

Overdose Disparities Series: Community-informed Strategies for Addressing Non-Fatal and Fatal Overdose within Black/African American Populations Part 4

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January 2021

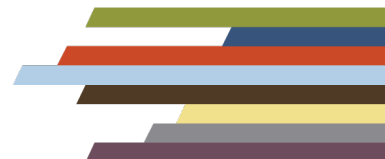
The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The P TTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.



Thank You for Joining Us!

A few housekeeping items:

- If you are having technical issues, please individually message Kristina Spannbauer or Stephanie Behlman in the chat section and they will be happy to assist you.
- Please put any questions for the speaker or comments in the Q & A section, also at the bottom of the screen. We will respond to questions during the presentation.
- We will be using automated transcriptions for today's webinar.

Thank You for Joining Us!

A few more housekeeping items:

- You will be directed to a link at the end of the presentation to a very short survey – we would really appreciate it if you could fill it out. It takes about 3 minutes.
- We are recording this session and it will be available on our website in a couple of weeks.
- Certificates of attendance will be sent out to all who attended the full session. They will take about 2 weeks.

A close-up photograph of several social media icons on white keyboard keys. The icons include Pinterest (red circle with white 'P'), Snapchat (yellow square with white ghost), Instagram (purple-to-orange gradient square with white camera outline), Facebook (blue square with white 'f'), and Twitter (blue bird silhouette). The keys are arranged in a grid pattern, and the background is a light gray surface.

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Speaker Introductions



5-10-21

Overdose Disparities Series: Community-informed Strategies for Addressing Non-Fatal and Fatal Overdose within Black/African American Populations

Whitewashed: Black Opioid Crisis in Perspective

Kathie Kane-Willis

Director of Research + Policy

Kareem Butler

Director of Learning + Evaluation

Research & Policy Center



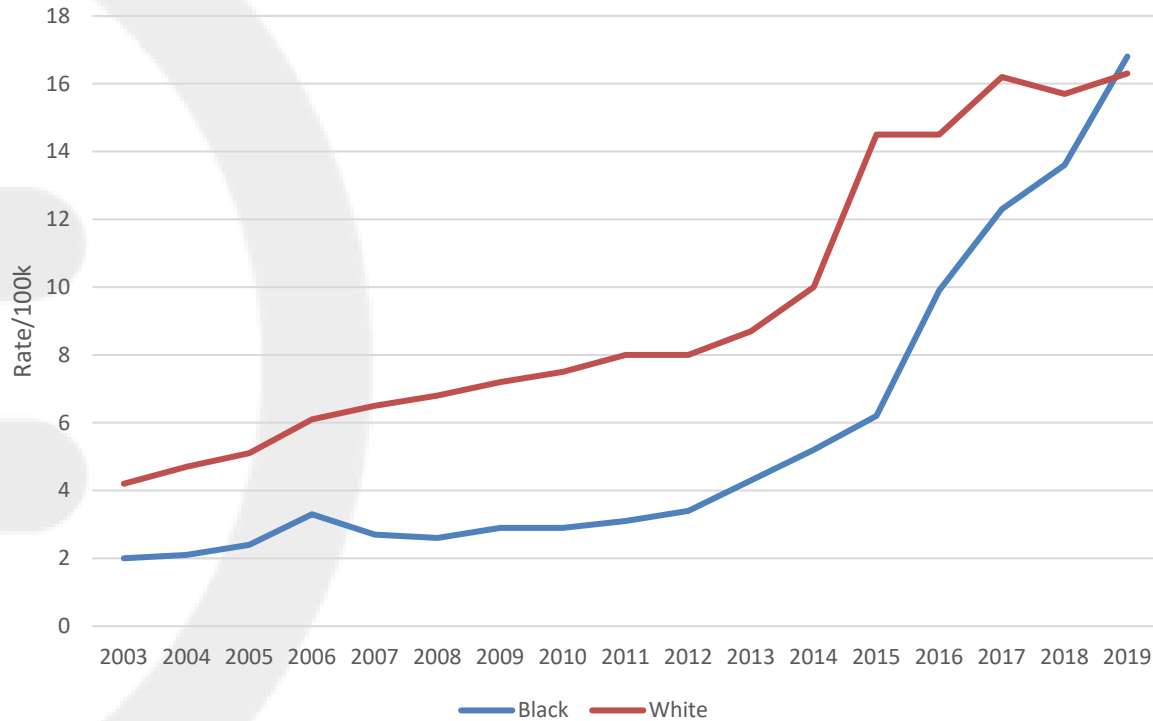
Research Notes

- Black race refers to individuals who are identified in publicly available data sets as Black or African American
 - White race includes ethnicities such as Latinx or Hispanic
 - The majority of overdose deaths occur between these two groups
 - Latinx deaths occur at lower rates than Whites or Blacks, generally, although
 - Rates are not age adjusted
- There is a lot of regional variation

Fatal Opioid OD by Rate and Race 2003-2019

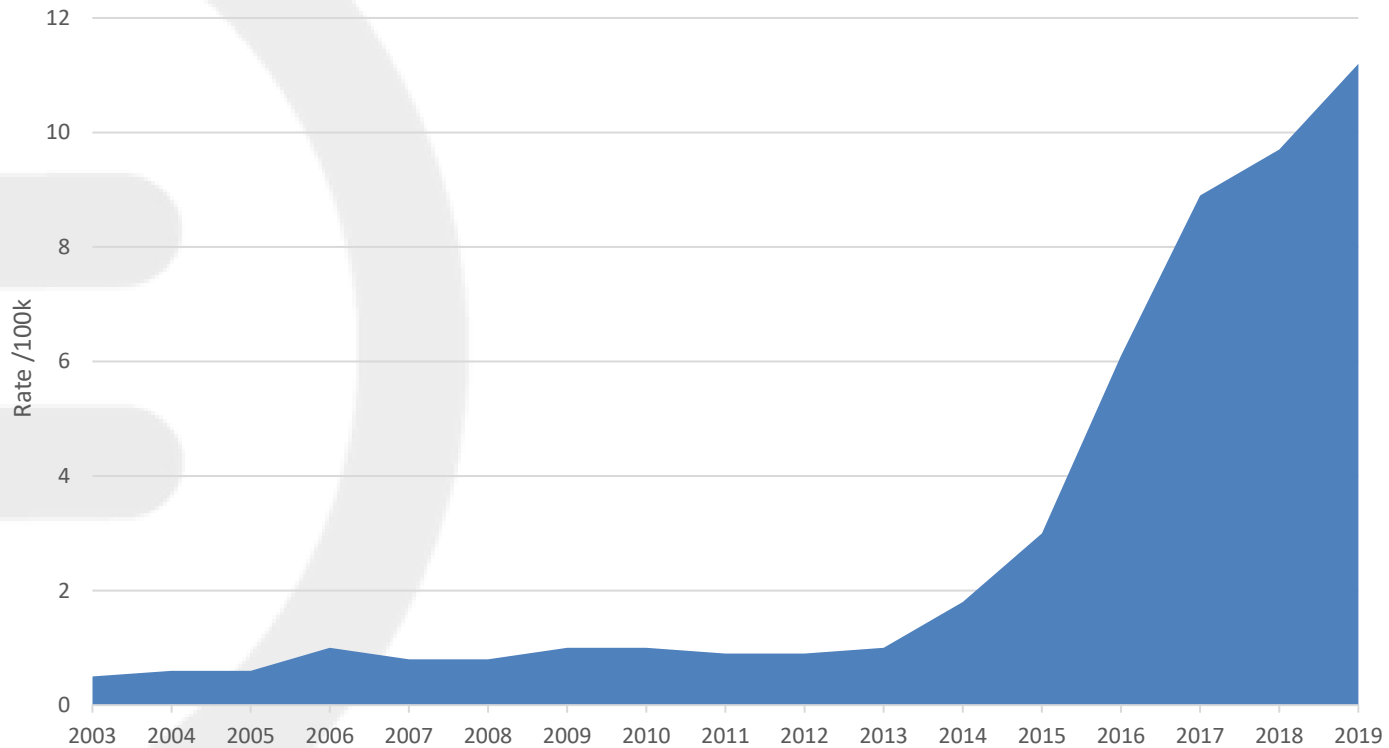
-CDC Wonder Analysis

Opioid OD by Rate and Year (B-W)



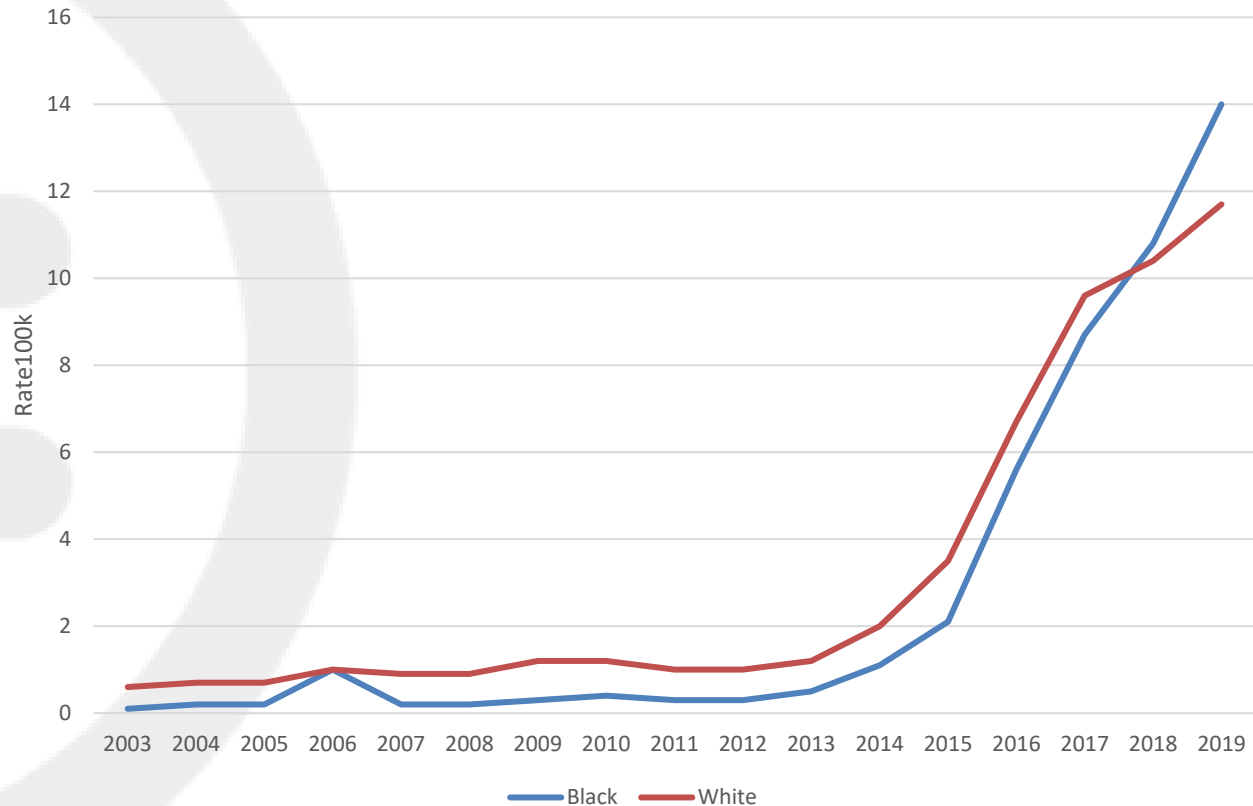
Synthetic (e.g. Fentanyl and analogues) 2003- 2019 -CDC Wonder Analysis

Synthetic Opioid OD Deaths by Rate



Synthetic Opioid Overdose Deaths by Rate among Blacks and Whites 2003 to 2019

- CDC Wonder Analysis



Fentanyl among Decedents in Cook County (Chicago) 2015 -2020

	2015	2016*	2018	2019	2020^	Change Time
No Fentanyl	85.1%	50.7%	26.4%	26%	19.2%	-77%
Yes	14.9%	49.3%	73.6%	73%	80.8%	441%

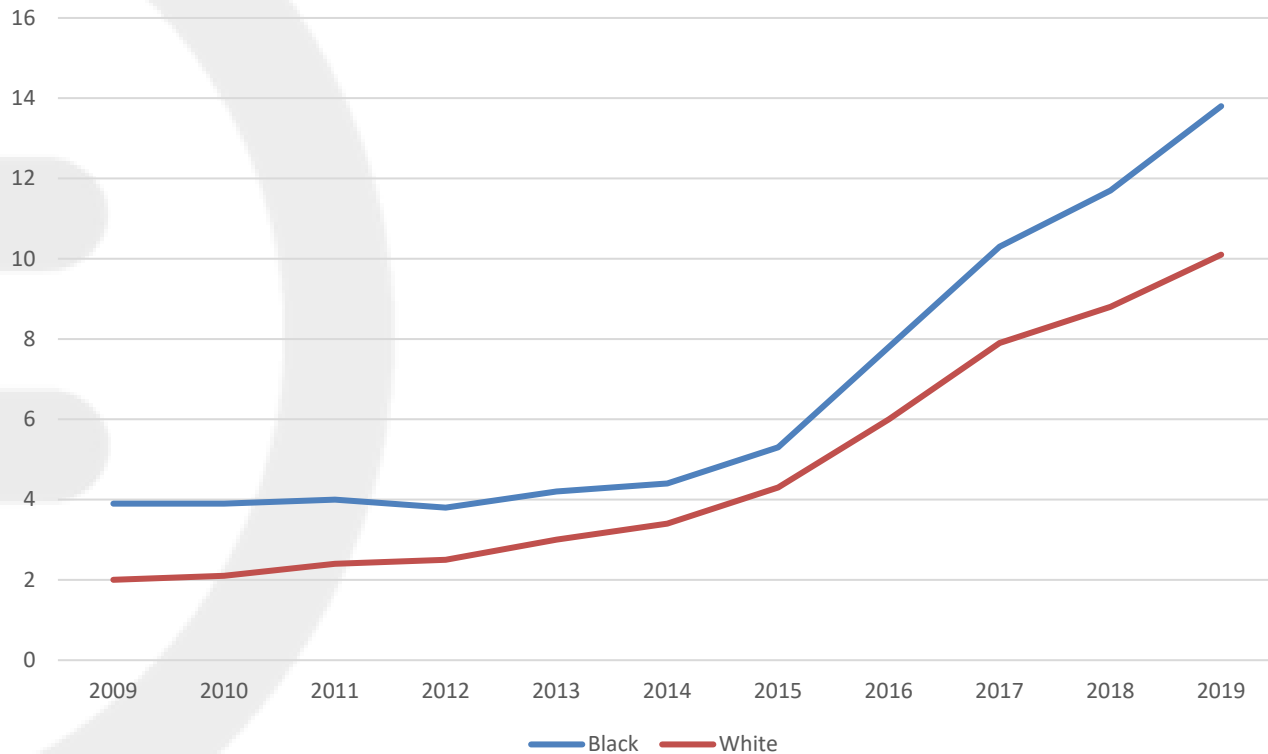
*year Blacks became more prevalent among Decedents

^ represents a partial year

Stimulant Overdose Deaths by Rate among Blacks and Whites 2003 to 2019

- CDC Wonder Analysis

US Stimulant OD deaths by Race



States with the Highest Disparity between Black and White Rates for Opioid Overdose Deaths (2019)

- CDC Wonder Analysis

Rank	State	Black Rate	White Rate	Difference(b-w)	All Groups	# Deaths
1	Missouri	42.3	15.6	26.7	18.3	1101
2	Illinois	37.8	15.6	22.2	17.7	2222
3	West Virginia	60.4	39.1	21.3	38.9	694
4	Wisconsin	31.8	15.1	16.7	18.8	891
5	Michigan	30.4	16.6	13.8	17.9	1742
6	Iowa	16.4	5.0	11.4	5.4	164
7	Minnesota	17.7	6.3	11.4	7.6	367
8	Maryland	44.7	35.6	9.1	35.3	2101
9	New Jersey	38.1	29.4	8.7	28.3	2480
10	Pennsylvania	30.6	24.1	6.5	23.7	2993
11	Colorado	16.3	11.4	4.9	11.6	640
12	Ohio	35.4	30.8	4.6	30	3482
13	Washington	15.4	11.7	3.7	11	753
14	Arizona	21.5	18.5	3	17.8	1195
15	California	12.3	9.6	2.7	8.3	3035
NA	US rate	17.4	16.5	0.9	16.6	49038

Differences in Route of Administration among Publicly Funded Treatment Admissions for Heroin by Race – United States, 2018

- Treatment Episode Data Set

Route	Black	White
Oral	1%	1%
Smoking	3%	7%
Snorting	66%	18%
Injection	29%	73%

Differences in Route of Administration among Publicly Funded Treatment Admissions for Heroin by Race – Midwest, 2018

- Treatment Episode Data Set

Route	Black	White
Oral	1%	1%
Smoking	2%	3%
Inhalation	77%	21%
Injecting	20%	76%
Other	0%	0%

Differences in Route of Administration among Publicly Funded Treatment Admissions for Heroin by Race – West, 2018

- Treatment Episode Data Set

Route	Black	White
Oral	2%	2%
Smoking	23%	28%
Inhalation	30%	3%
Injecting	44%	67%
Other	1%	0%

Differences in Route of Administration among Publicly Funded Treatment Admissions for Heroin by Race – Illinois, 2018

- Treatment Episode Data Set

Route	Black	White
Oral	1%	1%
Smoking	2%	1%
Inhalation	90%	28%
Injecting	7%	69%

Differences in Route of Administration among Publicly Funded Treatment Admissions for Heroin by Race – Minnesota, 2018

- Treatment Episode Data Set

Route	Black	White
Oral	1%	1%
Smoking	9%	12%
Inhalation	57%	13%
Injecting	33%	74%

Why Do Race Differences in the Route of Administration Matter?

- Much naloxone is provided through syringe service programs, which may better serve the needs of injectors than snorters or smokers
- Harm reduction services are mostly (or exclusively) provided through SSPs and Black people are more likely to have stigma related to needle useage
- Many SSPs do not have staffs/leaderships of color
- IM naloxone might not be useful for Black people who do not inject drugs.

Drivers of Increased Overdose Deaths among Blacks

- Increasing fentanyl adulteration in heroin, cocaine, and other drugs including pills which might be tied to proximity to drug market or social networks
 - *Some decedents may not have tolerance to opioids because they didn't mean to use an opioid*
- Less access to harm reduction services because most if not all are conducted through SSPs
 - Higher stigma among blacks for injection drug use
 - Much lower rates of injecting
- IM naloxone might not work for people who do not inject (complicated delivery system)
 - Fear of police
 - Fear of stigma

Drivers of Increased Overdose Deaths among Blacks (Continued 1)

- **Untreated pain among Black people and increased rates of disability**
- **Social Determinants of health, health disparities**
 - **Pollution**
 - **Food deserts (gut mind connection)**
 - **Access to medical care, pharmacy deserts**
- **Lack of compassionate and/or overtly discriminatory care and by medical providers – drives people away from care**

Drivers of Increased Overdose Deaths among Blacks (Continued 2)

- **Lack of medication assisted treatment, especially, buprenorphine located in black communities**
- **Mass incarceration**
 - **Negative experiences with coercive non-evidenced based treatment may deter people from seeking treatment**
 - **Loss of tolerance, after detention or incarceration substantially increases the risk of fatal overdose especially with opioids**
- **Pre-existing medical conditions due to systemic racism and trauma**
- **Lack of Black medical, treatment and harm reduction providers**

Principles

- ✓ African American people, families and communities cannot be excluded from narratives told about the opioid epidemic, opioid overdose deaths or the needs of impacted individuals, families and communities.
- ✓ The development and implementation of national and local public health policy and plans must include the participation of Black individuals, families, leaders and/or organizations through all phases of the planning process.
- ✓ Public health and treatment interventions must be tailored to address the experiences and needs of the African American community

Legal and Implementation Implications

- Despite having strong overdose prevention laws, naloxone (the OD reversal drug) is not being distributed in African American communities
- While Medicaid (in IL) covers MAT and naloxone, there may be gaps in knowledge about these medications used to treat OUD.
- Buprenorphine capacity is low for many reasons, including the underfunding of treatment generally during the grants process.
- In Chicago, and many other places, heroin arrests are concentrated in the same place where the highest rates of deaths are highest

Policy Recommendations

- ✓ Ensure access to NASAL naloxone by people who do not inject drugs
- ✓ **Decriminalize Simple Drug Possession**
- ✓ Stop the Targeting of Black people by the police
- ✓ **Create Funding streams for Black Lead and developed Harm Reduction Initiatives**
- ✓ More Black doctors + more Black treatment providers
- ✓ **More research needed on Racial differences in harm reduction access, use patterns, and purchasing patterns.**
- ✓ Consider safe supply

Questions?

Comments?

Want a copy of the paper?

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