Technical Information

SAMHSA
Substance Abuse and Mental Health Services Administration

This training was developed under the Substance Abuse and Mental Health Services Administration's Prevention Technology Transfer Center task order. Reference # 1H79SP081018.

For training use only.

Funding for this presentation was made possible by SAMHSA grant no. 1H79SP081018. The views expressed by speakers and moderators do not necessarily reflect the official policies of HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Central East (HHS Region 3)
PTTC

LIVE

This webinar is now live.

It is being recorded.

Please remain muted.

Welcome

Central East PTTC Webinar

Racial Disparities In Substance Use Prevention

The Central East PTTC is housed at the Danya Institute in Silver Spring, MD

Oscar Morgan
Executive Director

Deborah Nixon Hughes
Project Director

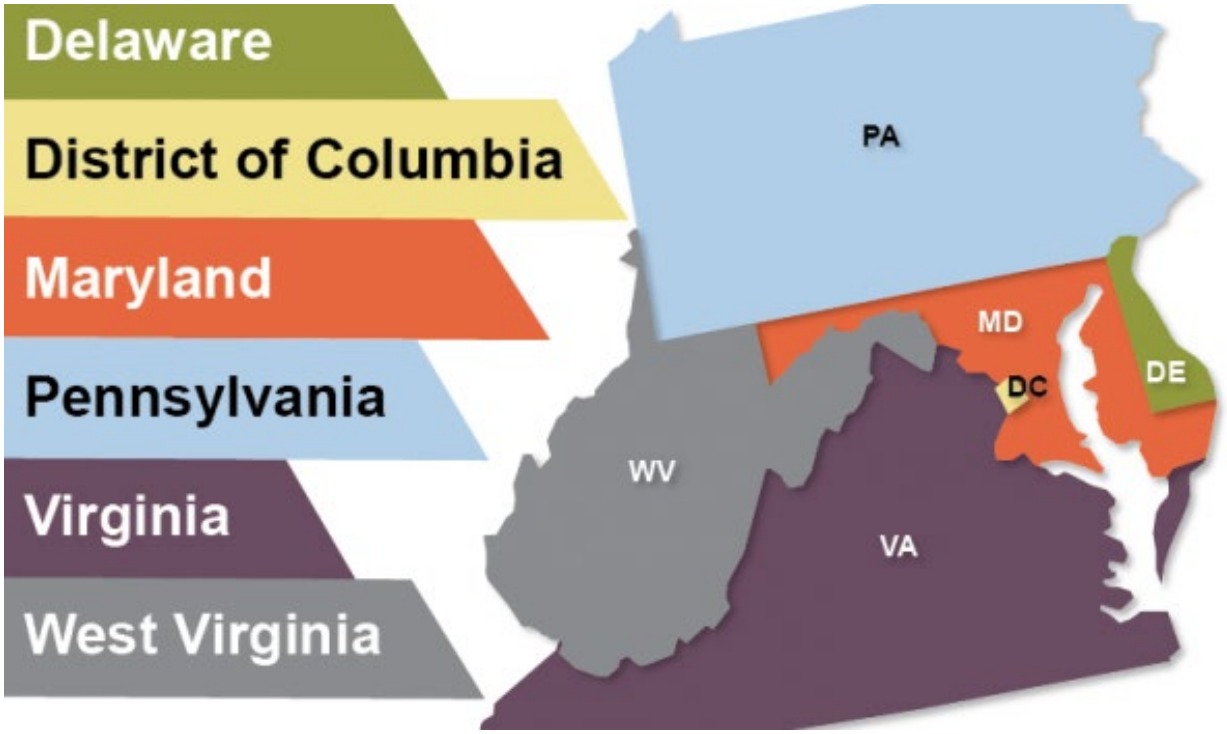
Central East (HHS Region 3)
PTTC

Each TTC Network includes 13 centers.

- Network Coordinating Office
- National American Indian and Alaska Native Center
- National Hispanic and Latino Center
- 10 Regional Centers (aligned with HHS regions)

Central East Region

HHS REGION 3



Central East (HHS Region 3)
PTTC

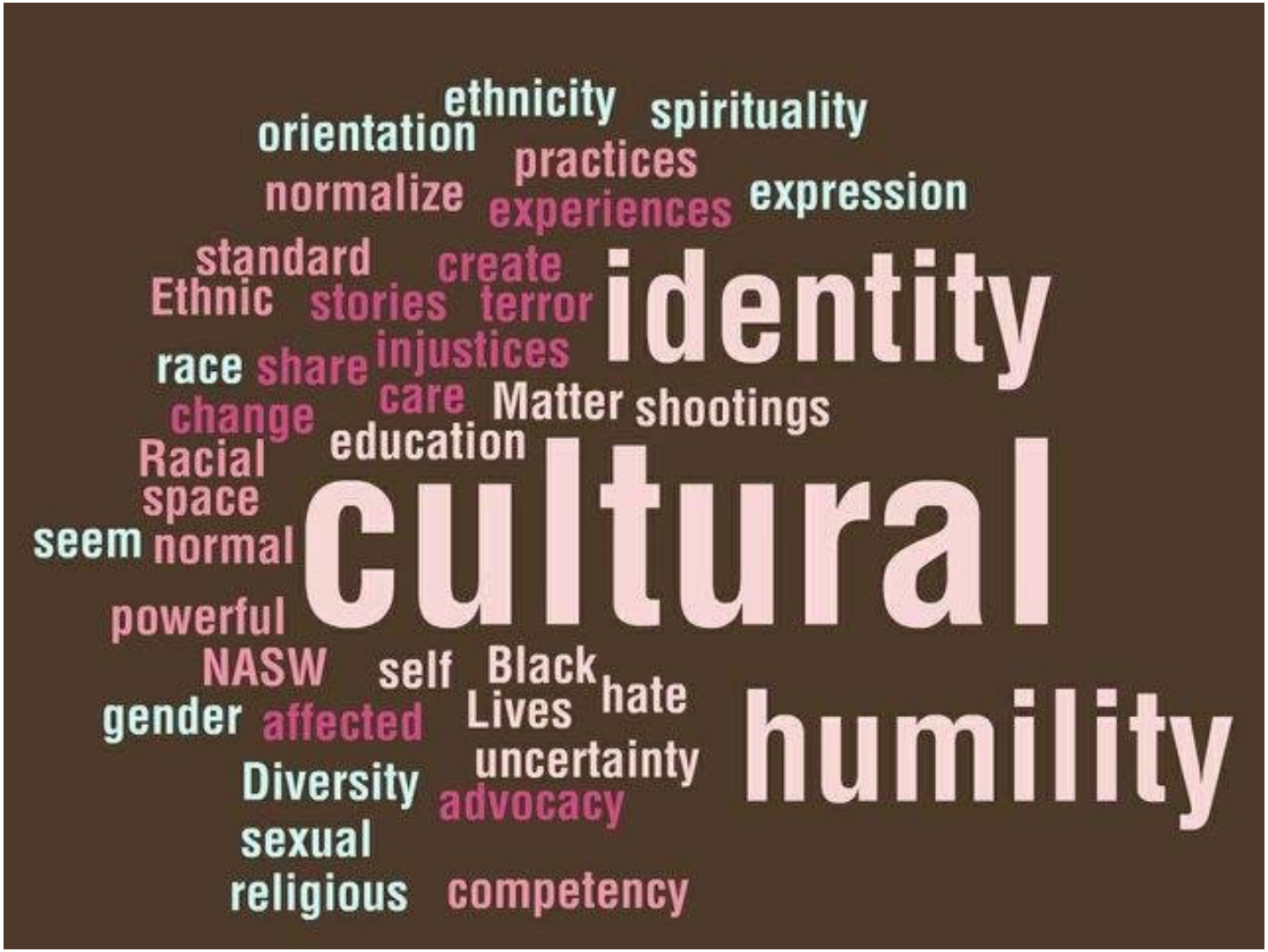
The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

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


ethnicity
spirituality
orientation
practices
normalize
experiences
expression
standard
create
Ethnic
stories
terror
identity
race
share
injustices
change
care
Matter
shootings
education
Racial
space
cultural
seem
normal
powerful
NASW
self
Black
hate
gender
affected
Lives
uncertainty
humility
Diversity
advocacy
sexual
religious
competency

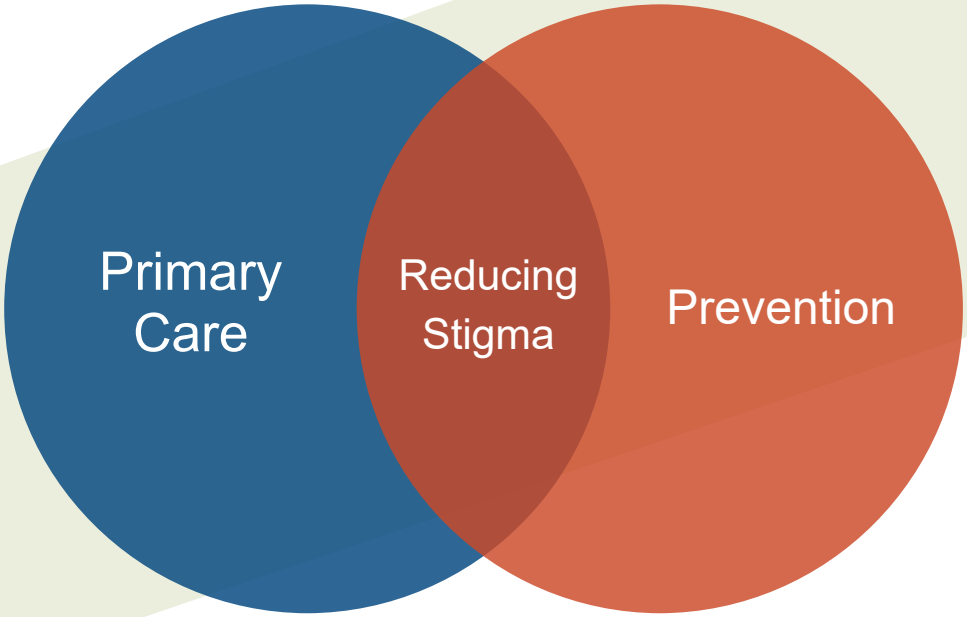
PTTC Mission

1. To Strengthen the Capacity of the Workforce
2. To Deliver Evidence-Based Prevention Strategies
3. Facilitate Opportunities for Preventionists to Pursue New Collaboration Opportunities, which include Developing Prevention Partnerships and Alliances

Central East (HHS Region 3)
PTTC

Central East PTTC Specialty Area

Engaging and Collaborating with Primary Care Providers for Substance Use Prevention



Central East (HHS Region 3)
PTTC

Eligibility

Consistent with Regional, State and Local Needs

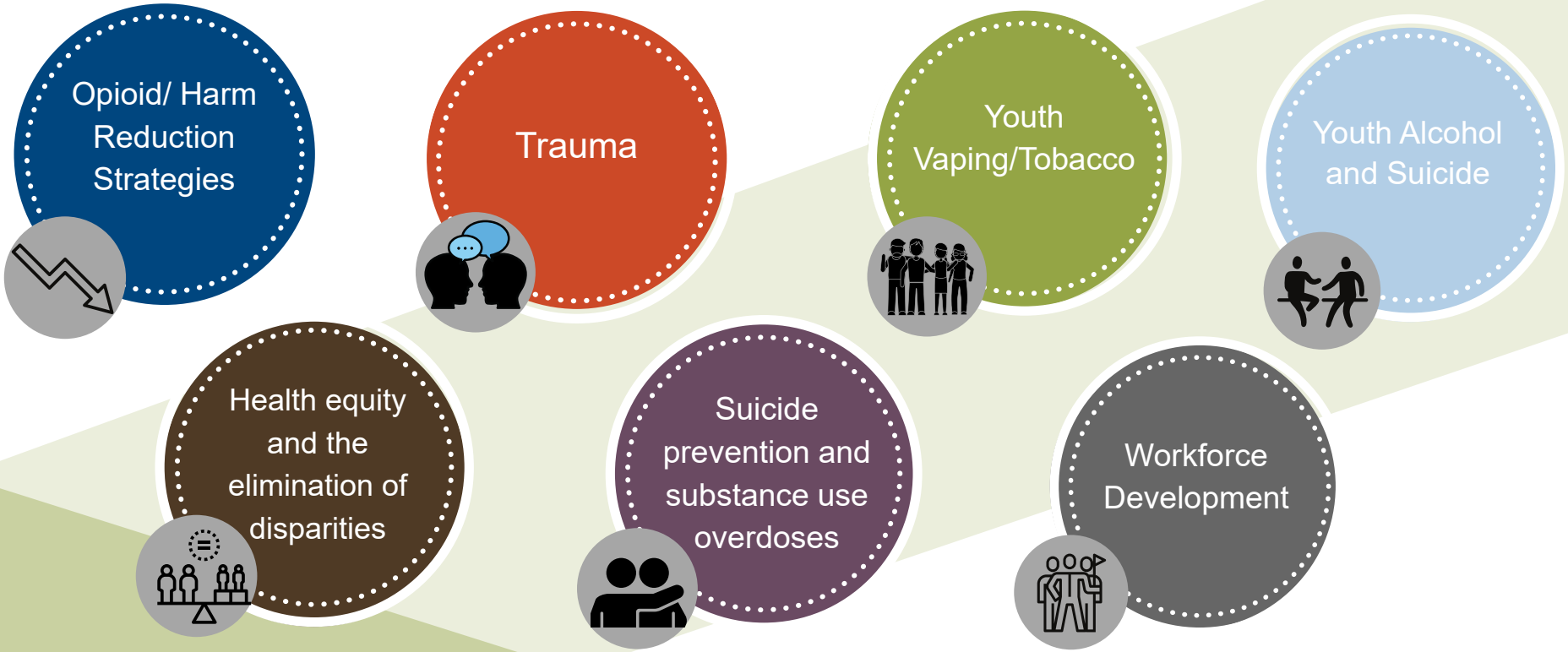
No Cost

Data Driven

EBPs provided by Subject Matter Experts

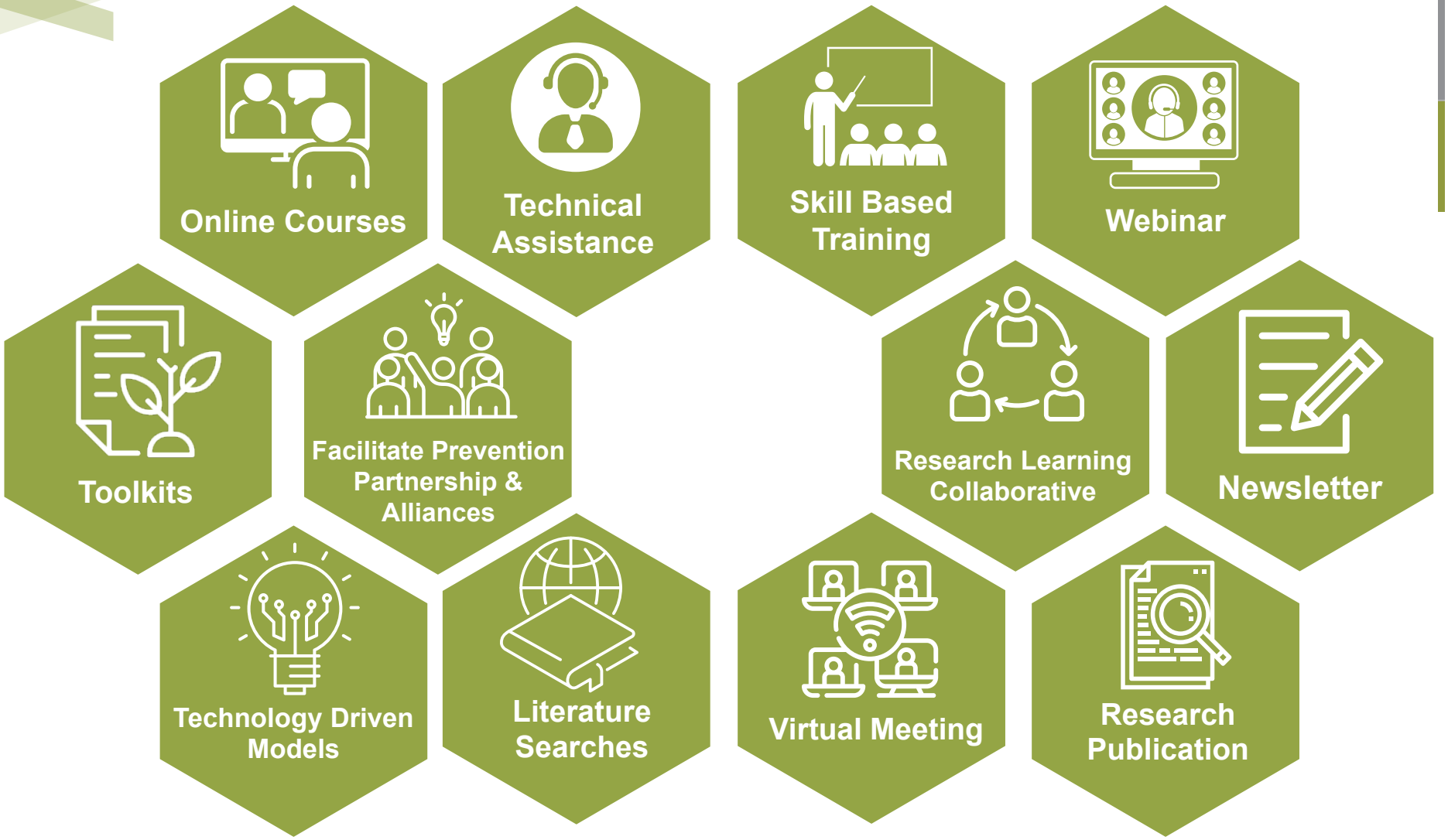
Central East (HHS Region 3)
PTTC

PTTC Focus Areas



Central East (HHS Region 3)
PTTC

Services Available



Central East (HHS Region 3)
PTTC

Other Resources in Region 3

Central East (HHS Region 3)

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)

PTTC

Central East (HHS Region 3)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Racial Disparities In Substance Use Prevention

Laura Hinds MSW, LCSW
Principal Partner of Hindsight Consulting Group, LLC

June 15, 2022

SAMHSA
Substance Abuse and Mental Health Services Administration

THE DANYA INSTITUTE

Learning Objectives

- To highlight the ways in which the field of medicine has earned the mistrust of Black and Brown people.
- To highlight how this reality affects Substance Use and Misuse Prevention efforts.
- To offer opportunity for reflection and strategy re: how to shift one's practice as a provider to mitigate this.

Our Society is in Crisis

Between a pandemic, racial injustices, and ever worsening weather arriving at greater frequency, the worst outcomes disproportionately impact people of color and members of poor communities.

This truth greatly impacts how people cope (some via drug use) and how they access and utilize services. This fragile reality is also incredibly fraught with the historical misuse and abuse of Black and Brown Bodies and instances of systemic racism.

It is our Duty

The foundation of anti-racist efforts is to honor the historic, systemic, and institutional racism that has resulted in the vulnerabilities and threats that impact BIPOC communities at a disproportionate and often deadly rate- and to do something to counteract it.

- We must understand the history to heal the impact of these systems toward racial equity.
- We will strive to connect this to the field of Substance Use Prevention.

Historical Medical Maltreatment

There are many examples of exploitation, cruelty, and disregard in the Medical Community for the sanctioned crimes and neglect that have happened to communities of color. Knowing some of them is important.

- Tuskegee Syphilis Study (1927-932)
- "Mississippi Appendectomy" (1920-1970's)
  - Eugenics (Self Direction of Human Evolution)
- Medical Testing on Slaves
- Stealing of Bodies from Slave Burial Grounds for Medical Education
- Fortune's Bones: Who Was Fortune? (fortunestory.org)
- The harvesting and sale of Henrietta Lax
- Wistar Institute and AIDS infection

Add to the list

- 1 in 5 members of low-income Asian families avoid medical care due to discrimination
- Infant and Maternal Mortality Rates in BIPOC Communities
- Historic Discrimination in funding for Sickle Cell Research
- Studies finding that medical maintenance of opioid addiction not offered or ethically managed in black pregnant women compared to White women.
- Opioid addiction not being considered an “issue” until it affected White communities

HIV Specific

- HIV strains in Africa not being included in studies of HIV medications and treatment efficacy for decades
- How new HIV infections are most common in Black, Brown and POC folx- post “epidemic”
- The missing research on med’s impact on Black, Brown, POC and Indigenous Communities in our country and beyond.

Recent Medical Assaults on Trust

- Johns Hopkin's Lead "Abatement" Study
- Disproportionate offering of MAT to White mothers vs Black (Rosenthal, Short & Abatemarco, 2021)
- Disproportionate reporting to Child Welfare of Black and Brown families by medical establishment (Lynch, Sherman, Snyder & Mattison, 2018)
- Doctor determined and administered sterilization in California's prisons (McCormick, 2021- full text)
- Withholding of opioid pain management with Indigenous people- "for their own well-being" (Personal Communication, Private source)
- Current Infant and Maternal Mortality Rates

Recent Medical Assaults Cont'd

- Raced-Based vs Race-Conscious Medicine
- Use of stigmatized and adversarial language in cross-race provider/client interactions (Hagiwara, Slatcher, Eggly & Penner, 2017)
- Implicit bias and impact on tx and outcomes (Schnierle, Christian-Brathwaite & Louisias, 2019; Zeidan, et al., 2019).
- The disparate impact, management and realities of Covid related impact on BIPOC communities (Keeys, Baca & Maybank, 2021).
- Virtual silence re: the discrimination and cruelty related to AAPI discrimination and violence

When, in truth . . .

- "Research in clinical medicine and epidemiology requires explicit hypotheses; however, hypotheses involving race are frequently implicit and circular, relying on conventional wisdom that Black and Brown people are genetically distinct from White people.[1]
- This common knowledge descends from European colonialisation, at which time race was developed as a tool to divide and control populations worldwide. Race is thus a social and power construct, with meanings that have shifted over time to suit political goals, including to assert biological inferiority of dark-skinned populations.[2]
- In fact, race is a poor proxy for human variation."

(Cerdeña, Plaisime & Tsai, 2020, P.1)

Assumptions taught providers:

- Black people don't feel pain the same way as whites
- Black people are more hopeless re: recovery and "investment in their health" than other races.
- Latinx folx are more sensitive to pain than White people and tend to over present actual pain
- That there are biological differences between black and brown bodies vs white ones that explain diseases
- That black folx have differing lung capacities
- Black patients cannot be trusted, and are more likely to be drug seeking

In Substance Use Prevention

- Indicators that providers believe Black people are more hopeless re: recovery and have less “investment in their health” than other races.
- Actions that indicate an assumption that Black mothers using drugs are more detrimental to their children than White mothers using drugs
- Racism results in social vulnerability that perpetuates drug use: stress, socially toxic, and discrimination (Amaro, Sanchez, Bautista & Cox, 2021).
- This reality results in disproportionate drug use in these affected communities (Farahmand, Arshed & Bradley, 2020)
- This also affects outcomes of services for this population as well.

Disparity in Use by Race

- Indigenous youth have a 500% higher mortality rate due to Opioid overdoses when compared to general population.

- Black people have higher rates of morbidity, mortality, and adverse social and legal consequences.

- Metropolitan area Black people had 818% increase in overdose deaths vs the general population between 2014 and 2017 (Scholl, Seth, Kariisa, Wilson, & Baldwin, 2019)

Impact on Treatment Effort

- Indicators that providers believe Black people are more hopeless re: recovery and have less “investment in their health” than other races.

- Actions that indicate an assumption that Black mothers using drugs are more detrimental to their children than White mothers using drugs

- Racist and inaccurate assumptions/education about Black people’s pain thresholds contributes to less MAT being subscribed to Black patients (Weinstein, et al., 2017; Farahmand, Arshed & Bradley, 2020)

Impact on Outcomes

- Racism results in social vulnerability that perpetuates drug use: stress, socially toxic, and discrimination (Amaro, Sanchez, Bautista & Cox, 2021).
- This reality results in disproportionate drug use in these affected communities (Farahmand, Arshed & Bradley, 2020)
- This also affects outcomes of services for this population as well.

Central East (HHS Region 3)
PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Impact on our Work

Tying things together

SAMHSA
Substance Abuse and Mental Health Services Administration
THE DANYA INSTITUTE

Reflection . . . What does it all mean?

You have been given information, historic perspective, and a forum to discuss.

How will this information affect how you perform your duties?

What impact might it have on your use of self and your voice when speaking to Black patients and patients of color?

How does this touch your understanding of trauma and medicine?

Learning from the past, changing the future

- Respect the wariness
- Be Trustworthy
- Have Patience
- Depersonalize mistrust and reactivity
- Contextualize the reactions
- Recognize and name Racial Trauma
- Understand your placement in the cycle of mistrust
- Centralize Client/patient priorities
- Increase Transparency and Choice
- Do the work to increase anti-racist initiatives in the practice of medicine

The Importance of Being Ernest

- Many patients, regardless of race, are intimidated by providers
- Care visits are characterized by activating circumstances: Vulnerability, judgment, evaluation, weight, nakedness and wait times
- It is not uncommon to feel anxious about medical appointments in general

Your presence, demeanor, and concern can have a profound impact on someone's experience in clinic that day.

Look for opportunities to shift the needle in a person's experience of their visit

Central East (HHS Region 3)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Anti-racism in SUD Prevention

Bringing it all home

SAMHSA Substance Abuse and Mental Health Services Administration

THE DANYA INSTITUTE

What does it mean to be "Anti-Racist"

- Anti-racism transcends the common language of "ally" and speaks to the awareness and dismantling of systemic and individualized causes of racial discrimination.
- It requires action and some level of personal responsibility to sustain efforts when they can become overwhelming.

Anti-racism in Substance Use Prevention

- Anti-racism in medicine requires that we reckon with these past and present realities
- It requires we do our due diligence- address our implicit biases, reflect on our personal “Starting Points”, and do the work
- It requires us to question the “standard” (the hx of who defined it) and advocate for inclusion and correction
- It means educating ourselves in Cross-Cultural Communication, Patient-Centered care, Race Conscious Efforts, and Trauma Informed Practices
- It requires we de-stigmatize this reality

In action, . . .

- Making investments in our learning and understanding
- Reflecting on our systemic processes and advocating to change them.
- Integrating Drug Use Screening and treatment in Primary Care, OB-GYN, and Case Management Systems and Infectious Disease efforts (Farahmand, Arshed & Bradley, 2020)
- Advocate for Economic stability in poor communities (Farahmand, Arshed & Bradley, 2020)
- By addressing how intergenerational use, wide-spread incarceration, poverty, violence, and stigmatizations affect the prevention treatment of Black, Latinx, and Indigenous populations (SAMHSA, 2020)
- Including Indigenous, Asian and Latinx people in our research re: SUD and Tx (Farahmand, Arshed & Bradley, 2020)
- Identifying and addressing overlap with homophobia, sexism, transphobia, and anti-immigration bias (Krieger, 2014)
- Amplifying voices of BIPOC community members and stakeholders.
- Asking for feedback and guidance from affected populations

Resources

- https://careersofsubstance.org/resources/racial-equity
- https://www.naadac.org/assets/2416/resource_1_article_antiracism_su_tx_addiction_does_not_discriminate_but_do_we.pdf
- https://dicp.hms.harvard.edu/resources-anti-racism
- https://medschool.duke.edu/about-us/diversity-and-inclusion/office-diversity-and-inclusion/resources/anti-racism-resources
- https://www.med.emory.edu/about/diversity/anti-racism-guide.html
- https://www.mededportal.org/anti-racism

You can make a difference

- To whom much is given, much is expected
- Using your voice to call-out procedures and policies, and call-in colleagues and fellow allies
- Recognize Racial Trauma as relevant and real
- Recognize that in order to “First do no harm”, we must aspire to Racial Equity
- Continue the learning . . .

References:

- Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and
- Cerdeña, J. P., Plaisime, M. V., & Tsai, J. (2020). From race-based to race-conscious medicine: how anti-racist uprisings call us to act. *The Lancet*, *396*(10257), 1125-1128.
- Farahmand, P., Arshed, A., & Bradley, M. V. (2020). Systemic racism and substance use disorders. *Psychiatric Annals*, *50*(11), 494-498.
- Hagiwara, N., Slatcher, R.B., Eggly, S., Penner, L.A. (2017). Physician Racial Bias and Word Use during Racially Discordant Medical Interactions. *Health Commun*. Apr: 32(4): 401-408. 10.1080/10410236.2016.1138389

References Continued

- Keeys, M., Baca, J., & Maybank, A. (2021). Focus: Preventive Medicine: Race, Racism, and the Policy of 21st Century Medicine. *The Yale journal of biology and medicine*, *94*(1), 153.
- Krieger N. Discrimination and health inequities. *Int J Health Serv*. 2014; *44*(4):643–710. 10.2190/HS.44.4.b PMID:25626224
- McCormick, E. (2021) Survivors of California's forced sterilizations: "It's like my life wasn't worth anything." The Guardian. July, 19, 2021: https://www.theguardian.com/us-news/2021/jul/19/california-forced-sterilization-prison-survivors-reparations
- Rosenthal E, Short V, Abatemarco D, Hand D. (2021). Race and methadone dose at delivery in pregnant patients with opioid use disorder. *Journal of Substance Abuse Treatment*.

References Cont'd

- Substance Abuse and Mental Health Services Administration (SAMSHA) (2020). Office of Behavioral Health Equity. The opioid crisis and the Black/African American population. Accessed October 8, 2020: https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-05-02-001_508%20Final.pdf
- Schnierle, J., Christian-Brathwaite, N., & Louisias, M. (2019). Implicit bias: what every pediatrician should know about the effect of bias on health and future directions. *Current problems in pediatric and adolescent health care*, *49*(2), 34-44.
- Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. (2019). Drug and opioid-involved overdose deaths — United States, 2013–2017. *MMWR Morb Mortal Wkly Rep*. 2019; *67*(51 and 52):1419–1427.
- Weinstein Z. M., Kim H. W., Cheng D. M., et al.(2017). Long-term retention in office based opioid treatment with buprenorphine. *J Subst Abuse Treat*. 2017; *74*:65–70. 10.1016/j.jsat.2016.12.010 PMID:28132702
- Zeidan, A. J., Khatri, U. G., Aysola, J., Shofer, F. S., Mamtani, M., Scott, K. R., ... & Lopez, B. L. (2019). Implicit bias education and emergency medicine training: step one? awareness. *AEM Education and Training*, *3*(1), 81-85.

Laura Hinds MSW, LCSW
Laura.L.Hinds@gmail.com

SAMHSA
Substance Abuse and Mental Health Services Administration

PTTC
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Evaluation

Your feedback is important!

Evaluation Form
To complete the evaluation form, go to https://ttc-gpra.org/P?s=738185

Resources Page and Slides
Upon completion of the evaluation form, your browser will redirect to the Resources Page for today's webinar, which will include a PDF of the PowerPoint slides.

Certificate of Attendance / Contact Hour
To request a certificate: complete the evaluation form and follow the instructions on the Resources Page

Recording
A recording of today's webinar will be available online in 4-6 weeks.

If you have any issues accessing the evaluation, resources page, or slides, please send an email to **webinars@danyainstitute.org**

Central East (HHS Region 3)
PTTC

Contact Us

Central East (HHS Region 3)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

a program managed by

THE DANYA INSTITUTE

Central East PTTC website:
www.pttcnetwork.org/centraleast

Danya Institute website:
www.danyainstitute.org

Deborah Nixon-Hughes, Director:
dhughes@danyainstitute.org

Danya Institute email and phone:
info@danyainstitute.org
(240) 645-1145

Funding for this presentation was made possible by SAMHSA grant no. 1H79SP081018. The views expressed by speakers and moderators do not necessarily reflect the official policies of HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Central East (HHS Region 3)
PTTC