

Disparities in OUD

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Personal Stigma Reduction Plan Worksheet

<https://tinyurl.com/mystigmaplan>



Gratitude

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Objectives

- Identify social differences in the prevention and treatment related to opioid use disorder
- Appreciate social differences of rural East TN that can enhance the risk of OUD-related stigma
- Increase access to evidence-based resources

Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

Kirwan Institute, OSU

Characteristics of Implicit Bias

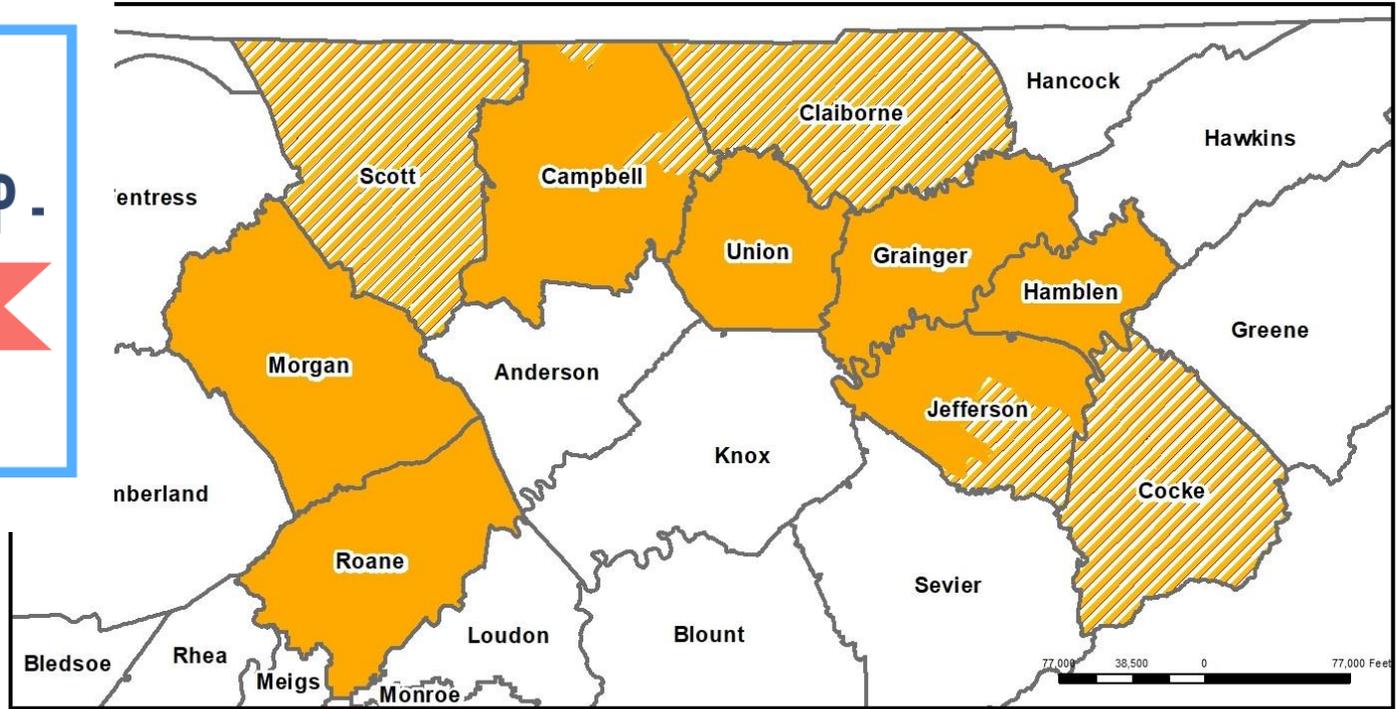
- Implicit biases are **pervasive**. Everyone has them, even people with avowed commitments to impartiality such as judges.
- Implicit and explicit biases are **related but distinct mental constructs**. They are not mutually exclusive and may even reinforce each other.
- The implicit associations we hold **do not necessarily align with our declared beliefs** or even reflect stances we would explicitly endorse.
- We generally tend to hold implicit biases that **favor our own ingroup**, though research has shown that we can still hold implicit biases against our ingroup.
- Implicit biases are **malleable**. Our brains are incredibly complex, and the implicit associations that we have formed can be gradually unlearned through a variety of debiasing techniques.

Social Determinants of Substance Use Disorders

- Physical and mental health
- Trauma and resiliency
- Social emotional learning and skills
- Perception of risk
- Knowledge of public health
- Income
- Housing Security
- Criminal justice involvement
- Availability/accessibility of care



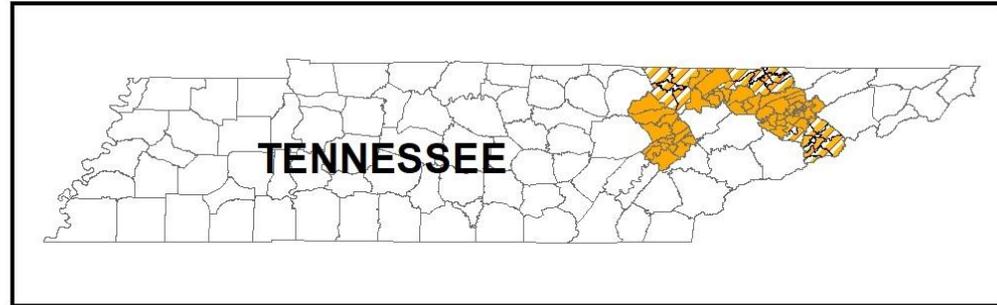
RURAL COMMUNITIES
OPIOID RESPONSE
PROGRAM FOR
EAST TENNESSEE
CONSORTIUM



Service Area



Non-Service Area



TENNESSEE

Age, Ability, and OUD

- Adults 55+ have a higher rate of prescription opioid exposure than any other age group¹
- People with disabilities are significantly more likely than non-disabled people to be prescribed opioids and experience OUD, while being less likely to receive treatment for OUD²
- Veterans are significantly more likely than non-veterans to be prescribed opioids and experience OUD³

	RCORP-ETC Region	Tennessee	US
% Disability	17.8-25.9 (22.0)	15.5	19
% below 18 years	0.3-4.0 (1.6)	16.8	12.5
% 65 or older	0.8-11.5 (1.7)	5.5	18.1
% Veterans status (2017)	8.2 (service area)	7.2	6.5
% of persons 18-64 on SSI (2017)	8.2 (service area)	6.4	4.6

1. Han, B., Compton, W. M., Blanco, C., Crane, E., Lee, J., & Jones, C. M. (2017). Prescription opioid use, misuse, and use disorders in US adults: 2015 National Survey on Drug Use and Health. *Annals of internal medicine*, 167(5), 293-301.
2. Lauer, E. A., Henly, M., & Brucker, D. L. (2019). Prescription opioid behaviors among adults with and without disabilities—United States, 2015–2016. *Disability and health journal*, 12(3), 519-522.
3. Seal, K. H., Shi, Y., Cohen, G., Cohen, B. E., Maguen, S., Krebs, E. E., & Neylan, T. C. (2012). Association of mental health disorders with prescription opioids and high-risk opioid use in US veterans of Iraq and Afghanistan. *Jama*, 307(9), 940-947.

Race, Ethnicity, and OUD

- Communities of color have higher rates of unemployment, housing insecurity, and incarceration than whites¹
 - Black and white Americans sell and use drugs at similar rates, but black Americans are about 6.5 times as more likely to be incarcerated for drug-related offenses²
- Black individuals are less likely to receive treatment for SUDs, counseling, or overdose prevention tools than white individuals³
 - Black individuals who do receive treatment for OUD are more likely than white individuals to receive methadone, which is more surveillanced, stigmatized, and difficult to access than buprenorphine³

	RCORP-ETC Region	Tennessee	US
% Black (mean)	0.3-4.0 (1.6)	16.8	12.5
% Hispanic (mean)	0.8-11.5 (1.7)	5.5	18.1
% Non-Hispanic White (mean)	81.8-97.5 (94.0)	73.9	60.7

1. Saloner, B., & Cook, B. L. (2013). Blacks and Hispanics are less likely than whites to complete addiction treatment, largely due to socioeconomic factors. *Health affairs*, 32(1), 135-145.
2. Rates of Drug Use and Sales, by Race; Rates of Drug Related Criminal Justice Measures, by Race. (2021, April 13). Retrieved from https://www.hamiltonproject.org/charts/rates_of_drug_use_and_sales_by_race_rates_of_drug_related_criminal_justice
3. Hansen, H. B., Siegel, C. E., Case, B. G., Bertollo, D. N., DiRocco, D., & Galanter, M. (2013). Variation in use of buprenorphine and methadone treatment by racial, ethnic, and income characteristics of residential social areas in New York City. *The journal of behavioral health services & research*, 40(2), 267-277.

Sex and OUD

- Women more vulnerable to OUD than men¹
 - Women more likely to be prescribed opioids than men²
 - Women more likely to experience depression and receive pain-related diagnoses³
 - Women are more likely to be prescribed prescription opioids, given higher doses, and use them longer than men⁴
- Women, especially if pregnant⁵, vastly underrepresented in treatment centers⁶

	RCORP-ETC Region	Tennessee	US
% Female (mean; 2017)	45.3-51.6 (50.9)	36.1-53.1 (51.2)	50.8

1. Agnoli, A., Jerant, A. and Franks, P., 2020. Prescription Opioids and Patient Sex: A National Cross-Sectional Study. *Journal of Women's Health*.
2. Serdarevic M, Striley CW, Cottler LB. Sex differences in prescription opioid use. *Curr Opin Psychiatry* 2017;30:238–246.
3. Darnall BD, Stacey BR, Chou R. Medical and psychological risks and consequences of long-term opioid therapy in women. *Pain Med* 2012;13:1181–1211.
4. Barbosa-Leiker, C., Campbell, A. N., McHugh, R. K., Guille, C., & Greenfield, S. F. (2020). Opioid Use Disorder in Women and the Implications for Treatment. *Psychiatric Research and Clinical Practice*, 3(1), 3–11. <https://doi.org/10.1176/appi.prcp.20190051>
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6. Greenfield SF, Brooks AJ, Gordon SM, Green CA, Kropp F, McHugh RK, Miele GM. Substance abuse treatment entry, retention, and outcome in women: A review of the literature. *Drug and Alcohol Dependence*. 2007;86(1):1–21. doi: 10.1016/j.drugaldep.2006.05.012

Sexual Orientation, Rurality, and OUD

- LGBTQ+ youth are at an increased risk for bullying, teasing, harassment, physical assault, and suicide-related behaviors¹
- Sexual minorities have higher rates of substance misuse and SUD than people who identify as heterosexual²
 - Disproportionate prescription opioid misuse among bisexual females³
- Rural counties are less likely to have providers certified to treat OUD⁴
 - In 2017, half of U.S. counties did not have access to a buprenorphine provider

1. Meyer, I. H., Luo, F., Wilson, B. D., & Stone, D. M. (2019). Sexual orientation enumeration in state antibullying statutes in the United States: associations with bullying, suicidal ideation, and suicide attempts among youth. *LGBT health*, 6(1), 9-14.
2. National Institute on Drug Abuse. (n.d.). *Substance Use and SUDs in LGBTQ* Populations*. National Institute on Drug Abuse. <https://www.drugabuse.gov/drug-topics/substance-use-suds-in-lgbtq-populations>.
3. Duncan, D. T., Zweig, S., Hambrick, H. R., & Palamar, J. J. (2018). Sexual Orientation Disparities in Prescription Opioid Misuse Among U.S. Adults. *American Journal of Preventive Medicine*, 56(1), 17–26. <https://doi.org/10.1016/j.amepre.2018.07.032>
4. Bertha K. Madras, N. J. A. (2020, April 29). *Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Strategies to Address Key Barriers Within the Treatment System*. National Academy of Medicine. <https://nam.edu/improving-access-to-evidence-based-medical-treatment-for-opioid-use-disorder-strategies-to-address-key-barriers-within-the-treatment-system/>.

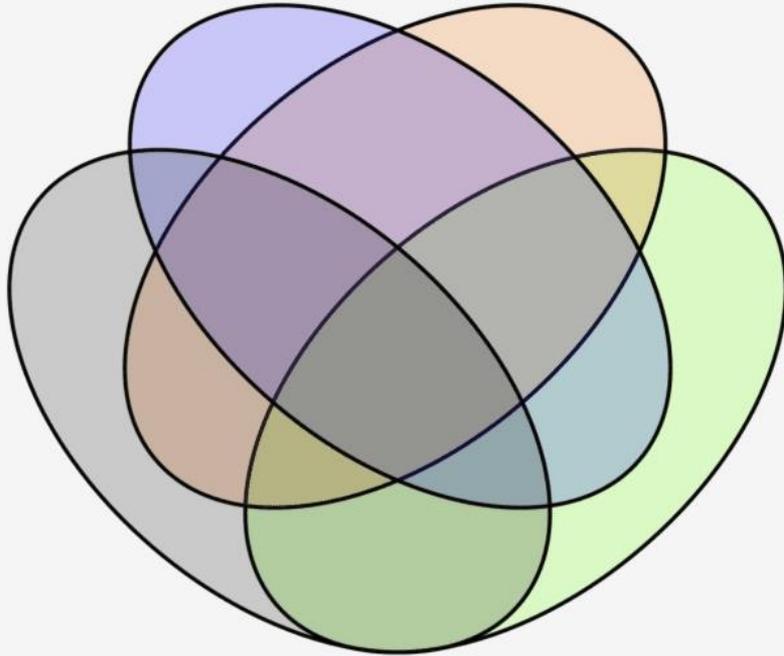
Income, Employment, and OUD

- Adults on Medicaid or with no insurance coverage have a greater risk of OUD than those with private insurance¹
- Public insurance: People on Medicaid are less likely to have access to evidence-based treatment²
 - The South has the highest concentration of for-profit SUD providers³
 - Estimated that over 60% refuse to treatment Medicaid enrollees³
- Low SES and unemployment related to greater risk of fatal opioid overdose⁴

	RCORP-ETC Region	Tennessee	US
% Living in Poverty	13.8-26.2 (21.1)	17.6	12.3
% Medicaid	21.0-35.3 (26.1)	20.1	20.0

1. Han, B., Compton, W. M., Jones, C. M., & Cai, R. (2015). Nonmedical Prescription Opioid Use and Use Disorders Among Adults Aged 18 Through 64 Years in the United States, 2003-2013. *JAMA*, 314(14), 1468. <https://doi.org/10.1001/jama.2015.11859>
2. *Addressing the Opioid Crisis Means Confronting Socioeconomic Disparities*. Nora's Blog, NIDA. (2017, October 25). <https://archives.drugabuse.gov/about-nida/noras-blog/2017/10/addressing-opioid-crisis-means-confronting-socioeconomic-disparities>.
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4. Altekruise, S. F., Cosgrove, C. M., Altekruise, W. C., Jenkins, R. A., & Blanco, C. (2020). Socioeconomic risk factors for fatal opioid overdoses in the United States: Findings from

Intersectionality



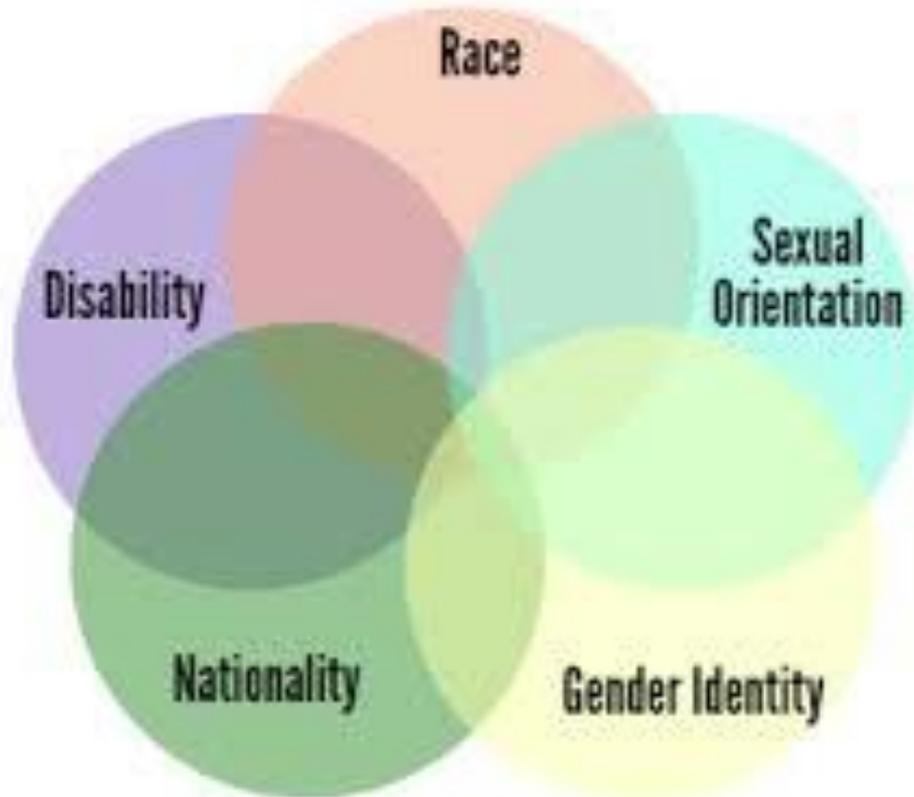
Many different social or political identities (such as race, class, gender, sexual orientation, etc.) combine or *intersect* to create unique experiences of privilege or discrimination¹

Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It's not simply that there's a race problem here, a gender problem here, and a class or LGBTQ problem there.

Kimberlé Crenshaw,
Author of "On Intersectionality"

1. Collins, P. H., & Bilge, S. (2020). *Intersectionality*. John Wiley & Sons.

Intersectionality



Women of Childbearing Years Enrolled in MOUD¹

- 287 women enrolled in Knox County MOUD treatment facility
- Represented 16 East Tennessee counties
- 8% persons of color
- 54% unemployed with annual incomes of \$20K or less
- 33% had moved in with friends/family with no other choice
- 41% had no insurance; 42% public insurance
- 61% had challenges paying housing or utility costs

1. Meschke, L. L., McNeely, C., Brown, K. C., & Prather, J. M. (2018). Reproductive health knowledge, attitudes, and behaviors among women enrolled in medication-assisted treatment for opioid use disorder. *Journal of Women's Health, 27*(10), 1215-1224.

Women of Childbearing Years and OUD

	RCORP-ETC Region	Tennessee	US
% Female, 15-44 (mean; 2019)	15.3-18.9 (17.6)	19.8	19.9
Number of births (2018)	3809	80737	3,788,235
% of adults with SUD (2015-16)	--	7.1	7.9

Resources

Project Implicit: This series of Harvard-based allows you to test your implicit bias across a wide variety of social characteristics including race, gender, sexuality , and disability.

<https://implicit.harvard.edu/implicit/index.jsp>

Racial Equity Tools: Tools to address implicit bias related to race.

<https://www.racialequitytools.org/resources/act/communicating/implicit-bias>

Kirwan Institute at The Ohio State University: Resources include a free training on implicit bias

<https://kirwaninstitute.osu.edu/training-resources>

SAMSHA: Resource guide that provides access to a wide range of tools and resources to reduce stigma related to substance use disorder

https://www.samhsa.gov/sites/default/files/programs_campaigns/02_webcast_1_resources-508.pdf

Rural Health Information Hub: RHihub offers a vast array of resources to promote rural health.

This link connects you stigma reduction information

<https://www.ruralhealthinfo.org/toolkits/substance-abuse/4/stigma>

Rural Community Action Guide: This resource house at the US Dept of Agriculture provides a wealth of resources and strategies to promote drug-free rural communities

<https://www.usda.gov/sites/default/files/documents/rural-community-action-guide.pdf>

Organizations/Resources in East TN

- HOLA Lakeway: serves immigrants in Jefferson, Grainger, and Hamblen counties through initiatives such as free legal clinics, English learning support, and support groups
<https://www.holalakeway.org/Highlander>
- Research and Education Center: education and justice center focusing on grassroots organizing to advance racial, economic, and environmental justice in Southern Appalachia
<https://highlandercenter.org/>
- Statewide Organizing for Community Empowerment (SOCM): working towards social, economic, and environmental justice with focuses on issues such as preventing evictions, coal ash disposal, and voting rights
<https://www.socm.org/>
- Young Appalachian Leaders and Learners (Y'ALL): coalition seeking to empower young people in Appalachia
<http://appalachianstudies.org/members/committees/yall.php>
- STAY Project: focused on empowering youth in Appalachia and improving the region so that young people want to stay
<https://www.thestayproject.net/>

Personal Stigma Reduction Plan

- Identify 1 or more pieces of new or revived information
- Identify 1 or more strengths in your personal practices that assists in reducing stigma
- Identify 1 or more stigma-related challenge that you wish to address
- Identify 1 strategy that intend to study and apply in the next month
 1. 2 minutes to reflect and fine tune plan
 2. 15 minutes to discuss intentions with breakout group
 3. 10 minutes to share highlights and wrap-up

RCORP-ETC Events and Resources

- 2nd Friday of every month at noon: *Stayin' Alive Fridays*
- July 15, 1-2: Youth Development Collaborative training, *Trauma, Brain Development, and Resilience*
- July 23, 1-3: RCORP-ETC quarterly meeting

See <https://tnopioid.utk.edu/events/> for details

- Digital Stories to reduce stigma
See <https://tnopioid.utk.edu/digital-stories-of-oud/> for details