

Health Inequities in Substance Use Treatment

November 27, 2023



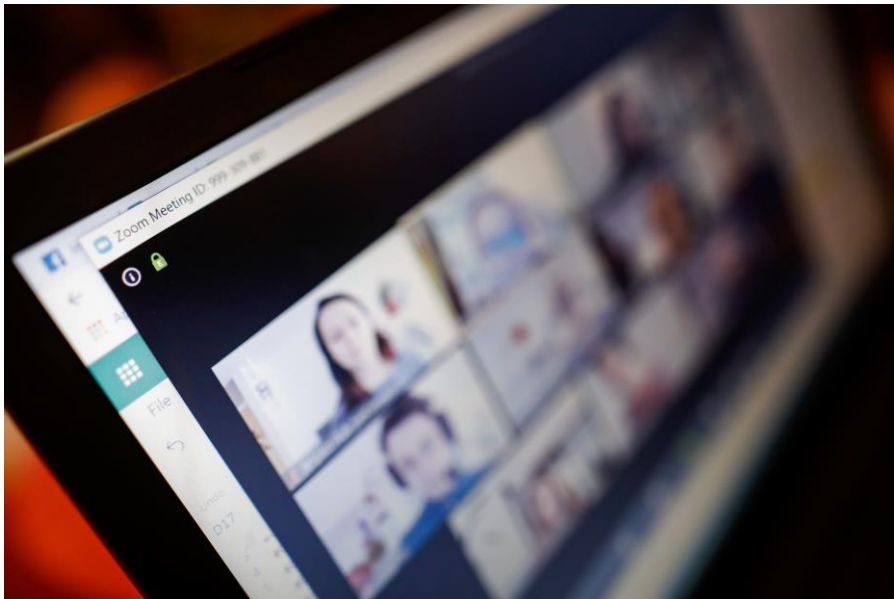
University of California Los Angeles
Integrated Substance Abuse Programs

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- Thank you for your understanding as we navigate this new frontier!

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

Celebrating Tribal Sovereignty and Identity

2023
National Native
American Heritage Month



National Native American Heritage Month 2023



Image Credit: SAMO Dancer NPS Photo by Connor L'Ecuyer

<https://www.nativeamericanheritagemonth.gov/>

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DISCUSSION ROADMAP



DEI FOCUSED MANDATES FOR CME EDUCATION – A TRAJECTORY



RECENT LEGISLATION CHANGES EXPANDED DEI FOCUSED
MANDATES FOR CME EDUCATION



WHY IS IT IMPORTANT



SAMPLE OF DEI COMPENDIUM OF SLIDES FOR ISAP STANDARD
CURRICULUM

DEI and CME Education

**AB-1195 Continuing education:
cultural and linguistic competency**

2005–2006

2006

The intent of the Legislature was to encourage physicians and surgeons, continuing medical education providers located in this state, and the Accreditation Council for Continuing Medical Education to meet the cultural and linguistic concerns of a diverse patient population through appropriate professional development.

DEI and CME Education---LEGISLATIVE UPDATES

**AB-241 Implicit bias:
continuing education requirements**

2019–2020

1 Jan. 2022

As of January 1, 2022, all continuing education courses for physician s must contain specified instruction in the understanding of IMPLICIT BIAS and Cultural Linguistic Competency in medical treatment.

If you have a brain, you have bias



- Bias is rooted in the brain
- Even with sustained effort, the brain can only catch 20% of bias in the moment.
- Easy to recognize bias in others, hard to recognize in yourself.

Source: Halvorson & Rock, 2015

NATIONAL
COUNCIL
for Mental
Wellbeing



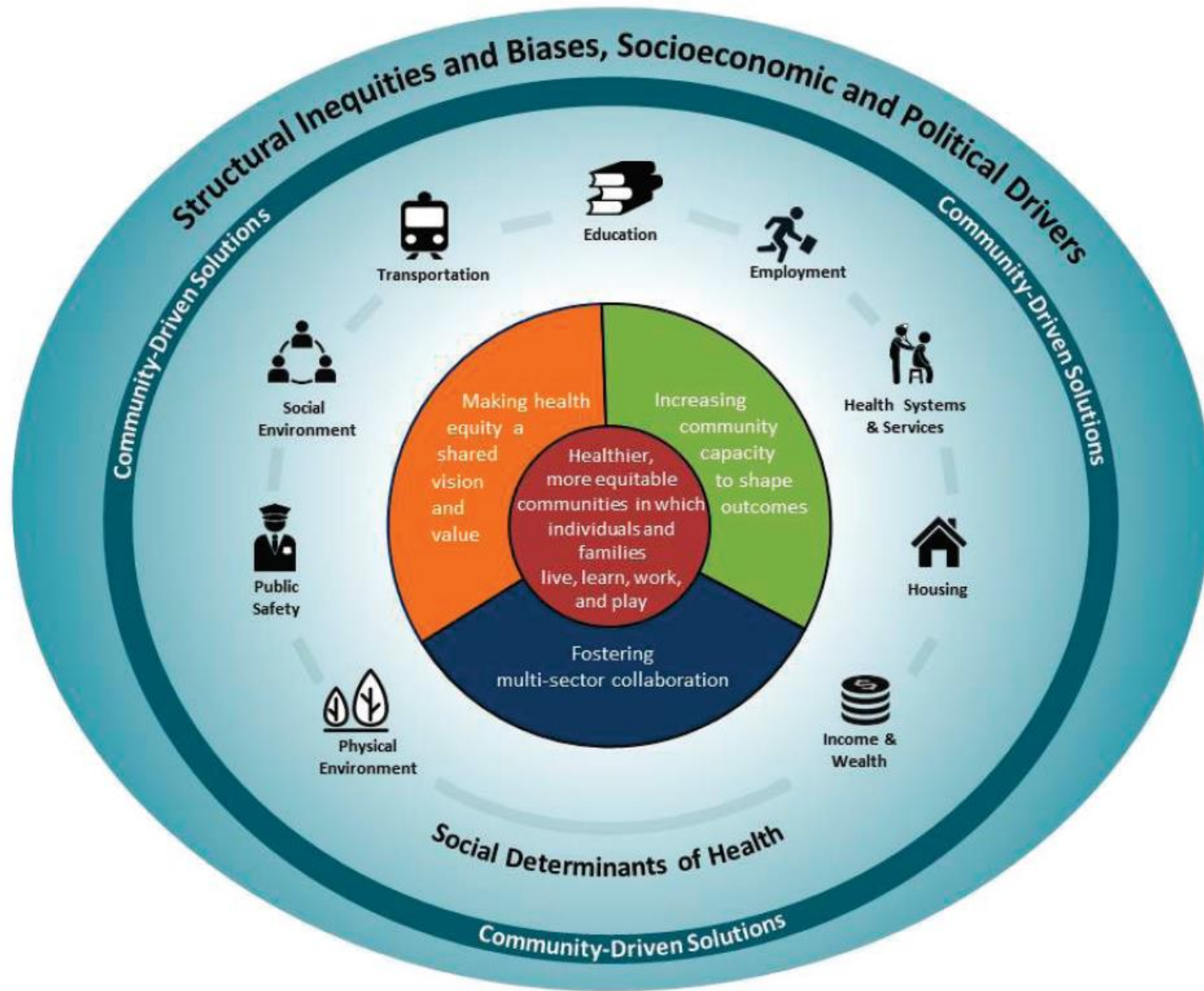
IMPLICIT BIAS

How implicit bias affects perceptions and treatment decisions of health providers leading to disparities in health outcomes



How unintended biases in decision-making may contribute to health care disparities by shaping behavior and producing differences in medical treatment along lines of

Race	Ethnicity	Gender Identity	Sexual Orientation	Age	Socioeconomic Status	Other Characteristics
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Health Inequities

Health inequities arise when certain populations are made vulnerable to illness or disease, often through the **inequitable distribution of protections and supports.**

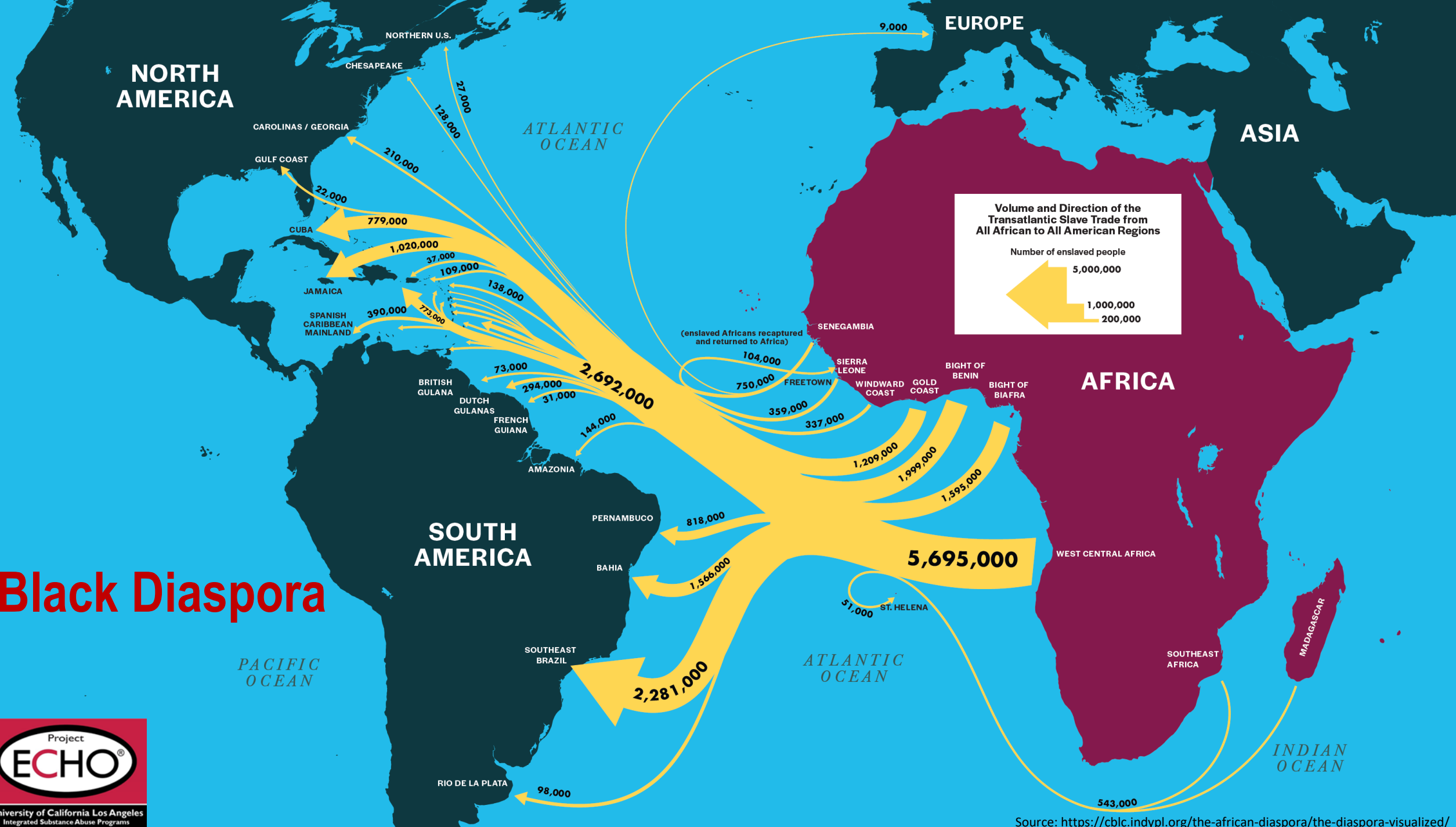
WHY IS IT IMPORTANT

- IMPLICIT BIAS
 - Meaning the attitudes or internalized stereotypes that affect our perceptions, actions, and decisions in an unconscious manner, exists, and contributes to unequal treatment of people based on:
 - Race
 - Ethnicity
 - Gender identity
 - Sexual orientation
 - Age
 - Disability and other characteristics
- Implicit bias contributes to health disparities by affecting the behavior of healthcare providers.
- Evidence of racial and ethnic disparities in health care is remarkably consistent across a range of illnesses and health care services.



Health Inequities in the Black & African American Community

Black Diaspora



Health Disparities: African American and Black Community



2x

higher mortality
rate for
Black infants

3x

more likely to die
of pregnancy-
related causes

African American/Black adults are at
higher risk for physical and mental illness



Heart
disease



Stroke



Cancer



Asthma



Diabetes

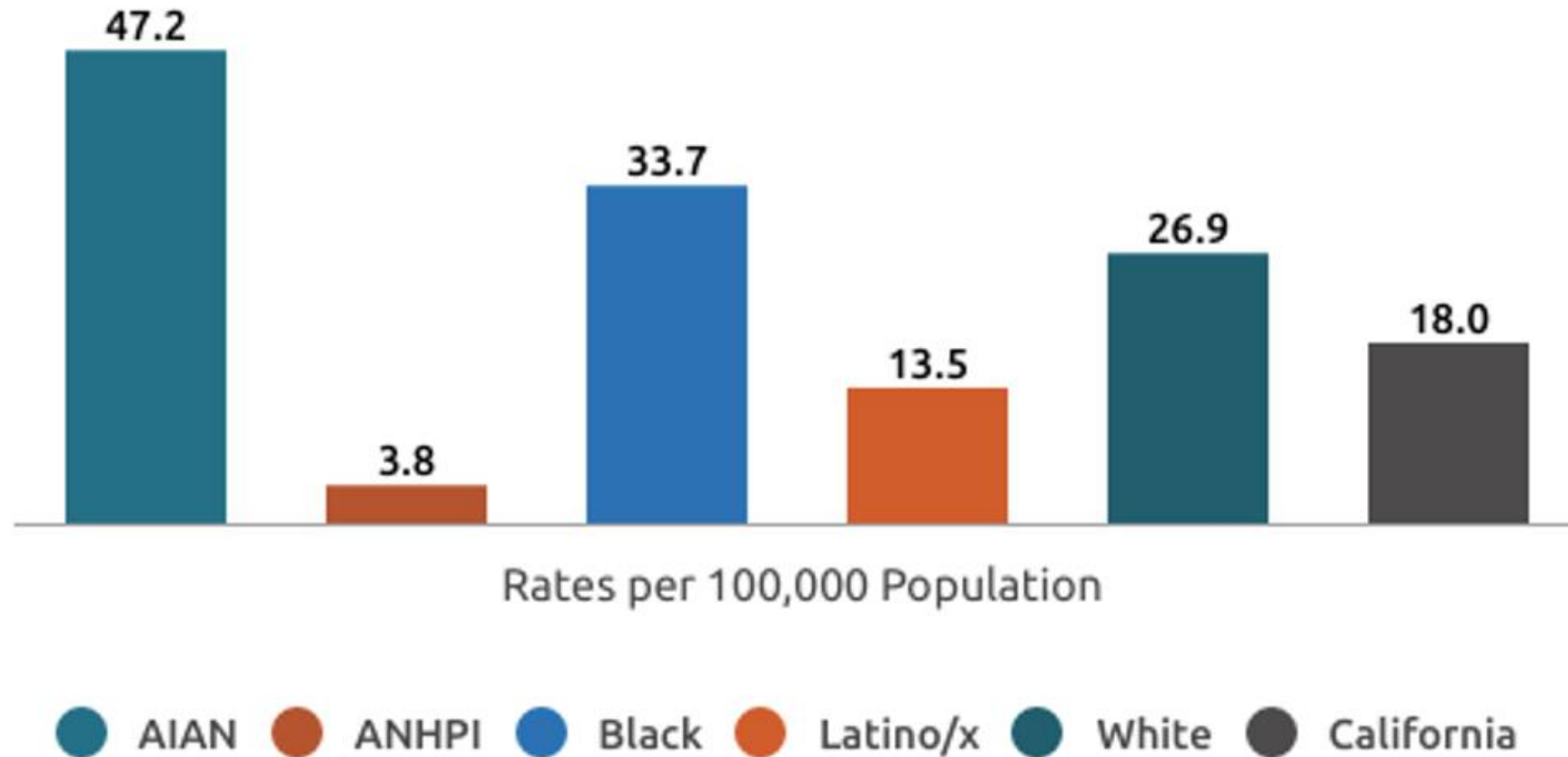


HIV/AIDS



50% more likely to have
high blood pressure

California Opioid Overdose Deaths by Race/Ethnicity, 2021



MEDICATIONS FOR OPIOID OVERDOSE, WITHDRAWAL, & ADDICTION

Medications for opioid **overdose**, **withdrawal**, and **addiction** are safe, effective, and save lives.

The National Institute on Drug Abuse supports research to develop new medicines and delivery systems to treat opioid use disorder and other substance use disorders, as well as other complications of substance use (including withdrawal and overdose), to help people choose treatments that are right for them.

Medications approved by the U.S. Food and Drug Administration for opioid addiction, overdose, and withdrawal work in various ways.

- ➔ **Opioid Receptor Agonist**
Medications attach to opioid receptors in the brain to block withdrawal symptoms and cravings.
- ➔ **Opioid Receptor Partial Agonist**
Medications attach to and partially activate opioid receptors in the brain to ease withdrawal symptoms and cravings.
- ➔ **Opioid Receptor Antagonist**
Medications attach to and block activity of opioid receptors in the brain. Antagonist medications that treat substance use disorders do so by preventing euphoric effects (the high) of opioids and alcohol and by reducing cravings. Antagonist medications used to treat opioid overdoses do so by reversing dangerous drug effects like slowing or stopping breathing.
- ➔ **Adrenergic Receptor Agonist**
A medication that attaches to and activates adrenergic receptors in the brain and helps alleviate withdrawal symptoms.

REDUCES OPIOID USE AND CRAVINGS

Methadone

Daily liquid or tablet



Naltrexone

Monthly injection



Buprenorphine

Daily tablet
Weekly or monthly injection



Buprenorphine/ Naloxone

Daily film under the tongue or tablet



TREATS WITHDRAWAL SYMPTOMS

Lofexidine

As-needed tablet



REVERSES OVERDOSE

Naloxone

Emergency nasal spray or injection

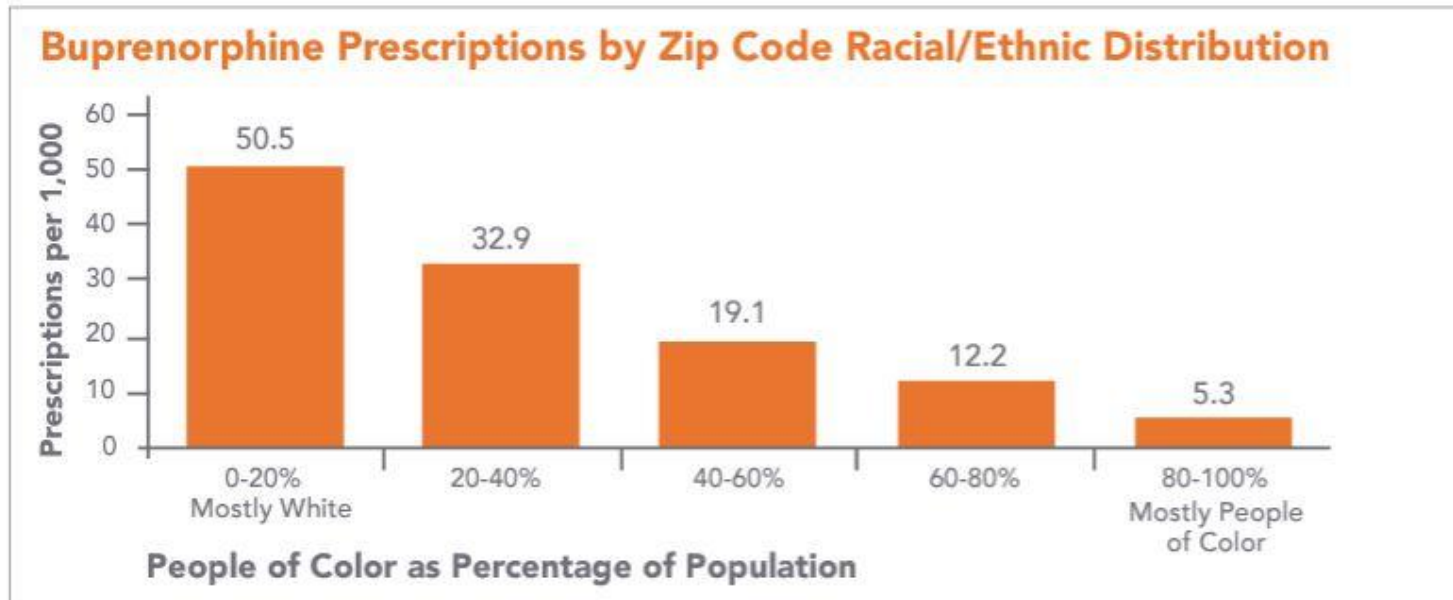


Nalmefene

Emergency nasal spray or injection



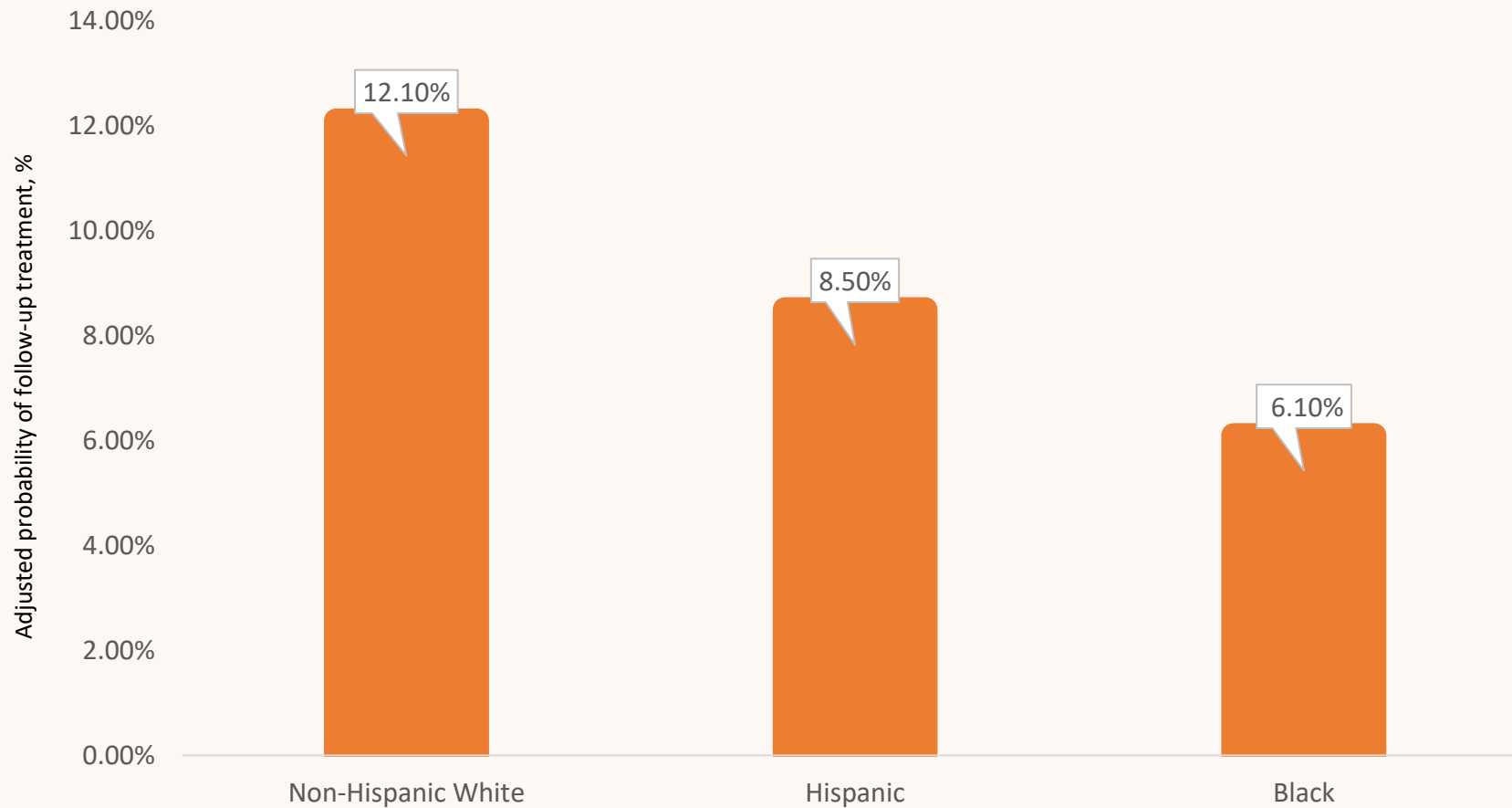
Racial Disparities in Buprenorphine Access




Source: CA Bridge – Racial Disparities in Access to Medication for Addiction Treatment

- Research shows a majority of patients who receive buprenorphine treatment are **White, have higher incomes and education levels, and have private insurance or self-pay** compared to patients receiving methadone treatment.
- Most methadone treatment programs are in BIPOC communities
- Patients on methadone face stigma, discrimination, and bias.

Average Adjusted Probability of Follow-up Treatment After Opioid Overdose, by Race/Ethnicity





Challenges to Prevention, Treatment, and Recovery for Black & African Americans

- Intergenerational Substance Use Disorder
- Fear of legal consequences
- Misperceptions and faulty explanations about addiction and opioids
- Discrimination and trauma
- Negative representations, stereotypes, and stigma
- Lack of culturally responsive and respectful care

Strategies to Address Opioid Misuse and OUD in Black & African American Communities

Implement
comprehensive,
holistic
approach

Involve
the community
and develop
multisectoral,
diverse
community
partnerships

Increase
culturally
relevant public
awareness

Employ
culturally
specific
engagement
strategies

Create
culturally
relevant and
diverse
workforce

ROSC & RCOs

- Recovery-Oriented System of Care (ROSC) is a collaborative and comprehensive model of care.
- Recovery Community Organizations (RCOs) are an addition to the ROSC model that support individuals in their community.



UBUNTU

*(n) the belief that we are defined by our
compassion and kindness toward others.*

Black-Led Recovery Community Organizations



On-Demand Course Catalog

Our Full Course Catalog includes training on a variety of topics. *Courses that offer CE/CME are noted.*

SCAN FOR THE FULL COURSE CATALOG





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