Using Recovery Science to Dismantle Racial Health Inequities in Opioid Use Disorder

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Opioid Response Network
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OVERVIEW

- Racial Literacy
- Epidemiology and Course of Illness & Recovery
- Actionable Strategies for a Recovery Transformation in Black Communities
Racial Health Equity on the National Stage

- Landmark report from Institute of Medicine prepared at the request of Congress.

- Conclusion:
  
  Striking disparities in burden of illness experienced by Black Americans, despite health insurance, income, etc.
Black Americans suffer a disproportionate burden of health and social consequences despite often having a lower or equivalent prevalence of substance use and substance use disorders.
Race was derived as a social construct and should not be interpreted as a proxy for ancestry, biology, genetics\(^1\), or class, but a distinct construct akin to a caste system\(^2\).

Why Racial Health Inequities Exist?

Disproportionate exposure to risk and protective factors (e.g., homeless, wealth, air pollution, discrimination, access to care or healthy food).
Analytical Implications of Using Race-Ethnicity in Science

There are NO CAUSES of race-ethnicity.

No CONFOUNDERS of Race

GROSS ASSOCIATIONS are real.
Race Can Cause Health

Race → Health
Health Can NOT Cause Race
Race Can Cause Class
Class Can NOT Cause Race
OVERVIEW

Racial Literacy

Epidemiology and Course of Illness & Recovery

Actionable Strategies for a Recovery Transformation in Black Communities
Unpredictable Drug Supply Drive Fatal Overdose

Legend for Drug or Drug Class

- Natural & semi-synthetic opioids, incl. methadone (T40.2, T40.3)
- Synthetic opioids, excl. methadone (T40.4)
- Heroin (T40.1)
- Cocaine (T40.5)
- Psychostimulants with abuse potential (T43.6)
Heroin treatment admissions: 2003-2013

Percent of all heroin admissions aged 12 and over

NON-HISPANIC WHITE

NON-HISPANIC BLACK

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 01.23.15.
Rates of Opioid Overdose Deaths per 100 000 Persons 55 Years and Older by Sex and by Race and Ethnicity, 1999 to 2019

Key Finding:
Homeless & Incarceration

The marginalized are at greatest risk of death. Treatment models not designed with them in mind.
Black overdose mortality overtook that of White individuals in 2020 for the first time since 1999.

American Indian and Alaska Native (AI/AN) individuals experienced the highest rate in 2020 (41.4 per 100,000), 30.8% higher than the rate among White individuals.

Source: Friedman & Hansen, doi: https://doi.org/10.1101/2021.11.02.21265668
Course of Illness and Recovery
Course of Illness and Stable Recovery: Racial Health

Addiction Onset

Help Seeking

Full Sustained Remission
Course of Illness and Stable Recovery: Racial Health

Black individuals progress from initiation of use to disorder onset faster.
Black individuals have a later age of onset of SUD in their mid-20s, compared to others who onset in late teens.
Course of Illness and Stable Recovery: Racial Health

- Black individuals with less than HS degree are >2X as likely to have persistent SUD than comparable White counterparts.
- Black individuals have a later age of onset of SUD in their mid-20s, compared to others who onset in late teens.

- Addiction Onset
- Help Seeking
- Full Sustained Remission
Black patients less likely to receive OUD medication because it was a secondary diagnosis.
The dominant use of bup. for White patients occurred at the same time overdoses were rising fastest for Black than Whites.

Black patients less likely to receive OUD medication because it was a secondary diagnosis.
Black patients were 75% less likely to receive buprenorphine prescription at their visit compared to White patients.

The dominant use of bup. for White patients occurred at the same time overdoses were rising fastest for Black than Whites.

Black patients less likely to receive OUD medication because it was a secondary diagnosis.
Two tiered treatment system:
Buprenorphine accessed by Whites and high income.
Methadone accessed by people of color and low-income.
Black individuals were less likely to remit from SUD compared to Whites until equated on marriage (i.e. social support)
Black individuals were less likely to remit from SUD compared to Whites until equated on marriage (i.e. social support).

Black individuals made 3 serious recovery attempts, compared to other groups that made 2 attempts.

Course of Illness and Stable Recovery: Racial Health

Addiction Onset

Help Seeking

Full Sustained Remission
OVERVIEW

- Racial Literacy
- Epidemiology and Course of Illness & Recovery
- Actionable Strategies for a Recovery Transformation in Black Communities
1- GO INTO BLACK COMMUNITIES

• Leverage peer driven services (as opposed to only professional) to navigate communities with high levels of medical mistrust\(^1\)

• Example of Community Based Recovery Support Service....
  – Recovery Housing for Opioid Use Disorder among African American patients leaving detoxification, randomized control trial and quasi-experimental.

# Recovery Housing for OUD

<table>
<thead>
<tr>
<th>COMPARISON GROUP</th>
<th>Abstinence Rates at 6 Months</th>
<th>Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuten 2012 RCT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Usual care</td>
<td>13% usual care referrals</td>
<td></td>
</tr>
<tr>
<td>2) Recovery housing, abstinent contingent</td>
<td>37% housing alone</td>
<td></td>
</tr>
<tr>
<td>3) Recovery housing abstinent contingent w/reinforcement based treatment for 12 weeks</td>
<td>50% housing + Tx.</td>
<td></td>
</tr>
<tr>
<td><strong>Tuten 2017 Quasi</strong></td>
<td>Abstinence 4 times as likely, post-hoc among everybody who actually accessed recovery housing</td>
<td>Improved post-hoc among everybody who <em>actually</em> accessed recovery housing (self-pay or study paid)</td>
</tr>
<tr>
<td>1) Reinforcement-based treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Tx. plus recovery housing (no recovery housing alone condition)</td>
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</tbody>
</table>

68% African Americans
Greater time retention, linked to increase in meaningful activities and a reduction in barriers to recovery and unmet needs that, in turn, promote recovery capital/resources and positive wellbeing.
Is Recovery Housing Available Where its Most Needed?

- Among counties that have at least 1 recovery house, SUD mortality rates are NOT correlated with the density (i.e., availability) of recovery housing.

- Service planning implications: areas of higher overdose should have appropriately resourced recovery housing.
2- USE TRAUMA INFORMED APPROACHES FOR BLACK COMMUNITIES

What traumatic experiences predict Drug Use Disorder?

Physical Violence
- Beaten up by someone else (non-caregiver)
- Witness physical fight

Sexual Violence Victimization
- Rape

Accidents/Injuries
- Automobile
3- ELIMINATE RECOVERY-RELATED DISCRIMINATION
Many plans deny payment for patients injured by drugs, alcohol

Researchers: Practice prevents providers from discouraging future misuse
Drug Convictions Can Send Financial Aid Up In Smoke

(1) Suspension of eligibility for drug-related offenses

(1) In general
A student who is convicted of any offense under any Federal or State law involving the possession or sale of a controlled substance for conduct that occurred during a period of enrollment for which the student was receiving any grant, loan, or work assistance under this subchapter shall not be eligible to receive any grant, loan, or work assistance under this subchapter from the date of that conviction for the period of time specified in the following table:
Recovery-Related Discrimination

More States Lift Welfare Restrictions for Drug Felons

No More Double Punishments

Updated March 2017

Lifting the Lifetime Ban on Basic Human Needs Help for People with a Prior Drug Felony Conviction
Lavanya Mohan, Victoria Palacio, and Elizabeth Lower-Basch
THE NATIONAL RECOVERY STUDY

Design: web-based cross-sectional

Population: nationally representative of people who resolved a problem with alcohol or other drugs.

Sample: 2,002 people

“Since resolving your problem with alcohol or drugs, how frequently have the following occurred because someone knew about your alcohol or drug history?”

- **Microdiscriminations**: experiences that occurred in social-interpersonal exchanges such as personal slights and insults.
- **Macrodiscriminations**: violations of personal rights that occurred at the structural, organizational, or policy level.
# Recovery-Related Discrimination

**Reported by people who have already resolved their substance use problem**

### Personal Sights (Microdiscriminations)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt discriminated against</td>
<td>22.9%</td>
</tr>
<tr>
<td>Rejected by family or friends</td>
<td>24.9%</td>
</tr>
<tr>
<td>Accused of being dishonest</td>
<td>28.4%</td>
</tr>
<tr>
<td>People avoided me</td>
<td>35.7%</td>
</tr>
<tr>
<td>People assumed I could not...</td>
<td>29.8%</td>
</tr>
<tr>
<td>Treated like a criminal</td>
<td>28.6%</td>
</tr>
<tr>
<td>Perceived as dangerous</td>
<td>24.9%</td>
</tr>
<tr>
<td>Disrespected</td>
<td>34.4%</td>
</tr>
<tr>
<td>Held to a higher standard</td>
<td>38.0%</td>
</tr>
<tr>
<td>Treated less favorably</td>
<td>36.9%</td>
</tr>
<tr>
<td>People said I looked like an addict</td>
<td>23.3%</td>
</tr>
<tr>
<td>People assumed I would...</td>
<td>48.8%</td>
</tr>
<tr>
<td>Ignored by people</td>
<td>30.0%</td>
</tr>
</tbody>
</table>

### Violations of Personal Rights (Macrodiscriminations)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance would not cover...</td>
<td>11.2%</td>
</tr>
<tr>
<td>Inadequate medical treatment</td>
<td>14.7%</td>
</tr>
<tr>
<td>Unfair treatment by police</td>
<td>18.5%</td>
</tr>
<tr>
<td>Could not get a promotion but...</td>
<td>11.7%</td>
</tr>
<tr>
<td>Could not get a job</td>
<td>16.2%</td>
</tr>
<tr>
<td>Denied the right to vote</td>
<td>7.7%</td>
</tr>
<tr>
<td>Denied food stamps</td>
<td>8.4%</td>
</tr>
<tr>
<td>Denied housing</td>
<td>9.4%</td>
</tr>
<tr>
<td>Denied a loan or didn't even...</td>
<td>11.6%</td>
</tr>
<tr>
<td>Lost a job</td>
<td>14.6%</td>
</tr>
<tr>
<td>Hard to get health insurance</td>
<td>15.2%</td>
</tr>
<tr>
<td>Left a recovery or addiction...</td>
<td>10.5%</td>
</tr>
</tbody>
</table>
Recovery-Related Discrimination was associated with more Psychological Distress, lower Quality of Life and lower Recovery Capital after controlling for severity like indicators.
SUMMARY

Racial Literacy
The effects of race are best interpreted as a caste system.

Epidemiology and Course of Illness & Recovery
Black individuals have delayed onset, but more chronic course of illness, more access to methadone compared to office-based, higher rates of overdose compared to White individuals driven by age 55+.

Actionable Strategies for a Recovery Transformation in Black Communities
Go into communities with peer services like recovery housing to combat medical mistrust, trauma approaches, and reduce recovery-related discrimination.