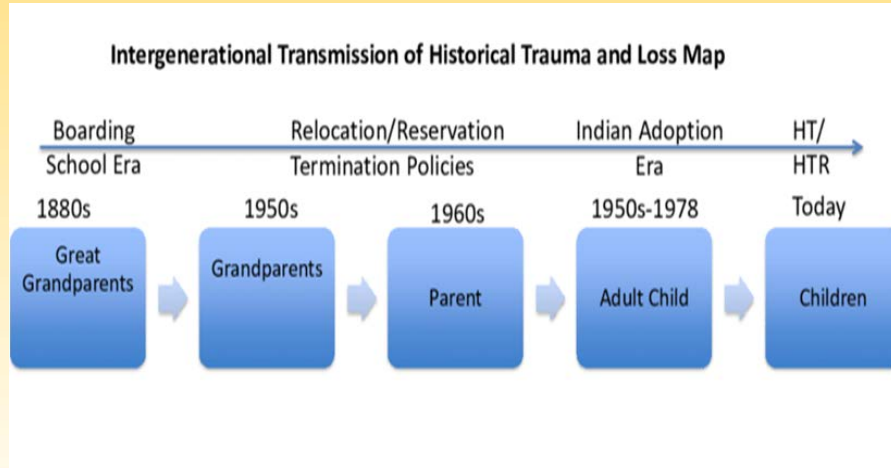
During Colonization

# Eras of Federal Indian Paternalism



# Historical Trauma

- Colonization
- Federal Paternalism/Dehumanization
- Fort Snelling Concentration camp and Genocide
- Removal of Children into boarding school
- Forced sterilization of Native women
- The Encampment
- Repeated deaths within family
- Opioid Epidemic: Collective Coping Mechanism



# Little Earth

- “...founded in 1973 to create affordable housing in South Minneapolis. As the **first urban housing complex with Native preference**, Little Earth serves as a national model, at the forefront of American Indian migration into urban areas. ...The 2010 U.S. Census reports that 78% of American Indians now live in urban areas...”
- Service Gaps for the Urban Indian Population
  - Minimal community engaged health outreach
  - Funding priorities for reservation-based projects
  - Isolation from culturally-specific social and health care services
  - **Outcome:** More amplified and widening disparities in health outcomes



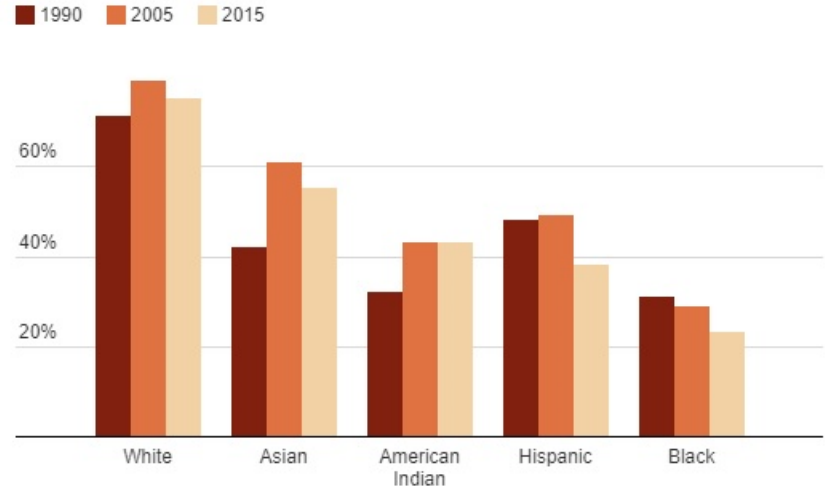
# Jim Crow of the North



- Mapping Prejudice
  - Red Lining
  - Racial Covenant
- Reservations
- Rondo Neighborhood

## Homeownership rates in Twin Cities by race

The homeownership gap has been getting steeper in the Twin Cities. The rate at which Twin Cities blacks own homes is among the lowest in the nation.



Source: NHGIS.org, U.S. Census Bureau • Created with Datawrapper



# War on Drugs



Jay Z - The War on Drugs: From Prohibition to Gold Rush



# No Health = No Justice = No Health

- Treated as criminals in the hospital
  - Handcuffs
  - Room searches
  - Use of police
- Go to jail and no access to buprenorphine
  - High rates of overdose after discharge
- Tendency to to incarcerate rather than to divert to treatment
- Unfair uses of drugs screens in court systems and CPS and treatment facilities

# MN Systemic Barriers

- Judicial Court System
- Police
- School System
- Housing
- Child Protective Services
- Financial: Loans
- Health Care
  - Lack of access and high costs:
    - Lack of addiction services or mental health services
    - Lack of training and barriers to training
    - Lack of diversity of programs and providers
    - # 900 current suboxone providers in for 5.5 million people in MN

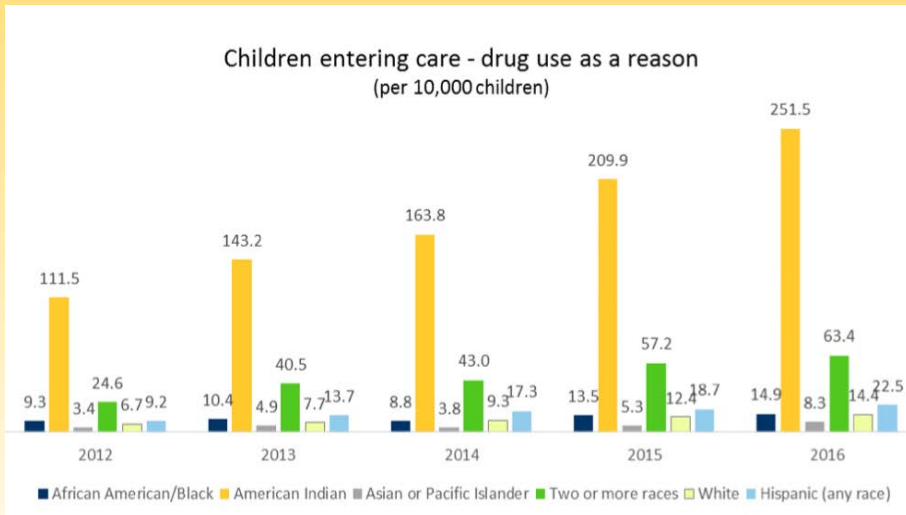
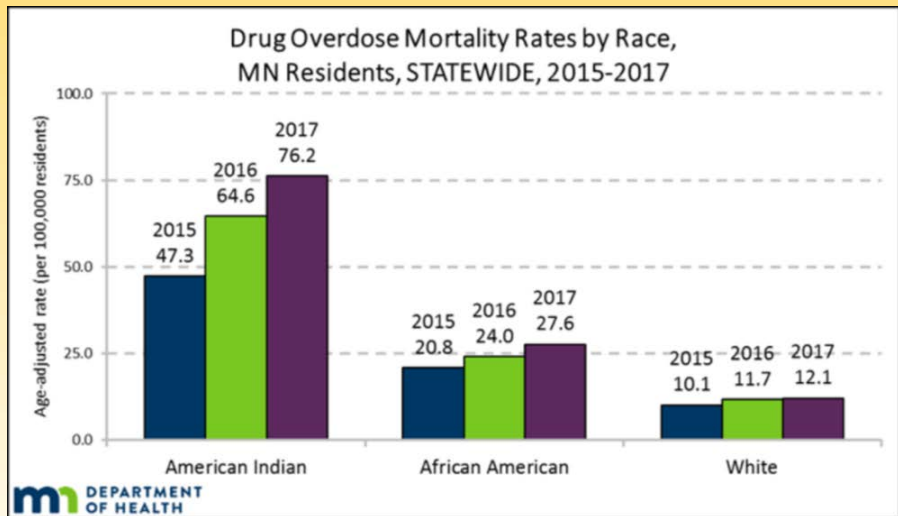
# Medical FACULTY DIVERSITY UMN

|                               | Assistant | Associate | Professor | Total        |
|-------------------------------|-----------|-----------|-----------|--------------|
| American Indian/Alaska Native | 6         | 2         | 0         | 8 (.72%)     |
| Asian                         | 93        | 46        | 34        | 173 (15.53%) |
| Black/AA                      | 12        | 5         | 2         | 19 (1.71%)   |
| Chicano/Mexican American      | 0         | 0         | 0         | 0 (0.00%)    |
| Hispanic/Latino               | 16        | 6         | 2         | 24 (2.15%)   |
| Native Hawaiian/PI            | 2         | 0         | 0         | 2 (0.18%)    |
| Not Specified                 | 22        | 1         | 2         | 25 (2.24%)   |
| White                         | 408       | 201       | 254       | 863 (77.47%) |
| <b>Total</b>                  | 559       | 261       | 294       | 1114         |

**4.76% of all faculty are UIM**

# Health Inequity in MN Opioid Addiction

- 2% of Minnesotans are Native American while 16% of individuals entering the treatment for opioid use disorder are Native American
- Native American newborns are 7.4 times more likely to be born with neonatal opiate withdrawal syndrome compared to non-Hispanic whites.



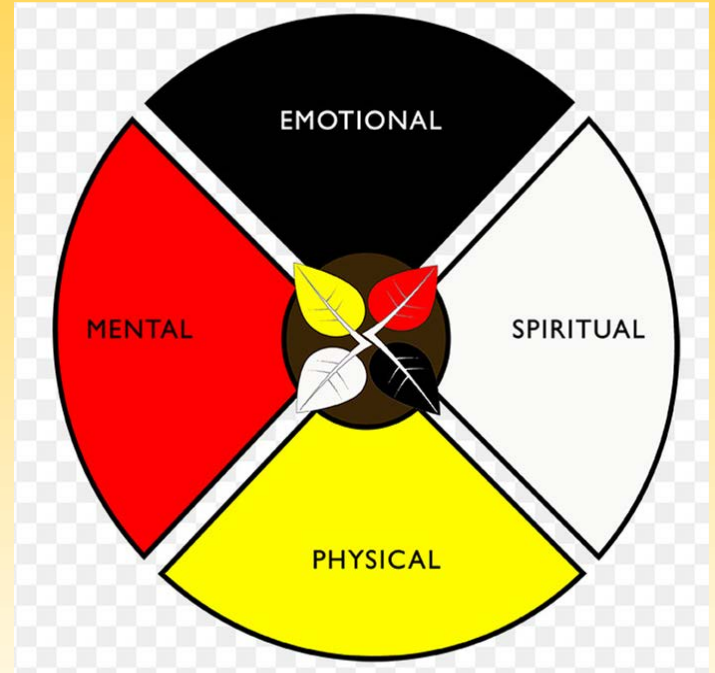
# Against Medical Advice By Race/Ethnicity and IV drug use U of MN

| Identified race         | Total IV drug related admits by race, UMMC | AMA discharge, by race, UMMC | percent |
|-------------------------|--|------------------------------|---------|
| White                   | 2908                                       | 151                          | 5%      |
| Black                   | 431  | 24                           | 6%      |
| Native Hawaiian         | 13   | 1                            | 8%      |
| Asian                   | 39   | 4                            | 10%     |
| American Indian/Alaskan | 322  | 41                           | 13%     |
| Hispanic/Latino         | 32   | 5                            | 16%     |
| African                 | 60   | 3                            | 5%      |

All AMA patients from UMMC: 0.9%

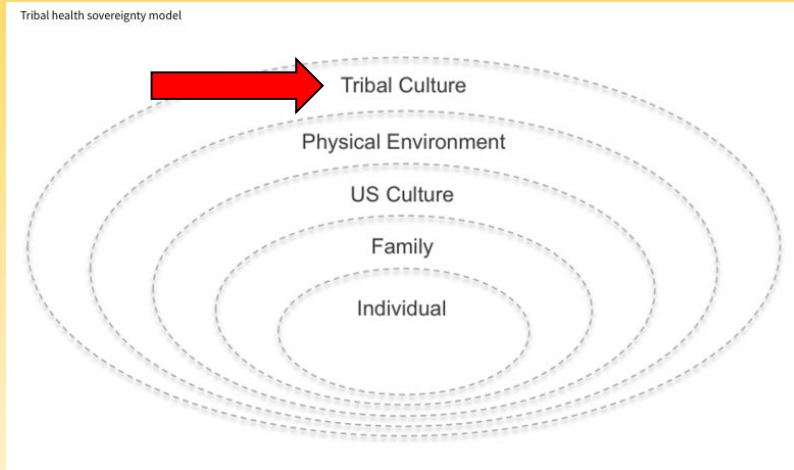
# Indigenous Views on Well-being

- Varies among Native peoples
- Conflicting worldview on Western Medicine
- Collectivist view of Health and Well-being
- Addiction is viewed from this multifaceted lens and so is recovery and relapse.
- Wellbriety versus Sobriety



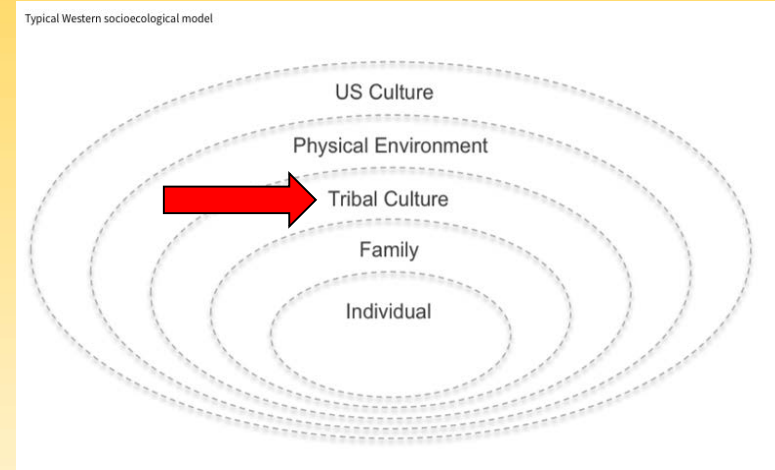
# Differing Health Models

## Tribal Health Sovereignty Model



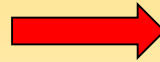
“Wellbriety”

## Western Socio-Ecological Model



“Sobriety”

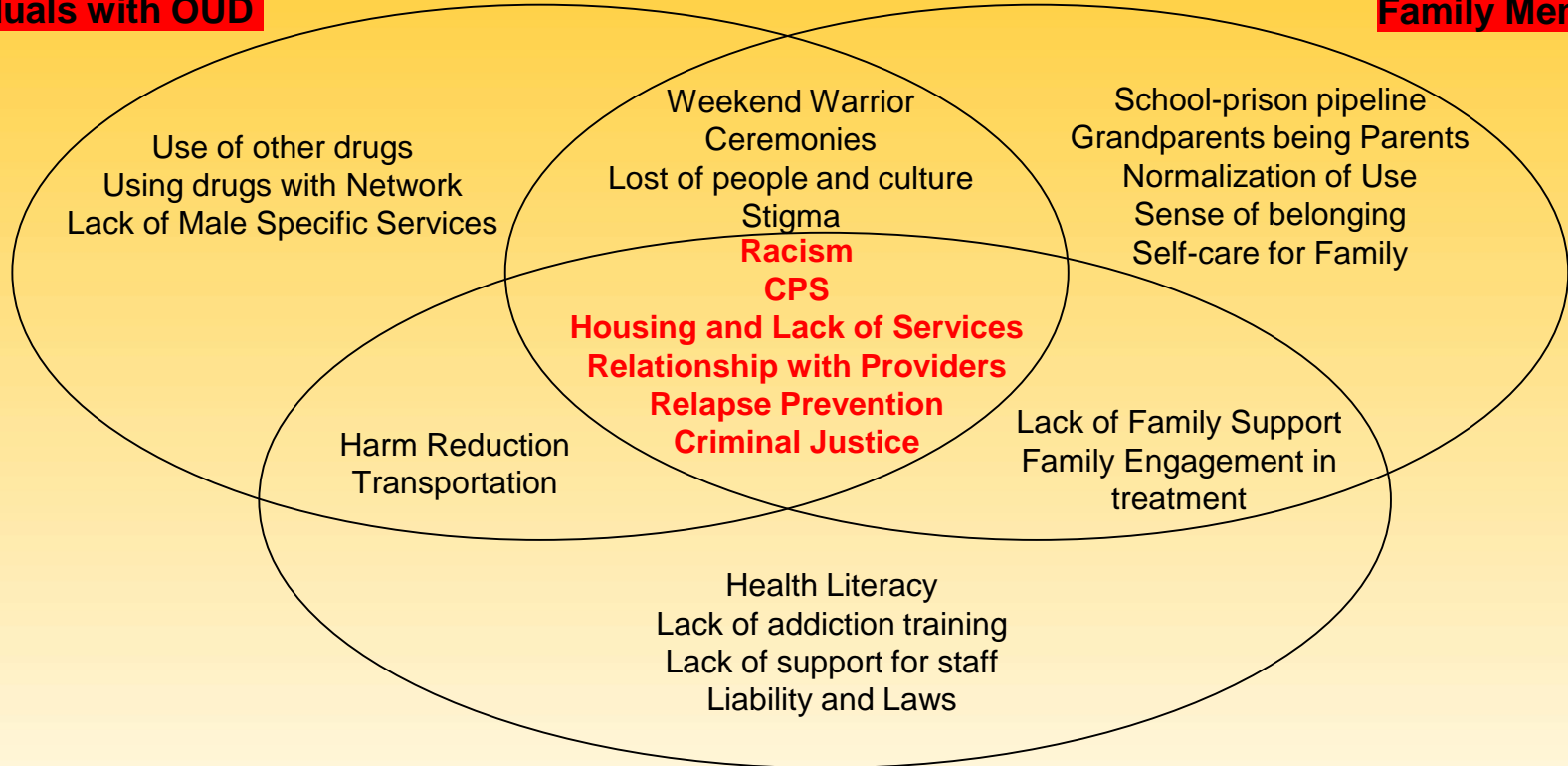
Subjugation



# Native American Community

**Individuals with OUD**

**Family Members**



**Key Informants**





# Access to Addiction Services Differ by Race

- Non-Hispanic black and Hispanic youth were less likely to receive treatment with buprenorphine or naltrexone than were non-Hispanic white youth Hadland (2017).
- Buprenorphine treatment is concentrated among white persons and those with private insurance or use self-pay (Lagisetty 2019)
- Patients receiving buprenorphine from one large urban clinic found that black and hispanic patients were less likely than whites to be retained in treatment for at least 1 year. (Weinstein 2017)

# The Barriers from Providers

- People with a substance use disorder who expect or experience stigma
  - have poorer outcomes.
  - less likely to seek treatment or stay in treatment
- Negative attitudes among health professionals adversely affect quality of care and subsequent treatment outcomes.
  - Term “abuse” was found to have a high association with negative judgments and punishment.
- **We screen poorly**
  - Lack of screening in specific communities and ages
  - While assumption of “drug seeking” in other communities and ages.

# What can you do?

**Cultural Competence**

**Cultural Humility**

# Audit Your Language: Person-first

| <b>Words to avoid</b>                     | <b>Words to use</b>                              |
|---|--|
| Addict                                    | Person with substance use disorder               |
| Alcoholic                                 | Person with alcohol use disorder                 |
| Drug problem, drug habit                  | Substance use disorder                           |
| Drug abuse                                | Drug misuse, harmful use                         |
| Drug abuser                               | Person with substance use disorder               |
| Clean                                     | Abstinent, not actively using                    |
| Dirty                                     | Actively using                                   |
| A clean drug screen                       | Testing negative for substance use               |
| A dirty drug screen                       | Testing positive for substance use               |
| Former/reformed addict/alcoholic          | Person in recovery, person in long-term recovery |
| Opioid replacement, methadone maintenance | Medications for addiction treatment              |

# Cultural Humility in your Protocols

- Why do you use drug screens?
- Why do you need to search the person or their room?
- Why can't the patient leave the hospital room?
- Why involve the police or security?
- Why can't the patient get treated with opioids?
- How do you respond to late or missed appointments?
- How do you involve Child Protective Services?
- When and why do you terminate care for a patient?

# Resources

- MN Doctors for health Equity: [mdheq.org](https://mdheq.org)
- Vot-ER <https://vot-er.org/>
- Podcast, Fortification: <https://fortification.libsyn.com/>
- ECHO tomorrow with Dr. Aarti Bhatt

# Reference Slide

1. Dr. Camara Jones. Levels of Racism: A Theoretic Framework and a Gardener's Tale. <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.90.8.1212>
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4. Weinstein (2017). Long-term Retention in Office Based Opioid Treatment with Buprenorphine. J Subst Abuse Treat. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5312773/>
5. Hadland (2017). Trends in Receipt of Buprenorphine and Naltrexone for Opioid Use Disorder Among Adolescents and Young Adults, 2001-2014. JAMA Pediatrics. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5649381/>