

Health Equity and MAT

Monday, April 22, 2024



University of California Los Angeles
Integrated Substance Abuse Programs

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:





What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

PEOPLE FIRST

Language Matters

in treatment, in conversation, in connection.



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



As we enter April, we mark National Minority Health Month, rallying under the theme “Health Justice: The New Frontier.” This month we’re inspired by the pioneering spirit that has historically driven our nation toward progress.

**HELP &
RESOURCES
ARE AVAILABLE**

APRIL

ALCOHOL AWARENESS MONTH



[samhsa.gov/find-help/atod/alcohol](https://www.samhsa.gov/find-help/atod/alcohol)

Disclosures

None of the presenters, planners, or others in control of content for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



Learning Objectives

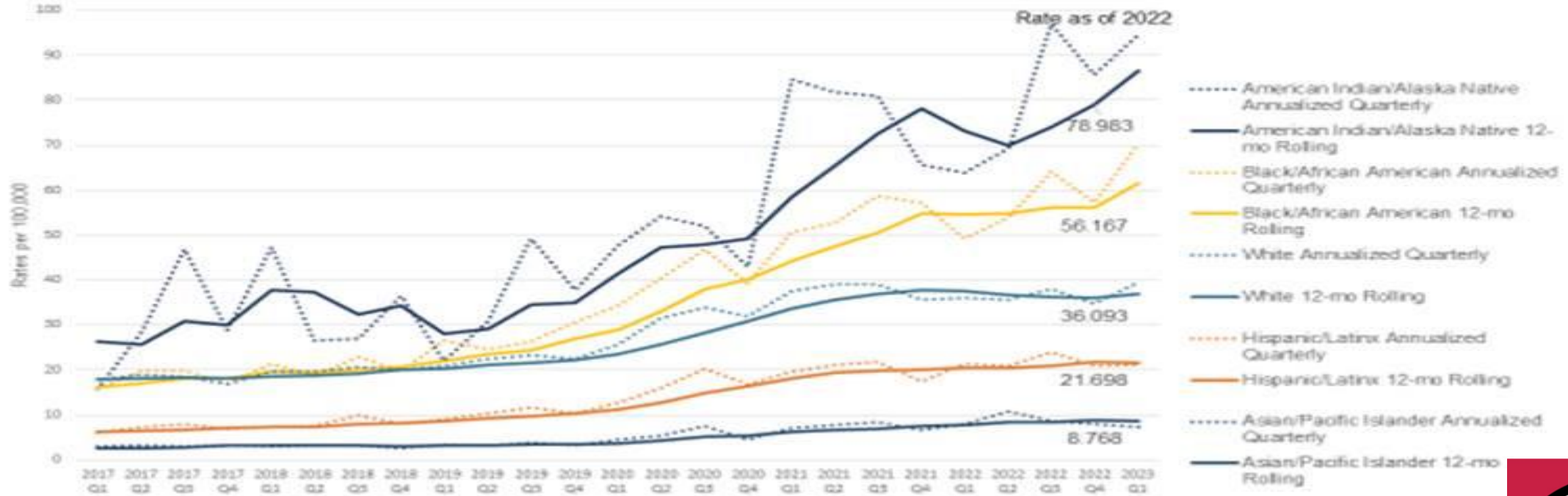
- 1. List at least two (2) demographic disparities in overdose deaths in California.**
- 2. Identify at least two (2) demographic disparities in access to OUD treatment in California.**
- 3. Describe at least two (2) strategies to increase health equity for people with substance use disorder in California.**
- 4. Specify at least one (1) takeaway from the case discussion.**



Racial Disparities in Overdose Deaths are Worsening Over Time

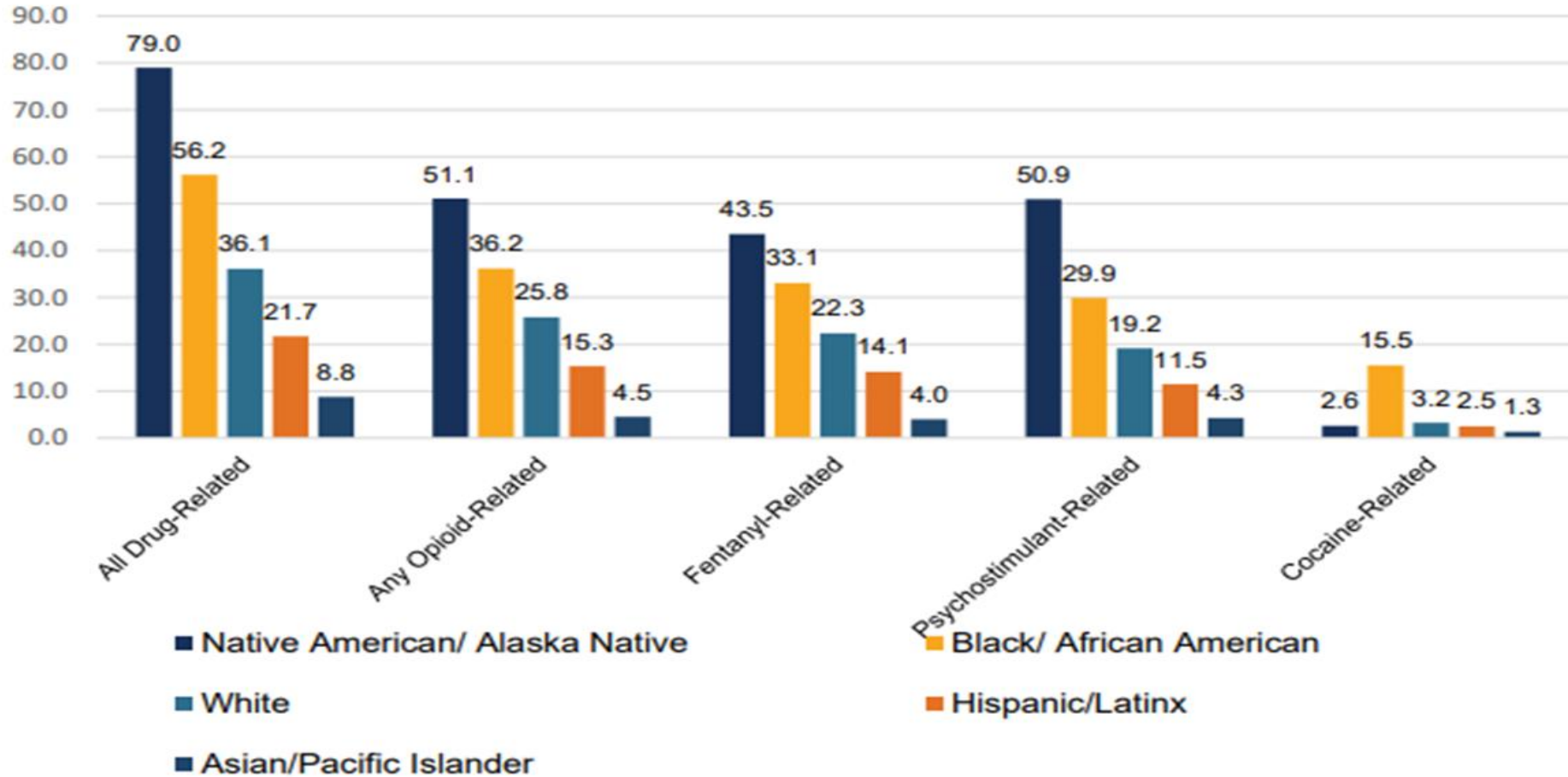
Overdose Death Rates by Race/Ethnicity Over Time

Age-adjusted rates per 100,000 residents



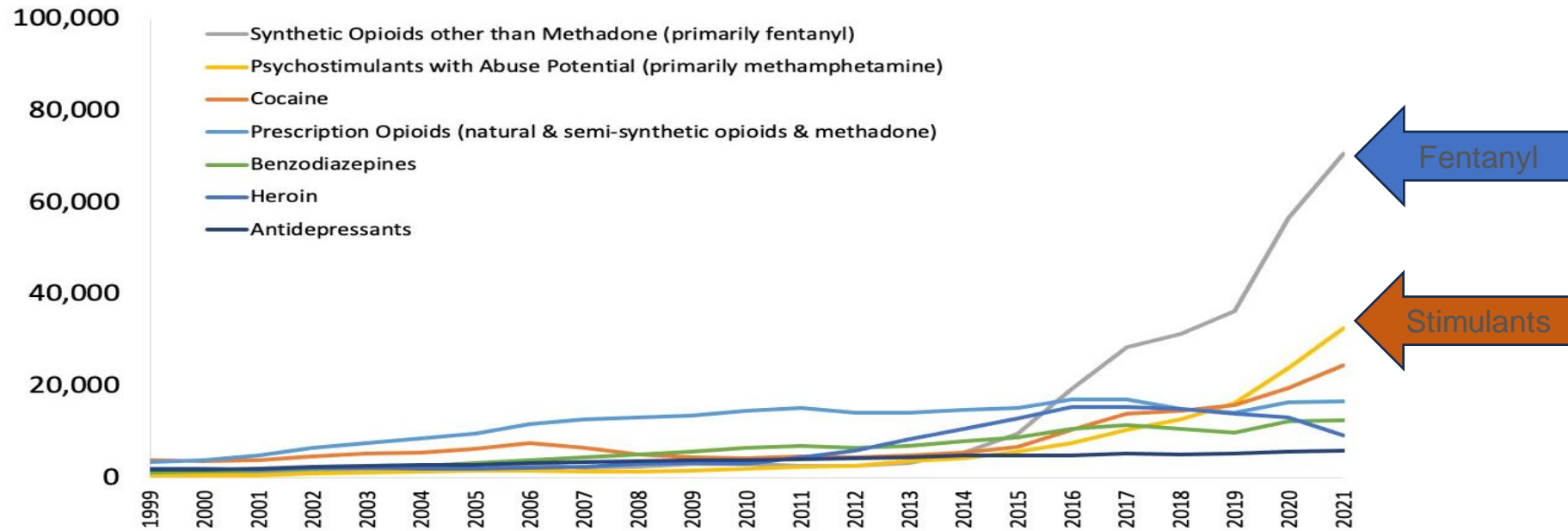
Source: California Opioid Overdose Dashboard

Figure 1. California Overdose Death Rates by Race/Ethnicity, 2022
Age-Adjusted Rates per 100k Residents



Data source: [California Opioid Dashboard](#). (2024). Prepared by California Department of Public Health - Substance and Addiction Prevention Branch.

Drivers of Drug Poisoning Deaths Evolve from Opioids to Stimulants

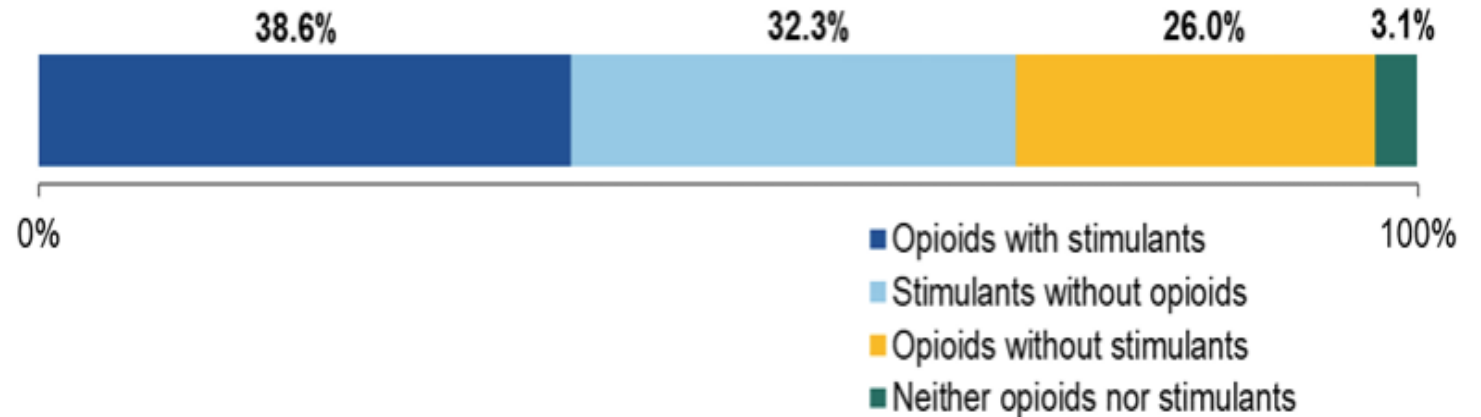


*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

Source: California Opioid Overdose Dashboard

Drug-Related Overdose Deaths by Opioid & Stimulants Involvement

Figure 5. Percentages of Drug-Related Overdose Deaths by Opioid and Stimulant Involvement, 2019

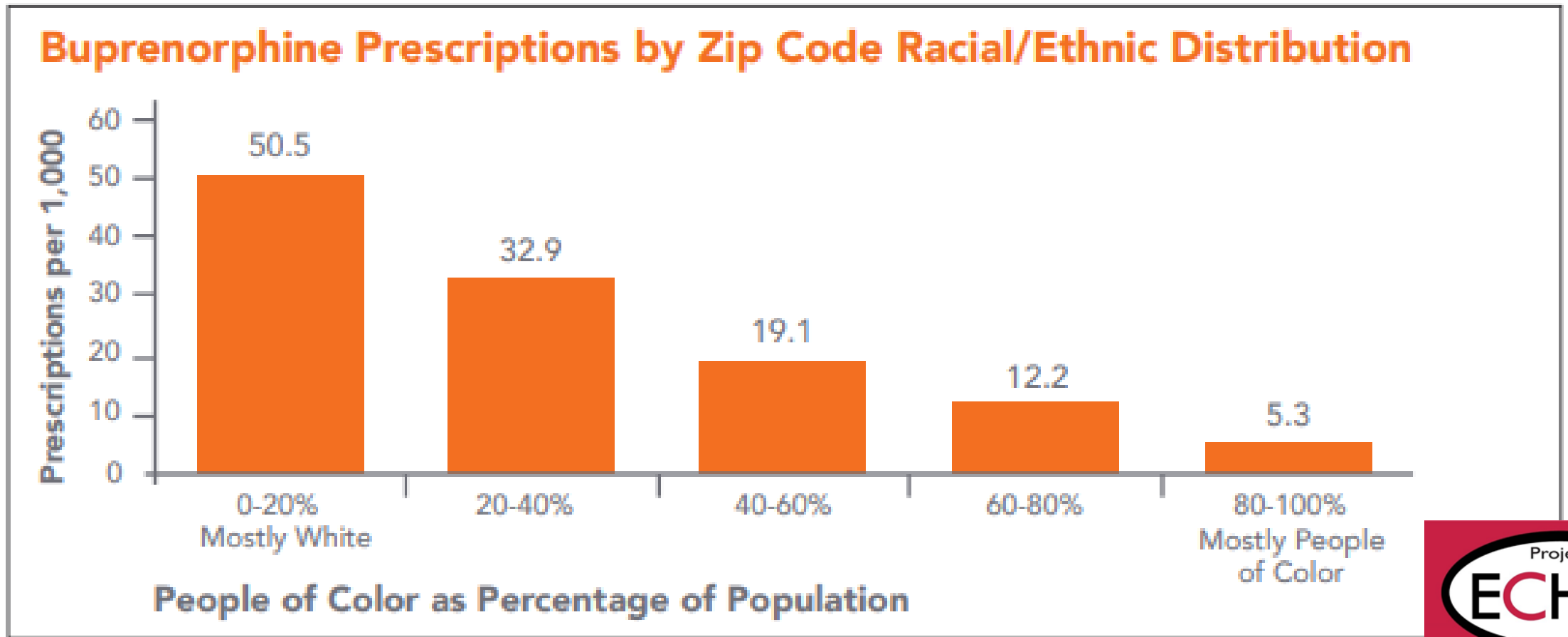


Note: Each category in the figure is displayed in the same order as the key.

Among all drug-related overdose deaths, 38.6% involved opioids with stimulants (Figure 5). Fewer drug-related overdose deaths involved stimulants without opioids (32.3%), or opioids without stimulants (26%). Only 3.1% of drug-related overdose deaths involved neither opioids nor stimulants.

Source: California State Unintentional Drug Overdose Reporting System 2019

Racial Disparities in Access to Medication for Addiction Treatment

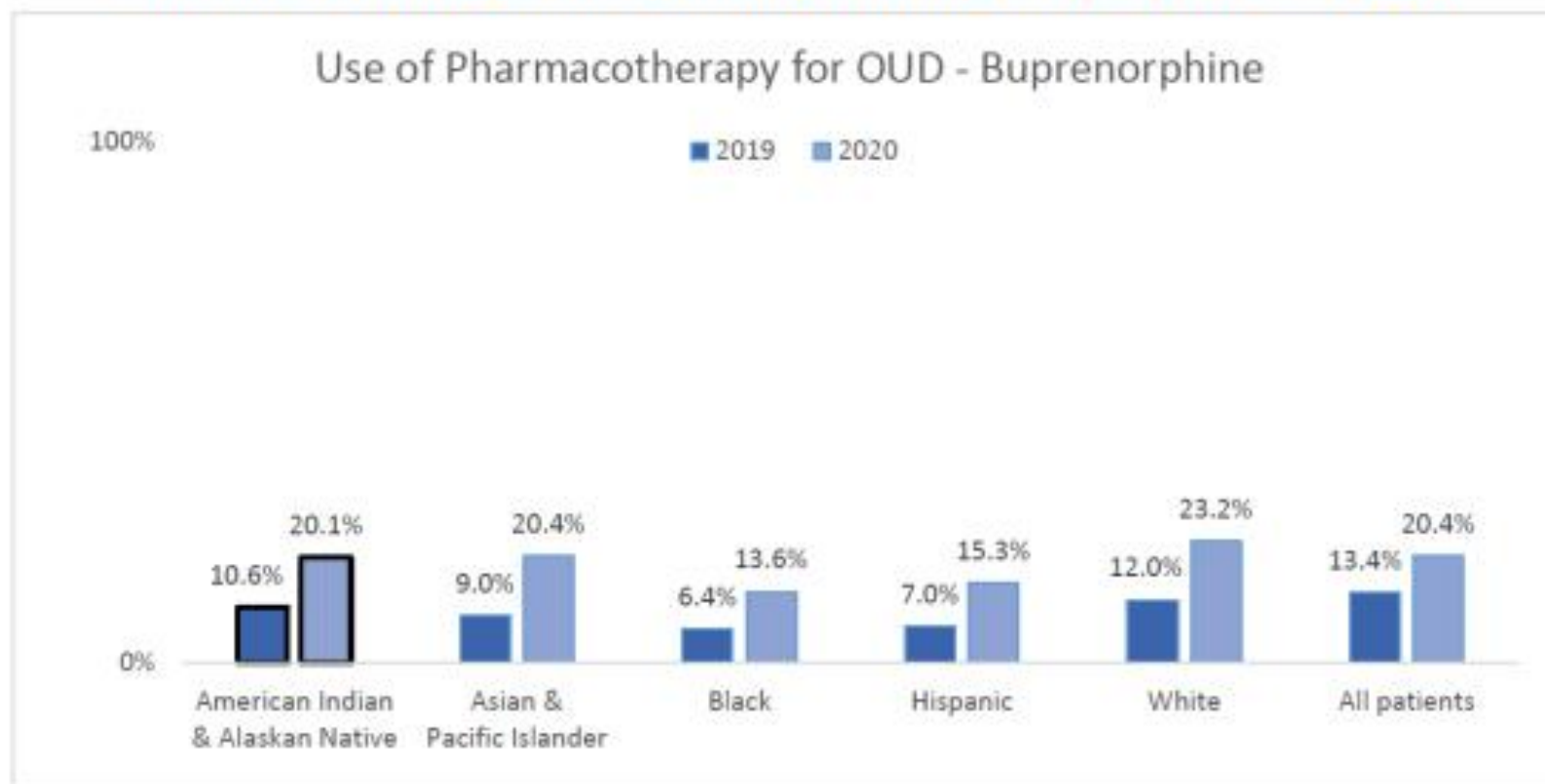


Source: "Racial Disparities in Access to Medication for Addiction Treatment," (CA Bridge)



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Figure 3. Percentage of Medi-Cal beneficiaries with an opioid use disorder who filled a buprenorphine prescription, 2019 vs. 2020



Source of figure: Urada, D., Huang, Hilderbrand, D., & Joshi, V. (2023). *Tribal MAT Data Analytics Performance Measure Update: 2020 Measures*. Prepared for the Department of Health Care Services, California Health and Human Services Agency. Los Angeles: UCLA Integrated Substance Abuse Programs.



Substance use disorder treatment has not been provided equitably to people of color

A 2006 national study found that 91% of patients who received buprenorphine were White.

A 2019 study found that Black patients are 77% less likely to receive buprenorphine than White patients in the outpatient setting. Similar results were found in a study of veterans.

Disparities in buprenorphine access were also found in a national study of 3,142 counties where counties with high concentrations of African American and Latinx residents had more facilities to provide methadone per capita, while counties with high concentrations of White residents had more facilities to provide buprenorphine

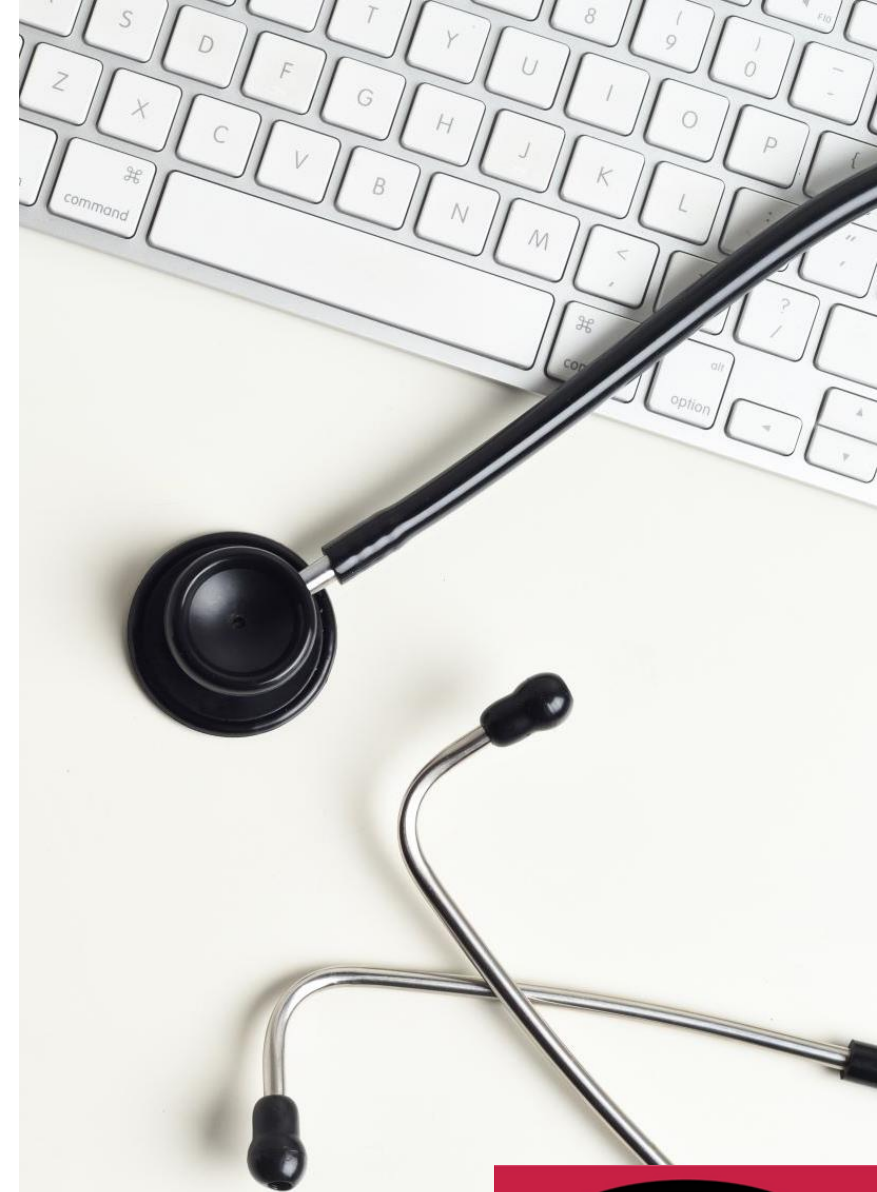
Source "Advancing Equity and Reducing Harm to Communities of Color from Drug Use" (CA Bridge)



Ways to Improve Access to Treatment

- Increase awareness about the racial disparity in treatment access.
- Eliminate bureaucratic barriers that limit prescribing.
- Incentivize providers serving Black communities to provide range of care
- Ensure buprenorphine is covered by more insurance companies and at a higher rate.

Source: "The Black Opioid Crisis reveals that barriers to treatment must come down" <https://theemancipator.org/2023/03/02/health-equity/black-opioid-crisis-reveals-that-barriers-treatment-must-come-down/>



How can we promote health equity to help address the overdose epidemic?

We can all promote health equity for racial and ethnic minority groups by:

Incorporating culturally tailored strategies

Implementing structural and policy-level interventions

Increasing access to evidence-based overdose prevention and treatment efforts

Investing in research and implementation of cognitive behavioral therapies and treatments for non-opioid substances

Continuing to increase naloxone distribution and accessibility

Self-Paced Learning Opportunities

Individualized Learning Plan: MATE ACT

Medication Access and Training Expansion (MATE) Act
Trainings to meet the 8-hour DEA requirement

- **The Intersection of DEA & MAT** (1.5 credit hours)
- **Addressing Fentanyl Use In Primary Care** (1.0 credit hour)
- **Structural Competency: Medicine for the Inequalities that are Making Us Sick** (1.0 credit hour)
- **Advancing Equity in Substance Use Disorder Treatment** (1.0 credit hour)
- **Addressing Stimulant Use in Primary Care Settings** (1.0 credit hour)
- **Methamphetamine Use and Affective Disorders** (1.0 credit hour)
- **Trauma-Informed Care** (1.0 credit hour)
- **Homelessness and Substance Use Disorder in Veterans** (1.0 credit hour)



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