

NC Department of Health and Human Services

NC Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)

January 22, 2021

Welcome to OPDAAC!

- We will start promptly at 10:00AM!
- For questions during the meeting:
 - Please put your questions in the chat box, which will be monitored for the duration of the meeting. *Note*: you need to send to all panelists and attendees to ensure your question is addressed in a timely manner.
 - If you would like to ask a question to a specific presenter, please be sure to include their name in your question.
- The meeting recording, agenda and PowerPoint slides will be added to our NC DHHS Opioids/OPDAAC page
 - -<u>https://www.ncdhhs.gov/about/department-initiatives/opioid-</u> epidemic/nc-opioid-and-prescription-drug-abuse-advisory
 - Please note, it can take up to 7 days for materials to be posted to the website. An email will be sent out to all attendees once materials have been posted.

Intersection: Promoting Equity in the Management of Substance Use Disorders

Dr. Shuchin Shukla



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Agenda/Outline

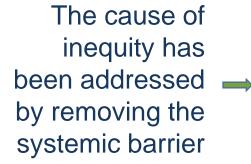
- 1) Terminology & Theory
- 2) Historical Context of Health Disparities
- 3) Disparities in Substance Use Disorders
- 4) Inequities in Treatment Accessibility
- 5) Actionable Steps



Terminology & Theory

Health Equity Call to Action¹

EQUALITY EQUITY LIBERATION INCLUSION





¹Maguire A 2019

Social Determinants of Health¹

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
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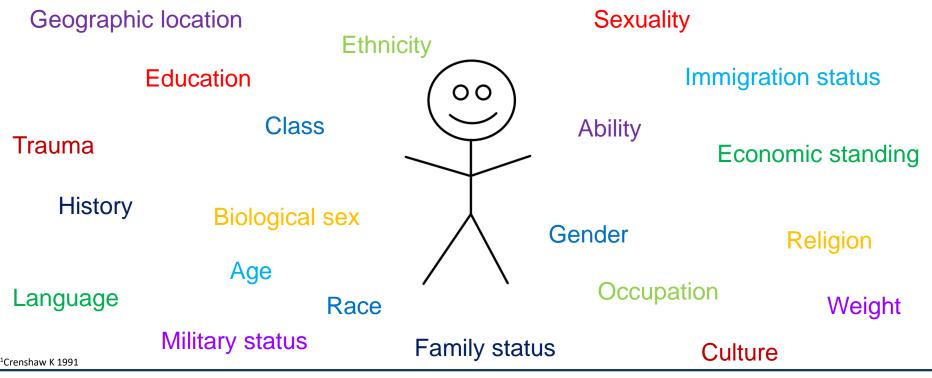
Some Populations at Risk for Healthcare Disparities

Economically Disadvantaged	 Low SES Uninsured & Underinsured Unhoused Migrant laborers Immigrants & Undocumented 	Carceral/ Justice-involved
Special Populations	- Disabled - Pregnant - Adolescents -LGBTQIA+	Stigmatized - Mental Illness - Substance Use
Black/African AmLatinx	erican	

- Native American
- Other underrepresented and misrepresented groups that are Non-White

Intersectionality

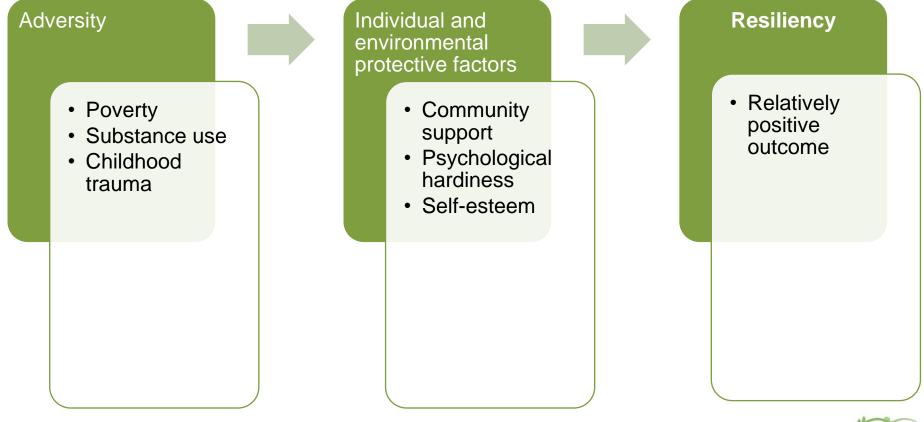
"The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage."¹



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Resiliency

"the combination of serious risk experiences and a relatively positive psychological outcome despite those experiences"²



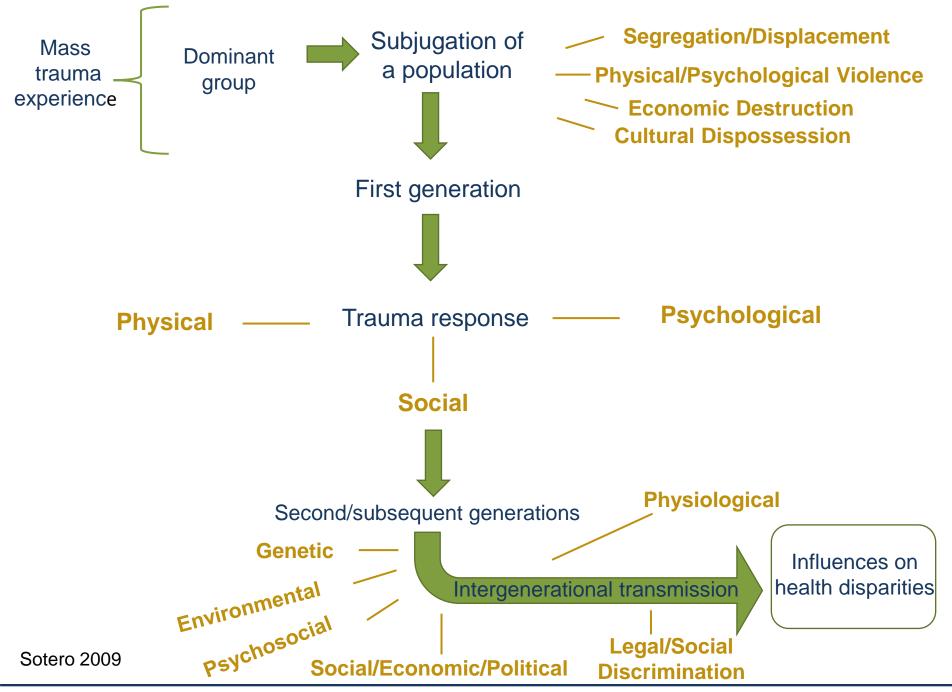


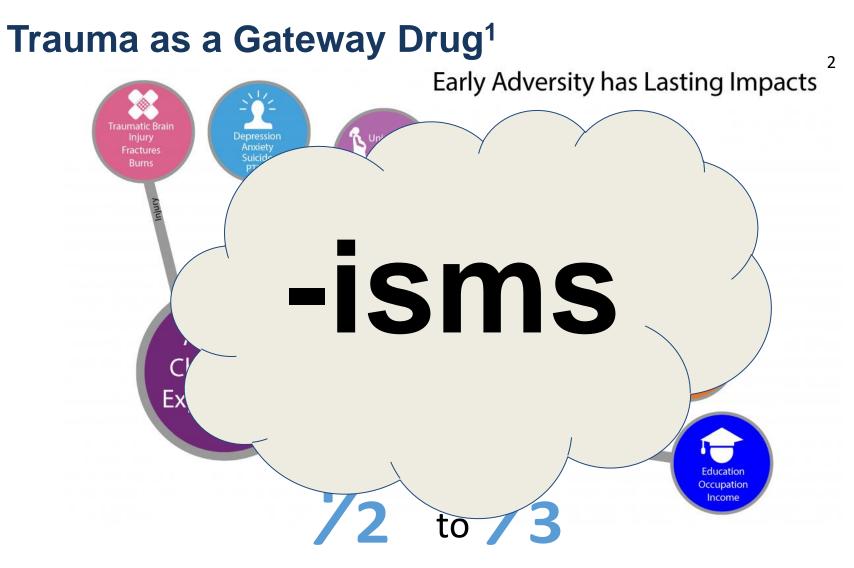
Historical Context of Health Disparities

Disenfranchisement and the Medical System

Denying flu shots at detention	birth control access		ources for rural	Exclusive use of male patients in trials	Tuskegee Syphilis Trials
centers	access	populations			Lack of funding
Under- treatment of chronic pain	Forced			rates of nuation of	during AIDS Crisis
in POC	sterilization		opioids for black patients with positive UDS		Issues of informed consent I.e., Henrietta Lacks
Under-	Medical voyeurism of transgender and GNC patients				
treatment of chronic pain					
in women					
Criminalization & Imprisonment of black women with substance			Forced assimilation of Native Americans through boarding schools		

use





of drug use problems could be traced back to Adverse Childhood Experiences (ACEs)³

¹Ozim D 2016 ²CDC, 2019 ³Dube S, Dong M, Chapman D, et al. 2003

Epigenetics & Equity

- The study of heritable changes in gene function that do not involve changes in DNA sequence¹
 - Methylation essentially determines how "open" or "closed" a section of DNA is, and thus determines if it can be "read" (expressed) or not
- Changes like these are heritable and have transgenerational effects²

Impacted by:

- Environment
- Stress
- Chemical exposure
- Diet
- Exercise



Quiz! Chat your Responses

Many healthcare professionals believe in a biological difference between races

• **True:** In a peer reviewed article in 2016, 25% of residents believe that the skin of black people is thicker than the skin of white people. 14% of second-year med students believed that Black patients' nerve endings are less sensitive than white patients'. 17% believed that black patients' blood coagulates more quickly than whites'.¹ There is no supporting evidence for a biological difference.

Nearly 1 in 20 Americans meet the criteria for a substance use disorder.

• False: 1 in 10 Americans meet the criteria for a substance use disorder⁴

White patients with pain are more likely to receive an opioid in an emergency department than patients of other races.

True: 31% of white patients in pain received an opioid, compared to 23% of black patients, 24% of hispanic patients, or 28% of Asian patients and patients of other ethnicities.⁷

¹Hoffman K, Trawalter S, Axt J, et al. 2016
²Martin N, Montagne R 2017
³Kielsel 2017
⁴NIDA 2015
⁵NIDA 2017
⁶Baciu A, Negussie Y, Geller A, et al. 2017
⁷JAMA 2008



Disparities in Substance Use Disorders and Opioid Use Disorders

The U.S and the Impact of Opioids

- The U.S. experiences the highest drug-related mortality worldwide ¹
- Drug overdose is now the leading cause of death in the U.S. for those under 50.
 - Exceeds deaths related to firearms, car accidents, homicides ²

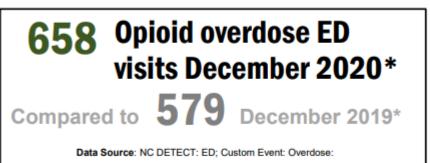


Drug-related deaths worldwide occur in the U.S.²

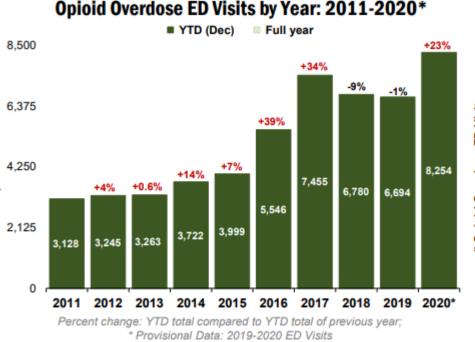


¹United Nations Office on Drugs and Crime 2018 ²CDC 2017 ³CDC 2018

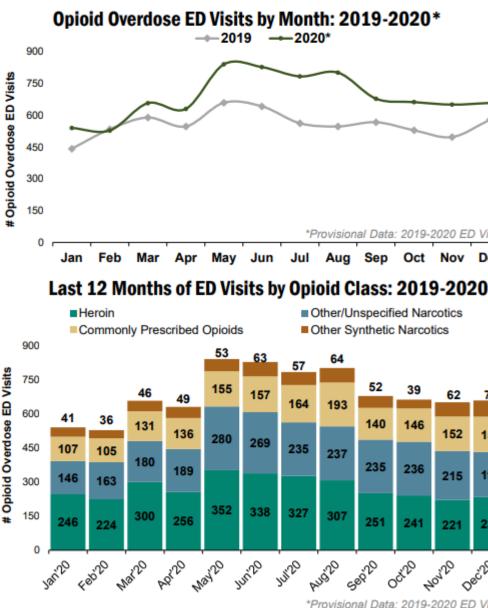
658 NORTH CAROLINA EMERGENCY DEPARTMENT (ED) VISITS FOR OPIOID OVERDOSE: DECEMBER 2020



Note: Counts based on ICD-10-CM diagnosis code of an opioid overdose: T40.0 (Opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone), T40.4 (Other Synthetic Narcotics), and T40.6 (Other and Unspecified Narcotics).



BTH CAROLINA INITIRY AND VIOLENCE PREVENTION



1/13/2021

www.injurvfreenc.ncdhhs.gov

Monthly Opioid Overdose ED Visits Rate: December 2020*

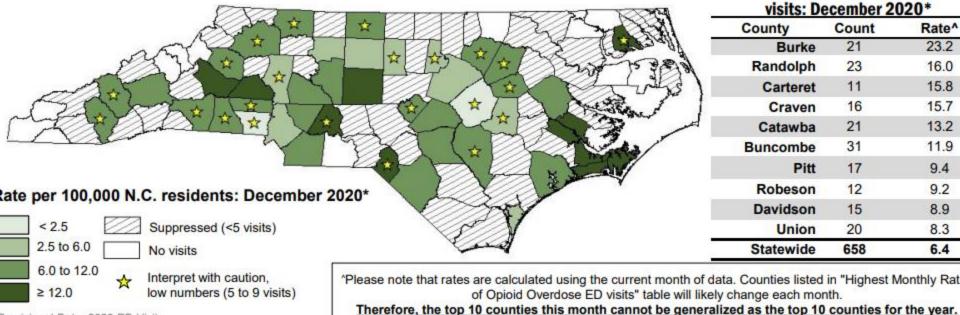
Overdose ED visits among Counties

North Carolina

Injury 🞖 Violence 💷

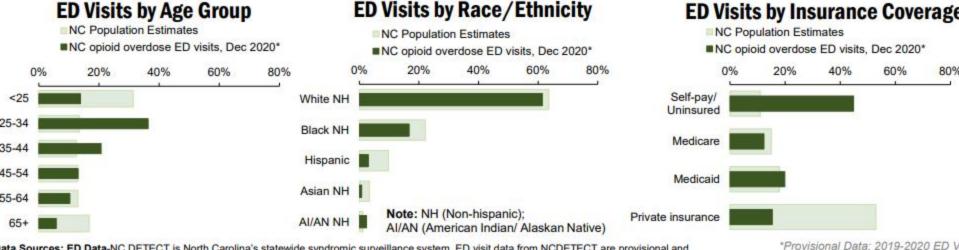
PREVENTION Branch

NC DETECT



Provisional Data: 2020 ED Visits

Demographics of Opioid Overdose ED Visits Compared to Overall NC Population Estimates



ata Sources: ED Data-NC DETECT is North Carolina's statewide syndromic surveillance system. ED visit data from NCDETECT are provisional and hould not be considered final. For training on NCDETECT, contact Amy.Ising@ad.unc.edu; Population Data-U.S. Census Bureau, ttp://quickfacts.census.gov; Insurance coverage Data-Kaiser Family Foundation estimates based on the Census Bureau's American Community urvey, 2008-2018, www.kff.org/other/state-indicator/total-population.

ote: Self-pay ED visits are compared to the uninsured overall population estimate category.

Figure 2. Magnitude of increase in drug overdose deaths involving synthetic opioids other than methadone per 100,000 population, by ethnicity, 2013-2017



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System – Mortality, 2013-2017.

Note: For this measure, lower rates are better.

Rates of Use vs. Rates of Incarceration

- More white people use illicit drugs, yet huge disparity in rates of incarceration
 - Nearly 80% of people in federal prison and almost 60% of people in state prison for drug offenses are black or Latinx²

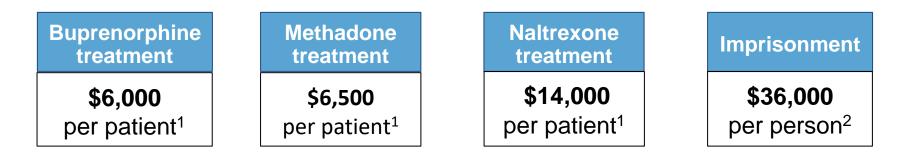
Race/ethnicity	Illicit Drug Use in Lifetime among Persons Aged 12 or Older (2018) ^{1:}	Percentage of US population ³
White	54.5%	60.4%
Black or African American	45.9%	13.4%
Hispanic or Latinx	37.7%	18.3%

¹ SAMHSA 2019 ² Drug Policy Alliance 2019 ³US Census, 2019

Economic Impact of SUDs

• Treatment is less expensive than alternatives

Approximate average cost for 1 full year:



 Every \$1 invested in addiction treatment returns a yield of \$4 to \$7 in reducing drug related crimes, criminal justice and theft³
 Not including healthcare costs



¹ASAM 2015 ²Federal Register 2018 ³NIDA 2016

Inequities in Treatment Accessibility

Disparities in Access to MAT

Economic

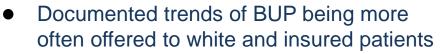


- Especially related to Medicaid coverage gaps
- Populations at greater risk for OUD are more likely to live in states that did not expand Medicaid or where state Medicaid programs do not cover evidence-based treatment^{1,2}

¹Abraham AJ, Andrews CM, Yingling ME, Shannon J 2018.
²Grogan H, Andrews C, Abraham A, et al. 2016
³Hansen H, Skinner ME 2012
⁴Hayes V 2018
⁵Public Domain Vectors. Public Domain
⁶Goedel, Shapiro, et al. 2020

Marketing and Prescribing Patterns

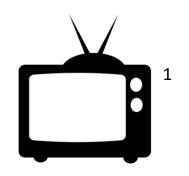
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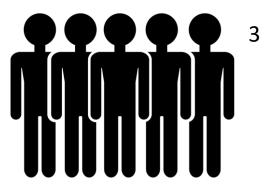
- Methadone more often offered to patients of color and poorer patients^{3,4}
- Capacity to provide methadone: higher in counties where African American and Latinx residents were unlikely to interact with white residents⁶
- Capacity to provide buprenorphine: higher in counties where white residents were unlikely to interact with African American or Latinx residents⁶

Rural & Remote Populations

Targeted marketing strategies

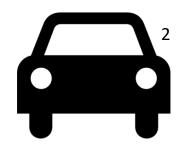


Fewer providers



Longer travel time for treatment

Difficulty accessing treatment



¹Public Domain Vectors. Public Domain ²Clip Art Mag. CC BY-NC 4.0 ³ Vecteezy, 2020



AHEC

COVID-19: Additional Disparities





Actionable Steps

Why is this Important?

- Shifting the onus from the individual for health-related choices and behavior to the lack of supportive environments that foster wellness but instead actively oppress and marginalize individuals from specific groups
- Attending to "institutional pathologies that lead to clinical pathologies."¹⁻²
- A focus that is only on the disease is seen as reductionist as it "reduces the illness experience to a physiological locus."
 - Only seeking to treat the biological aspects of illness often do not completely dissipate the experience of illness.³
- Building and maintaining relationships over time



¹Hansen H, Metzl J 2016 ²Hansen H, Metzl 2014 ³Wiley A, Allen J 2017

Implicit vs Explicit Bias¹

Implicit Bias

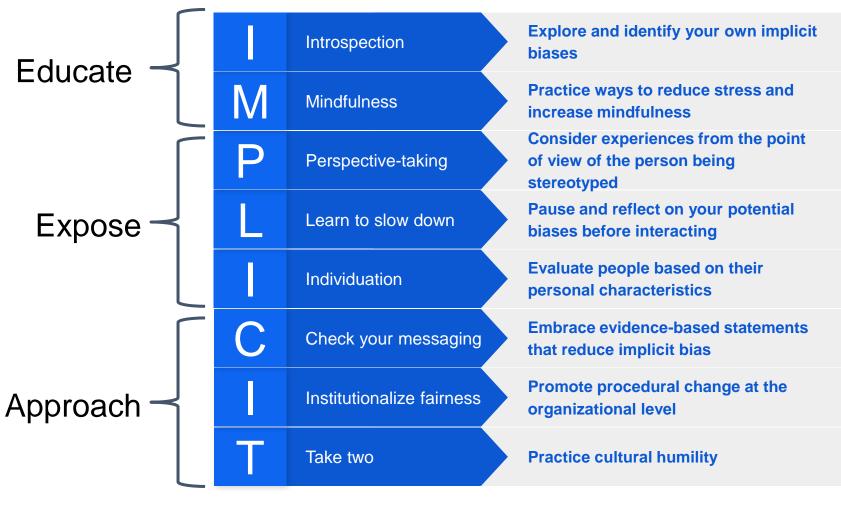
- Unconscious biases
- Based off of stereotypes regarding certain groups of individuals
- Outside of a person's own awareness

Explicit Bias

 Conscious beliefs and stereotypes that one identifies to belong to a social group

¹Office of Diversity and Outreach, University of California, San Francisco 2019

Strategies to Combat our Implicit Biases



¹Edgoose J, Quiogue M, Sidhar K 2019

1

THE OPIOID CRISIS AND THE BLACK/AFRICAN AMERICAN POPULATION: AN URGENT ISSUE





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Macro Intervention Examples

- 1) Holistic approach
 - Comprehensive services- housing, food security, criminal justice reform, education, living wage jobs
- 2) Community buy-in and leadership
 - Diverse stakeholder collaboration- faith communities, non-profits, criminal justice system, lived experience
 - The degree of progress is directly related to the degree of trust
- 3) Culturally relevant messaging and engagement strategies
 - Relationship building
 - Acknowledge intersectionality
- 4) Diverse workforce
 - Including leadership!



Task Force for Racial Equity in Criminal Justice

Jasmine McGhee and Steve Mange

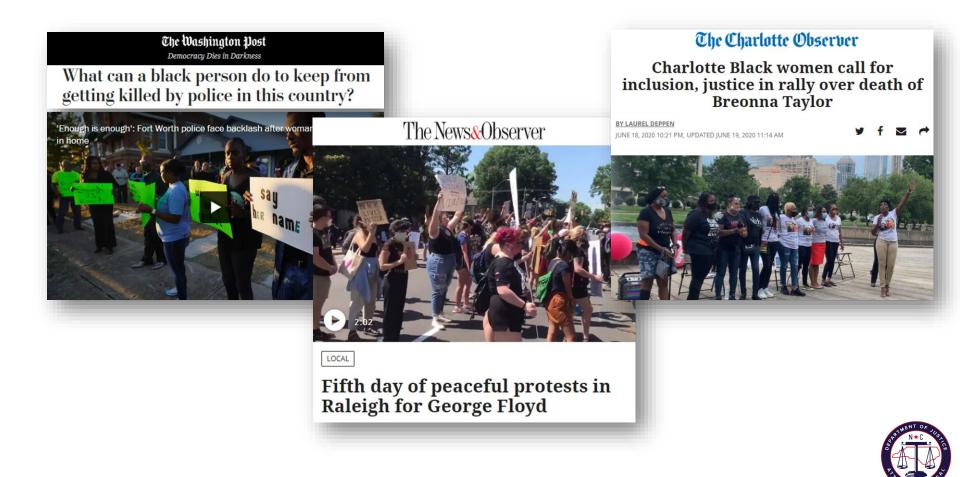


Background Formation of the Task Force

The Washington Post US Democracy Dies in Darkness Investigations Ahmaud Arbery was killed doing what he Vex loved, and a south Georgia community The death of George Floyd: demands justice What video and other records The police shooting death of ARRERY FAMILY **Breonna Taylor, explained** show about his final minutes The 26-year-old EMT was killed by police in her home in March. Calls for justice only continue to grow. N THE UNITED STATES NEW DEVELO FRIENDS & FAMILY REMEMBER JOGGER GUNNED DOWN IN GEORGIA C TODAY ALBUQUERQUE WIND 89" LAS VEGAS 6 96 SAN DIEGO NEW DA



Background Formation of the Task Force





Background Formation of the Task Force

Governor Cooper established the Task Force for Racial Equity in Criminal Justice (TREC) through Executive Order 145 in June 2020.

THE PROGRESSIVE PULSE

Supreme Court Justice, Attorney General to lead new Task Force for Racial Equity in Criminal Justice

🙀 By Melissa Boughton 🧿 June 9, 2020 🙊 2 Comments 🖆 In Courts & the Law, Defending Democracy, News





Background Membership

Comprised of a diverse crosssection of leaders from across North Carolina:

- Advocates
- Elected officials
- Judges
- Prosecutors
- Public defenders
- Law enforcement

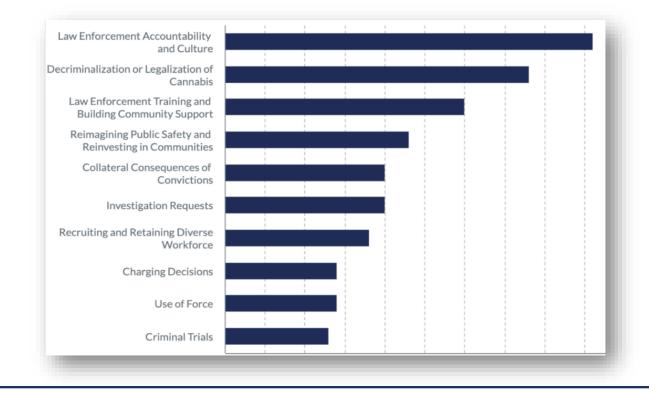
Gov. Cooper's new Racial Equity Task Force promises to turn words into action against systemic racism





Structures Listening Sessions & Public Comment Session

- Six listening sessions to hear from community leaders
- Three two-hour public comment sessions





Recommendations Related to Substance Use Disorder

Respond more appropriately to calls for emergency service.





Add crisis intervention training.



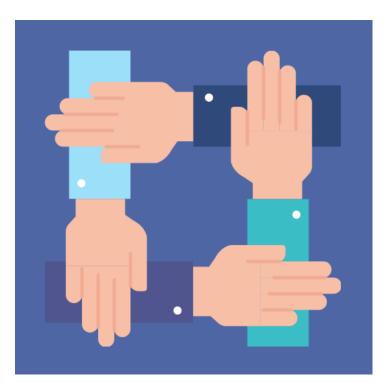


Fund grassroots organizations.





Form Community Safety and Wellness Task Forces.





Improving Policing Practices **Promote Diversion and Other Alternatives to Arrest**

Treat addiction as public health crisis.

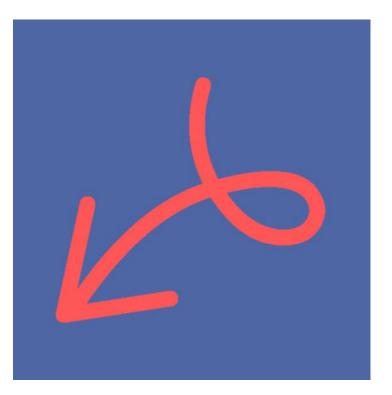




Improving Policing Practices Promote Diversion and Other Alternatives to Arrest

Establish and expand access to diversion programs.

Encourage citations and summons in lieu of arrest whenever possible.





Improving Policing Practices Revise the role of School Resource Officers

Hire behavioral health professionals in schools/train all school personnel to meet student behavioral needs.





Enhancing Accountability Improve Law Enforcement Accountability and Culture

Study the effects of officers' physical and mental health on job performance.





Eliminating Racial Disparities in the Courts Decriminalize Marijuana Possession

Deprioritize marijuana-related arrests and possession.

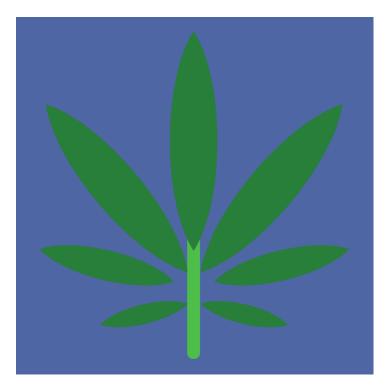
Decriminalize the possession of up to 1.5 ounces of marijuana.





Eliminating Racial Disparities in the Courts Decriminalize Marijuana Possession

Convene a task force of stakeholders to study marijuana legislation.





Eliminating Racial Disparities in the Courts Improve Pretrial Release and Accountability Practices

Eliminate cash bail for Class I, II, and III misdemeanors unless risk to public safety

Require first appearance within 48 hours or next day in which District Court is in session

Encourage the use of independent pretrial services whenever possible at no cost to defendant.





Promoting Racial Equity Post-Conviction Amend Incarceration Facilities' Practices and Programming and Address Prison Discipline

Increase funding for behavioral health services and programs in prison.





Key Process Issues Task Force Next Steps

Final report was submitted to the Governor on Dec. 14

Task Force is now focusing on implementation of solutions and partnerships with other policymakers





Questions?

• NCDOJ.GOV/TREC



Wrap up and THANK YOU!

Alan Dellapenna, Branch Head, Injury and Violence Prevention Branch, Division of Public Health

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Next Virtual OPDAAC Meeting: March 2021 – stay tuned for more information.

Save the Date: Opioid Misuse and Overdose Prevention Summit May 4-6, 2021, Virtual