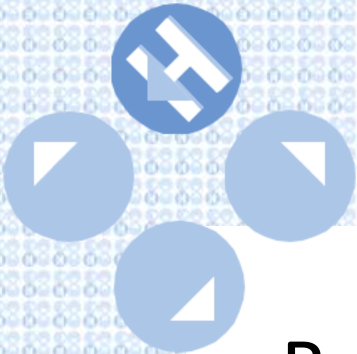


Racial Disparities in Substance Use Prevention

By Laura Hinds MSW, LCSW

For Alaska's MAT Conference 2022

Learning Objectives

- To highlight how the field of medicine ha earned the mistrust of Indigenous, Black, and Brown people.
- To spotlight how this reality affects Substance Use and Prevention efforts.
- To offer opportunity for reflection and strategies re: how to shift one's practice as a provider to mitigate this phenomenon.

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.

Consequently:

- This greatly impacts how people cope (some via drug use) and how they access and utilize services.
- The historic disregard and misuse of Black and Brown bodies my medical systems negatively impacts the trust and engagement we strive to foster.

It is Our Duty

To promote racial equity in health care we must honor the historic, systemic, and institutional instances of marginalization and oppression that has caused those vulnerabilities.

- We must understand our history and how it has impacted these populations
- Ultimately, this ties to Substance Use Prevention.

Historic Medical Maltreatment:

- Consistent Omission of First Nation People from medical studies and trials
- Weaponizing "knowledge" against BIPOC folx
- 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
- Lack of representation in medical brochures leads to mistrust of medical systems by First Nation people.
- Segregation and forced quarantine/incarceration of First Nation people in government run “Indian Hospitals” in greater North America until 1996 (Geddes, 2017).
- Starvation, rape, emotional and physical abuse in Residential schools result in higher trauma experiences and drug use for coping.
- 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

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 Continued

- 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
- Reported experiences of medical providers' bias hindering actual diagnoses and care: Aftershock

In Substance Use Prevention

- Racism and discrimination results in social vulnerability that perpetuates drug use: stress, socially toxic, and discrimination (Amaro, Sanchez, Bautista & Cox, 2021).
- 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
- This reality results in disproportionate drug use in these affected communities (Farahmand, Arshed & Bradley, 2020)
- A lack of inclusion or respect for cultural experiences and historic cruelties for First Nation, Black, and other POC's in the development of substance use treatment and protocols.
- This also affects outcomes of services for these marginalized populations.

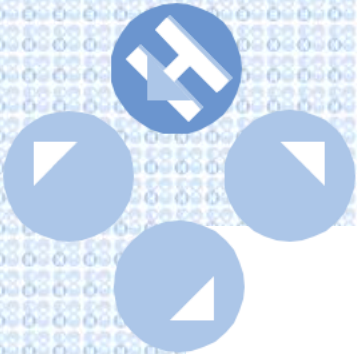
Disparity in Use and Impact by Race

According to research by Scholl, Seth, Karisa, Wilson, & Baldwin in 2019:

- 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 from their drug use.
- Metropolitan area Black people had 818% increase in overdose deaths vs the general population between 2014 and 2017 (

Impact on Treatment Efforts

- Historically, Indigenous people are less likely to participate in majority run drug treatment programs, and those that do are more than 50% more likely to drop out (Mccormick, 2000).
- 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)



Tying things together

IMPACT ON OUR WORK

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

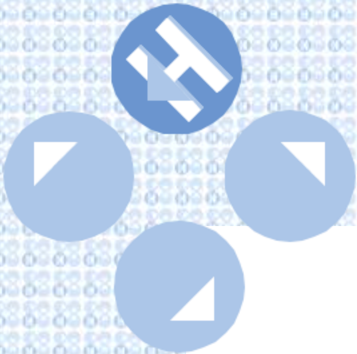
- Respect the wariness
- Be Trustworthy
- Have Patience
- Depersonalize mistrust
- Contextualize the reactions
- Recognize and name Racial Trauma
- Understand your placement in the cycle of mistrust
- Centralize Client/patient priorities
- Increase Transparency and Choice
- Increase anti-racist initiatives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

The Importance of Being Earnest

- 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



Bringing it all home

ANTI-RACISM IN SUD PREVENTION

What it means 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 guidance, collaboration, and feedback 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, continue the dialogue . . .

Any Questions?

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