Foundation *for* Opioid Response Efforts

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Issue Brief

Promoting Equity in Access to Opioid Use Disorder Treatment and Supports: A Focus on Black Communities

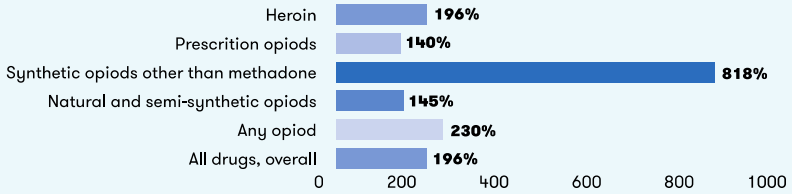
For much of the last two decades, opioid-related overdoses among Black Americans have been obscured by media reporting that has emphasized the impact of the opioid crisis on largely white rural and suburban populations. For many of those years, overdose deaths among Black Americans were significant, but the per capita rate was typically half that of white Americans. Unfortunately, the gap is now closing, driven in part by the emergence of synthetic opioids like fentanyl.

Deaths from synthetic opioids now account for more than half of opioid-related deaths in the U.S., a trend that began in 2016 as illicitly manufactured synthetics overtook heroin, oxycodone, and other drugs as the leading cause of opioid-related overdoses. As synthetics have flooded the U.S. market, they have been added to other drugs, including cocaine, amphetamines, and benzodiazepines, putting people who are unaccustomed to opioids at heightened risk.

Among non-Hispanic Black Americans, deaths linked to synthetics increased eightfold between 2014 and 2017 — the highest rate of increase among all races and ethnicities — even though opioid misuse among non-Hispanic Black Americans is similar to that of the general population, at around 4 percent.

Percentage increase in overdose deaths by drug among non-Hispanic Black Americans in the U.S.

Data from CDC National Vital Statistics System



Source: https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-05-02-001_508%20Final.pdf

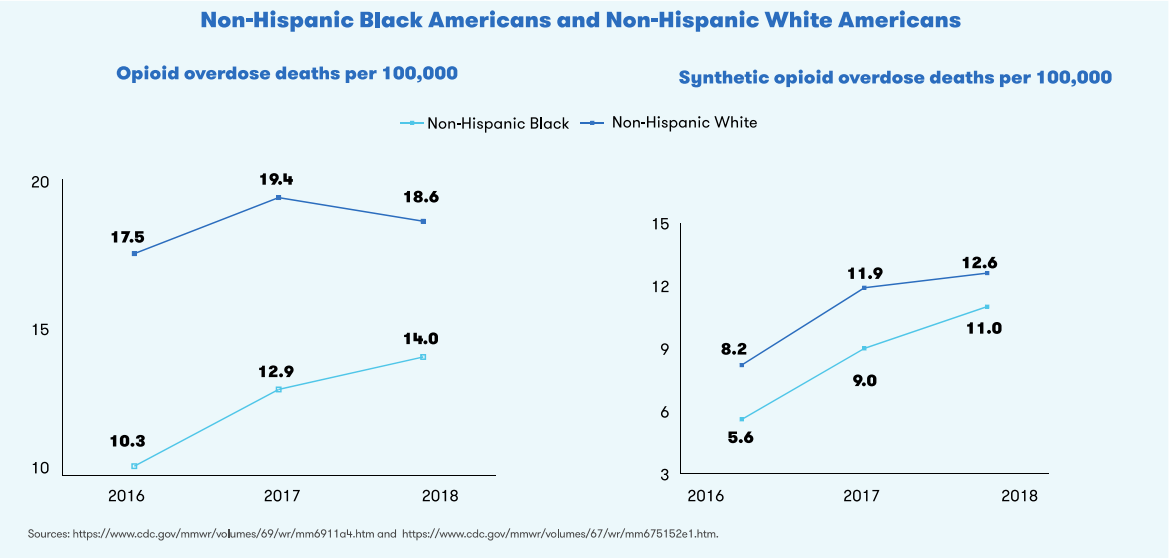
TAKEAWAYS

In recent years, the gap in the rate of opioid overdoses among Black and white Americans has narrowed significantly, with increases in Black mortality driven in part by the addition of synthetic opioids to other drugs.

Despite the more pressing need for treatment, Black Americans have less access to treatment with buprenorphine than white Americans.

Several FORE grantees are identifying gaps in care and promising approaches to close them. Another is bringing on-demand treatment to two underserved communities in Miami.

This contributed to a 40 percent increase in the per capita rate of opioid-related overdoses among Black Americans between 2016 and 2018. During the same period, opioid overdose rates among white Americans rose 6 percent.



Reports from Philadelphia suggest the pandemic may be accelerating this troubling trend. Between April and June 2020, opioid-related overdose deaths increased there by 52.1 percent among non-Hispanic Black people, compared with the same period a year before, while there was a decline among the white population of 23.4 percent. This was the first time the absolute number of opioid-related deaths among Black residents exceeded the number among whites in the city. In 2015, several other cities and states, including Chicago, Minnesota, Missouri, and West Virginia, reported higher per capita rates of overdose deaths among Black than white people.

In addition to the pandemic and rise of synthetic opioids, limitations in access to care are a contributing factor. Researchers examining ambulatory care visits between 2012 and 2015 found white patients were three to four times more likely than Black patients to receive buprenorphine, one of three medications for opioid use disorder (MOUD).

Knowing how deeply intertwined the crises of opioid use, racial inequality, and social injustice are, FORE's leaders are committed to supporting organizations working to expand access to treatment and recovery services for Black Americans.

A Bifurcated Treatment System

Buprenorphine is typically prescribed by physicians and other prescribers in office-based settings, where cash is often the dominant form of payment.

In contrast, Black patients and other marginalized groups have been more likely to be steered to methadone, which is delivered by highly regulated opioid treatment programs (OTPs) that place high demands on patients, including requiring daily visits at early hours to obtain medication and more frequent drug screening than is typical for patients receiving buprenorphine in office-based settings.

The two-tiered system for OUD treatment reflects the nation's history of criminalizing drug use among minorities, while treating it as a medical problem for whites, says Helena Hansen, M.D., Ph.D., associate director of the Center for Social Medicine and Humanities at UCLA. Her research has found wide variation in the use of buprenorphine by neighborhood, with the highest uptake in communities with the lowest percentage of Black, Hispanic, and low-income residents.

Partnering with Patients with Lived Experience

One of FORE's grantees, Hansel Tookes, M.D., M.P.H., assistant professor at the University of Miami Miller School of Medicine, is working to increase uptake of MOUD in two Black communities of Miami by offering mobile, on-demand care led by medical students and peer recovery support workers. The program is an extension of the IDEA Exchange, Florida's first legal syringe exchange program; in addition to clean needles, patients are offered naloxone packs for drug overdose reversals, HIV and hepatitis C testing, wound care treatment and supplies, and linkages to addiction treatment services.

Peer recovery support workers serve as ambassadors, demonstrating the benefits of MOUD to people who may be unaware of buprenorphine or have had bad experiences with it, because they were undermedicated by doctors or were given it before they had withdrawn from fentanyl. The goal of the program is to make it easy for people to get care: patients can arrange same-day visits with a doctor through telemedicine, connecting via the program's mobile van or at home or by using an iPad that staff provide. Medical students and peers help to expedite insurance paperwork and make deliveries of buprenorphine when needed. "We understand if you want to reach high-priority populations, you have to put in the extra effort," Tookes say. "My goal is to radically change the way people who use drugs access health care."

Tookes says COVID-era policies that led payers to waive requirements for face-to-face visits, urine drug screens, and other requirements have eased efforts to offer MOUD. Having peers on staff who are from the community and have successfully navigated treatment has had an even more profound impact. "Hiring people with lived experience has been the best thing that's ever happened to the program," he says.

One peer recovery support worker reached a Black woman in her 60s with opioid use disorder (OUD) who was skeptical treatment was available in her neighborhood. "She couldn't believe that would ever happen in Miami. She got to the needle exchange and saw it was real. Now after 30 years of using, she's got an apartment and she's hanging out with her kids and grandkids," Tookes says.

The FORE-funded pilot has led to a $600,000 grant from Florida's Department of Children and Families, which administers funds from the U.S. Substance Abuse and Mental Health Services Administration. The grant will allow the program to overcome onerous prior authorization requirements that Medicaid

The IDEA Exchange's mobile van allows people in underserved communities to schedule same-day appointments for treatment with medications for opioid use disorder. "My goal is to radically change the way people who use drugs access health care," says Hansel Tookes, M.D., M.P.H., an assistant professor at the University of Miami School of Medicine and founder of the IDEA Exchange. *Photographs courtesy of the IDEA Exchange.*

managed care plans impose and help pay for formulations of MOUD that are not always covered by insurance plans.

Assessing the Impacts of Pandemic-Era Policy Changes

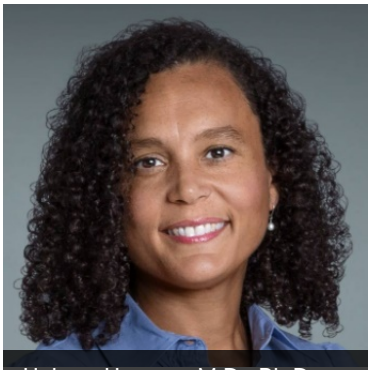
One of the few national studies comparing the demographic characteristics of patients receiving methadone versus buprenorphine looked at veterans receiving OUD treatment through Veterans Health Administration (V.H.A.) facilities. It found Black patients receiving MOUD were three times more likely to receive methadone than buprenorphine, in part because the V.H.A.'s methadone clinics are in large metropolitan areas that serve a higher proportion of Black patients.

FORE is funding research that seeks to understand how policy changes made during the pandemic are affecting access to care and treatment outcomes for patients receiving methadone. A team led by Ayana Jordan, M.D., Ph.D., assistant professor of medicine at Yale School of Medicine, is examining the impact of relaxing restrictions on giving patients take-home doses of methadone. Prior to the pandemic, many OUD patients had to visit their OTP daily to receive methadone — taking them away from job and family responsibilities.

Ayana Jordan, M.D., Ph.D., assistant professor of medicine, Yale School of Medicine

Jordan and her team are collecting data and interviewing patients from six geographically diverse clinics that are offering patients 14- or 28-day supplies of methadone to assess the impact on overdose rates, ingestion of other drugs, and treatment retention as well as patients' experiences. So far, the researchers have not seen fears about the diversion of methadone come to pass. "Eighty-six percent of people have been able to keep their methadone locked so no one can gain access to it," Jordan says. Many patients have shared stories about how their lives have been transformed by not having to make daily visits to OTPs. "One patient had a 2-year-old who was immunocompromised and an 88-year-old father who was at risk and was extremely relieved to be able to minimize their exposure to other people. Another person said they no longer had to drive an hour-and-a-half each way, six days a week, to get medication," Jordan says.

Identifying Promising Practices from Abroad



Helena Hansen, M.D., Ph.D., associate director of the Center for Social Medicine and Humanities, UCLA

Jordan is also part of a FORE-supported international collaborative of social scientists, community researchers, and public health clinicians who are pooling data and collecting field reports on grassroots innovations and social policies in their countries. They are looking for models of OUD prevention, treatment, and recovery services that could be applied in the U.S. to help communities of color that have been disproportionately impacted by the pandemic and the introduction of synthetic opioids into the drug supply. One such model is in France, which has supported community-based centers offering harm-reduction services and OUD treatment in neighborhoods where immigrants and other disadvantaged populations live. The collaborative is being led by Helena Hansen, M.D., Ph.D., associate director of the Center for Social Medicine and Humanities at UCLA, along with Jordan and Marie Jauffret-Roustide, Ph.D., senior researcher at the French National Institute of Health and Medical Research in Paris.

Members are also gathering real-time data on what's happening in different communities and coupling it with qualitative interviews to understand the drivers of patterns they are observing. In Maryland, researchers are looking at how access to evidence-based harm reduction programs varies among Black and Latinx drug users in urban, suburban, and rural parts of the state. Another group of researchers assessing the effectiveness of harm reduction and treatment programs led by Black, Latinx, and Indigenous clinicians is finding clinicians' understanding of the complex racial, socioeconomic, and political implications of working with predominantly Black, Latinx, and Indigenous communities leads to better outcomes.

Policy Implications

These FORE grantees are working to increase access to treatment and recovery services for Black Americans by partnering with people with lived experience, gathering evidence of the impacts of pandemic-era policy changes, and looking abroad for robust approaches. Several policies would build on their work:

- **Strengthen data collection by providers and government agencies to better capture OUD and overdose rates, as well as treatment access and outcomes, by race and ethnicity.** Such data are not widely or uniformly collected, nor analyzed in a way that puts the results in an historical context, obscuring our view of how the OUD crisis is affecting Black Americans and other groups. Technical assistance and support are also needed to strengthen the capacity of local agencies and providers to act on the data in a timely and effective manner.
- **Ensure continuous health insurance coverage, for instance by expanding Medicaid eligibility**. Policies are also needed to ensure uninterrupted access to OUD treatment during transitions; today, some people face disruptions when starting a job that requires a waiting period before gaining health benefits or after delivering a child, when they may lose Medicaid benefits. Additionally, reducing barriers such as prior authorization requirements for MOUD and standardizing coverage policies across insurers would promote equitable access to treatment.
- **Offer training and financial incentives for physicians and other prescribers, particularly those who treat Medicaid beneficiaries, to offer MOUD as the standard of care.** Prescribers should be mentored in how to provide OUD treatment and offered cultural competency training that addresses the intersecting issues of trauma, racism, criminal justice reform, and substance use. Financial incentives should support multidisciplinary, team-based approaches to treating OUD.
- **Support the development, training, and expansion of the peer recovery support workforce working with Black communities.** This workforce can be particularly effective in creating linkages across programs, thereby increasing access points into treatment and recovery.
- **Create outreach campaigns in communities of color to communicate that OUD treatment is available and effective.** Efforts are also needed to raise awareness of the dangers of synthetic opioids.
- **Continue pandemic-era policy changes that prove to be effective.** Studies of temporary policy changes during the pandemic, such as allowing take-home doses of methadone and relaxed restrictions on telehealth, must consider their impacts on access to care for different populations to inform longer-term policy and regulations.
- **Increase funding for harm reduction and social services to counter decades of disinvestment in Black communities.** "The real heroes during COVID-19 have been the harm reduction programs that stepped up to the plate to help people get medications and other help," Hansen says. "They have also

gotten the least support because there are a lot of places where state agencies and governments will not fund harm reduction."

In addition to the projects described here, FORE's focus on racial/ethnic health disparities and health equity includes support for organizations such as the Hispanic Urban Minority Alcoholism and Drug Abuse Outreach Program in Cleveland, Ohio, that are providing services to Latinx populations and to the Alaska Native Tribal Health Consortium, which is working on expanding access to treatment for Alaska Natives.

In addition, grantees at New York University Grossman School of Medicine will look at how temporary COVID-19 policies and changes have affected opioid use disorder treatment, particularly for Black and Latinx patients, at 660 addiction outpatient and opioid treatment programs across New York State. Researchers at the University of Arizona will evaluate how Arizona providers implemented COVID-19 policies related to providing MOUD and telehealth. This project will focus on access issues facing tribal, rural, and remote communities, as well as other communities of color. There will be engagement with tribal leaders as well as state policymakers, providers, and patient advisory boards to promote more equitable access to treatment for all Arizonans.

"These investments aim to address a wide array of health inequities we see in access to substance abuse treatment and recovery support services," says Karen Scott, M.D., M.P.H., FORE's president. "We know that solutions to the nation's opioid crisis will not be successful without explicitly addressing the racial disparities in our systems of prevention, treatment, and recovery."