Addressing Barriers & Disparities in Addiction Treatment

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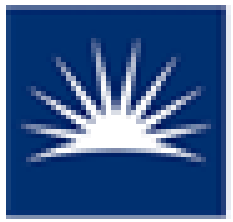


CASE WESTERN RESERVE UNIVERSITY
School of Medicine

MetroHealth

Agenda

1

Explore how systems of oppression impact addiction treatment

2

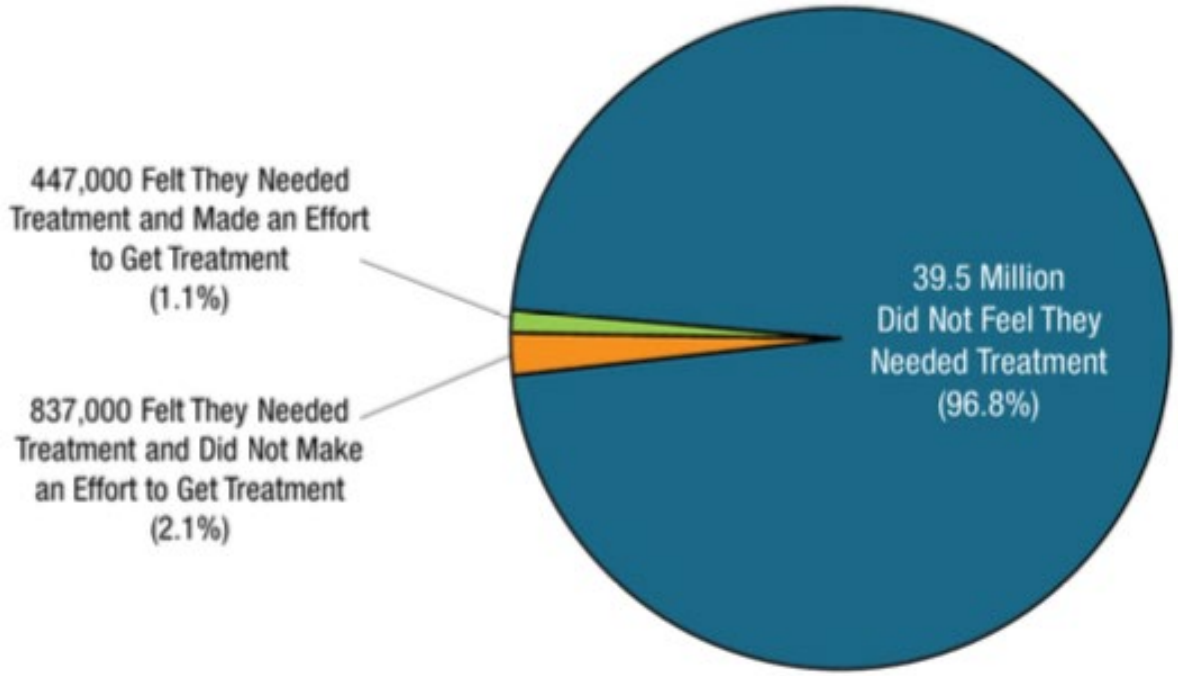
Discuss strategies to reduce disparities

3

Bring it home

Overall Access to Treatment

- 2.6% of people aged 12 and over meet criteria for a substance use disorder in the last year, but only 1.5% of people received treatment in the last year.



40.7 Million People with an Illicit Drug or Alcohol Use Disorder Who Did Not Receive Substance Use Treatment at a Specialty Facility

Barriers to Treatment

not being ready to stop using (36.7 percent)

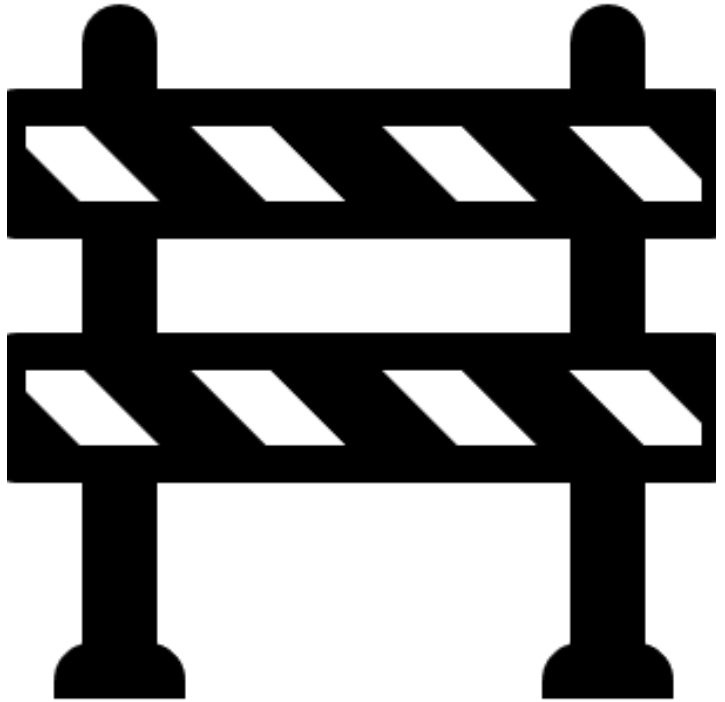
having no health care coverage and not being able to afford the cost of treatment (24.9 percent)

not knowing where to go for treatment (17.9 percent)

not finding a program that offered the type of treatment they wanted (15.8 percent),

thinking they could handle the problem without treatment (15.0 percent),

being concerned that getting treatment might have a negative effect on their job (14.7 percent)



How is addiction treatment different for racialized, gender & sexual minority, and disabled individuals?

Psychology of Oppression

- People are divided into social groups deemed to be inferior/superior with the goal of power
- Oppression is a tool to maintain the status quo for the powerful
- Oppression is manifested 1) interpersonally, 2) institutionally/systemically, and 3) internalization
- Oppression impacts health directly and indirectly (e.g. minority stress, weathering)
- Systems of oppression include: racism, heterosexism, ableism, and stigma towards people who use drugs

Iris Marion Young, Kimberle Crenshaw, Isaac Prillitensky & Franz Fanon

Oppression in Addiction Treatment

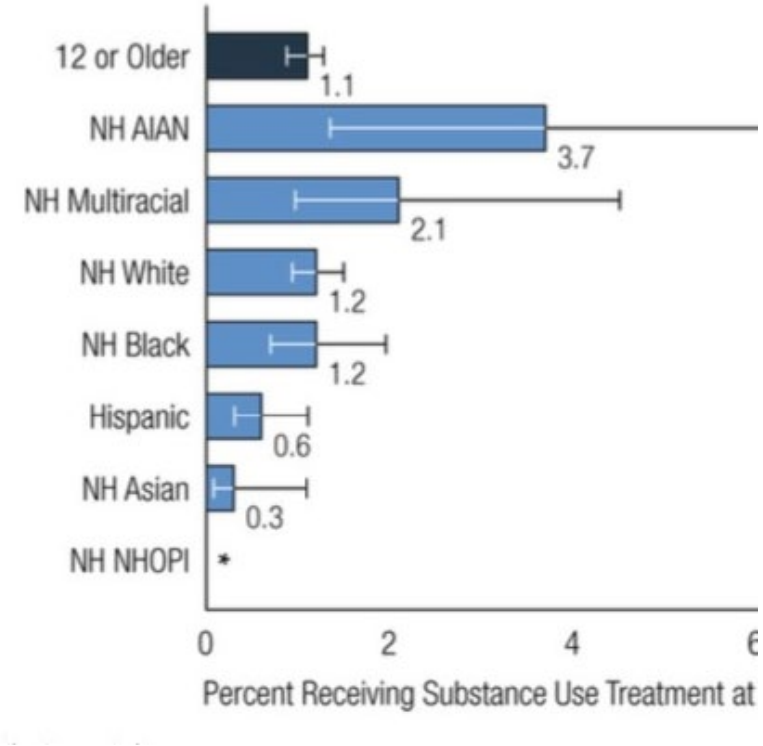
exploitation

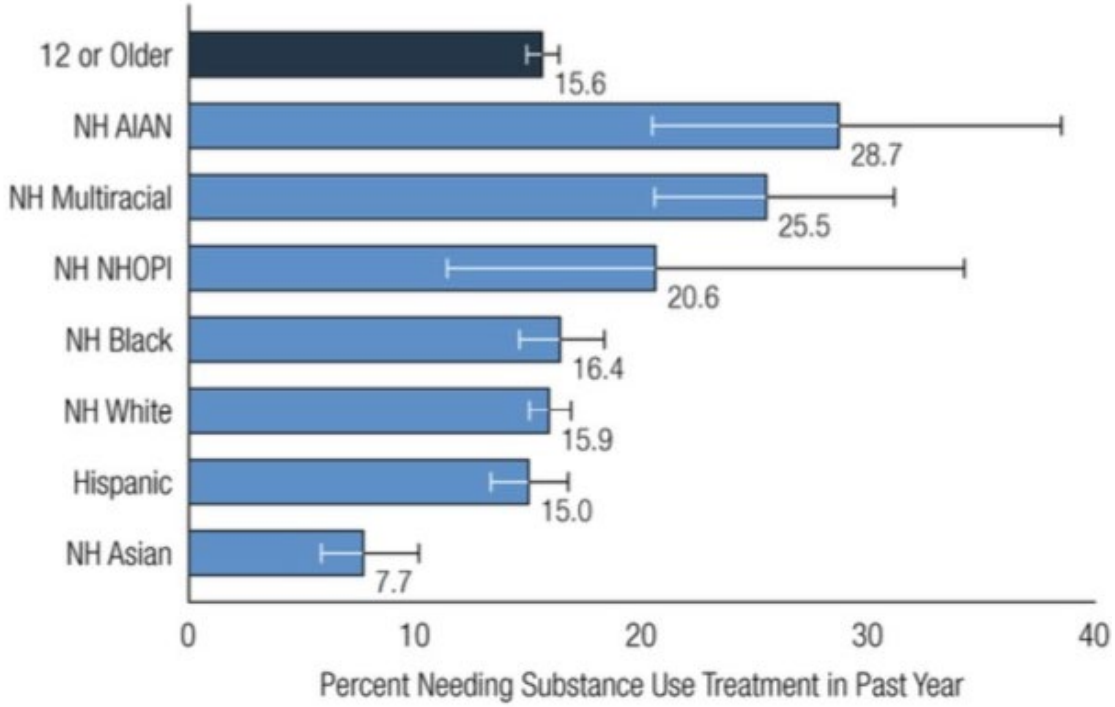
marginalization

powerlessness

cultural imperialism

violence

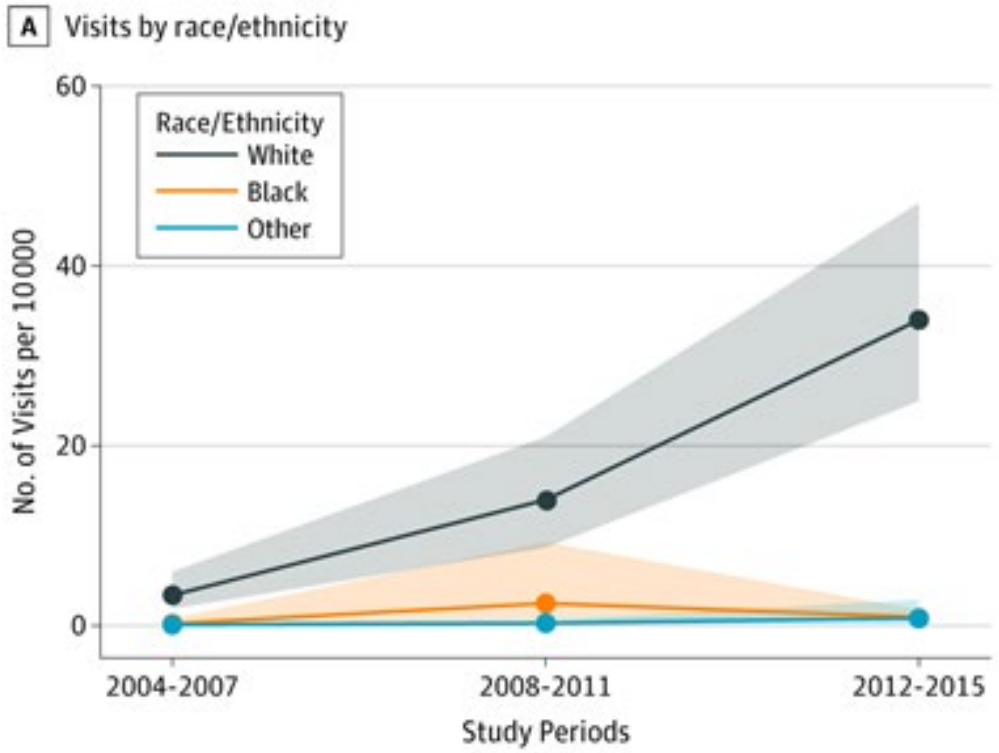


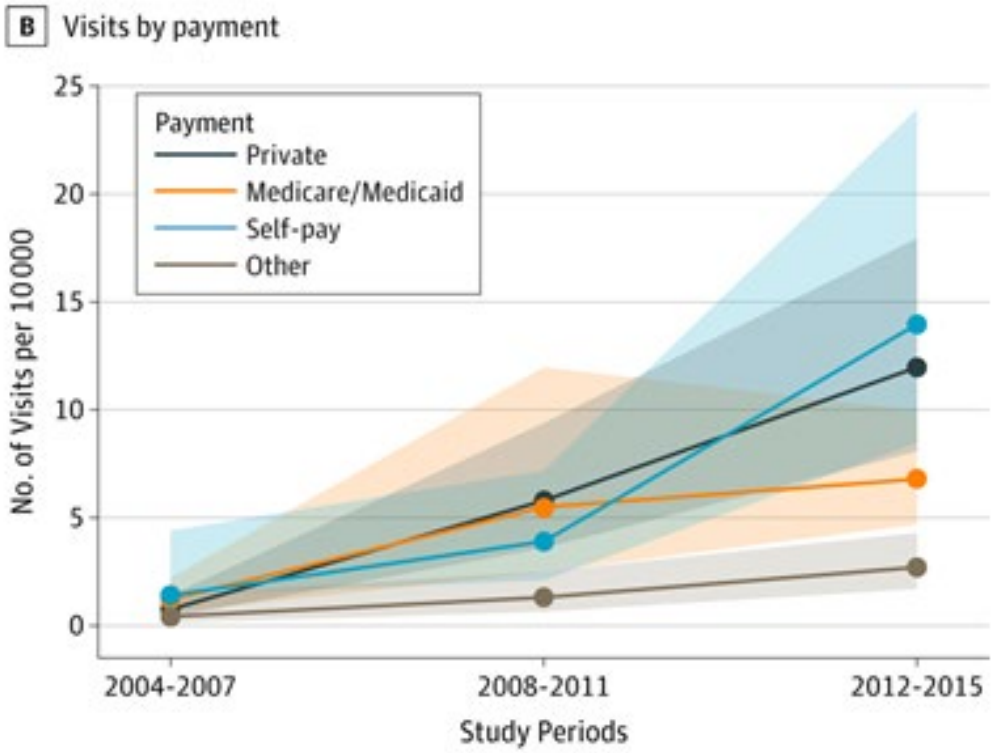


Disparities Among Racialized Groups

National Survey on Drug Use and Health (NSDUH) 2022

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





The overcriminalization of drug use by BIPOC and disparate policing of BIPOC who use drugs is well documented.

The effects of this discrimination are devastating and lasting.

Addiction medicine professionals are too often silent and accepting of a system that mandates inappropriate treatment.

ASAM American Society *of* Addiction Medicine

Public Policy Statement on Advancing Racial Justice in Addiction Medicine

Imani BreakThrough Project

- Developed by Drs. Ayana Jordan & Chyrell Bellamy, Yale Psychiatry
- Faith-based, culturally informed, harm reduction recovery program that emphasizes mutual support and social determinants of health
- Groups are delivered in churches by community representatives including a person with lived experience of a SUD
- Evidence Based approaches include
    - Medication assisted treatment
    - Citizenship Community Enhancement (developed by Michael Rowe)
    - 8 Dimensions of Wellness (developed by Peggy Swarbrick)

Ohio Justice and Policy Center

"Second Look" legislation that safeguards against excessive sentencing

Reducing "collateral sanctions" with clean slate legislation

HB315 Bail (in senate committee)

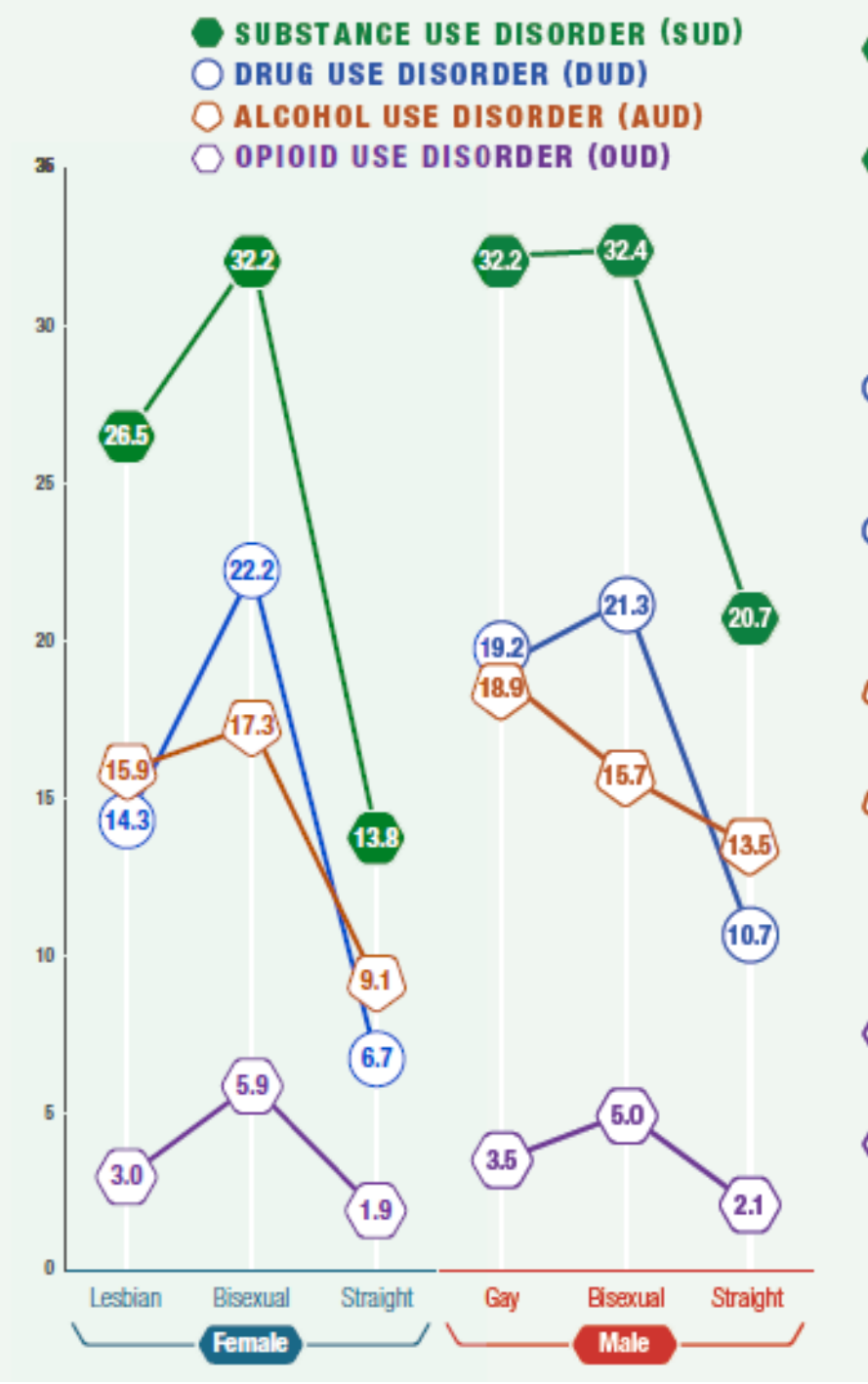
SB301 Drivers License Suspension (in house committee)

Disparities Among Gender and Sexual Minorities

National Survey on Drug Use and Health (NSDUH) 2022

KEY FINDINGS

- One-quarter (25%) of respondents used marijuana within the past month, compared to 8% of the U.S. population.
- Seven percent (7%) of respondents used prescription drugs that were not prescribed to them or used them not as prescribed ("nonmedical prescription drug use") in the past month, compared to 2% of the U.S. population.
- Four percent (4%) of respondents used illicit drugs (not including marijuana and nonmedical use of prescription drugs) in the past month, and 29% have used them in their lifetime.
- Overall, 29% of respondents reported illicit drug use, marijuana consumption, and/or nonmedical prescription drug use in the past month, nearly three times the rate in the U.S. population (10%).



2015 US Transgender Survey

LGTBQ Focused Integrated Opioid Use Disorder Program

integrates addiction treatment with behavioral health and primary care services

individual and group therapy work rooted in a minority stress framework

leverages LGBTQ community solidarity as a source of resilience and self-efficacy

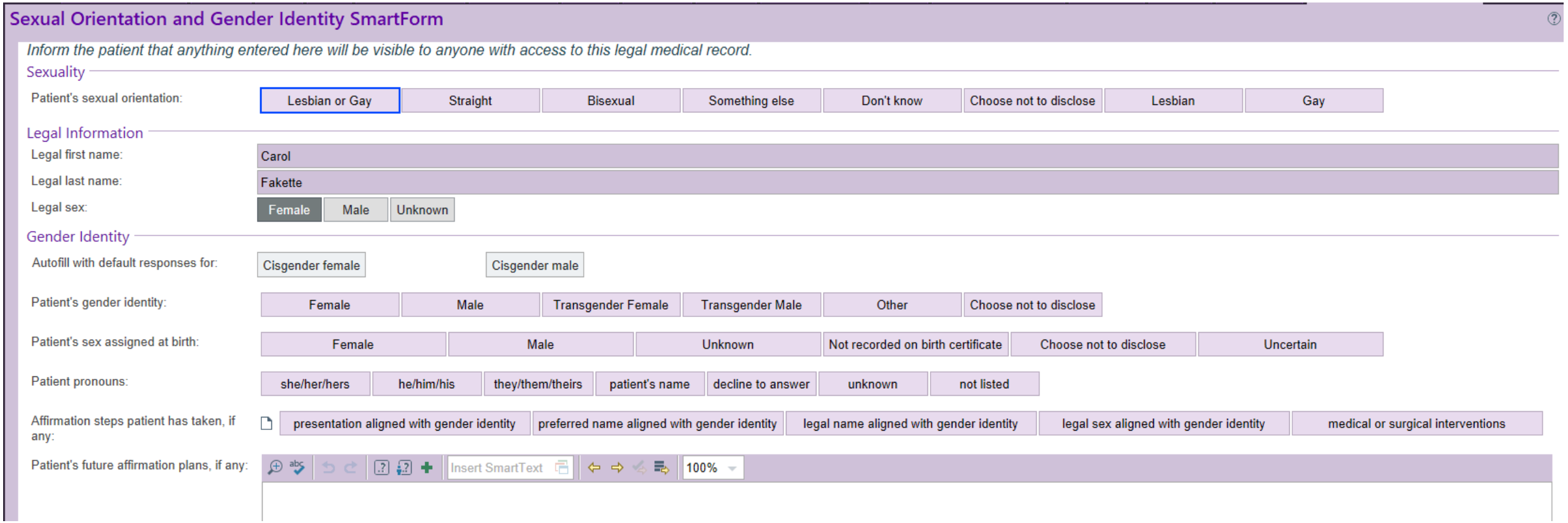
buprenorphine offered in a low threshold primary care setting

FENWAY HEALTH

Cognitive Behavioral Therapy

Basic Principles for Opioid Use Disorder[30]	*Tailoring for LGBTQ Populations*
• Coping with craving (triggers, managing cues, craving control) • Shoring up motivation and commitment (clarifying and prioritizing goals, addressing ambivalence) • Refusal skills and assertiveness (substance refusal skills, passive/aggressive/ assertive responding) • All-purpose coping plan (anticipating high-risk situations, personal coping plan) • HIV risk reduction	• Minority stress-specific triggers for cravings (e.g. nonconformity-related discrimination and victimization, expectations of rejection, identity concealment, and internalized homophobia/ transphobia) • SUDs as barriers to personalized goals of adequate PrEP adherence or consistent condom use • For transgender patients: assertive substance refusal with non-transgender sex partners; HIV risk from hormone and silicone self-injections; SUDs as barriers to personalized goal of successful gender affirmation

Affirming Electronic Medical Records



People with physical and cognitive disabilities have a higher prevalence of SUD and lower treatment rates

Mental and substance use disorder treatment providers may underestimate the barriers of accessibility

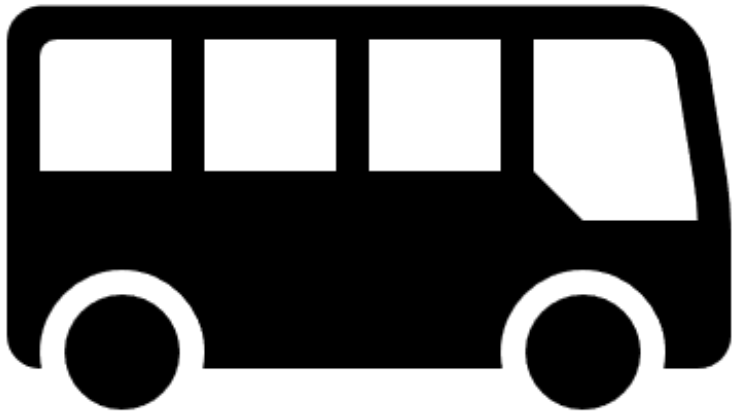
Clients with unidentified disabilities may receive services that do not meet their mental and substance use disorder treatment needs.

Behaviors associated with some cognitive disabilities may falsely be mistaken for willful nonadherence or lack of motivation.

SAMHSA
Substance Abuse and Mental Health Services Administration

ADVISORY

Mental and Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities



Cognitive Impairment Interventions

Protected Rights

A person with a history of a opioid use disorder (OUD) is generally considered a disability under federal disability rights laws.

Treatment programs may be in violation of applicable laws if their admissions policies exclude people taking Food and Drug Administration-approved medications for OUD as prescribed (SAMHSA Guidance)

What is your next step towards liberation/anti-oppression?


S
M
A
R
T
SPECIFIC
MEASURABLE
ACHIEVABLE
REALISTIC
TIMELY
GOAL