Equity and Justice in Substance Use Disorder Treatment

Key “Take-Aways”:

1. Cultural and economic awareness is critical.
2. Make an effort to learn about the epidemiology of the specific community you work in; this will enhance the quality of the care you deliver.

Presentation Transcript:

Welcome. My name is Dr. H. Westley Clark, and I want to welcome you to this "Clinical Provider Quick Tips" on stimulants. This session's title is on "**Equity and Justice in Substance Use Disorder Treatment**." Two takeaways would be, one, to realize and recognize that cultural and economic awareness is critical, and two, knowing something about the epidemiology of your specific community is also important when we're dealing with equity and justice in substance use disorder treatment.

Overview of Illicit Drug Use:

(00:42) Of course, when we are looking at substance use. we should be aware that there are a lot of drugs that are being used in the community. Heroin, misuse of pain relievers, marijuana, cocaine, methamphetamine, and benzodiazepine use are captured by this slide. As you can see, marijuana's the most used substance of misuse at 48 million, but that's followed by the misuse of pain relievers - almost 10 million people acknowledged misusing it.

But then there is cocaine and methamphetamine. The issue with methamphetamine use is, one, of course of our concern here. Both cocaine and methamphetamine are commonly used and misused and, therefore, of interest to us.

(01:34) We often hear about overdose deaths associated with opioids, but one of the things that we've seen over the past six years has been the **uptick in overdose deaths associated with psychostimulants**, primarily methamphetamine, and with cocaine. They have contributed substantially. People may believe that they are using cocaine or using methamphetamine, and turns out there's fentanyl involved, or they may believe that they can use psychostimulants to titrate the effects of opioids like fentanyl or heroin, and they both contribute to the overdose deaths.

Racial Disparities in Overdose Death Rates and Treatment:

(02:23) Although the focus on drug overdose deaths has been on whites from an equity and social justice perspective, we need to keep in mind that the age adjusted drug overdose death rate between blacks and whites is not that dissimilar. And in fact, when we look at the age adjusted overdose death rate across the board from other groups, you'll notice that **the highest range is with American Indians/Alaska Natives**.

(02:59) This slide captures a full range of drug overdose deaths. This slide’s data comes from Kaiser Family Foundation, and it points out that the overdose death rate per 100,000 for whites is 23.6, for blacks at 27.3, for American Indian/Alaska Natives at 29.8, but the key theme here is **that all ethnic groups are represented in overdose deaths associated with drugs**. So, we don't want to make the mistake assuming that the person

presenting in primary care does not have a problem with opioids or other drugs that might precipitate an overdose death simply because they're not white or they're black or they're not American Indian/Alaska Natives.

(04:00) When we look at admissions for African Americans, the treatment episode dataset from the Substance Abuse Mental Health Service Administration points out that the racial and ethnic composition of admissions has changed with whites increasingly entering treatment, but **African Americans, there was a slight decline** from 22% of admissions in 2009 to 20% of admissions in 2019. Admissions for Hispanics and Latinos comprised 14 to 15% of all admissions in each year between 2009 and 2019. Admissions that were not of Hispanic or Latino origin comprised between 85 and 86% of all admissions in each year between 2009 and 2019. So people are not always presenting for treatment, and that is an issue. This is where primary care comes in. You're able to address this issue.

Underlying Social and Economic Inequities:

(05:06) But when we ask why people don’t go into treatment, we also must look at health disparities, which affect how people present for treatment, whether people present for treatment, and these disparities are often driven by social and economic inequities. This slide captures the dynamic. The Kaiser Family Foundation defines health and healthcare disparities broadly in terms of basically the social determinants of health. So, we're looking at **economic stability, neighborhood and physical environment, education, food, community safety and social context, healthcare systems**.

Things like employment, income, expenses, debt, and medical support affect economic stability - things like racism and discrimination, color, economic stability. Then, when you look at neighborhood and physical environment, things like housing and transportation, parks, playground, and walkability influence how a person functions in their environment. And of course, when you look at education, food insecurity, access to healthy options, those things also affect how a person functions in the community. It affects their health and wellbeing. It **affects mortality, morbidity, life expectancy, healthcare expectations, and healthcare status**. And these are all **functional limitations associated with equity and justice**, not just in substance use, but healthcare in general, but it's important to keep in mind when we are dealing with people who have substance use disorders.

(07:02) One of the things of concern in terms of presenting for substance use treatment is the **ability to pay for the services that are necessary** to assist a person who is attempting to recover from a substance use disorder. If we look at the status of state Medicaid expansion, there are 12 states in the United States that are not adopting Medicaid expansion, which means if you are a single adult with a substance use problem in any of these jurisdictions, you don't have access to Medicaid funding for either inpatient or medication facilitated treatment. You're dependent upon the limited state funding from federal black grants to provide for treatment.

Most people in the United States have access to employer facilitated health insurance. So that allows the primary care environment to address the issue of substance use early on because the patient presents for a wide variety of medical problems associated with that substance use.

Primary Care in Substance Use:

(08:15) Primary care, of course, is often associated with screening brief interventions, evaluation, and assessment.

Screening is recommended by the United States Preventive Task Force. Screening for substance use, it's not just for opioids. It's for alcohol. It's for stimulants and other drugs of abuse, so that a determination could be made.

Brief interventions, evaluation, and assessment are all primary care functions.

Withdrawal management as needed. Withdrawal management has previously been labeled detoxification, but the new view is withdrawal management.

Engagement in brief treatment, including monitoring substance use and providing motivational interventions. An integrated healthcare delivery system, with primary care being the linchpin of that system, is important.

And of course, primary care is in a position to **prescribe buprenorphine and naltrexone**. And while methadone is provided in federally or recognized clinics, primary care practitioners often offer clinical assistance for methadone. So, buprenorphine and naltrexone can be prescribed in the primary care office, methadone in a federally recognized opioid treatment program.

Medication Management:

(09:40) Medication management is important. People and primary care clinicians should be knowledgeable about overdose and treatment strategies associated with drug use, but increasingly, mixed drug use, fentanyl and heroin. Practitioners might think buprenorphine or referring somebody to methadone or an extended-release naltrexone, but one of the things that we should be aware of is that **methamphetamine and cocaine have no FDA recognized medication**. We should also be aware that fentanyl and heroin may also be contaminated with xylazine, which is an animal tranquilizer, and a person may not respond to naloxone for overdose management. And of course, alcohol does not respond to naloxone for opioid overdose management. So, don't forget to be aware that **many people these days are presenting with mixed substance use, mixed drug use**.

We should also be knowledgeable about the issue of screening for toxicology, making sure **that you don't make assumptions about the patient** who presents, so that we can screen for whatever substance the person has. We should be knowledgeable about **pharmacy deserts**. If you do write a prescription for buprenorphine, there are situations where there are no pharmacies in the community that have buprenorphine in stock, and as a result, there are delays in getting people medication.

You screen for everyone. Why? Because you never know who is actually using psychoactive substances. Some people present, and they will tell you. Other people will present for medical complications associated

with their substance use and not acknowledge that one of the contributing factors is opioid use or stimulant use or alcohol. So, it is important for practitioners to be **knowledgeable about the full range of substance use**.

(12:10) Primary care functions can play a critical role here, and when you're dealing with **care planning**, care **coordination**, care **transitions, monitoring and tracking referrals**, making sure that people are able to link up with any services in the community that are necessary, monitoring and tracking their **substance use** periodically, asking about it and testing for substance use, and then tracking the **experience of care** that patients may have. Practitioners in the community, primary care community, need to know about **community resources** and supports for patient self-care and self-management, recovery-oriented services, as well as people who feel welcome in the primary care settings.

Cultural Awareness in Substance Use:

(13:05) This is where the issue of cultural awareness becomes very important. You should develop an **awareness of the individual uniqueness** of the patient population that you serve in terms of culture, norms, values, and morals that may be antithetical to you to enhance your capacity and strengthen your ability to provide care to those patients who are experiencing substance use disorders.

As I've already mentioned, you cannot assume anything about the patient. Universal screening says we ask everyone about substance use. People who feel rejected by the delivery system are poorly served by that healthcare delivery system. So, **issues of race, ethnicity, gender, sexual orientation, geographic location, these are issues that are important in primary care**. Most primary care practitioners are very familiar with those themes. And those themes are critical when we are talking about equity and social justice in the delivery of healthcare or in assisting people to get adequate services from the primary care environment.

If we don't have that awareness of individual uniqueness, populations in terms of culture, norms, values, and morals, but also economic abilities, economic situation, we will not be as effective in the delivery of care, and that care can be enhanced by primary care practitioners. So, knowing what's going on in your community in terms of epidemiology, being culturally aware, these are two themes that will assist you in addressing the needs of the patients in your community.

Thank you very much.