

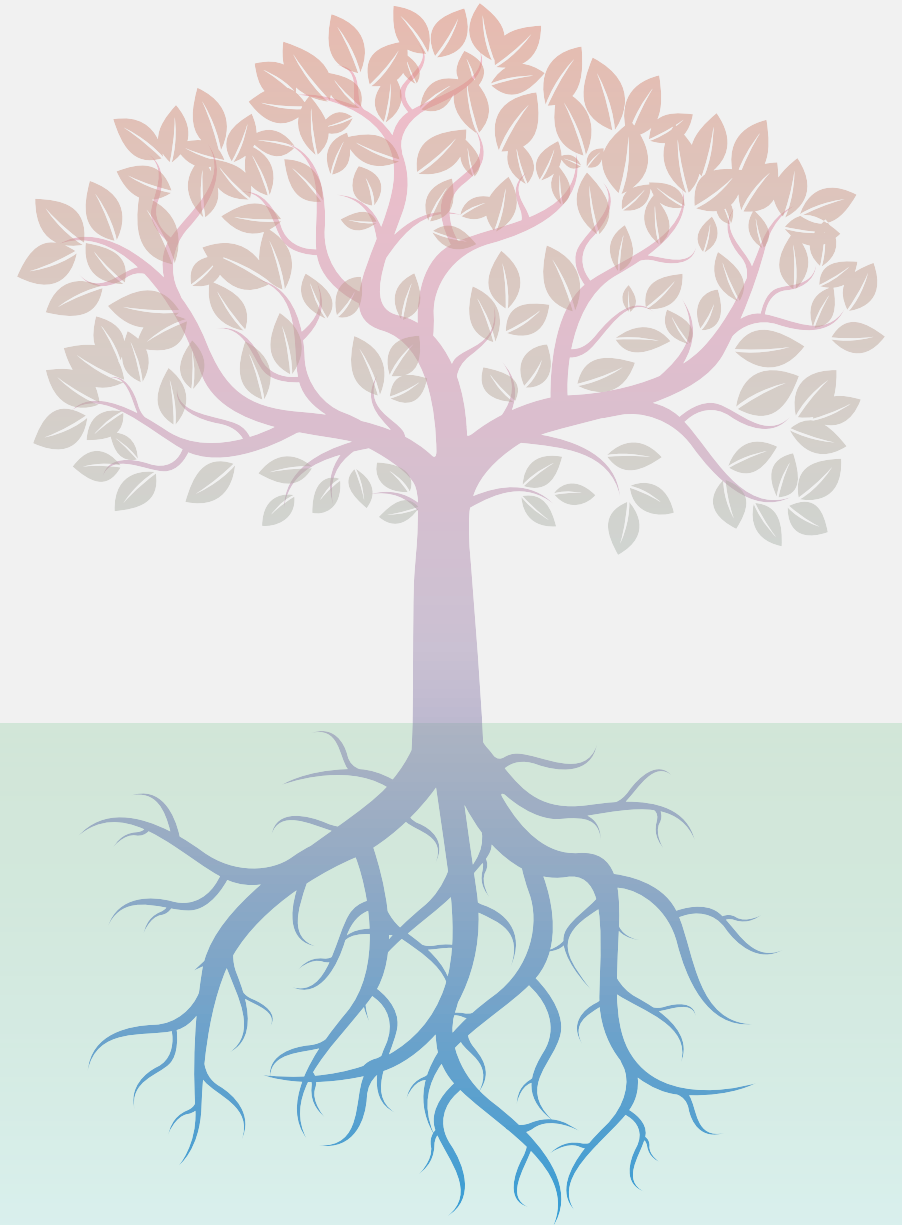


Effective Strategies – Equitable Systems – Strong Communities

Disparities in Opioid Deaths: Let's Look at the System and Not the Individual

Annapurna Ghosh, MPH

Maysoun Freij, Ph. D.



Today's Takeaways

1. The role of racism in opioid use disorder
2. Reasons measures of intake and retention are not enough
3. How to use data to improve systems
4. Recommendations for promoting anti-racism in addiction treatment organizations

Meet Community Science

Effective Strategies. Equitable Systems. Strong Communities.



Community Science is an award-winning research and development organization that works with governments, foundations, and non-profit organizations on solutions to social problems through community and other systems changes fostering learning and improved capacity for social change.



A BCT Partners Company



Welcome

Your Hosts:



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Agenda



Health Equity



Opioid Use Disorder



Systems Thinking



Strategies



Discussion





How do we identify how to achieve health equity for people with opioid use disorder?



What is Equity?

Equity is achieved when people, regardless of their race first and foremost, gender, sexual identity, disability, socioeconomic status, and any other demographic characteristic, and place of residence have:

Fair Access

Fair access to the resources and opportunities they need to reach their full potential.

Rights

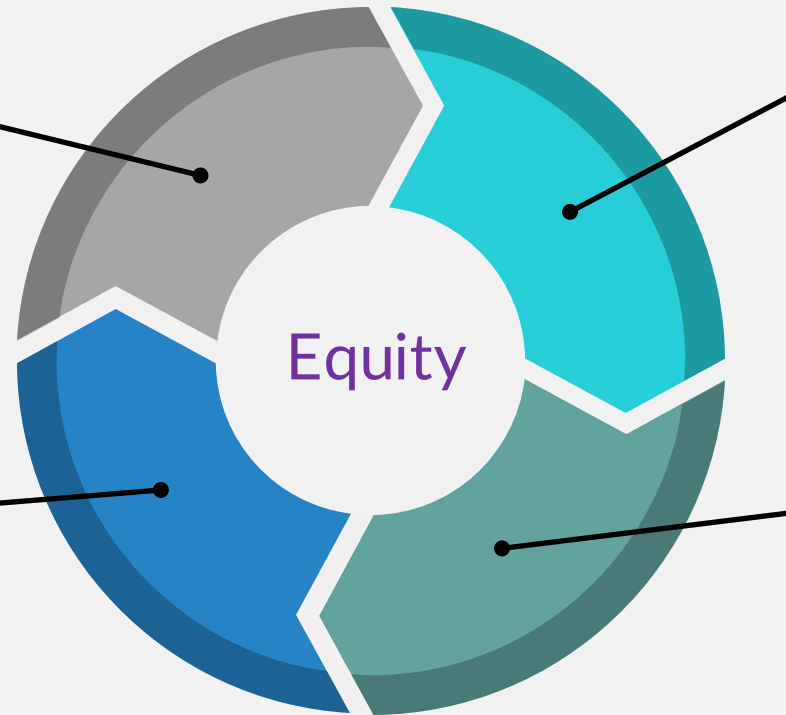
The rights to these resources and opportunities.

Conditions

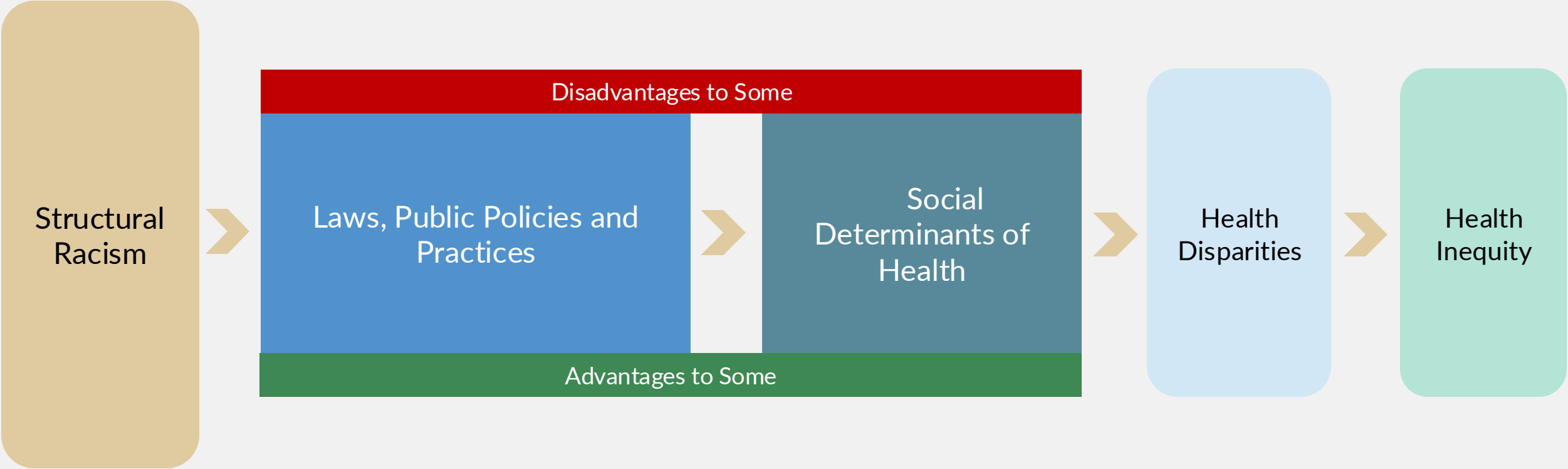
The conditions to take advantage of these resources and opportunities.

Freedom

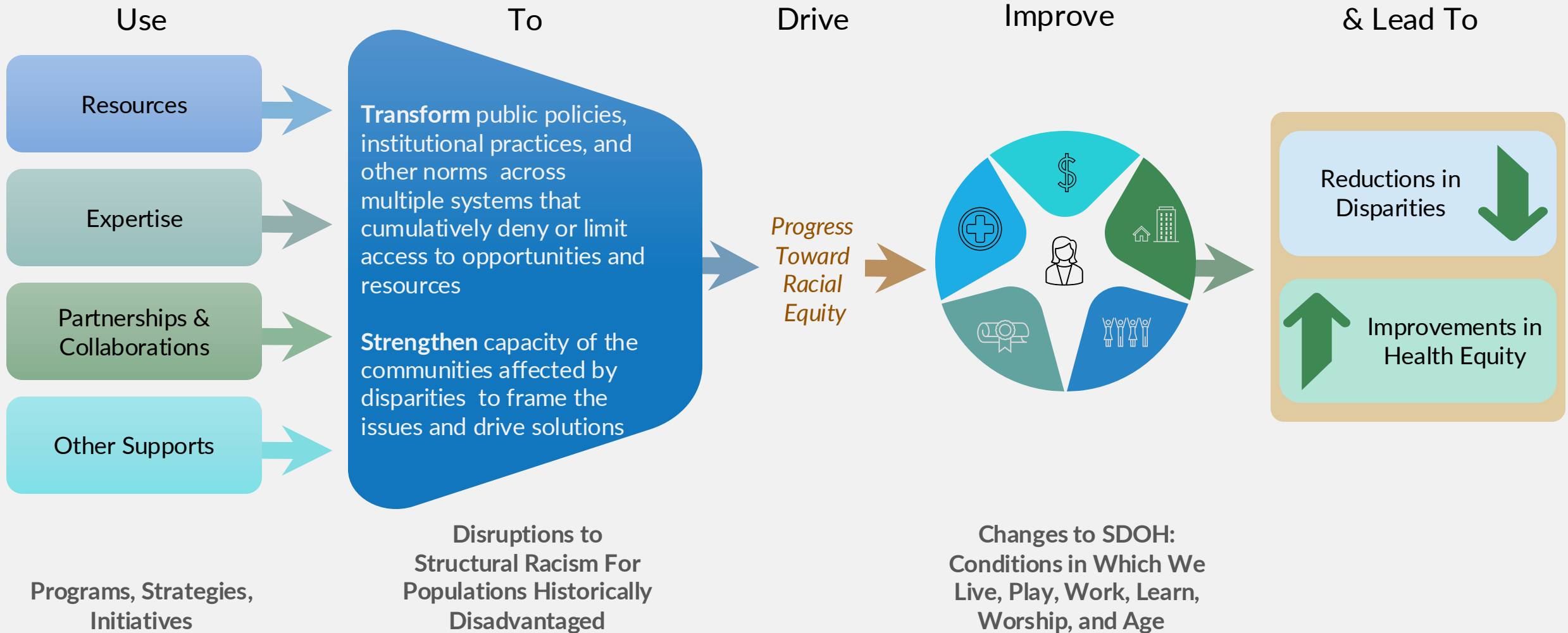
The freedom from any discrimination to obtain these resources and opportunities as respected by institutions and the law.



What Causes Health Inequity?



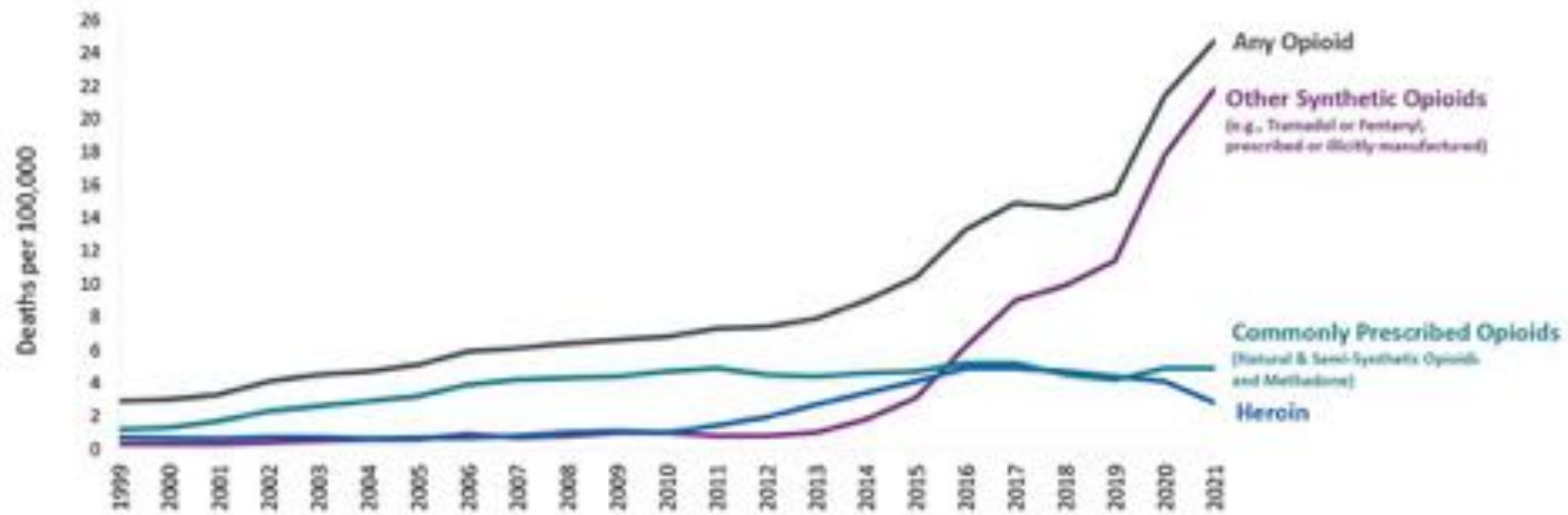
Improving Health Equity



Opioids: The Context of Racism



Three Waves of Opioid Overdose Deaths



Wave 1: Rise in Prescription Opioid Overdose Deaths Started in the 1990s

Wave 2: Rise in Heroin Overdose Deaths Started in 2010

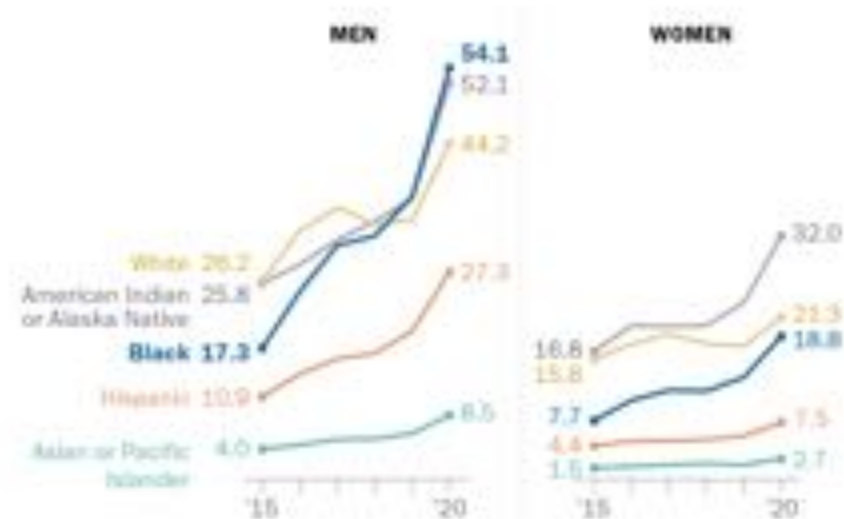
Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

SOURCE: National Vital Statistics System Mortality File.

Drug Overdose Deaths: Among Black Men 2012 – 2020

Drug overdose death rate among Black men in the U.S. more than tripled between 2015 and 2020

U.S. drug overdose death rate per 100,000 people, by race and ethnicity (age-adjusted)



Note: All racial categories include people of one race, as well as those who are multiracial. For those who are multiracial, the CDC selects a single race to allow for consistent comparisons. All racial groups refer to non-Hispanic members of those groups, while Hispanics are of any race.

Source: Centers for Disease Control and Prevention.

PEW RESEARCH CENTER

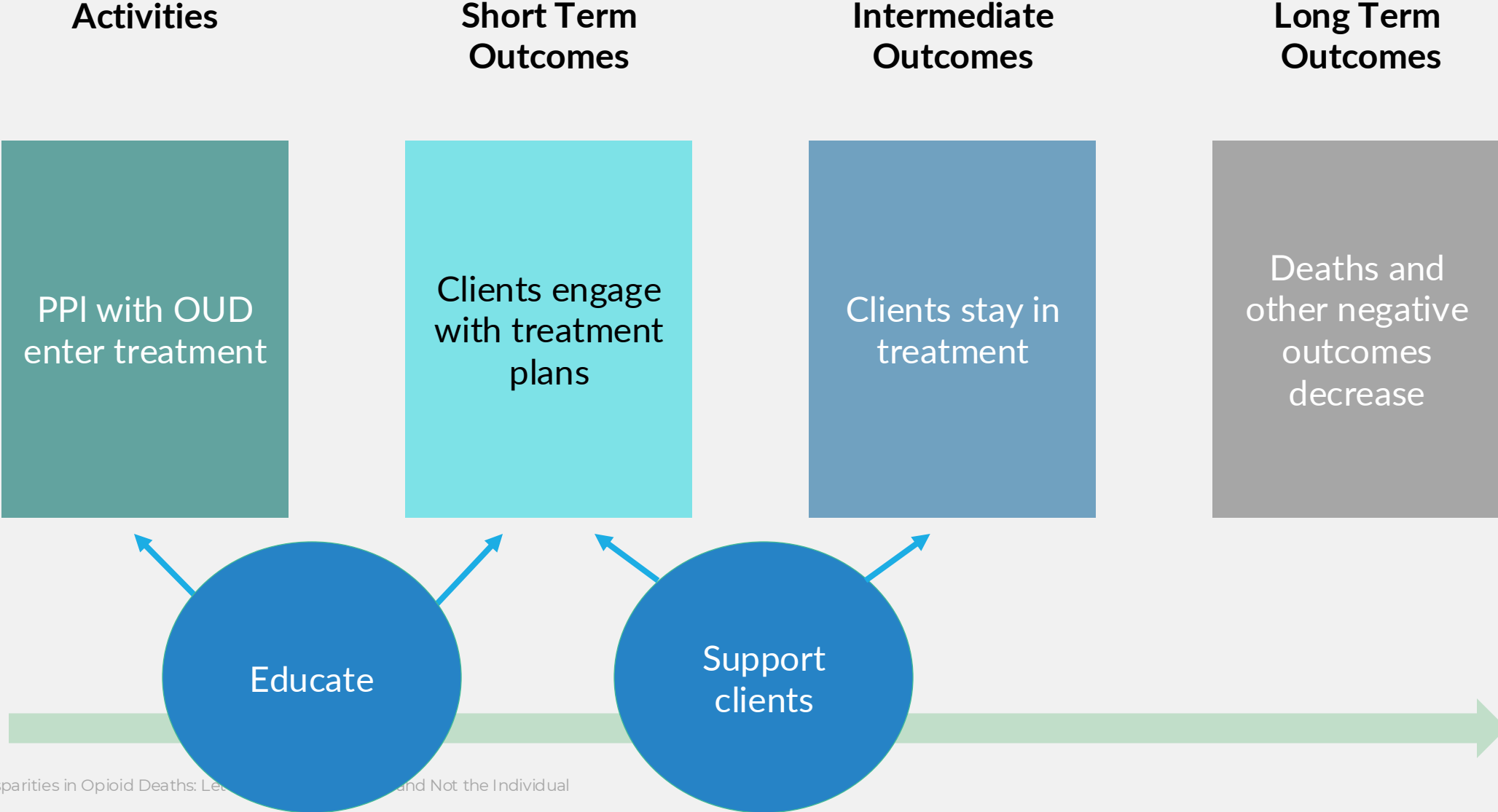
“...increasing access to medications to treat opioid use disorder will help more people recover, enabling them to improve their health, living full and productive lives.”

Dr. Elinore F. McCance-Katz
Former Assistant Secretary for Mental Health and
Substance Use



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Logic Model: Improve Substance Use Outcomes



Outcome Measurement

Health Aff (Millwood). Author manuscript; available in PMC 2014 Jan 1.
Published in final edited form as:
Health Aff (Millwood). 2013 Jan; 32(1): 135-145.
doi: [10.1377/hlthaff.2011.0983](https://doi.org/10.1377/hlthaff.2011.0983)

Blacks And Hispanics Are Less Likely Than Whites To Complete Addiction Treatment,
Largely Due To Socioeconomic Factors
Brendan Saloner and Benjamin Lê Cook, senior scientist

PMCID: PMC3570982
NIHMSID: NIHMS440039
PMID: [23297281](https://pubmed.ncbi.nlm.nih.gov/23297281/)



But what about...

Is availability of treatment the same?

Are Black people more likely to have access to the type of treatment for which there are more barriers to access (i.e., methadone)?

Is it safe for Black people to be identified as using drugs?

How does racially disparate criminalization of drug use affect access to treatment?

Do providers hold biases based on the war on drugs and racism?

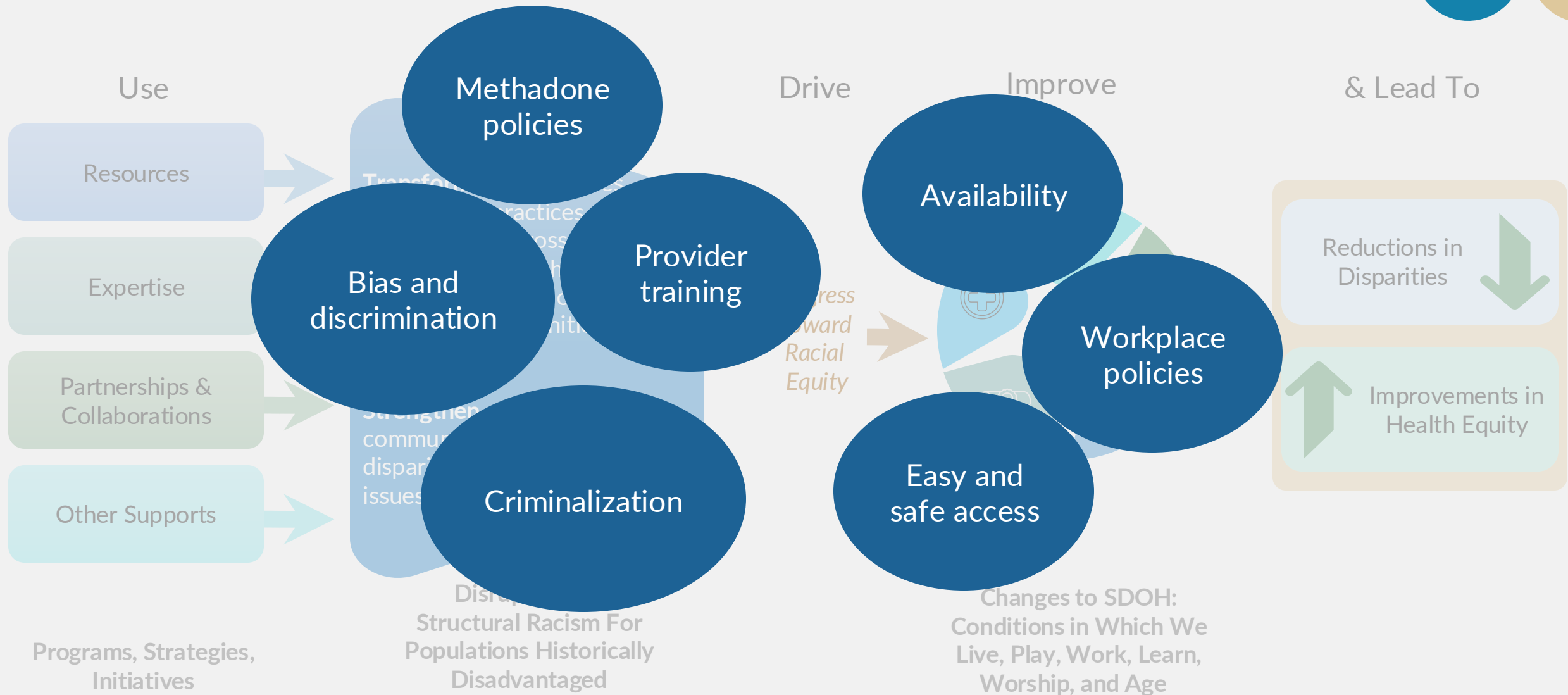
Are there enough treatment providers in communities where Black people live?

Is treatment delivered in a way that Black clients can trust?

Are treatment providers aware of and practice in a way that's respectful and culturally relevant to Black clients? Have they received appropriate training?

Do Black pregnant people receive the same care for OUD?

Improving Health Equity



Using Systems Thinking

- By changing the focus of the narrative of retention from those “who drop out of treatment” to the factors within the system that don’t facilitate or support retention, we start applying a systems approach to designing strategies to reach better health outcomes.
- An anti-racist approach necessitates a systems approach. Ultimately, we may see conclusions such as: “X% of providers deliver care that Black patients trust.”
- With this type of data in hand, we can *then* go on to examine who stays in treatment and who does not. This is a step; not the starting place.

Recommendations for Treatment Systems

EMBRACING ANTI-RACISM IN ADDICTION TREATMENT, RESEARCH AND POLICY:

ENGAGING BLACK PEOPLE WITH LIVED EXPERIENCE OF SUBSTANCE USE DISORDER

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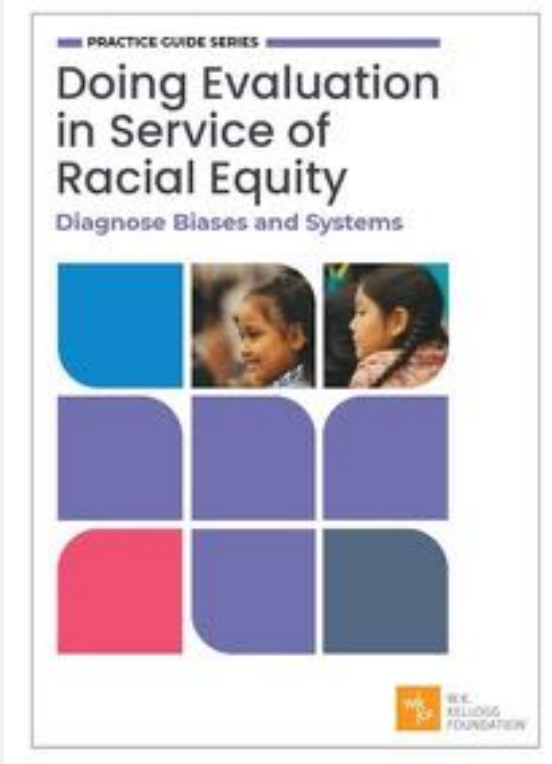
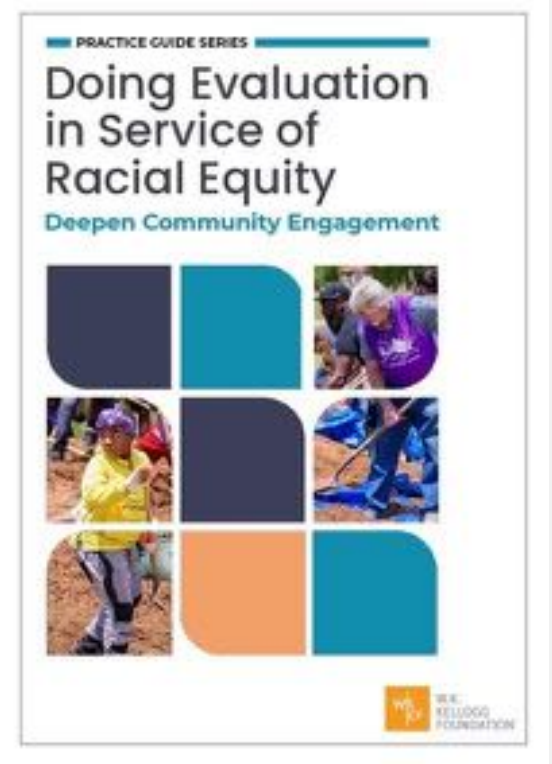
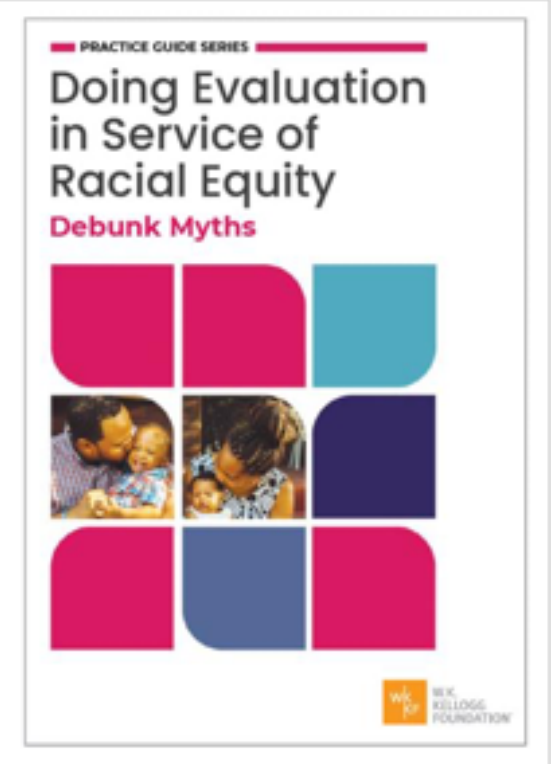
1. Require leadership commitment and hold leaders accountable
2. Change organizational operations to promote equity
3. Change the way that staff are hired, trained, and supported
4. Empower and support patients
5. Reshape addiction treatment with a less punitive, more strength-based approach
6. Address trauma
7. Remove barriers to receipt of mental healthcare
8. Address social/practical barriers to care

[View the Report](#)

Recommendations for policy

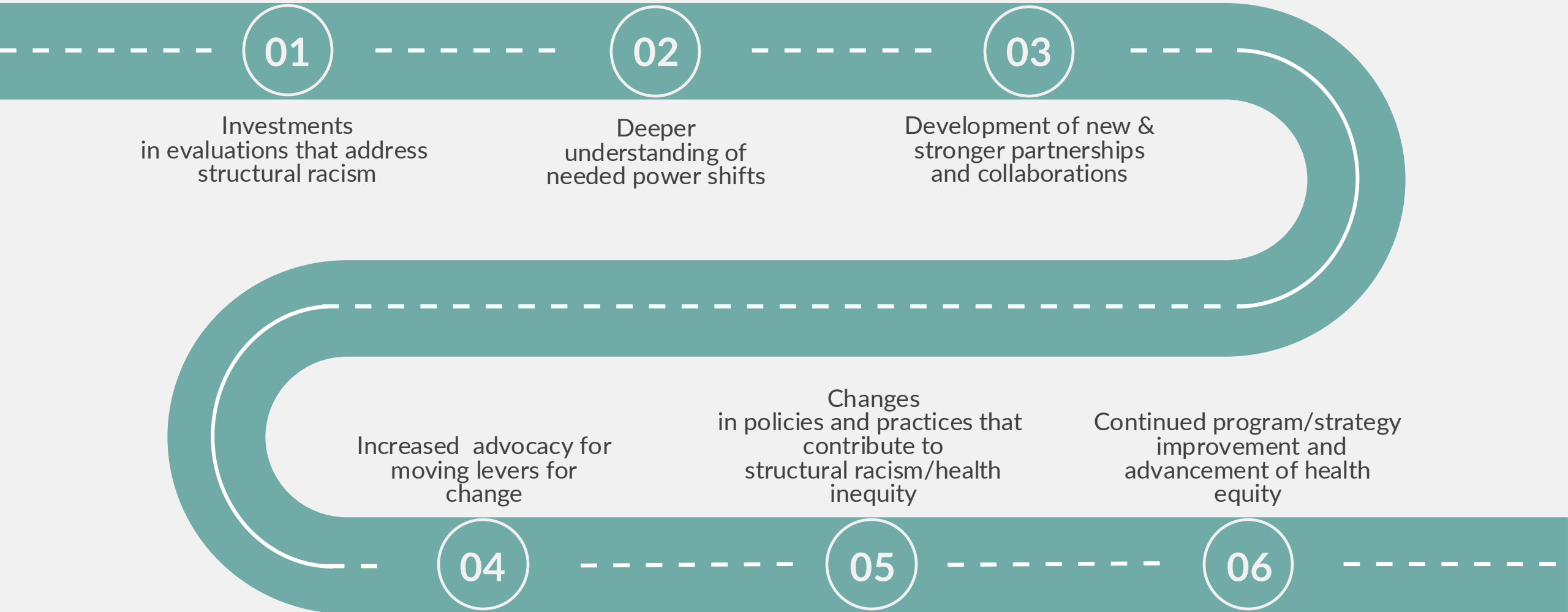
- Methadone regulations
- Insurance parity
- Decriminalization
- Availability of buprenorphine
- Employment and employer policies

Evaluation in Service of Equity



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Evaluations in Service of Equity Can Lead to...





Effective Strategies
Equitable Systems
Strong Communities

Q & A

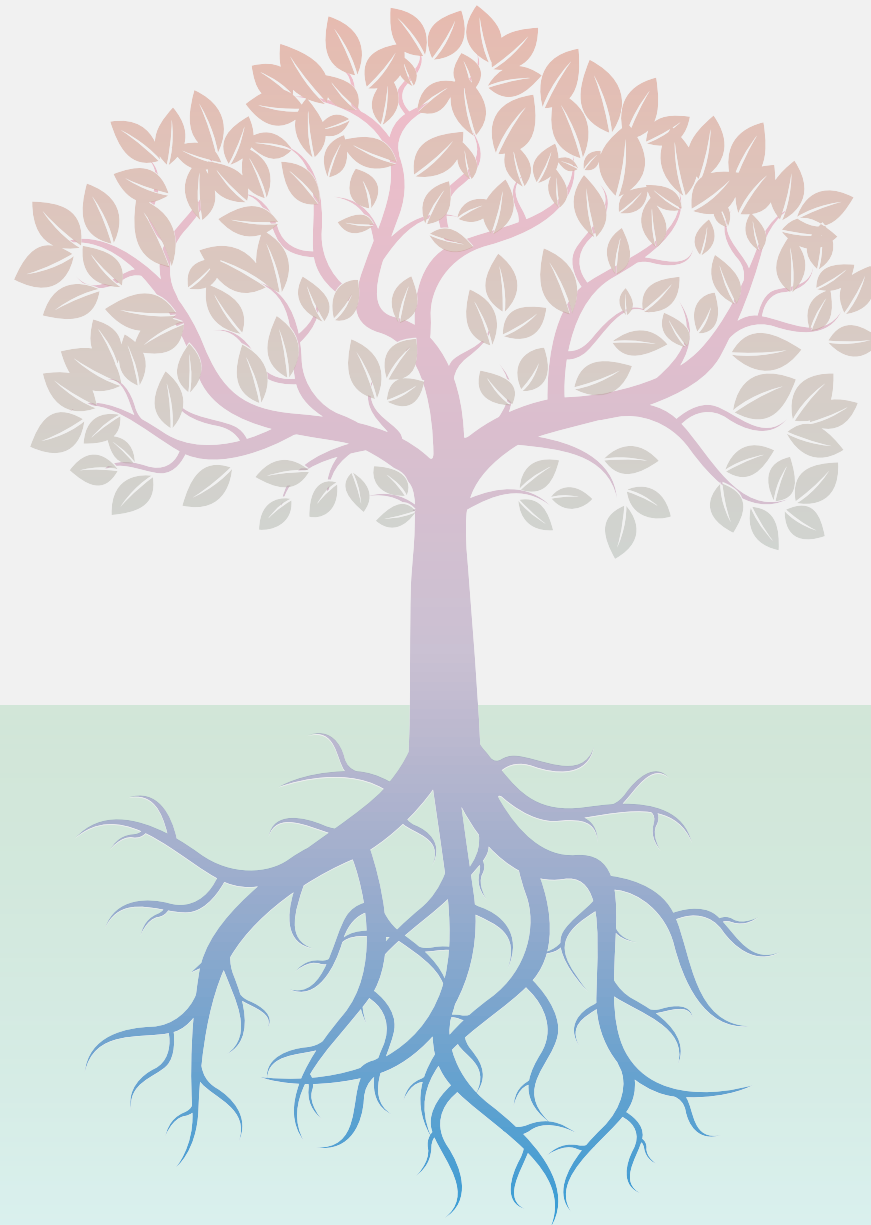
How to Learn and Continuously
Improve Your Strategy



THANK YOU

Within 14 business days, you will receive an email with a link to a copy of this slide deck with its resources and a video of this webinar. To receive the email, you must be subscribed to the Community Science Newsletter.

Employing a Systems Lens to Make Equity More Explicit



Symptom:
What racial disparities you can observe?

Patterns & Trends:
What links many symptoms over time?

Systems of Organized Entities, Relationships & Policies & Practices:
What holds the system together and contributes to the patterns and trends?

Mental Models & Narratives:
What are people's frames that shape and become baked into the systems of organized entities, relationships & policies & practices?

Using a Systems Lens to Explore Structural Racism

Mental Models and Narratives

Is lack of understanding/education/outreach the main reason for preterm/low birthweight? Who makes what decisions about education and outreach needed? **Why these decisions?**

Patterns & Trends

Do people have what is needed to take full advantage of services to prevent preterm/low term birth? **Why not?**

Mental Models and Narratives

What implicit and explicit narratives exist about preterm birth/low birthweight? How do these narratives vary by race, ethnicity, and/or income? What drives these narratives? **Why?**

Patterns & Trends

What other outcomes are affected by low/inadequate utilization of prenatal health care services? **Why?**

Symptoms

Which racial/ethnic groups are most likely to experience preterm/low birth weight? **Why?**

Is the data sufficiently disaggregated to know who is disproportionately impacted?

Systems

Who is and who is not able to access opportunities? **Why or why not?**

Symptoms

Which providers are performing at a higher level and which ones are not? **Why?** Is the data sufficiently disaggregated?

Systems

How has/does racism affect SDOH such as education, housing, healthcare accessibility/affordability, and community context? What policies/practices contribute to higher rates (e.g., who is reimbursed as a provider, elective delivery, language access?) Are there enough providers? **Why or why not?**

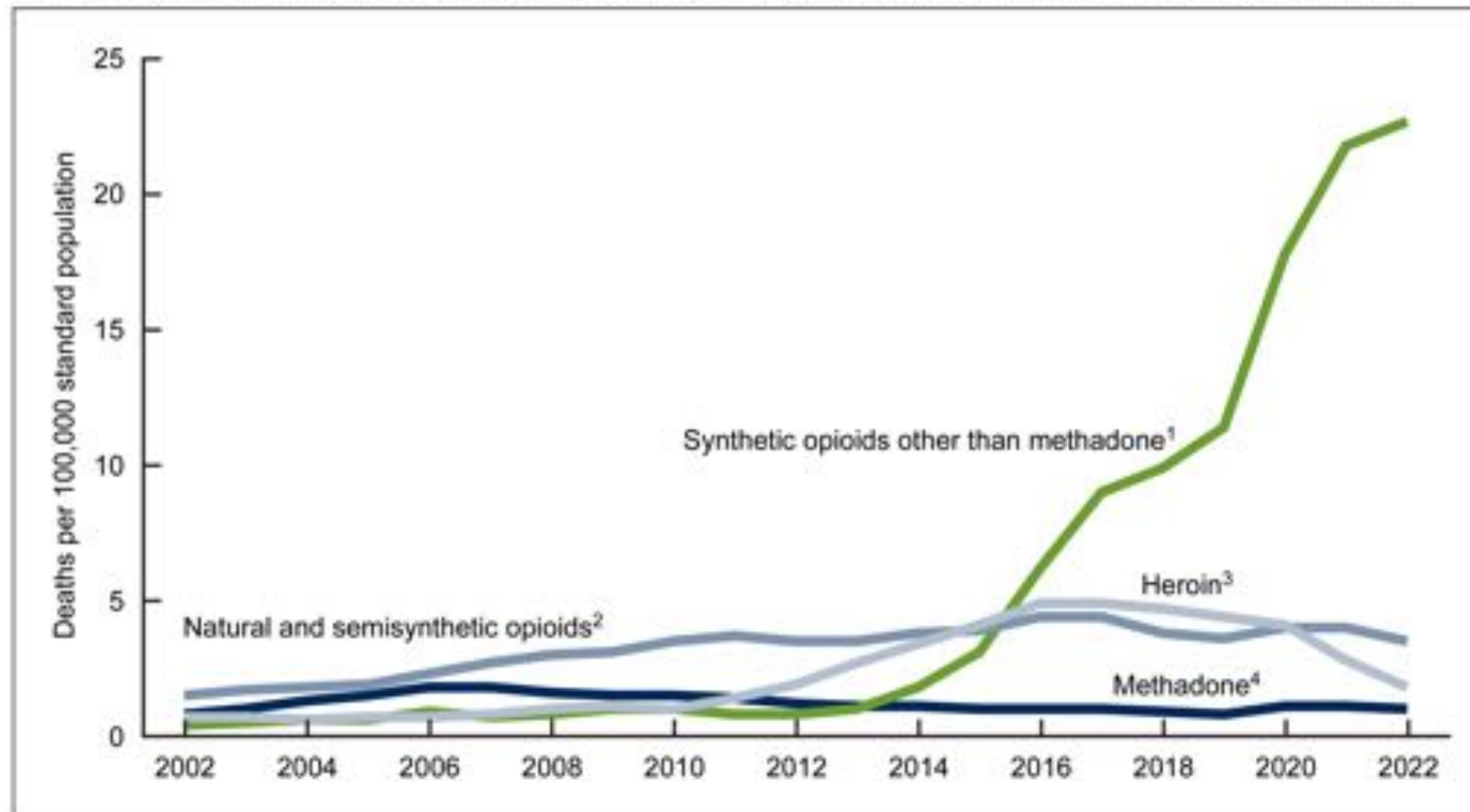
Medications for Opioid Use Disorder

Full Agonist	Partial Agonist	Antagonist
Methadone (long acting)	Buprenorphine	Naltrexone
		Naloxone

Disparity of Access

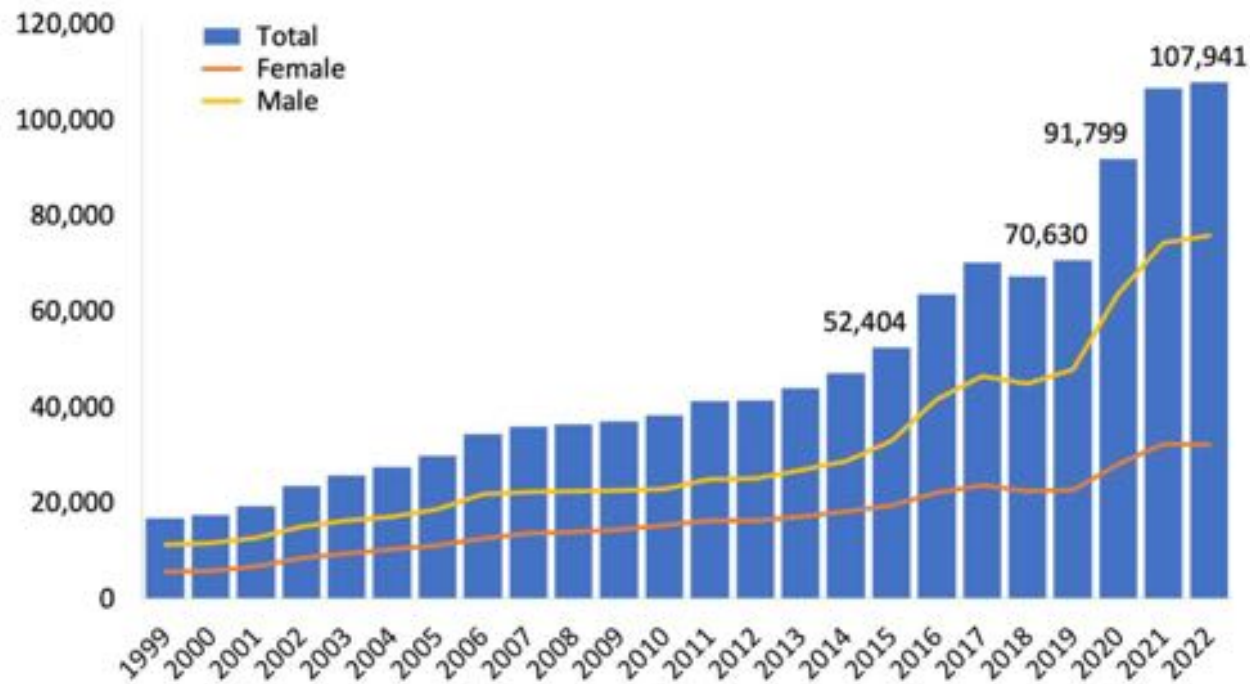
Rates of Drug Overdose Deaths Involving Opioids: Age-Adjusted

Figure 4. Age-adjusted rate of drug overdose deaths involving opioids, by type of opioid: United States, 2002–2022



Rates of Drug Overdose Deaths Involving Any Opioid: All Ages by Gender

Figure 1. National Drug Overdose Deaths*,
Number Among All Ages, by Sex, 1999-2022



Opioids were involved in 80,411 overdose deaths in 2021 (75.4% of all drug overdose deaths).

*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 1999–2022 on CDC WONDER Online Database, released 4/2024.