

Advancing Equity in Substance Use Disorder Treatment

Monday, March 28, 2022



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Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.

Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:



The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



University of California Los Angeles
Integrated Substance Abuse Programs

Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.



Advancing Equity in Substance Use Disorder Treatment

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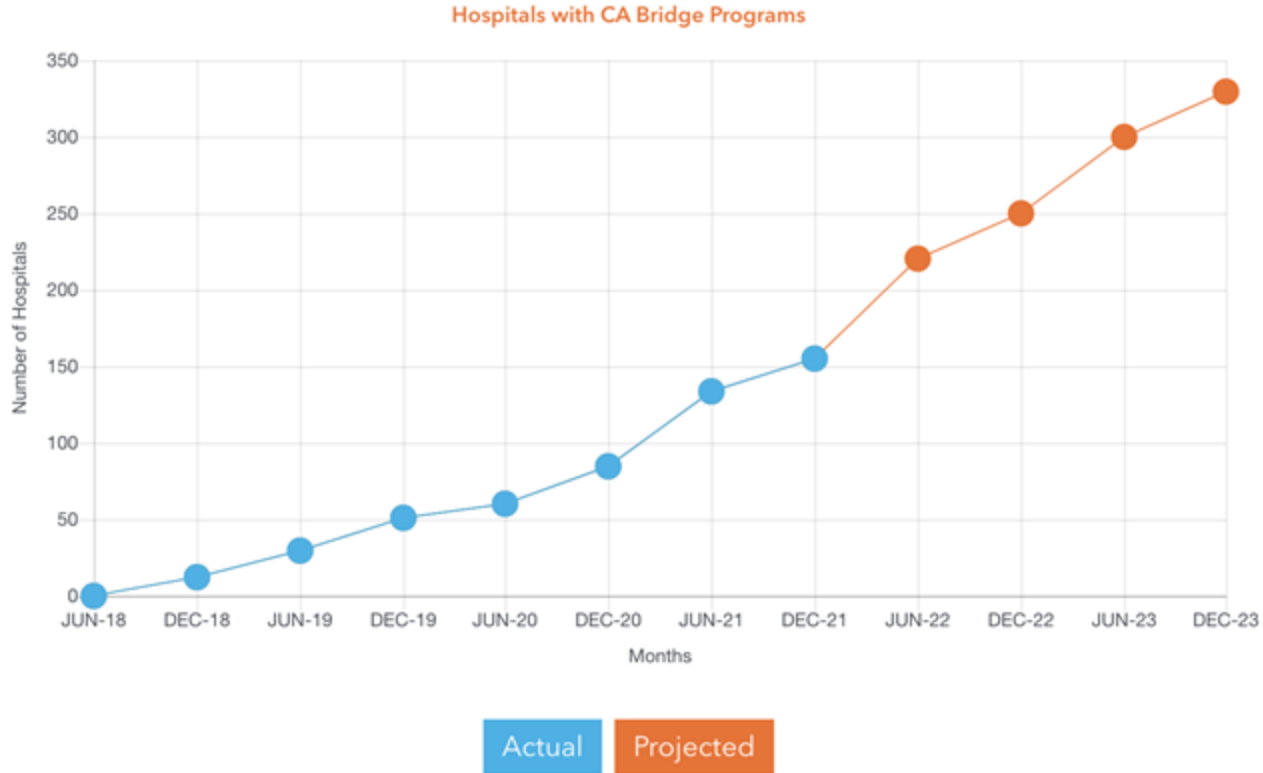


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Our goal is universal access to addiction treatment in all hospital emergency departments.



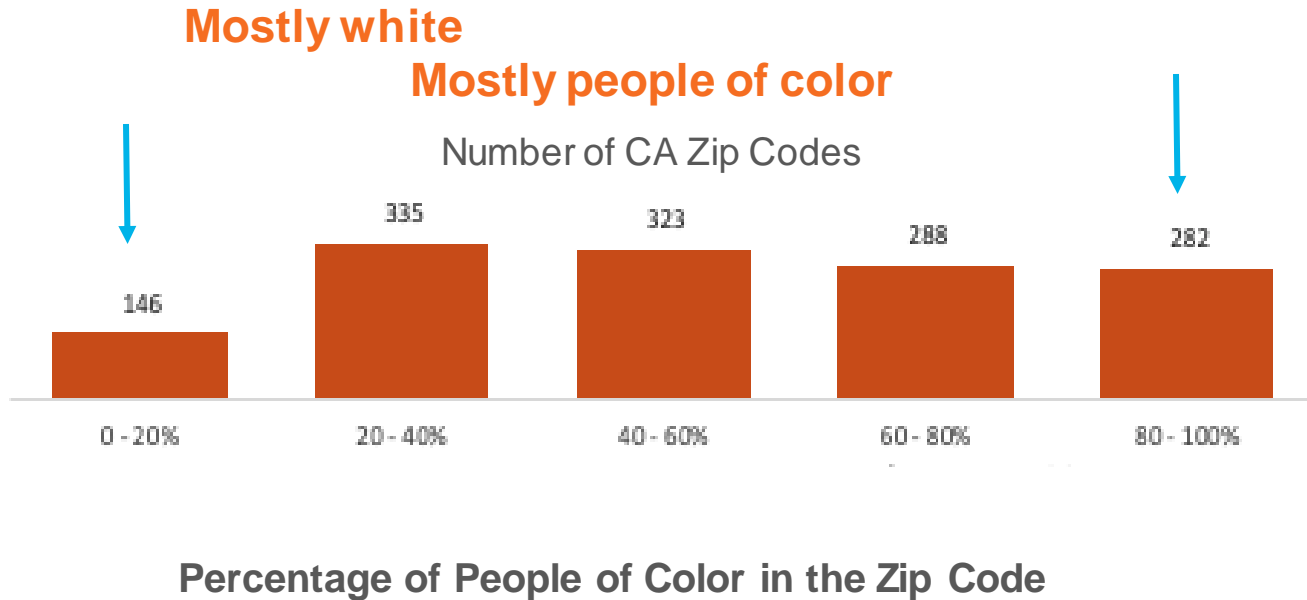
In 2018, the CA Bridge program began with just eight hospitals and today has expanded to 155. By the end of 2023, we aim to see all hospital emergency departments treating opioid use disorder.

Learning Objectives

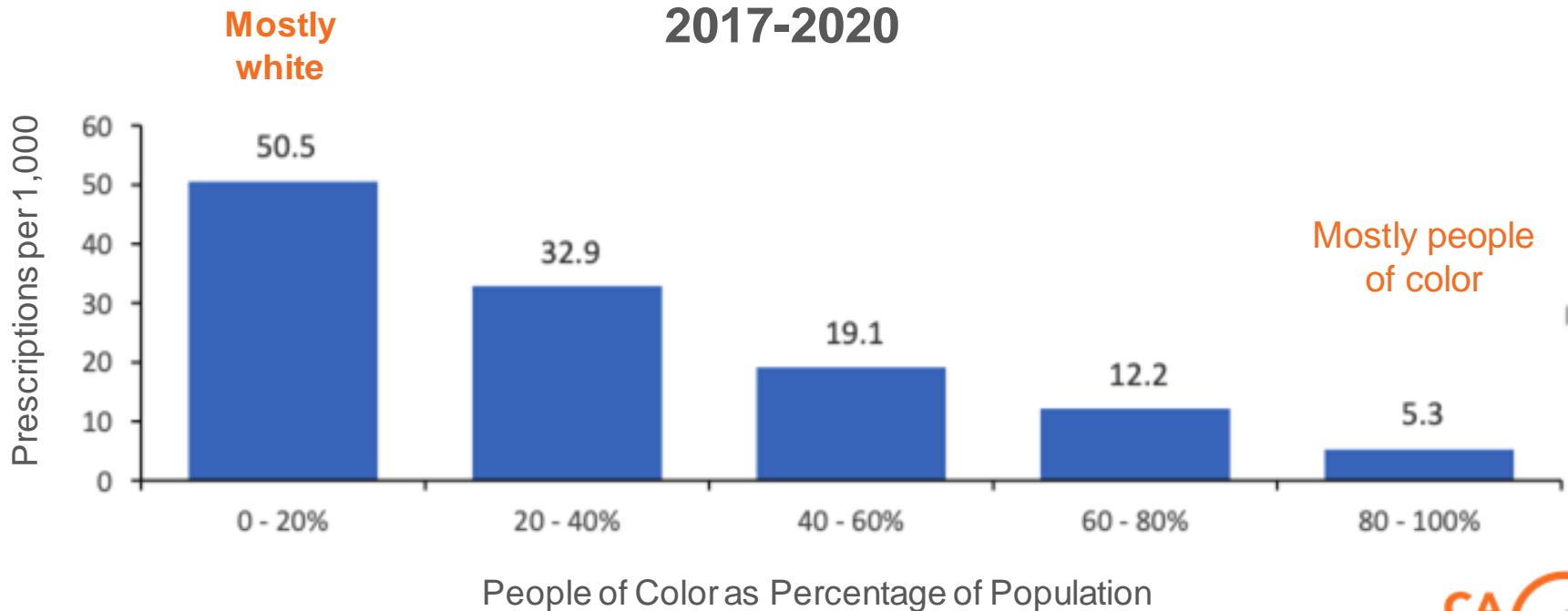
- Recognize at least 2 factors that contribute to racial disparities in care.
- Identify at least 2 disparities in access to buprenorphine in communities of color.
- Propose one or more ways your own institution can take action to improve racial equity in SUD treatment.

Racial Disparities in Access to Buprenorphine: A Zip Code Level Analysis

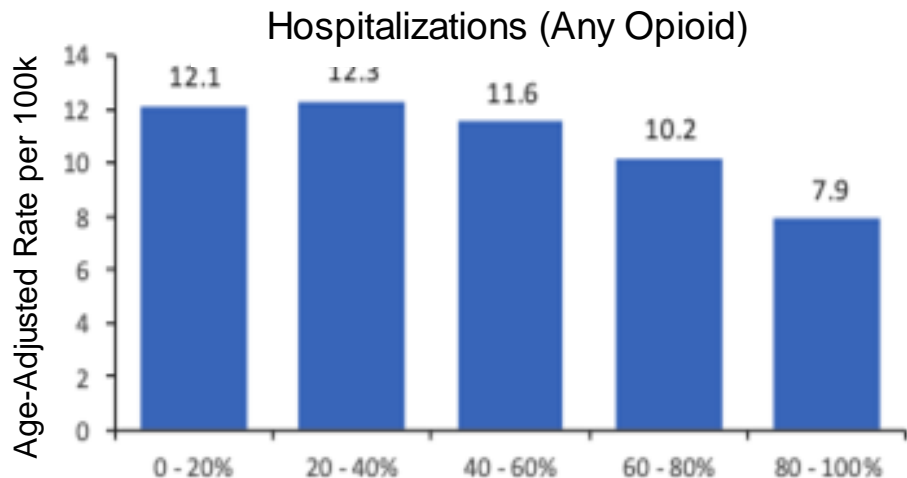
There are 1,375 Zip codes in California with over 1,000 people in them.



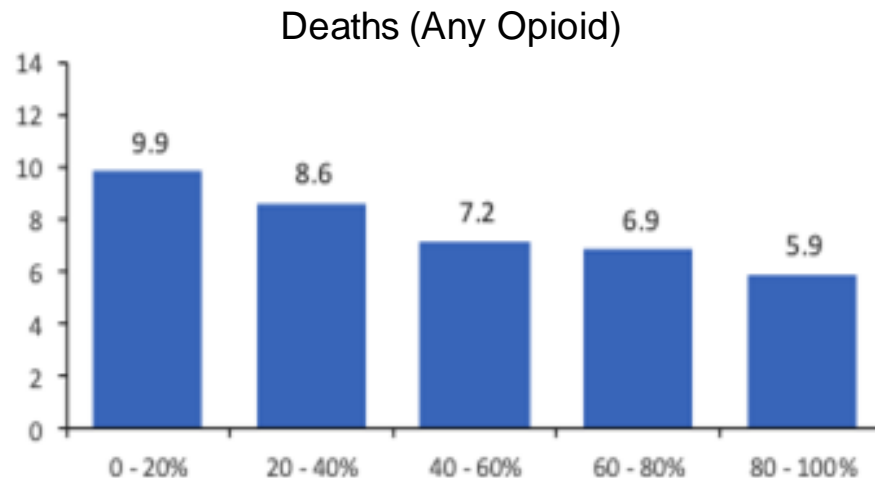
Buprenorphine Prescriptions by Zip Code Racial/Ethnic Distribution



Opioid Morbidity and Mortality Indicators by Zip Code Racial/ Ethnic Distribution

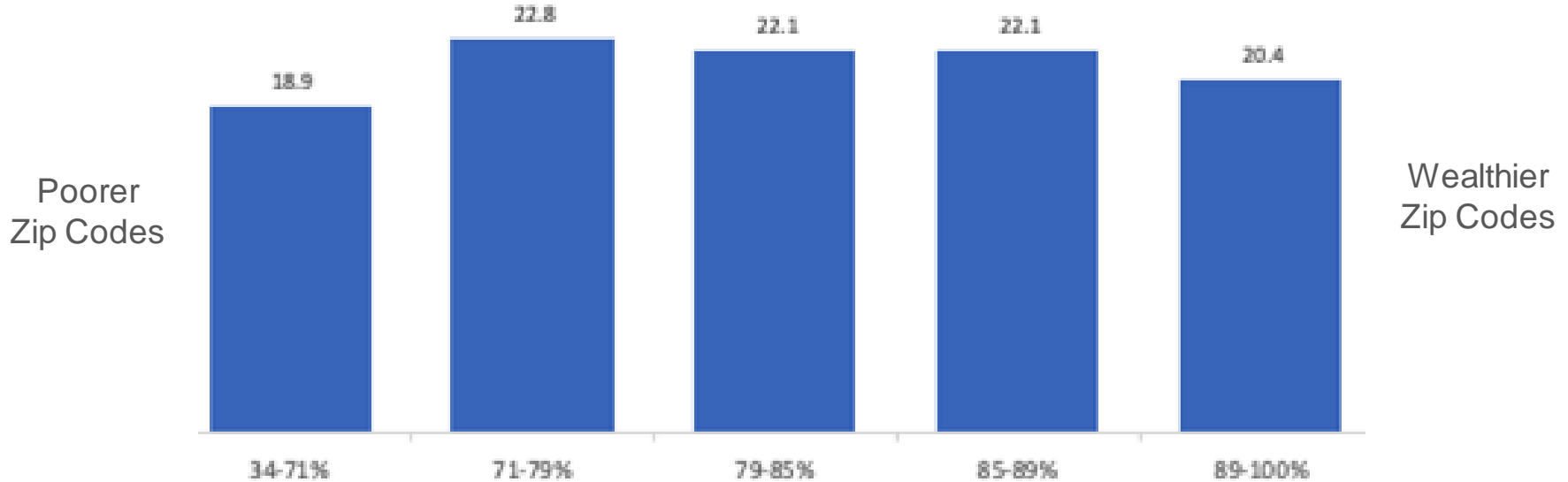


People of Color as Percentage of Population



People of Color as Percentage of Population

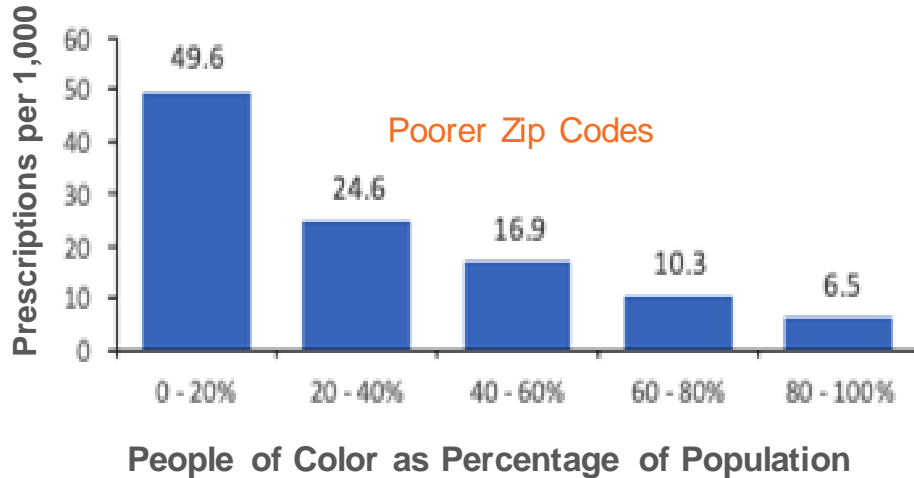
Buprenorphine Prescriptions by Income/FPL Zip Code Quintiles



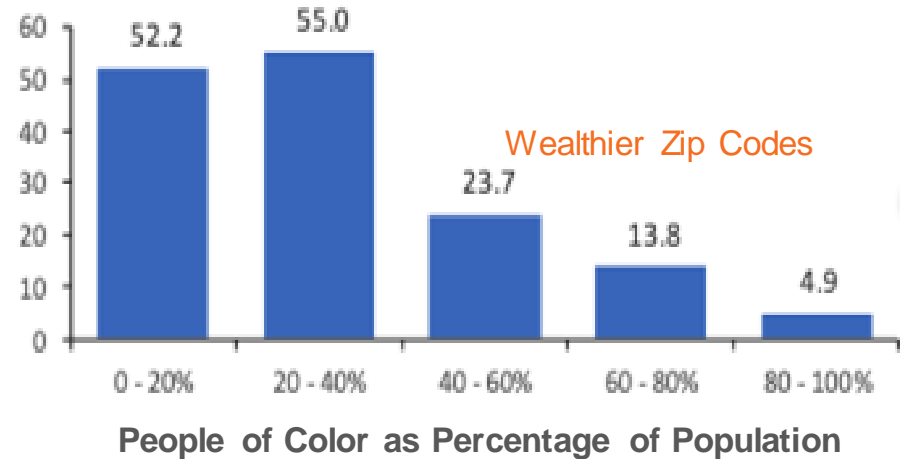
Percent of zip code's adult population with income 150%+ of Fed Poverty Level

Buprenorphine Prescriptions by Zip Code Racial/Ethnic Distribution

Medi-Cal Eligibility \geq Statewide Avg*



Medi-Cal Eligibility $<$ Statewide Avg*



* Zip codes separated into those where the share of the population with household income below 150% of federal poverty level (approximate level for Medi-Cal eligibility) is above or below the overall statewide share of the population, which is 19.8%.

Diversity, Equity and Inclusion at CA Bridge: A Work in Progress

Organizational Development:

- Hired part-time equity director and equity program manager
- Conducted team trainings
- Formed DEI committee
- Held racial equity pauses
- Modified hiring process

Policy:

- Adopted [policy position](#) on decriminalization of personal use of drugs
- Supported [AB 2195 \(Jones-Sawyer\)](#) The Alternate Plea Act

Tools and Training:

- Created working [tool on advancing equity in access to care](#)
- Held webinars for clinicians and navigators
- Reviewed materials from an equity perspective
- Developed case study of a DEI committee in an emergency department

Data:

- Conducted analysis of buprenorphine by zip code
- Examined patient data by race at selected sites

Decriminalization of Personal Use and Possession of Small Quantities of Drugs

HOME > TOOLS > RESOURCES > Decriminalization of Personal Use and Possession of Small Quantities of Drugs

PUBLIC POLICY POSITION

Decriminalization of Personal Use and Possession of Small Quantities of Drugs



Because of the negative health consequences stemming from the criminalization of drug use and its disproportionate impact on communities of color, we support the decriminalization and/or reduction of penalties for personal use of drugs and possession of small quantities of drugs for personal use. We advocate for increased investment in public health strategies to address substance use disorder as a health issue.

GUIDING PRINCIPLES

CA Bridge's public policy response to decriminalization of personal drug use and possession and associated

Provider Resources

Any provider seeking support for treating patients with MAT may utilize these Substance Use lines.

California Substance Use Hotline:

CA providers only, service of Poison Control

24 hours a day, 7 days a week.

Focused on rapid access to advice for acute care buprenorphine starts

At the state level, blacks are about 6.5 times as likely as whites to be incarcerated for drug-related crimes.

FIGURE 6A.

Rates of Drug Use and Sales, by Race

At the state level, blacks are about 6.5 times as likely as whites to be incarcerated for drug-related crimes.

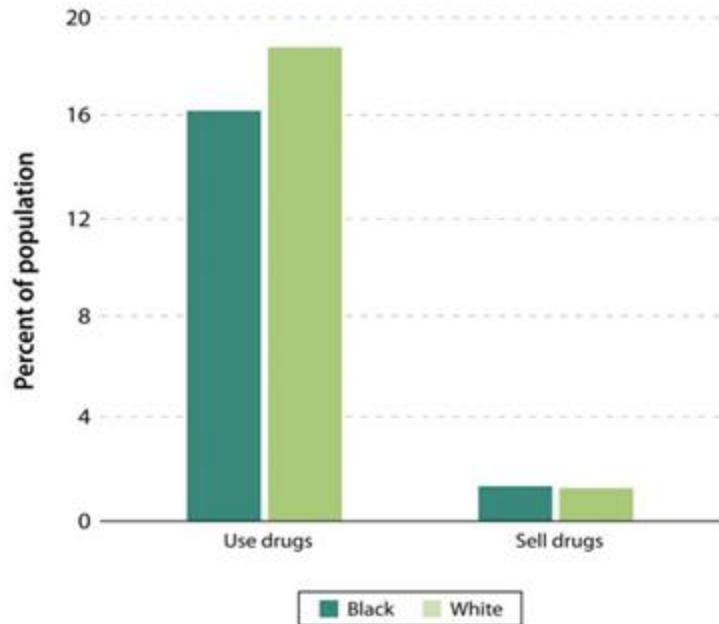
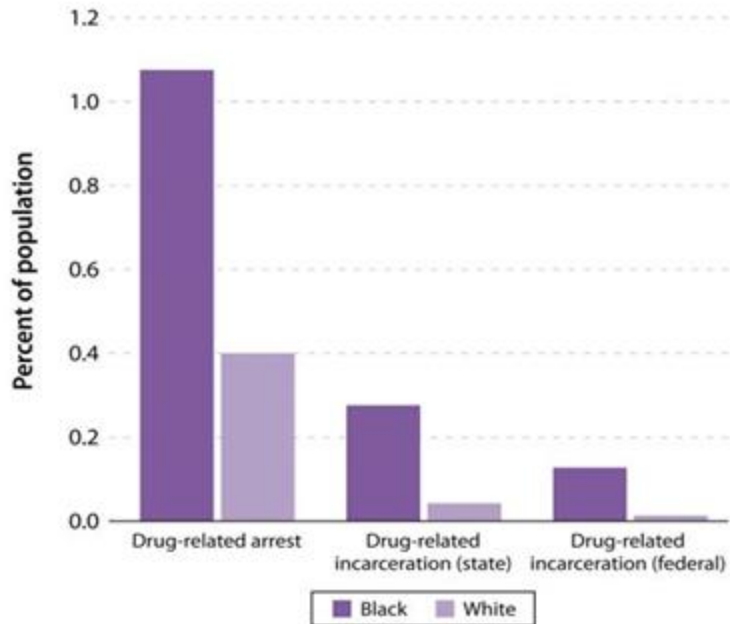


FIGURE 6B.

Rates of Drug-Related Criminal Justice Measures, by Race



Source: BLS n.d.c; Carson 2015; Census Bureau n.d.; FBI 2015; authors' calculations.

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Case Studies

Case 1:

Emily is a 25 year old Caucasian female who presented to the ED with upper respiratory symptoms, vomiting, diarrhea. She was initially requesting a note off work, then tearfully reported to you that she thinks her symptoms are from opioid withdrawal. She has chronic pain after a MVC in her early 20s, and started taking opioids prescribed to her. Now she takes oxycontin up to 90mg daily "just to be functional at work". She ran out of oxycontin 2 days ago and started feeling withdrawal symptoms. She says "I am not trying to get high. I just want to be functional at work and not lose my job."

Case 2:

Jose is a 21 year old homeless Hispanic male who was brought into the ED after a first-time fentanyl overdose, given naloxone 4mg IV en route by EMS. He reports that he smokes around \$20 (1-2 grams) of fentanyl daily for the past 1-2 months. This was his first time overdosing on an opioid and he desires to stop using.

Past medical history

Patient 1:

- PMHx - chronic back pain after prior MVC
- PSHx - none

Patient 2:

- PMHx - none
- PSHx - none

Medications

Patient 1:

- Medications - oxycontin 30mg tablets or “whatever I can get on the street”, up to 90mg daily
- NKDA

Patient 2:

- Medications - none
- NKDA

Social History

Patient 1:

- Caucasian
- PPO insurance
- Employed
- Social support at home and work

Patient 2:

- Hispanic
- Uninsured
- Unemployed
- Homeless for 1 year
- Poor social support

Treatment

Emily was started on Buprenorphine 8mg in the ED, was given an additional dose after 1 hour of observation, felt significantly improved and was discharged with a prescription for Buprenorphine 8mg BID x 7 days and was given naloxone through the naloxone distribution program.

Jose was started on Buprenorphine 8mg in the ED and felt significantly improved. He was motivated to stop using fentanyl. He was given a prescription for Buprenorphine 8mg BID x 7 days and was given naloxone through the naloxone distribution program.

Follow up

Since she has PPO insurance, patient was linked to a provider at her current outpatient clinic who is x-waivered and continued her on buprenorphine. She started speaking with a therapist about opioid use disorder, which she had never revealed to anyone else before. She joined Narcotics Anonymous and returned to work at the hospital. To this day, she shows me her sobriety badges monthly.

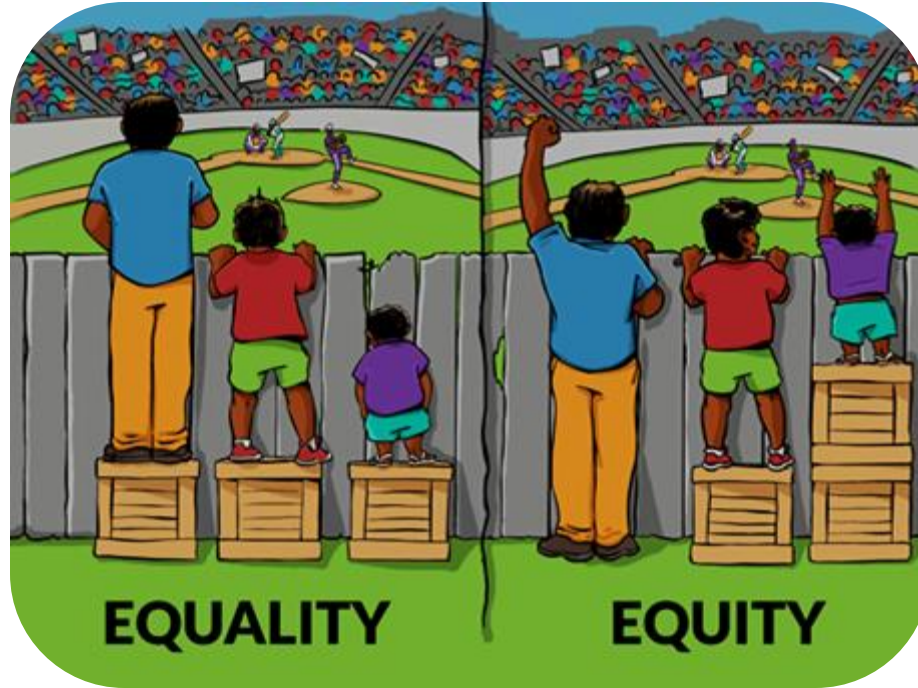
Jose walked to the nearest pharmacy which did not carry Buprenorphine on formulary. He then was referred to another pharmacy over a mile away, which he walked to, but they would not fill his prescription since he did not have a valid form of ID. He visited the DMV the next day but did not have \$25 for the ID application fee, his birth certificate, or passport to get the ID. Patient relapsed and started using fentanyl again.

The SUN called the patient, encouraged him to stay motivated towards his goal of sobriety, and provided him information on LAC-USC urgent care and Homeless Healthcare LA, two local clinics that help uninsured patients get buprenorphine. SUN assisted patient with applying for Medical, obtaining a free copy of his birth certificate, and a waiver for the ID application fee. SUN was able to take his birth certificate to the pharmacy and fill the buprenorphine prescription. SUN followed up with patient the next day who said that after taking buprenorphine, he was “starting to feel like myself again”, “I slept all night comfortably for the first time in months”. He was referred to Project Fuse for affordable housing and workforce training.

Equity

A frame for change

Equity



Equity



Equality
Sameness



Equity
Fairness



Justice
**Dismantle the
opportunity gap**

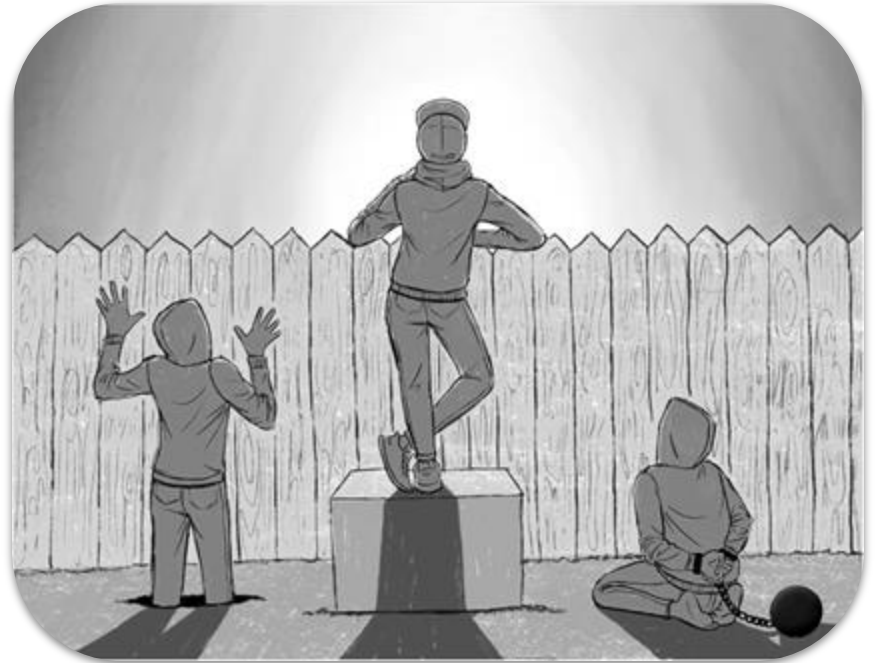
Taking action

Intentional intervention

What maintains inequity?

1. Goes unnoticed or unexamined
2. Structures
3. Policy
4. People
5. Lack of accountability

What forces impact your patients?



Barceló, et al. *Acad Psych.* 2020

Taking action: identify inequity



Center the
margins



Take a race
conscious approach
(NOT race blind)



Measure and trend
equity metrics

Taking action: Focus on structure/policy

Who makes it in?

- Invitations to care
- Justice involved
- Knowledge of resources
- Fear
- Telehealth
- Language barriers

What do they experience?

- How are they treated?
- Who do they see?
- Medications
- Clinical decisions
- Police presence
- Language barriers
- Institutional priorities

Are they retained?

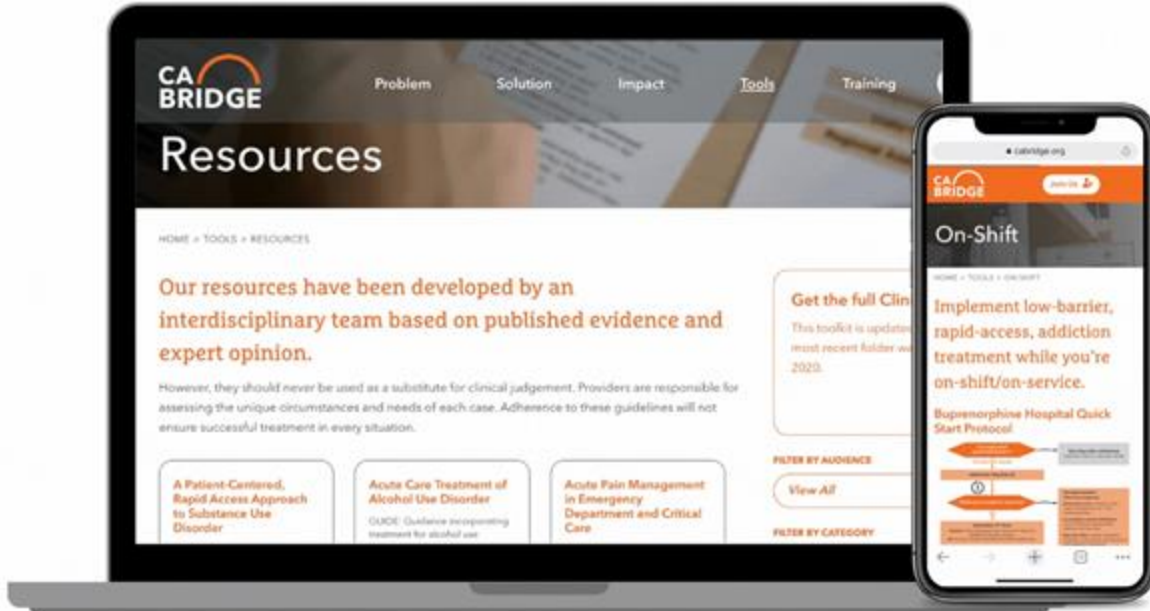
- Insurance coverage
- Jail/prison
- Primary care
- Housing
- Wraparound services
- Language barriers
- Transportation

**What could it look like for the
substance use treatment field to
incorporate racial equity into its
work?**

What could it look like for your organization to incorporate racial equity into your mission?

What could it look like for you to incorporate racial equity into your role?

Resources



Join us.

cabridge.org

Visit our website for tools and resources

cabridge.org/join-us

Join our email list for new announcements



[@BridgeToTx](https://twitter.com/BridgeToTx)