



Health Equity in Addiction Treatment

Ayana Jordan, MD, PhD

Barbara Wilson Associate Professor of Psychiatry

Associate Professor, Dept of Population Health

New York University Grossman School of Medicine

Pillar Co-Lead, Institute for Excellence in Health Equity

New York University Langone Health

PI, Jordan Wellness Collaborative

Land Acknowledgement

We honor the memory/legacy of New York's Original Peoples as defenders and stewards of the land.

It is our duty to acknowledge that many of the institutions where we work or conduct research, are indeed on Native land (GIVE THANKS).

Land acknowledgements do not exist in the past tense or historical context: Colonialism is a current ongoing process; we need to be mindful of our present participation.





GEORGE FLOYD

Breonna Taylor

Tony McDade

Yvette Smith

Eric Garner

Rekia Boyd

Ariane McIn

Steven Demarco Taylor

India Beaty

Amadou Diallo

India Kager

Oscar Grant

Jon Ferrell

Anna Brown

STOP

STOP

STOP

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Charis Carter

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Disclosures and Affiliations

Disclosures

- Ayana Jordan, MD, PhD, has no financial relationships with an ineligible company relevant to the content of this presentation.
- No commercial funding has been accepted for this activity.

Affiliations

- Dr. Jordan receives funding from the NIH (NIAAA, NIDA), SAMHSA, and FORE.

Objectives

- To understand the **epidemiology of opioid use disorder (OUD) & other substance use disorders (SUDs)** among racial and ethnic minoritized (REM) people.
- To appreciate the **social & political factors** that contribute to the existence and propagation of substance use in REM communities and the associated risks therein.
- To appreciate other **substances commonly misused in REM communities** that are largely unrecognized in the media.
- To discuss **culturally-informed treatment modalities** and non-traditional research approaches that exist to increase access to and initiation of MAT for REM w SUDs.

The Current State of Affairs

- Racial/Ethnic minoritized populations have **worsening** substance use outcomes (*exacerbated by COVID-19*)
- Overlooked by regulatory agencies (Healthcare, Academia, Public Health, Law Enforcement, Policy) and Media
 - *Rigid methadone policies
 - *Decreased MAT initiation
 - *Lack of culturally-informed treatment
 - *Decreased funding of racially minoritized

researchers

The Opioid Crisis in Black Communities

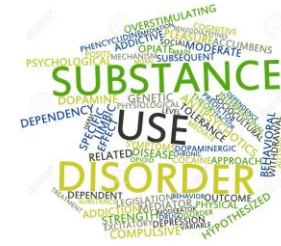
Keturah James, Ayana Jordan

First Published July 17, 2018 | Research Article | Find in PubMed

<https://doi.org/10.1177/1073110518782949>



Article information ▾



ScienceAdvances Contents News Careers Journals

RE: Deeper than "Research Topic Choice," A Response to the Persistent NIH Funding Gap for Black Scientists
Ayana Jordan, Assistant Professor, Addiction Psychiatrist,
Yale University School of Medicine

Other Contributors:
Carl Hart, Professor of Neuroscience and Psychology,
Columbia University
(22 October 2019)

James K, Jordan A: The Opioid Crisis in Black Communities. The Journal of Law, Medicine & Ethics 46:404-21, 2018
Jordan, A., Mathis, M., Haeny, A., Funaro, M., Paltin, D., & Ransome, Y. (2021). An Evaluation of Opioid Use in Black Communities: A Rapid Review of the Literature
C. Hart, 'People Are Dying Because of Ignorance, not Because of Opioids,' Scientific American, Nov. 1, 2017
S. Bechteler and K. Kane-Willis, Chicago Urban League, Whitewashed: the African American Opioid Epidemic, Nov. 2017
Cook et al., Assessing the Individual, Neighborhood, and Policy Predictors of Disparities in Mental Health Care. Med Care Res Rev. Aug, 2017

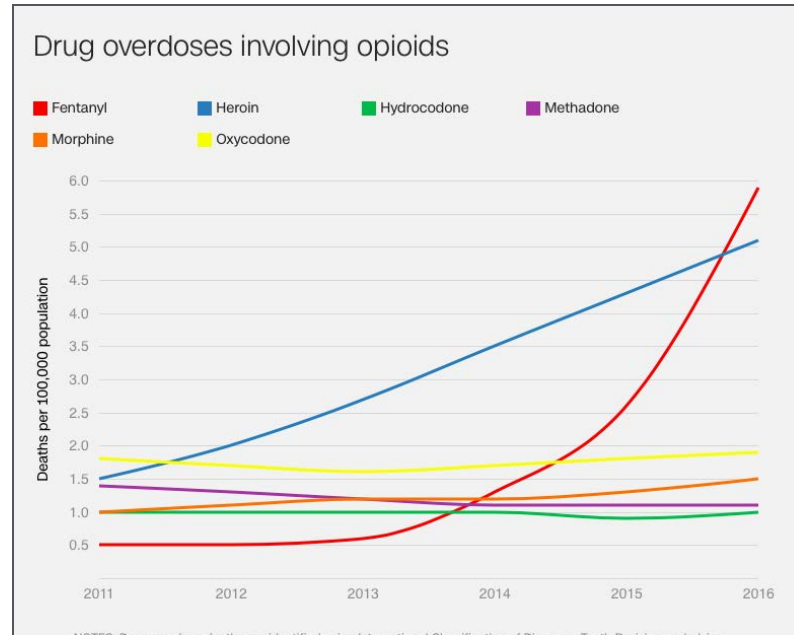
REM peoples with SUDs have Poor Health Outcomes

- White people use alcohol => **Black populations**, however the latter with **worsening alcohol related illness** and neg sequelae
- Black people with **higher rates of cocaine-related overdose deaths** c/w White people
- Non-medical **cannabis** use dec for all, but NSDUH odds of cannabis use disorder among adults>>> Black people c/w White people
- Black people c/w other racial/ethnic groups >>> **substance-related disability and premature death**
- REM More likely to suffer negative drug-related consequences, including higher rates of **Hepatitis C and HIV**
- REM w Higher rates of **involvement in the legal system**



Acevedo et al., 2012; Satcher 2001; Schmidt and Mulia, 2009, Galvan, 2003, and Mojtai R, 2011.
Watt TT. The race/ethnic age crossover effect in drug use and heavy drinking. J Ethn Subst Abuse. 2008
<https://www.datafiles.samhsa.gov/study/national-survey-drug-use-and-health-nsduh-2003-nid13569>

Fentanyl Deaths have Drastically Increased in Black and Latinx people by 140.6/118%



Hedegaard, H. et al.; Drugs Most frequently used in drug overdose deaths, in the US, 2011-2016. National Vital Statistics Reports, Vol. 67, No. 9, December 12, 2018, https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_09-508.pdf

REM Overdose Deaths Surpass General Population in 8 States + DC

Location	White Opioid-Related Death Rate	Black Opioid-Related Death Rate
D.C.	8.6	60
West Virginia	50.3	55
Missouri	15.3	31.5
Illinois	18.6	28.3
Wisconsin	16.7	26
Michigan	21.8	24.4
Iowa	7	21
Minnesota	7.2	14.6
Washington	10.9	12.3

2018 (Most Recent Data): 27 states & DC higher O/D among POC

Indigenous/Native Americans: 14 states (AK, CA, ME, MI, MN, MT, NC, ND, NY, OK, SD, UT, WA, WI)

Black individuals: 11 States and DC (AZ, CO, DC, IA, IL, KS, MO, NJ, OH, OR, PA, WV)

Hispanic/Latinx: 2 States (MA, NM)

Black people now OUTPACE White people in OUD deaths



Data Notes |  Full Access |

African Americans now outpace whites in opioid-involved overdose deaths: a comparison of temporal trends from 1999 to 2018

Debra Furr-Holden , Adam J. Milam, Ling Wang, Richard Sadler

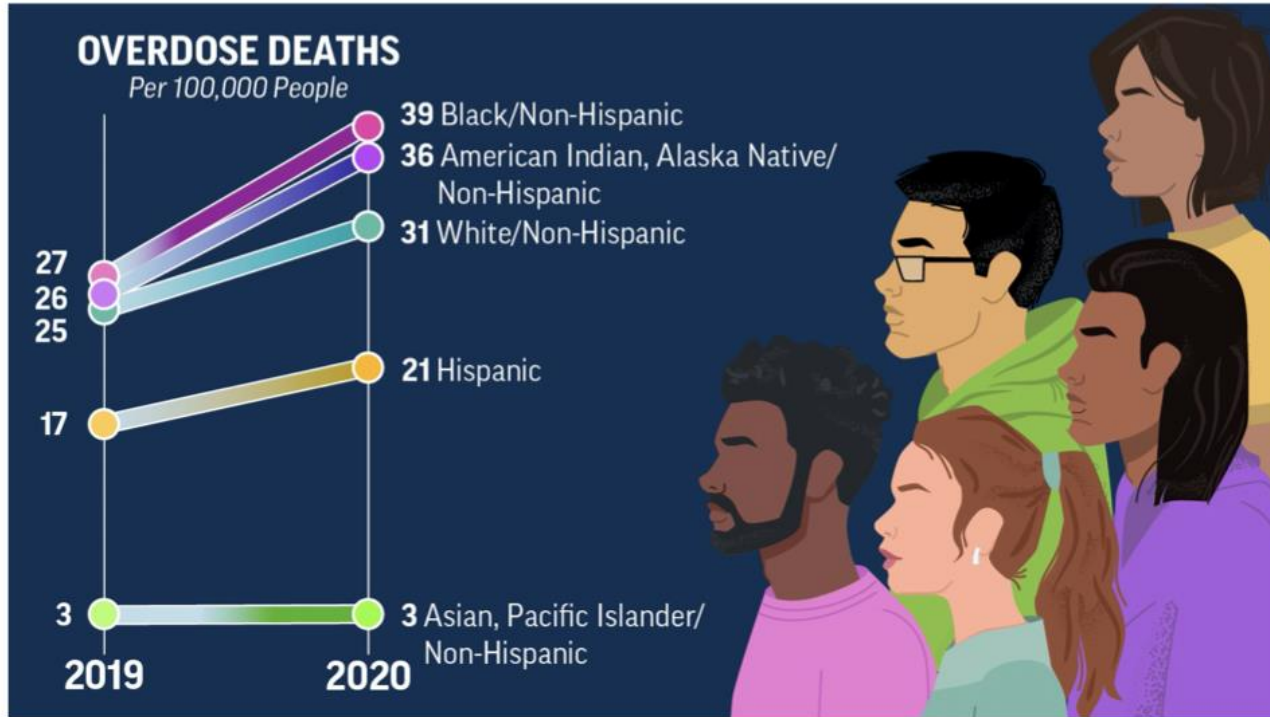
First published: 27 August 2020 | <https://doi.org/10.1111/add.15233>



Advertisement



Overdose Deaths by Race and Ethnicity Over One Year



Regulatory Agencies Advertise to WHITES

naabt.org

The National Alliance of Advocates for Buprenorphine Treatment

Buprenorphine (Suboxone®, Subutex®, Zubsolv®4, Bunavail™5, Probuphine®6) is an opioid medication used to treat opioid addiction in the privacy of a physician's office.¹ Buprenorphine can be dispensed for take-home use, by prescription.¹ This, in addition to the pharmacological and safety profile of buprenorphine, makes it an attractive treatment for patients

Prescribing Information | Important Safety Information | Medication Guide | Healthcare Providers | REMS | Rx Savings® | InSupport™

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Suboxone.com

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For Opioid Dependence

WHAT IS VIVITROL? | TALKING WITH YOUR PROVIDER | GETTING STARTED WITH VIVITROL | FIND A TREATMENT PROVIDER

FIND A TREATMENT PROVIDER

Clear Focus on White OUD, not marketed for Black or Latinx people with SUD



No one chooses to develop opioid use disorder.

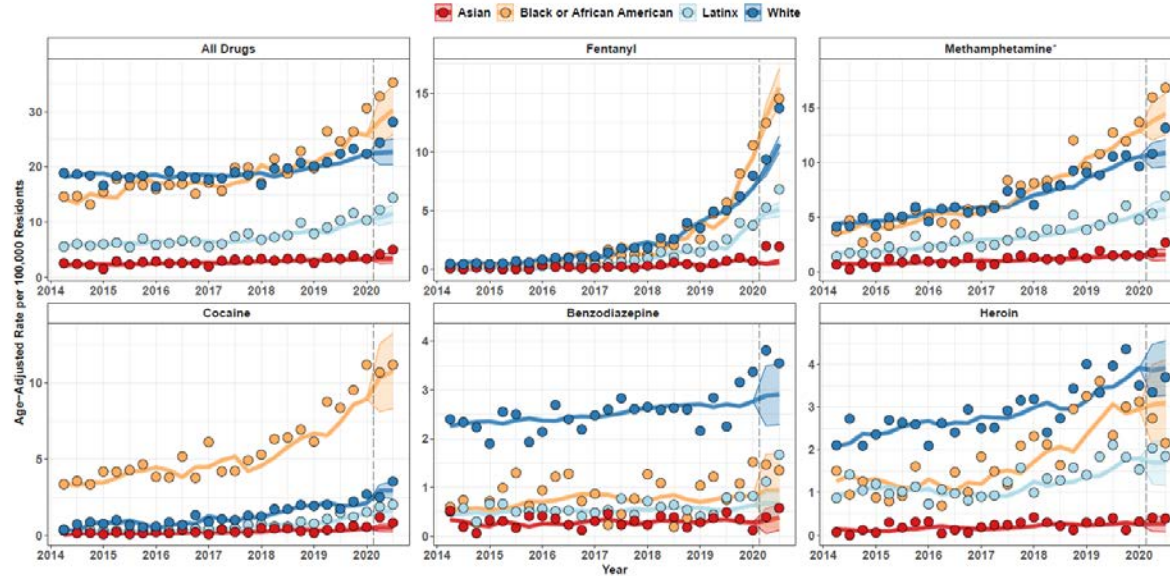
But you can choose to treat it.

PCSS Providers Clinical Support System

PCSS @PCSSProjects · 4d
1 in 10 adults either have or have had a substance use disorder. #ChooseToTreat
Learn what you can do at bit.ly/PCSSNOW

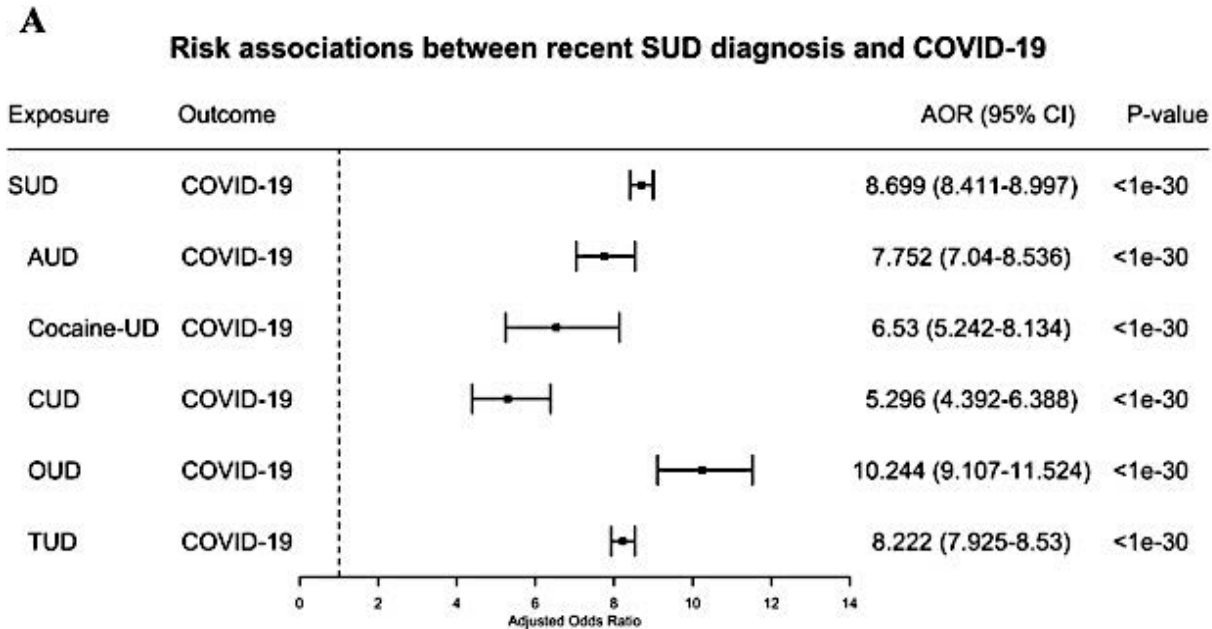
Increase in Overdose Deaths during COVID-19

#NotJustOpioids



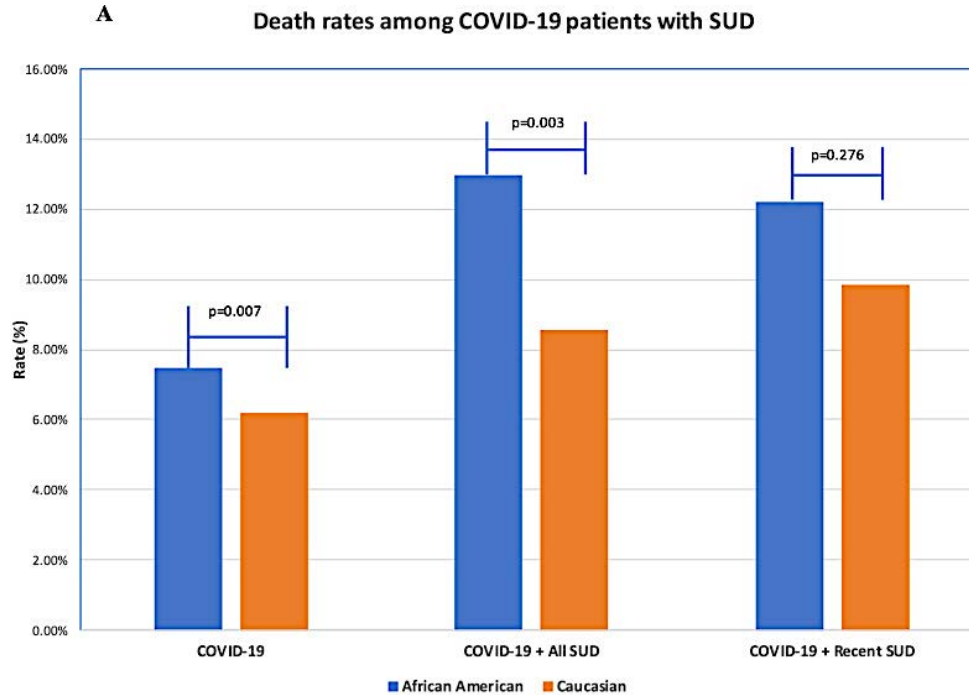
Friedman, Jordan, Beletsky, AJP 2022

Diagnosis of substance use disorder and COVID-19



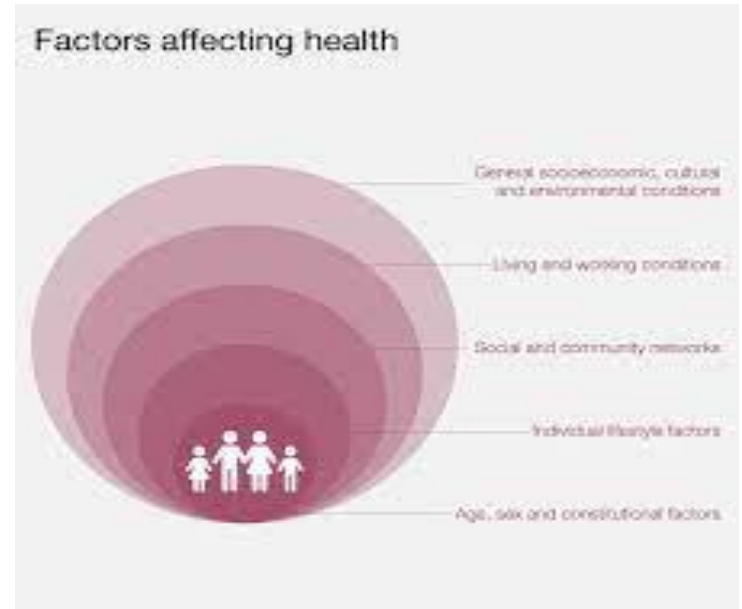
Wang, Q. Q., Kaelber, D. C., Xu, R., & Volkow, N. D. (2020). COVID-19 risk and outcomes in patients with substance use disorders: analyses from electronic health records in the United States. *Molecular psychiatry*, 1–10. Advance online publication.

Death rates among Black COVID-19 patients with SUDs

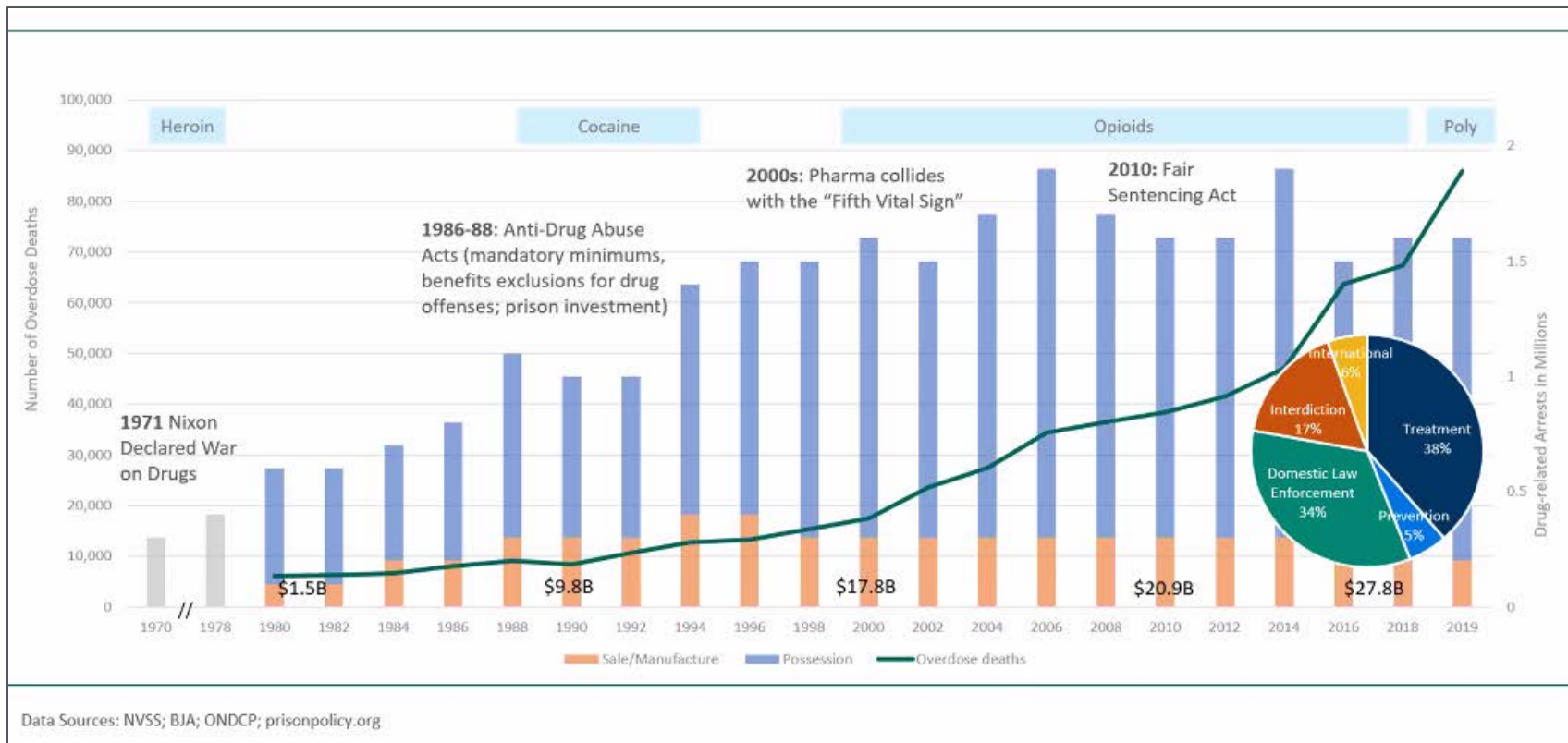


FACTORS that affect OUD Treatment Initiation/Access among people in carceral system?

- War on Drugs
- Social Determinants of Health
- Othering/Stigma
- Racism



Racist War on Drugs



Aide says Nixon's War on Drugs Targeted Black people & Hippies:

Was the War on Drugs Ever About Drugs?

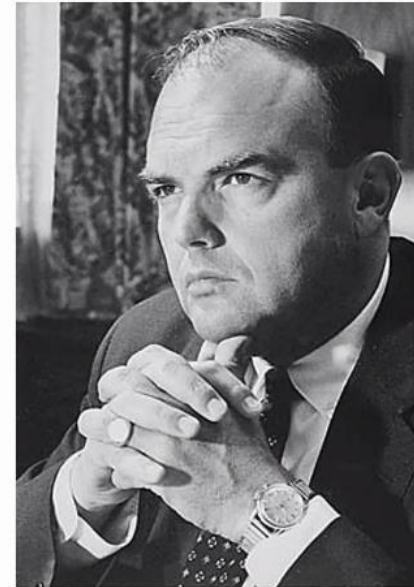
John Ehrlichman, Nixon's top aide on domestic affairs describing the War on Drugs:

"You want to know what this was really all about?

*The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left **and black people**. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and **then criminalizing both heavily**, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and **vilify them night after night on the evening news...***

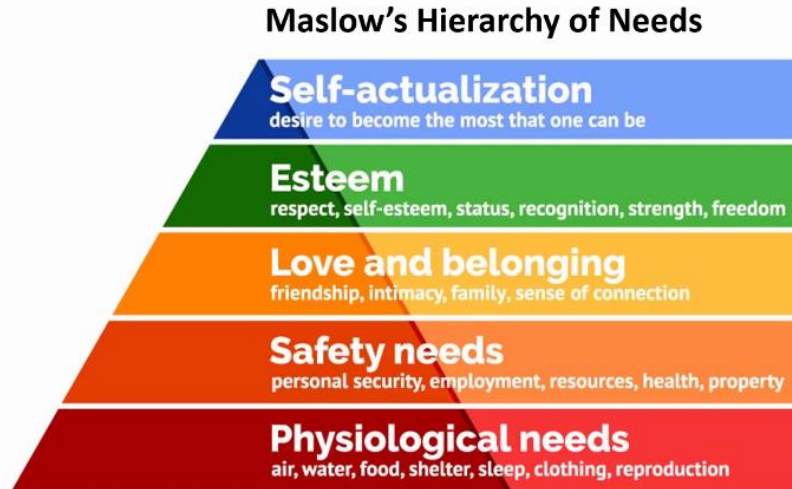
*Did we know we **were lying about the drugs**? Of course we did."*

Source: <https://harpers.org/archive/2016/04/legalize-it-all/>



Downstream Impact of WOD: Life Sentence

-  Employment
-  Housing
-  Food
-  Transportation
-  Civic Participation
-  Social Capital
- Rehabilitation???
- Treatment???



Further reading: Alexander M (2012). *New Jim Crow: Mass incarceration in the age of colorblindness*. New York: New Press.

Disparities in SUD Outcomes

Medical Problems



Social Determinants of Health:

Racism

Housing, incarceration rates

Weathering

Parentless households

Neighborhoods

Unemployment

Hopelessness

Poverty

No Insurance

Policies

Stress

Limited Access to Care

“Medical baggage”

Language

“Othering”

Substance Use

Under-Education

Lower graduation rates

Family Support

Poor Working Conditions

Teen Births

Nutrition

Concept of Othering

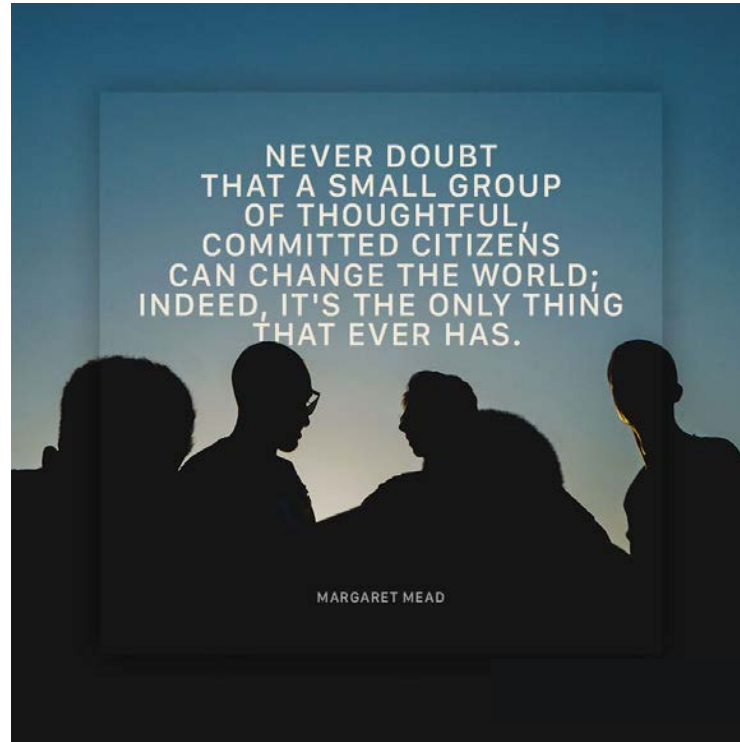
- **OTHER** (per Oxford dictionary): View or Treat a person or group of people different from or alien to oneself
- Being LEFT out of the conversation of mainstream America (whiteness)
- Othering has resulted in → Limited focus/funding on Addiction research that affect BIPOC or treatment modalities that respect Culture/Historical Atrocities
- BIPOC populations made to feel less than Majority population
- No Amends made by Predominately White Institutions of Power to Correct this dynamic

Racism

- RACE — ISM: A system based on race
- Structures opportunity and assigns value based on the social interpretation of how one looks (RACE)
- One group of people (usually White) is systematically advantaged and assigned more value, whereas those assigned to the OTHER group (Black People) are viewed as less then
- Social Construct, no Biological determinism
- Result in Harmful Consequences, Including Death

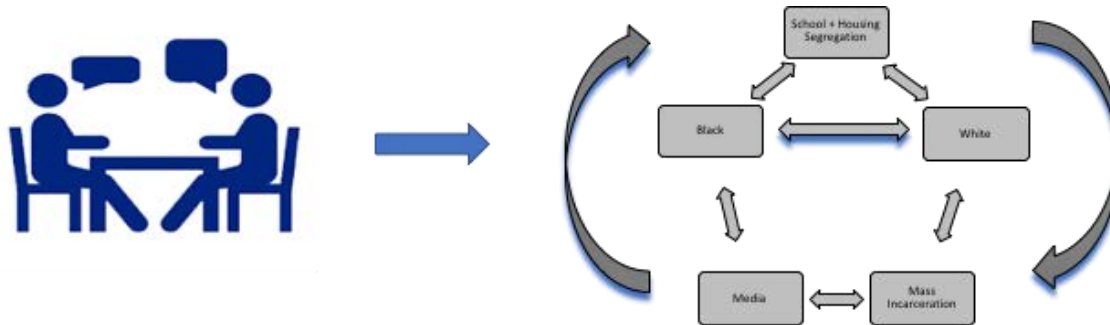


So What Can be Done?



Transitioning from Cultural Competence to Structural Competence

- Many outside factors influence how patients receive SA Rx
- Examples include: access to healthcare, SES, racism, legal status, education, food access, residence
- Evolution from Cultural Competence to Structural Competence (taking into account SDOH)



Language Matters!

Avoid	Prefer
Abuse	Use, low-risk, unhealthy, harmful use
Addicted baby	Baby experiencing substance withdrawal
Addict, drug user, alcoholic, crack head	Person with Substance use disorder
Medical marijuana	Medical cannabis
Fix, Binge, Relapse	Dose, use, heavy drinking episode, return to use
Smoking cessation	Tobacco use disorder treatment
Detoxification	Withdrawal management

AA IS NOT THE ONLY ANSWER

MAT:

Opioids: Buprenorphine, Methadone,
Naltrexone

Alcohol: Disulfiram, Acamprosate, Naltrexone

Nicotine: NRT, Varenicline, Bupropion

Harm Reduction:

Safe Needle Exchange

Fentanyl Test Strips

Naloxone

Community-Based Participatory Research

CBPR: Partnership approach to research that equitably involves community members, key stakeholders (Black people with SUDs), researchers, and others in all aspects of the research process



Black/Latinx Church Based Project →MAT



IMANI
BREAK
Through

IMANI Breakthrough Honored
for Transformational Work in
Community

Overview of Imani Breakthrough Program



The Imani Breakthrough intervention involves two components and takes place over 6 months:

Part 1:

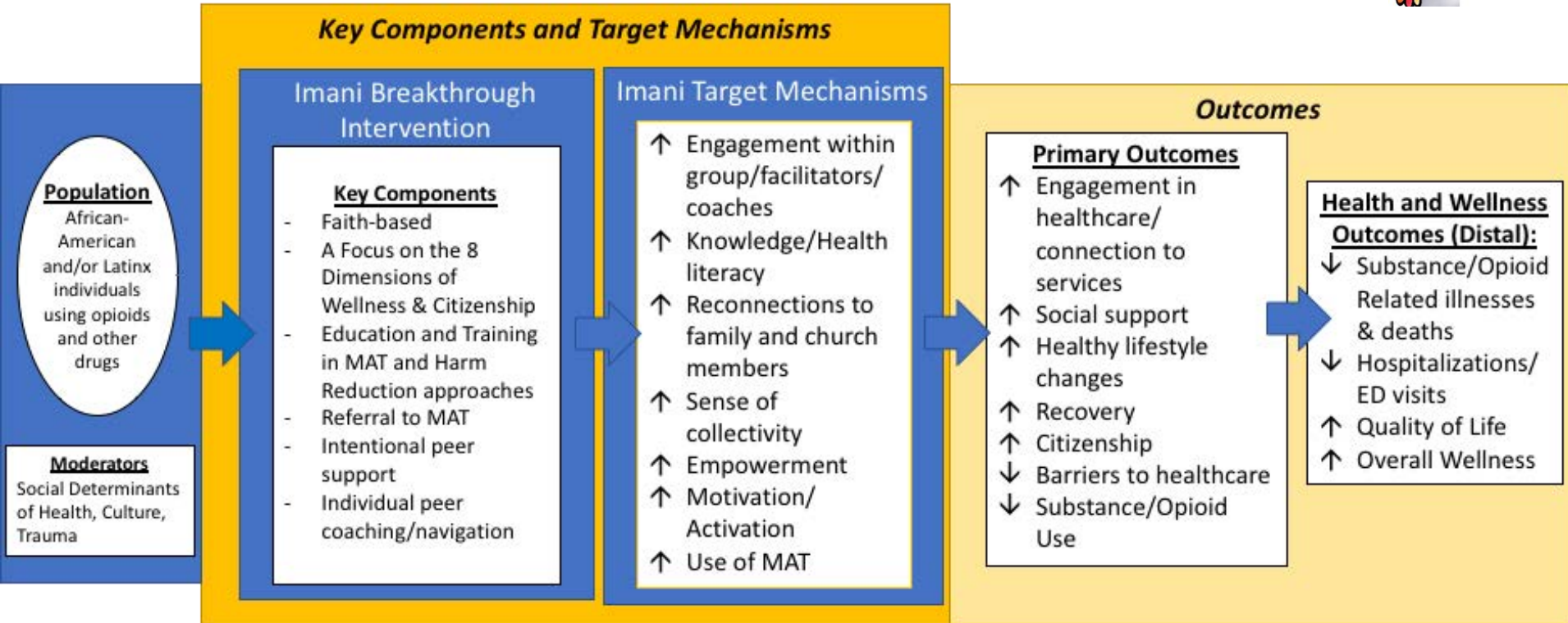
- **A group component** – 12 weeks of classes and activities 8 Dimensions of Wellness; and the 5Rs of Citizenship enhancement (Roles, Responsibilities, Relationships, Resources, Rights)
- **Wrap around Support and Coaching** – provided during 12 weeks. Coaches provide weekly check-ins assist in goal setting within the scope of the 8 Dimensions of Wellness

Part 2:

- **Next Step group component** – 10 weeks mutual support (post 12 week group).



Key Aspects of Imani Breakthrough Program



FULL LENGTH ARTICLE | ARTICLES IN PRESS, 108218



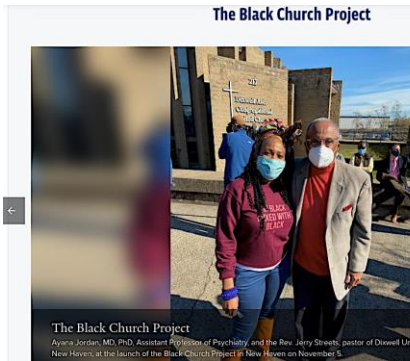
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A feasibility study providing substance use treatment in the black church

Ayana Jordan • Theresa Babuscio • Charla Nich • Kathleen M. Carroll

Published: December 02, 2020 • DOI: <https://doi.org/10.1016/j.jsat.2020.108218>



@DrAyanaJordan

Jordan, A., Babuscio, T., Nich, C., & Carroll, K. M. (2021). A feasibility study providing substance use treatment in the Black church. *Journal of substance abuse treatment*, 124, 108218.

SUD Treatment in Black Church

DEMOGRAPHICS (N=40)

28% did not complete high school
 59% were high school graduates
 13% completed some college-level work.

8% employed
 33% disabled

64% had never been married or were living alone

46.2 % cocaine, 30.8% alcohol, cannabis, 12.8% and opioids, 10.3%

Half of the sample 53.8% met criteria for SEVERE SUD, DSM 5

Greetings & Welcome to Dixwell Church	Research Assistants	Participants	Spiritual Session (Conducted by CHAs)	Participants	CHAs engage in prayer with any participant who request	Session Ends
Participants welcomed by CHAs	Collect Urine samples and conduct EtOH breathalyzers	Get a snack and sit with tablets	Open with Affirmation that God hears prayer, then Scripture from 1 John 5:15 And Scripture from Psalm 142 Listen to the song of the day for strengthening of your prayer life	Complete CBT4CBT module on tablet Complete CBT4CBT workbook		

An Anti-Racist Approach

Voices from REM communities **MUST** be included in the narrative

Leaders must be cultivated and involved in all stages of public health policy development and implementation related to treatment/research

Health programs must meet the needs of REM ppl by removing current & historic barriers to health

SDOH have to be integrated into treatment planning



Racial Justice = Racial Equity

Racial justice —or racial equity —goes beyond “anti-racism”

It is not just the absence of discrimination and inequities, BUT the presence of **deliberate systems and supports** to achieve and sustain **racial equity through proactive and preventative** measures



Three Main Takeaways

1. Know the rates of SUDs among REM people, including overdose rates to properly screen and assess for SUD in this population.
2. Understand How Structural Racism (WOD) → Inequities in SDOH contributed to health disparities in REM people
3. Assess MH patients for SUD, practice SC when possible, DON'T use stigmatizing language
4. Consider how minoritized identities (Race, gender, SUD, Multiple Med Co-Morbidities) can impact outcomes, how can you optimize care to be more culturally-informed?



Acknowledgements

NYU Langone Health:

Dr. Charles Marmar
Dr. Don Goff
Dr. Crystal Lewis
Dr. Christin Drake
Dr. Aaron Reilford
Dr. Gordon Frankle
Dr. Gbenga Ogedegbe
Dr. Nadia Islam
Dr. John Rotrosen
Dr. Joe Ravenell
Dr. Magdalena Cerda
Dr. Marc Gourevitch

Yale University School of Medicine:

Kathleen Carroll, PhD (In Memoriam)
Traci Norman, MPH
Theresa Babuscio, MA
Charla Nich, MS
Chyrell Bellamy, PhD, Peer Recovery Coaches/Facilitators
Church Based Health Advisors
Reverend Frederick Streets, Senior Pastor, Dixwell Church
Pastor Kelcy Steele, Senior Pastor, Varick AME
Cultural Ambassadors Program at YCCI
Pilot participants, Dixwell/Newhallville community
Larry Davidson, PhD, Ismene Petrakis, MD, Mehmet Sofuoglu, MD
Ellen Edens, MD
Lloyd Cantley, MD, Eugene Shapiro, MD, Rajita Sinha, PhD, Tesheia Johnson, MBA Yale
Center for Clinical Investigation (YCCI), CTSA Grant KL2 TR001862 from the National
Center for Advancing Translational Science (NCATS), a component of the National
Institutes of Health (NIH)
James Sorensen, PhD and Carmen Masson, PhD UCSF Learning for Early Careers in
Addiction and Diversity (LEAD) Program, funded by National Institute on Drug Abuse. R25
DA035163
NIH: R01AA028778, 1U01OD033241-01



@DrAyanaJordan



Acknowledgements



- Robert Rohrbaugh, MD, Flavia DeSouza, MD, Jessica Isom, MD, Danielle Jackson, MD, SJHEC Track Leaders
- David Ross, MD, PhD, Esperanza Diaz, MD
- Jeanette Tetrault, MD, Kathryn Cates-Wessel
- Mike Sernyak, MD Jeanne Steiner, MD Bob Cole
- Yusuf Ransome, DPH
- LAST but certainly not LEAST (All my BABIES!)

In Memoriam Kathleen Carroll, PhD 1958-2020



Sunset December 28, 2020
Thank you for teaching me compassionate leadership
and excellent scientific rigor
With deepest love and gratitude, Ayana

Special Acknowledgments



- Churches/Pastors
- Facilitators
- People with lived experience
- In memory of the many that we have lost unnecessarily due to the drug overdose crisis

Q & A

Stay in Touch!

Email: ayana.jordan@nyulangone.org

Twitter & Instagram: @DrAyanaJordan



THANK YOU

