CALIFORNIA
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ASIS-TTA

Learning Collaborative Q4

August 31st & September 1st, 2021

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

Today's Presenters

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Racism, the War on Drugs and Health Equity in California

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Learning Objectives

1. Defining Racism

2. The Racist War on Drugs as Fundamental Cause of Health Inequity

3. An Ethnographic Case Vignette from California

4. Visions of Health Equity

Defining Racism

Many definitions

> “An oppressive system of racial relations, justified by ideology, in which one racial group benefits from dominating another group and defines itself and others through this domination.” (Krieger et al. 1993)
>
> “The state-sanctioned and/or extra-legal production and exploitation of group-differentiated vulnerability to premature death.” (Gilmore 2007)

Complex, multi-faceted, multi-level social construct

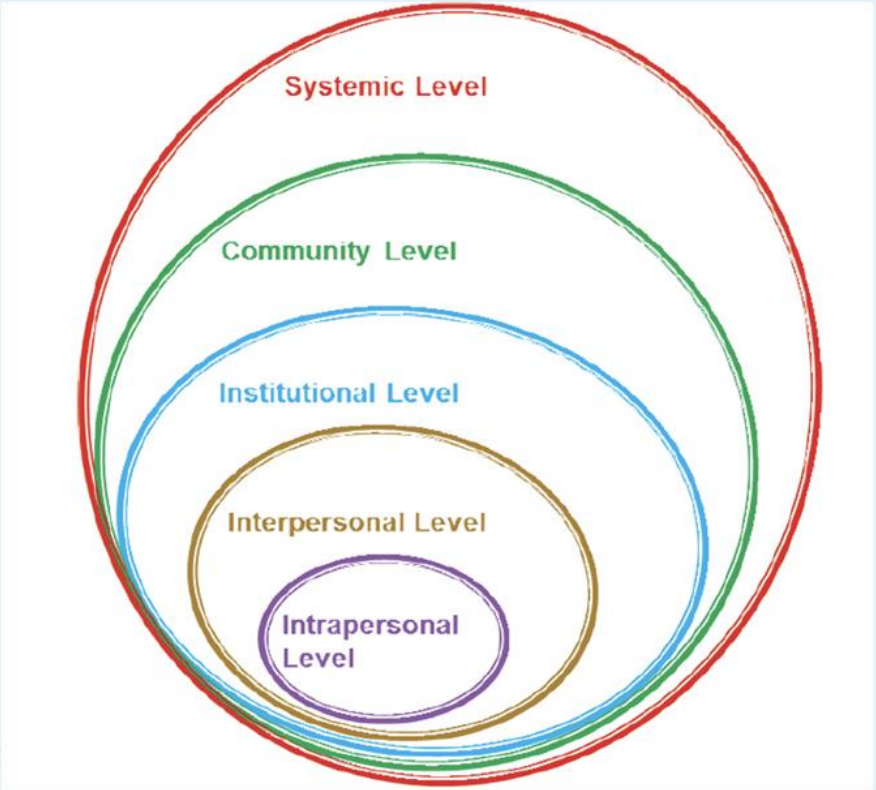
Functions at all levels of a socioecological framework: systemic, community, institutional, interpersonal, intrapersonal

Defining Racism

Systemic Level:
Federal, state, and local drug policies and regulations, such as differences between crack vs. powder cocaine mandatory sentencing.

Community Level: Inequitable distribution of wealth/resources by race/ethnicity. Differential health care access for pain treatment and addiction treatment by race/ethnicity and class. Examples: opioid prescription pills versus heroin distribution; distribution of chronic pain vs. addiction diagnoses. Two-tiered drug treatment landscape.

Institution Level: In a health care institution, who has access to care? Who is seen as deserving of care? What frameworks are used for determining this? How are resources allocated and who makes those decisions?

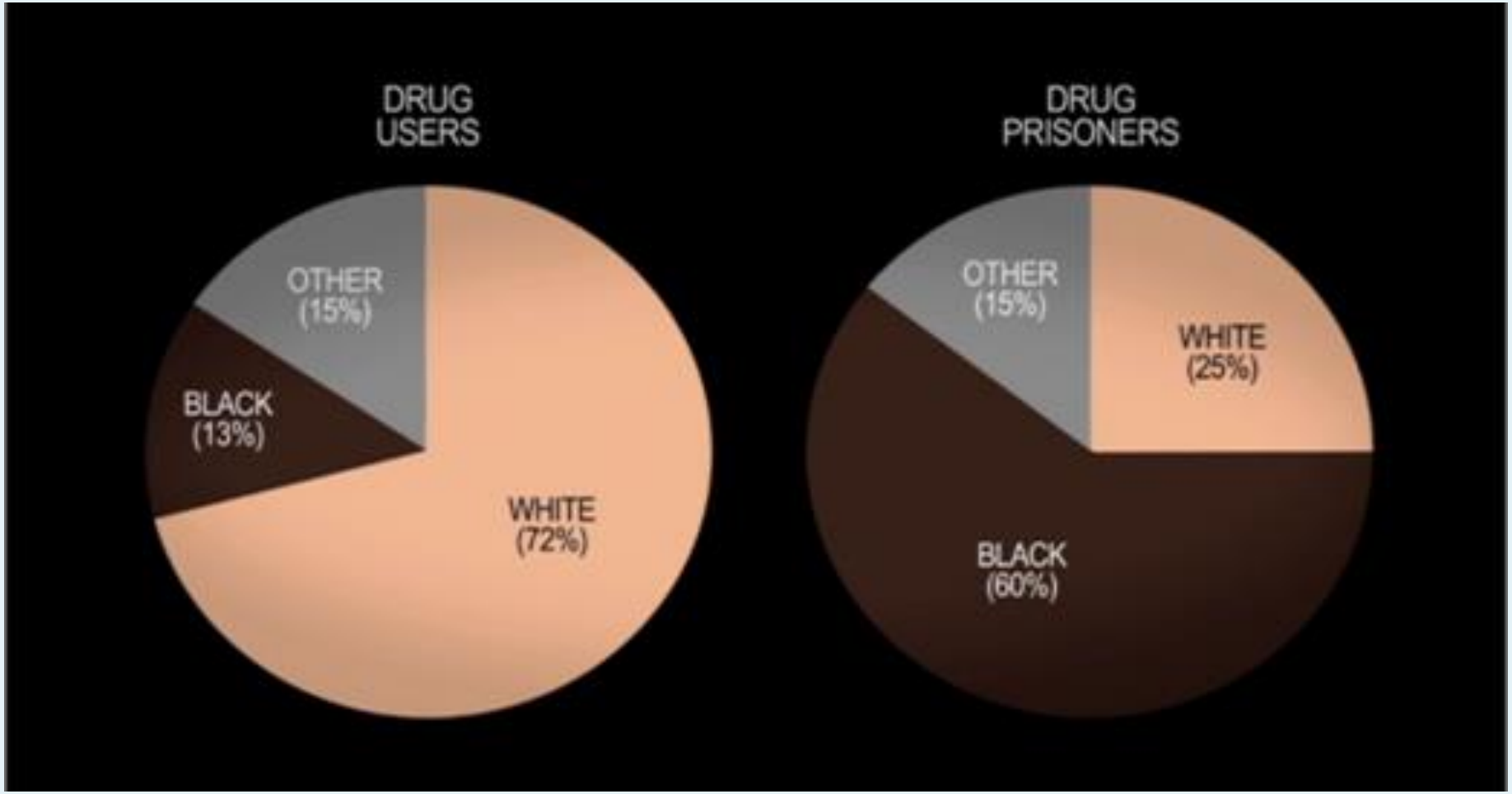


Interpersonal Level: Families, friends, social networks, including social supports that may be differently protected or eroded by interventions at other levels (e.g. housing policies). Overt discrimination and implicit biases.

Intrapersonal Level: Internalized racism, the embodiment of inequities, individual knowledge, attitudes/beliefs, and skills.

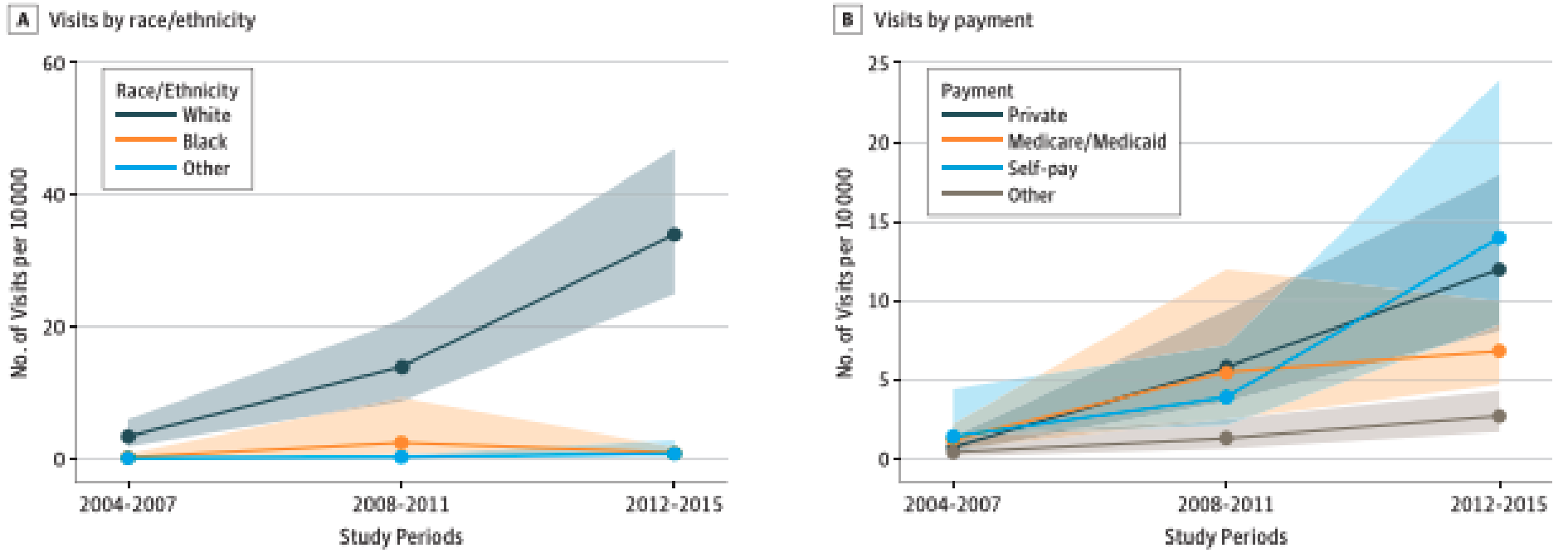
Concept from McLeroy et al, 1988

Racial Disparities and Drug Policy



Racial Disparities and Drug Policy

Figure. Buprenorphine Visits by Race/Ethnicity and Payment Type, 2004-2015



Buprenorphine visits (n = 1369) and 95% CIs per 10 000 visits (shaded areas), grouped by year and stratified by race/ethnicity and payment type. Estimates account for complex survey design elements and are nationally representative.

Structural Racism and Fundamental Causes

"By itself, however, naming racism does not ensure equity. We must also tackle the underlying mechanisms by which white supremacy and structural racism preserve themselves. Otherwise, naming racism will serve as a substitute for actually eradicating it." - Chandra Ford, Ph.D.

From individual prejudice -> the historical processes that produce laws, rules, practices and norms

So, what are the policies, institutions, and practices that sustain structural racism in drug policy?

Key Dates in U.S. Drug Policy History

- 1914: Harrison Anti-Narcotic Act
- 1971: President Nixon declares War on Drugs, to be implemented through structures including the DEA and the 1970 Comprehensive Drug Abuse Prevention and Control Act, which defined and established system of scheduling of controlled substances and enforcement authorities.
- 1973: Bureau of Narcotics and Dangerous Drugs merges with Office of Drug Abuse Law Enforcement to form the Drug Enforcement Administration (DEA)
- 1986: Federal Anti-Drug Abuse Act mandates 5-year minimum sentencing for possession of 1/100th the weight of crack compared to powder cocaine
- 1996: Drug/alcohol dependence no longer eligible for social security disability benefit – imposed a lifetime ban on individuals convicted of a drug felony from receiving Supplemental Nutritional Assistance Program (SNAP) and/or Temporary Assistance for Needy Families (TANF)

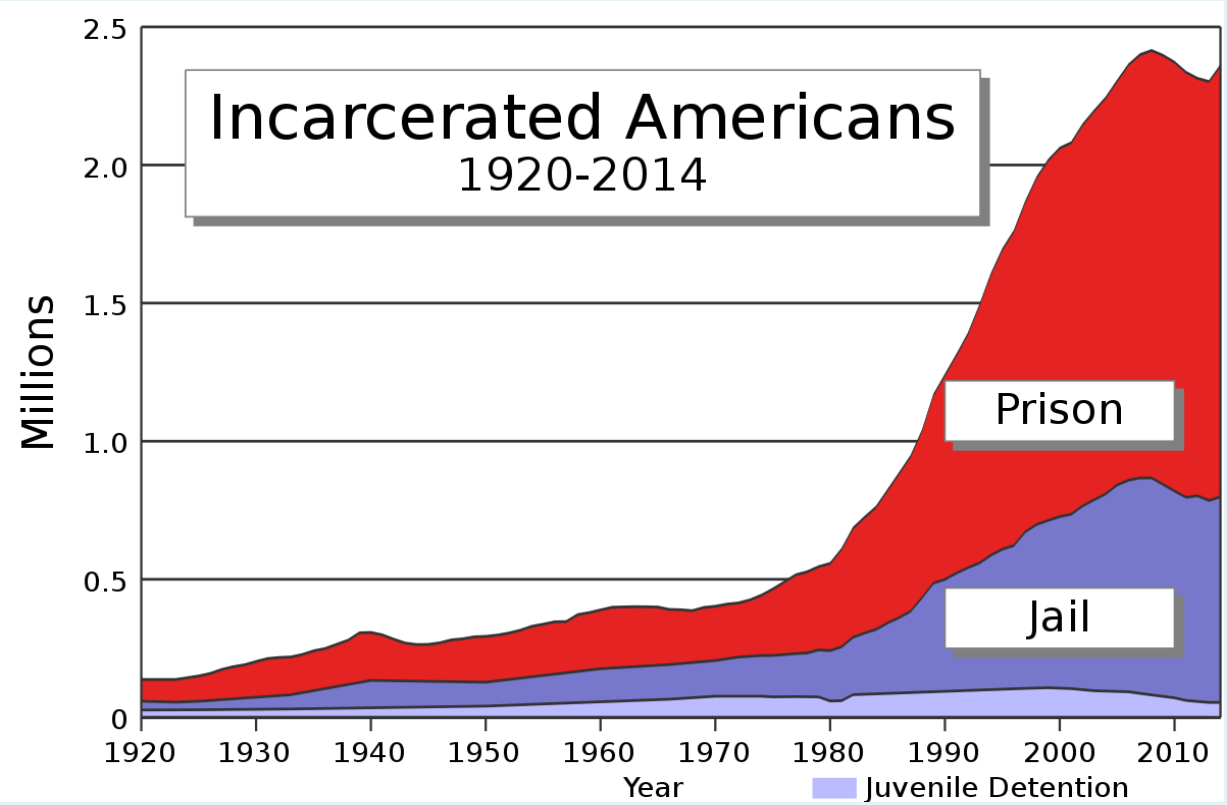
Pivotal Moment: The War on Drugs

Underlying *ideas* sustaining policy, legal and institutional framework of “war”:

- Drug use = failed individual responsibility; pathological and to blame for social problems
- Police officers are requisite foot soldiers

Two mechanisms: **Punishment and Abandonment**

- Suspicion, blame -> arrest, incarceration
- Arrest/incarceration -> exacerbates social abandonment



Competing Frameworks

War on Drugs:

-fear/suspicion

-blame

-judgment

-criminalization

-incarceration

-abandonment

Harm Reduction:

-curiosity

-”meet you where you are at”

-non-judgment

-decriminalization

-housing, residential and non-residential treatment program, accessible treatment

-support

Contemporary Policy Landscape

Dynamic Drug Supply and Treatment Landscapes:

•2000 Drug Addiction Treatment Act (DATA): permits physicians to use Schedule III drugs including buprenorphine for office-based addiction treatment

•2004: Opioid pain relievers more commonly used non-medically than heroin in U.S.

•2005: 91% of buprenorphine patients found to be white

•2008: U.S. incarceration rate peaks- a tenfold increase in number incarcerated since 1980, surpassing all other countries, much of which is driven by drug law sentencing

•2013-2016: Fentanyl-related deaths increase by 540%. Synthetic opioids surpass all others attributed to overdose deaths.

•1 in 10 deaths in county jails across the U.S. are tied to the acute effects of drugs and alcohol. Death rates for people in jails are much higher in counties that have privatized their jail health care systems.

•2013: California 911 Good Samaritan Law passed: provides limited protection from arrest, charge and prosecution for people who seek emergency medical assistance at the scene of a suspected drug overdose

•2014: Prop 47 reclassified felony drug offenses to misdemeanors

California Context of Disparities

- 33% of drug-related overdose deaths in California occur among American Indians/Alaska Natives
- Despite California having more levels of addiction programming and more widely available options for treatment than many states, only about 12% of those identified as needing addiction treatment actually obtain it
- While access to any type of addiction treatment is fairly even across race/ethnicity, route to treatment and type of treatment clearly matter, with the effect of lower treatment retention rates for Black and Latinx patients.

Case Vignette: Ariana

Picked on in school for looking more ‘hood’ than her peers
Cycling through juvenile detention
Housing precarity
Sexual assault at age 7

“You’re too young too become addicted to these,” the doctor told Ariana.

One of the lucky ones to get methadone while incarcerated

More convenient than taking two buses to daily methadone clinic, he told her, “I have your medicine right here. Stay.”

“It is self-inflicted, but I don’t like pain. It was like torture.”

“Who’s in charge here? You, or the white guy outside?”

“I always fall through the cracks.”

“They screwed me over and I left empty-handed.”

“You’re too young too become addicted to these,” the doctor told Ariana.

Confronted with multiple forms and instances of trauma and sexual violence from a young age, Ariana was abandoned by the public education system, and later, by the public health care system, where she was provided with prescription opioids but not mental health care.

Abandonment: Rather than providing support for opioid dependence, instead, withdrawing medical care.

One of the lucky ones to get methadone while incarcerated

Ariana’s ability to get methadone while incarcerated was most closely linked to her pregnancy.

Important Study Statistics for Included Prisons and Jails

Prisons

82% provided medications for OUD during pregnancy

22% initiated these medications

61% discontinued medication after pregnancy ended

Jails

67% provided medications for OUD during pregnancy

50% initiated these medications

75% discontinued medication after pregnancy ended

More convenient than taking two buses to daily methadone clinic, he told her, “I have your medicine right here. Stay.”

Abandonment:
Treatment access barriers
Financial precarity
Lack of access to formal labor market
Lack of access to housing

Punishment: methadone tied to reminder of losing child custody and experience of incarceration

Boyfriend’s subsequent incarceration had compounding effects on her life, as she was again left without key resources including access to housing, transportation, and key social support.

“It is self-inflicted, but I don’t like pain.

It was like torture.”

“Who’s in charge here? You, or the white guy outside?”

Stigma against drug use from providers

Internalized stigma

Desire for care without blame

Index of suspicion drawn along lines of addiction and race, because those factors have been determinative for her throughout her life.

Abandonment by insurance

Abandonment through insurance

“I always fall through the cracks.”

The buprenorphine fix?

“They screwed me over and I left empty-handed.”

Responsible pharmacists, irresponsible systems

- ‘Red flags’ identified by pharmacists to determine whether to question or refuse a buprenorphine prescription: geographic radius from prescriber or pharmacy; desire to pay cash; new patients; use of ‘slang terms’; receiving prescriptions for controlled substances from different prescribers
- DEA enforcement against ‘pill mill’ prescribers and dispensers and ‘doctor shopper’ patients cited as a risk to pharmacists’ livelihoods to be protected against with informal policies at pharmacies
- ‘Red tape’ policies: strict geographic radius for prescribing, requirement of speaking to the prescriber, requirement of diagnostic codes, erroneously claiming that the pharmacy does not stock the medication

Discussion: Visions for health equity

Valuing the lives of drug users

Reversing punishment and abandonment and ending the dual and linked crises of overdose morbidity/mortality and incarceration

Rectifying historical harms and mobilizing comprehensive policy and action

How?

Approach: non-judgment, decriminalization, accessible treatment and material resources/support

Action at Policy level

Organizationally: how are the organizations you working with mitigating the punishment of drug use/rs and meeting them with care, support and resources?

Current drug policy legislation to be aware of

- The **MEAL Act (Making Essentials Affordable and Lawful)** would repeal the lifetime ban on individuals with a past felony drug conviction from qualifying for SNAP and would reinstate SNAP for individuals transitioning back to the community following a period of incarceration

- The **Support, Treatment, and Overdose Prevention of Fentanyl Act (STOP Fentanyl Act)** would increase access to naloxone, establish federal Good Samaritan protections, remove barriers and increase access to MAT, enhance telehealth access for MAT, allow ‘classwide’ emergency scheduling of fentanyl-related substances started under Trump to expire, which continue mandatory minimum sentencing and increase pre-trial detention and incarceration, fund education for stakeholders on evidence-based treatments for opioid use, and assist state and community based organizations addressing the harms of drug misuse.

Regional Hub and Spoke QI Reports Available for Download

https://drive.google.com/drivefolders/17eOKidfhGxEafX1ULuseRXXIXf2Mh__U?usp=sharing

Quarter 1 QI Presentations for Y2Q1 (11/30)

- Aegis Treatment Centers, LLC – Yuba (Marysville)
- Anderson Family Health Center (Shasta)
- Granite Wellness Centers (Grass Valley)
- Hill Country Community Clinic (Gold Street)

Quarter 2 QI Presentations for Y2Q1 (11/30)

- C.O.R.E. Medical Clinic, Inc.
- Granite Wellness Centers (Auburn)
- Marshall Medical Center
- Newstart Medical Group Inc. (Stallant Health)

Region 3 QI Presentations for Y2Q1 (12/1)

- MedMark Treatment Centers, Inc. (Fresno)
- Santa Cruz County Health Services Agency
- Golden Valley Health Centers (Modesto Kerr)
- SHAW (Senior Health and Wellness)

Region 4 QI Presentations for Y2Q1 (12/1)

- San Diego Health Alliance dba Fashion Valley Clinic
- Venice Family Clinic
- Northeast Valley Health Corporation
- Bartz-Altadonna Community Health Center

OASIS-TTA

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- Addressing Stimulants & Fentanyl

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