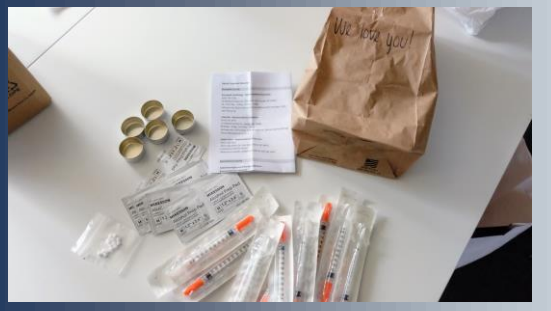

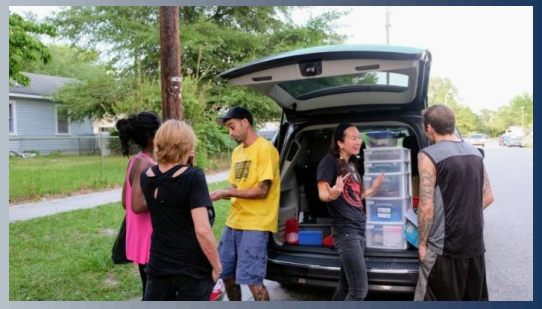

NC Department of Health and Human Services

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
  - https://www.ncdhhs.gov/about/department-initiatives/opioid-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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Slide Content Prepared By:

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- Kevin Mahoney, NCCPSS
- Beth Buys, MD, FACOG
- Felicia Hipp, RN, MSN
- Emma Blake, BS

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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

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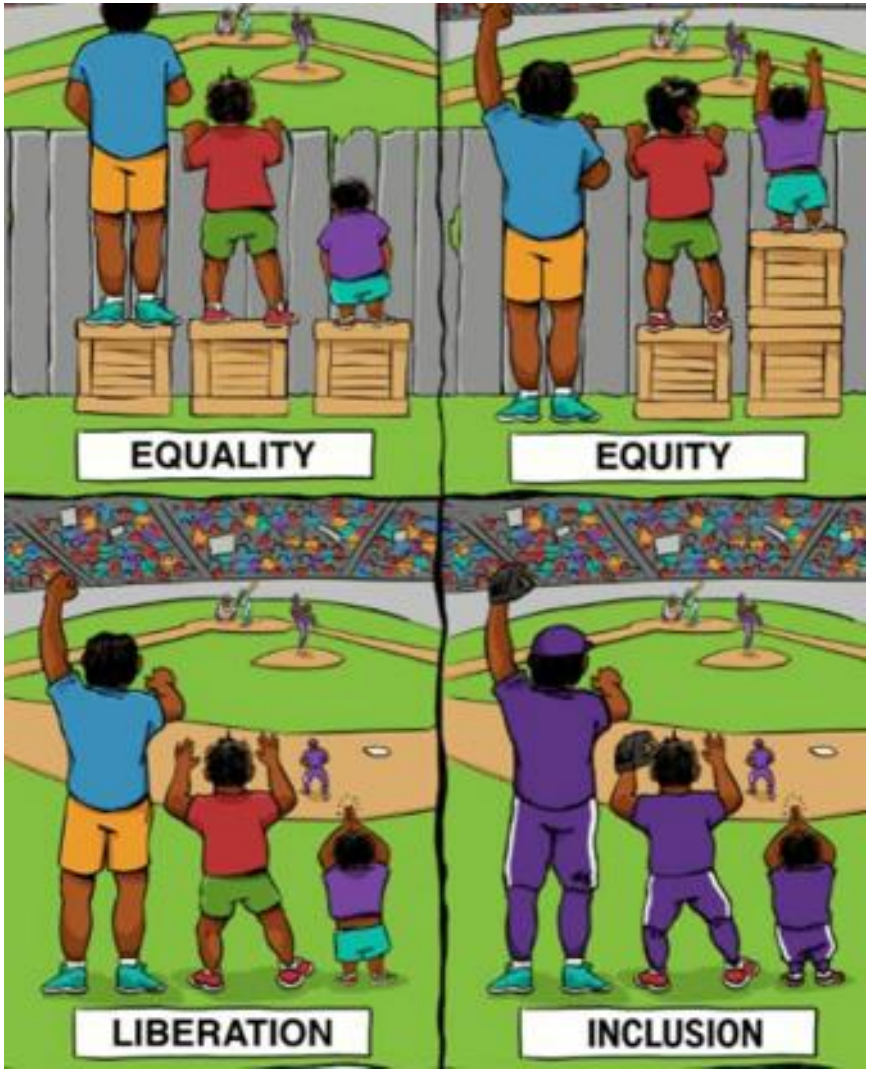
Terminology & Theory

Health Equity Call to Action[1]

The cause of inequity has been addressed by removing the systemic barrier



[1]Maguire A 2019

Social Determinants of Health[1]

- Economic Stability
- Neighborhood and Physical Environment
- Education
- Food
- Community and Social Context
- Health Care System

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[1]Artiga S, Hinton E 2018

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 American
- Latinx
- 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]

Geographic location

Sexuality

Ethnicity

Education

Immigration status

Class

Ability

Trauma

Economic standing

History

Biological sex

Gender

Religion

Age

Occupation

Language

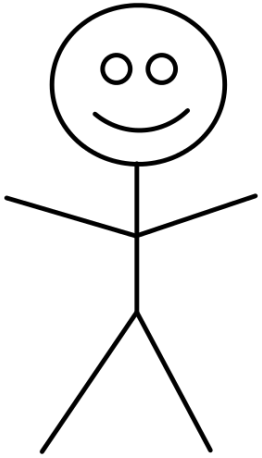
Race

Weight

Military status

Family status

Culture



[1]Crenshaw K 1991

Resiliency

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

Adversity

- Poverty
- Substance use
- Childhood trauma

→

Individual and environmental protective factors

- Community support
- Psychological hardiness
- Self-esteem

→

Resiliency

- Relatively positive outcome

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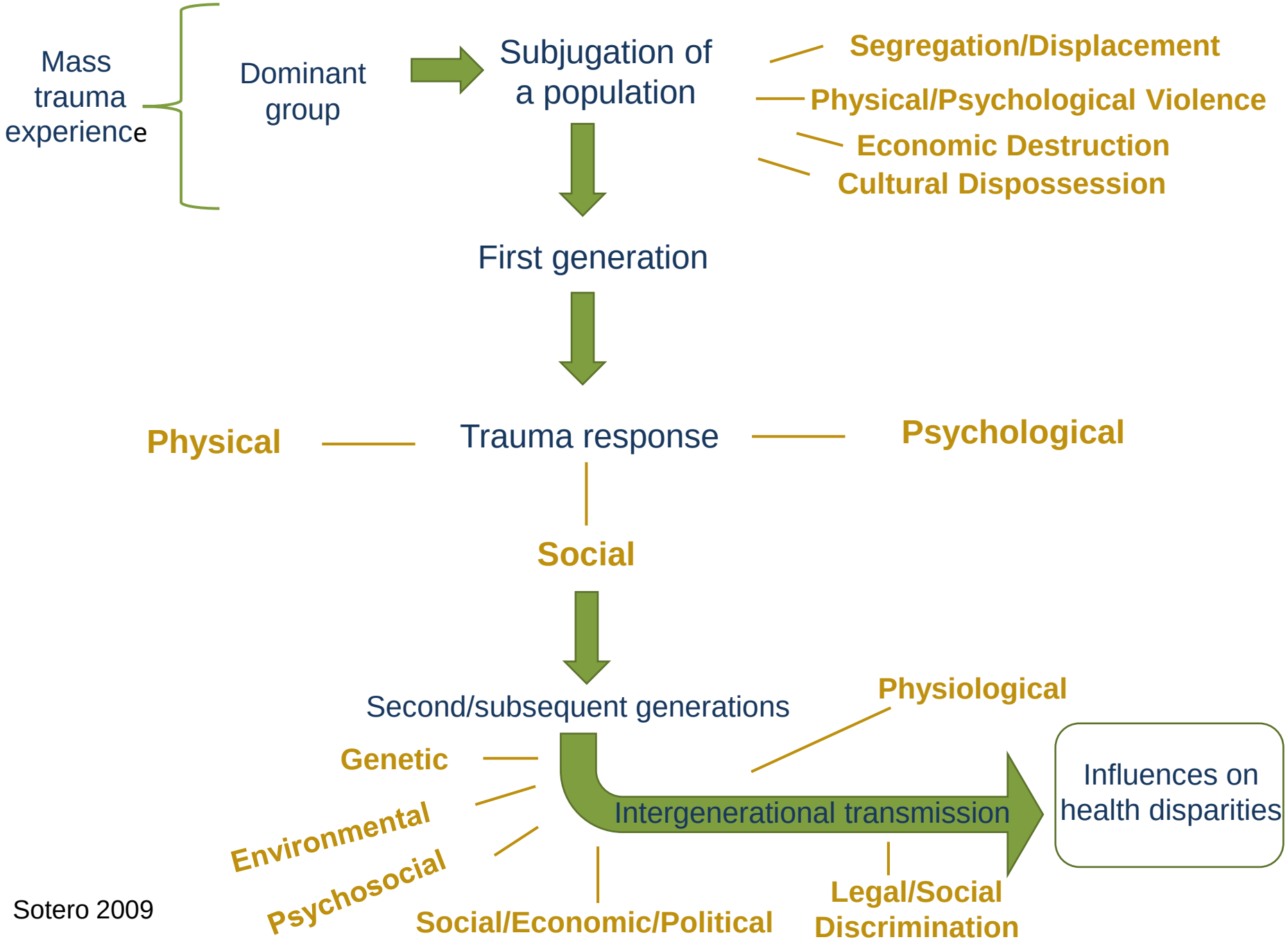
Historical Context of Health Disparities

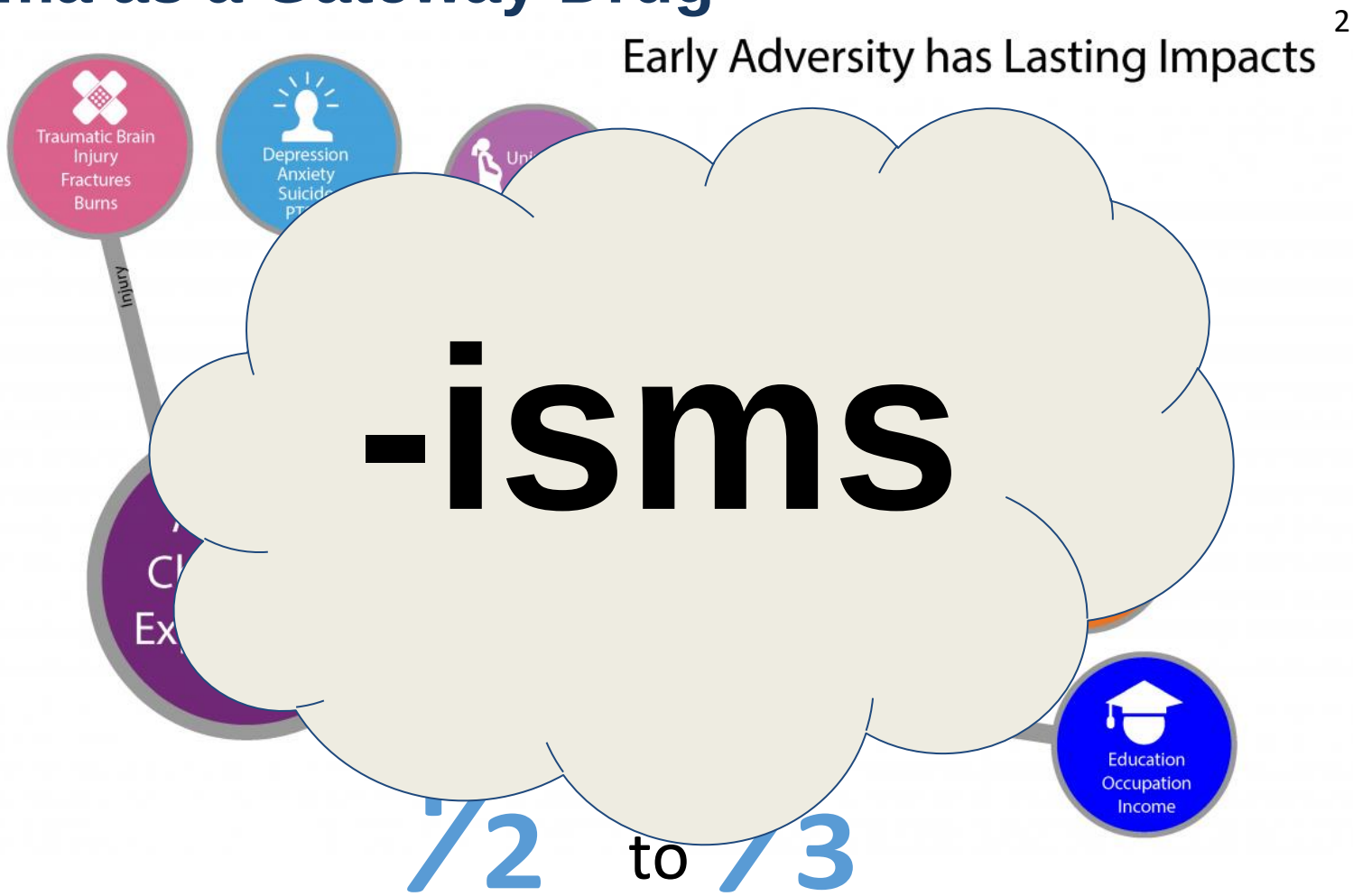
Disenfranchisement and the Medical System

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


Mass trauma experience
Dominant group
Subjugation of a population
Segregation/Displacement
Physical/Psychological Violence
Economic Destruction
Cultural Dispossession
First generation
Physical
Trauma response
Psychological
Social
Second/subsequent generations
Physiological
Genetic
Environmental
Psychosocial
Intergenerational transmission
Influences on health disparities
Social/Economic/Political
Legal/Social Discrimination

Sotero 2009

Trauma as a Gateway Drug[1]



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

[1]Ozim D 2016
[2]CDC, 2019
[3]Dube 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 sequence[1]
  - 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 effects[2]

Impacted by:

- Environment
- Stress
- Chemical exposure
- Diet
- Exercise

[1]Merriam-Webster 2019
[2]Carey N 2013

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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 disorder[4]

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]

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

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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]

1 in 4

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

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

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

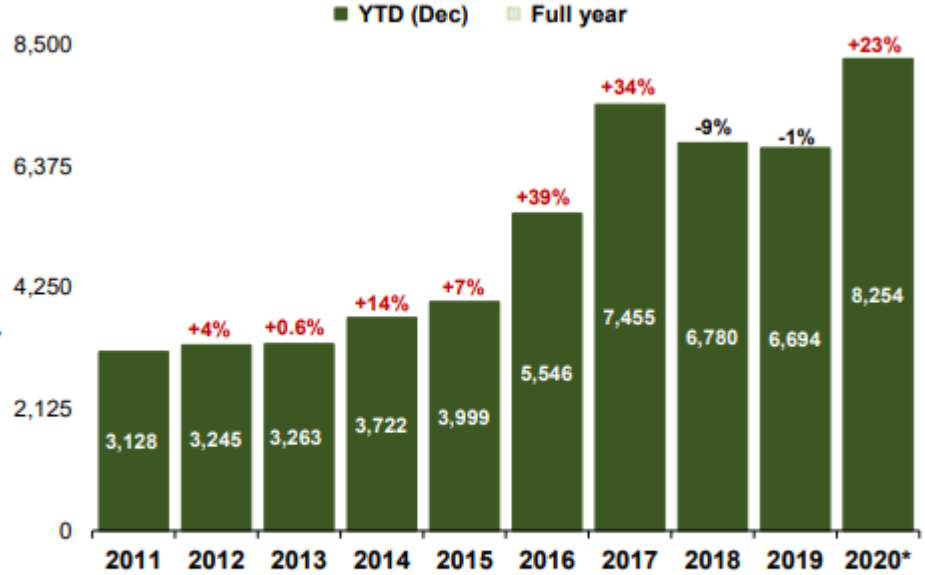
658 Opioid overdose ED visits December 2020*

Compared to **579** December 2019*

Data Source: NC DETECT: ED; Custom Event: Overdose:

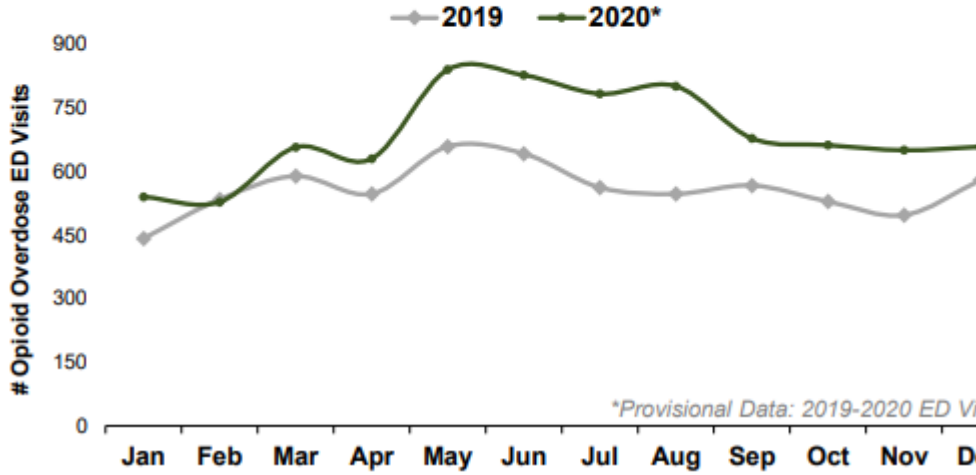
Note: Counts based on ICD-10-CM diagnosis code of an opioid overdose: **T40.0** (Opium), **T40.1** (Heroin), **T40.2** (Other Opioids), **T40.3** (Methadone), **T40.4** (Other Synthetic Narcotics), and **T40.6** (Other and Unspecified Narcotics).

Opioid Overdose ED Visits by Year: 2011-2020*



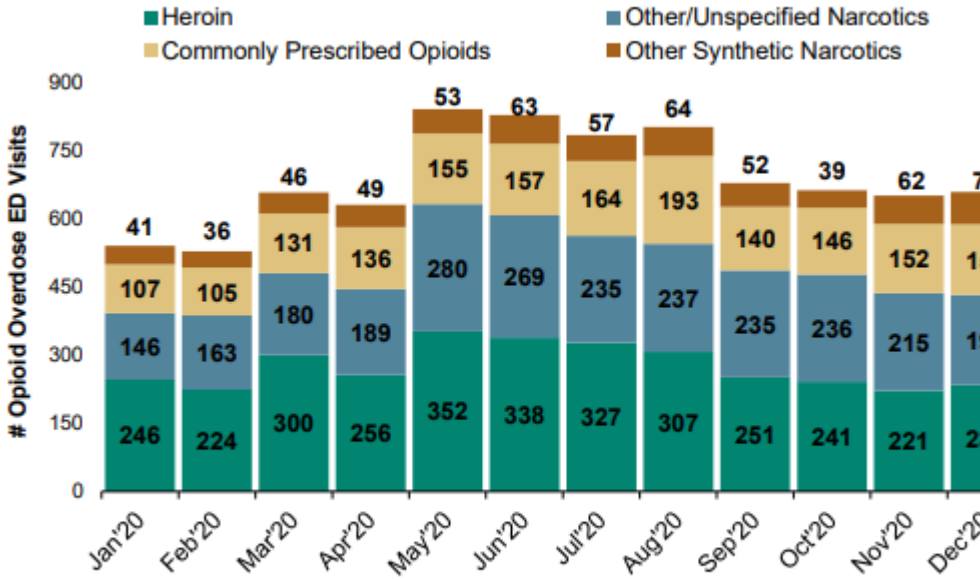
Percent change: YTD total compared to YTD total of previous year;
** Provisional Data: 2019-2020 ED Visits*

Opioid Overdose ED Visits by Month: 2019-2020*



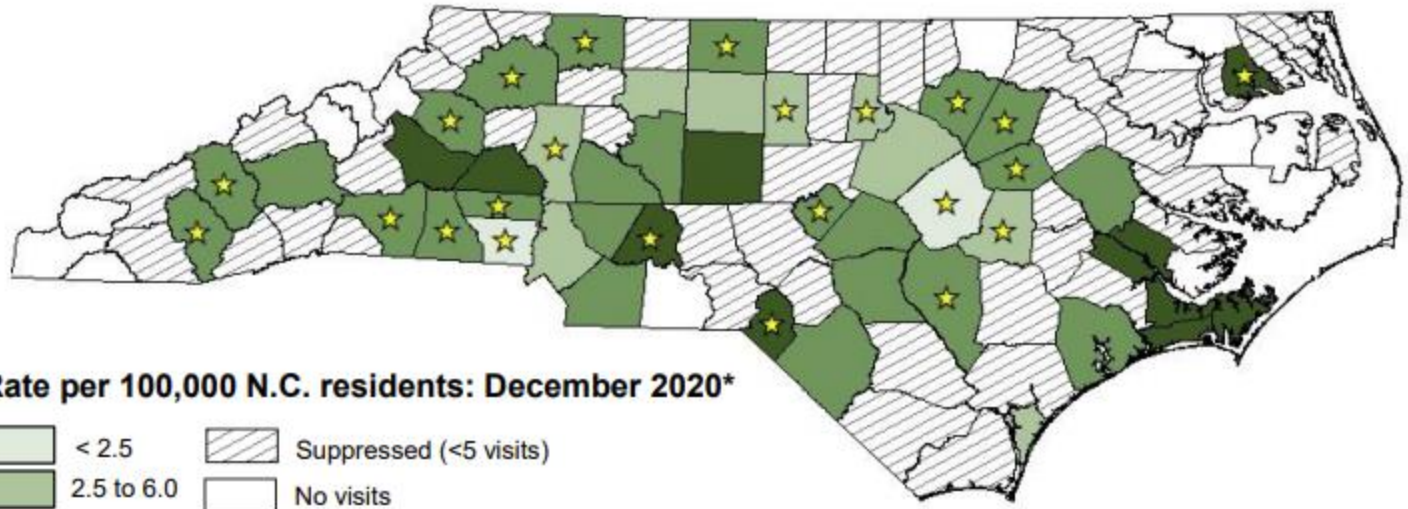
**Provisional Data: 2019-2020 ED Vi*

Last 12 Months of ED Visits by Opioid Class: 2019-2020



**Provisional Data: 2019-2020 ED Vi*

Monthly Opioid Overdose ED Visits Rate: December 2020*



Rate per 100,000 N.C. residents: December 2020*

- < 2.5
- 2.5 to 6.0
- 6.0 to 12.0
- ≥ 12.0
- Suppressed (<5 visits)
- No visits
- ☆ Interpret with caution, low numbers (5 to 9 visits)

Provisional Data: 2020 ED Visits

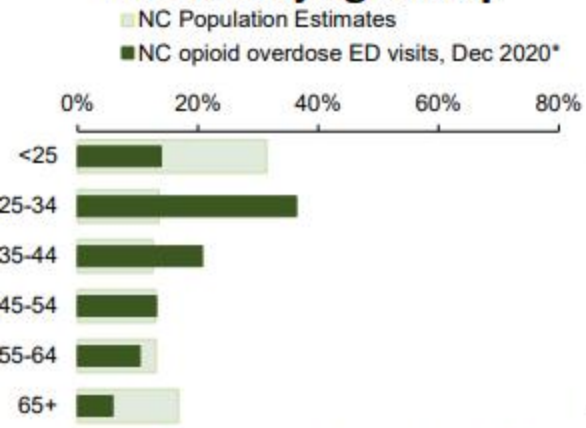
Highest Monthly Rates of Opioid Overdose ED visits among Counties visits: December 2020*

County	Count	Rate^
Burke	21	23.2
Randolph	23	16.0
Carteret	11	15.8
Craven	16	15.7
Catawba	21	13.2
Buncombe	31	11.9
Pitt	17	9.4
Robeson	12	9.2
Davidson	15	8.9
Union	20	8.3
Statewide	**658**	**6.4**

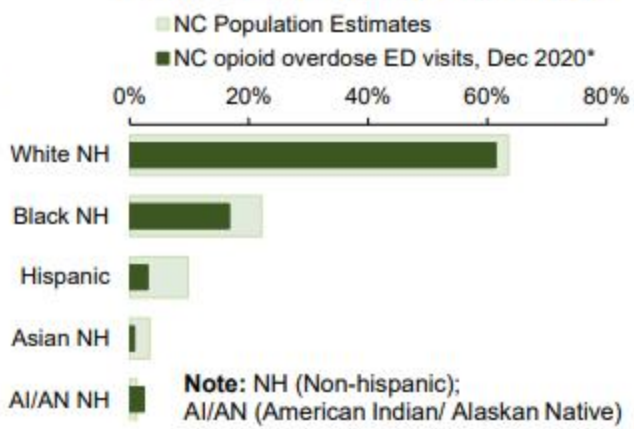
^Please note that rates are calculated using the current month of data. Counties listed in "Highest Monthly Rat of Opioid Overdose ED visits" table will likely change each month.
Therefore, the top 10 counties this month cannot be generalized as the top 10 counties for the year.

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

ED Visits by Age Group

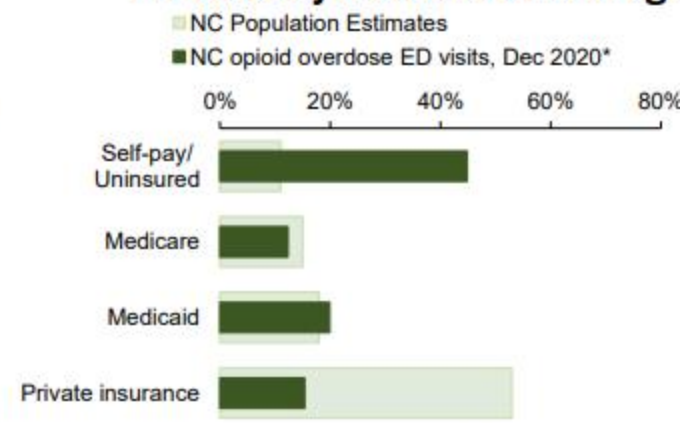


ED Visits by Race/Ethnicity



Note: NH (Non-hispanic); AI/AN (American Indian/ Alaskan Native)

ED Visits by Insurance Coverage

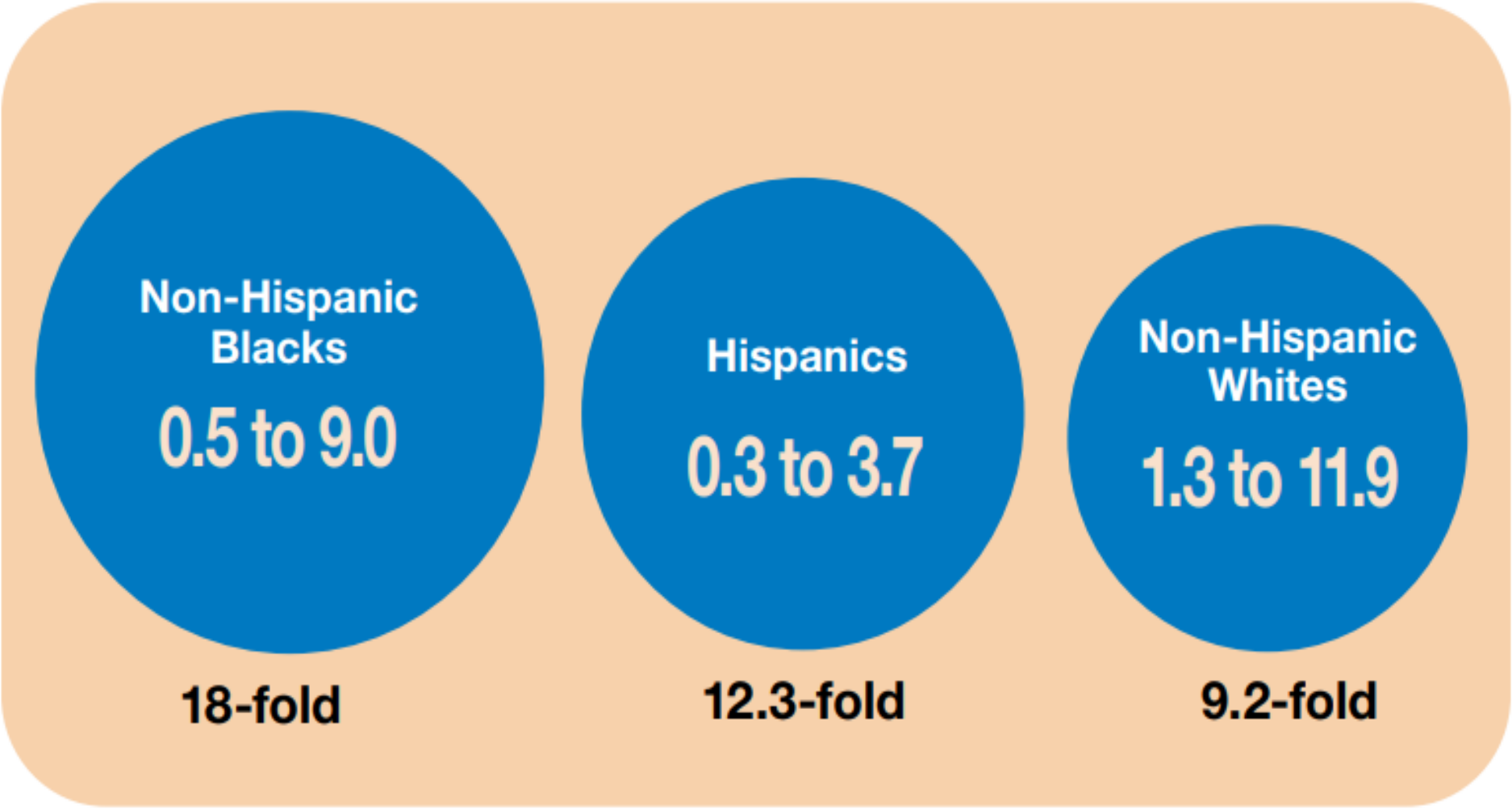


*Provisional Data: 2019-2020 ED V

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.

NC DETECT
North Carolina Injury & Violence PREVENTION Branch

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 Latinx**[2]

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
[3] US Census, 2019

Economic Impact of SUDs

- **Treatment is less expensive than alternatives**

Approximate average cost for 1 full year:

Buprenorphine treatment	Methadone treatment	Naltrexone treatment	Imprisonment
$6,000 per patient[1]	**$6,500** per patient[1]	**$14,000** per patient[1]	**$36,000** per person[2]

- **Every $1 invested in addiction treatment returns a yield of $4 to $7 in reducing drug related crimes, criminal justice and theft[3]**
  - **Not including healthcare costs**

[1]ASAM 2015
[2]Federal Register 2018
[3]NIDA 2016

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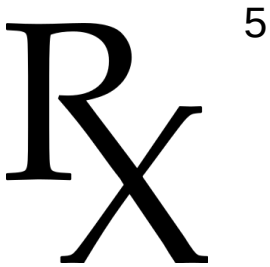
Inequities in Treatment Accessibility

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]

Marketing and Prescribing Patterns



- Documented trends of BUP being more often offered to white and insured patients
- 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 residents[6]
- Capacity to provide buprenorphine: higher in counties where white residents were unlikely to interact with African American or Latinx residents[6]

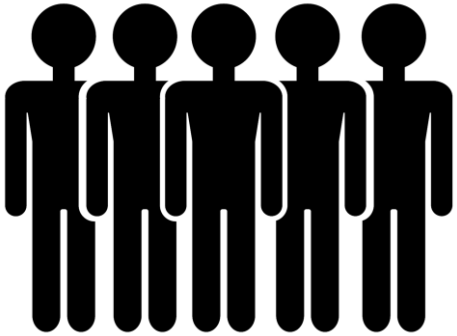
[1]Abraham AJ, Andrews CM, Yingling ME, Shannon J 2018.
[2]Grogan H, Andrews C, Abraham A, et al. 2016
[3]Hansen H, Skinner ME 2012
[4]Hayes V 2018
[5]Public Domain Vectors. Public Domain
[6]Goedel, Shapiro, et al. 2020

Rural & Remote Populations

Targeted marketing strategies

1

Fewer providers

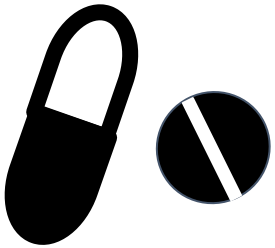


3

Longer travel time for treatment

2

Difficulty accessing treatment



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

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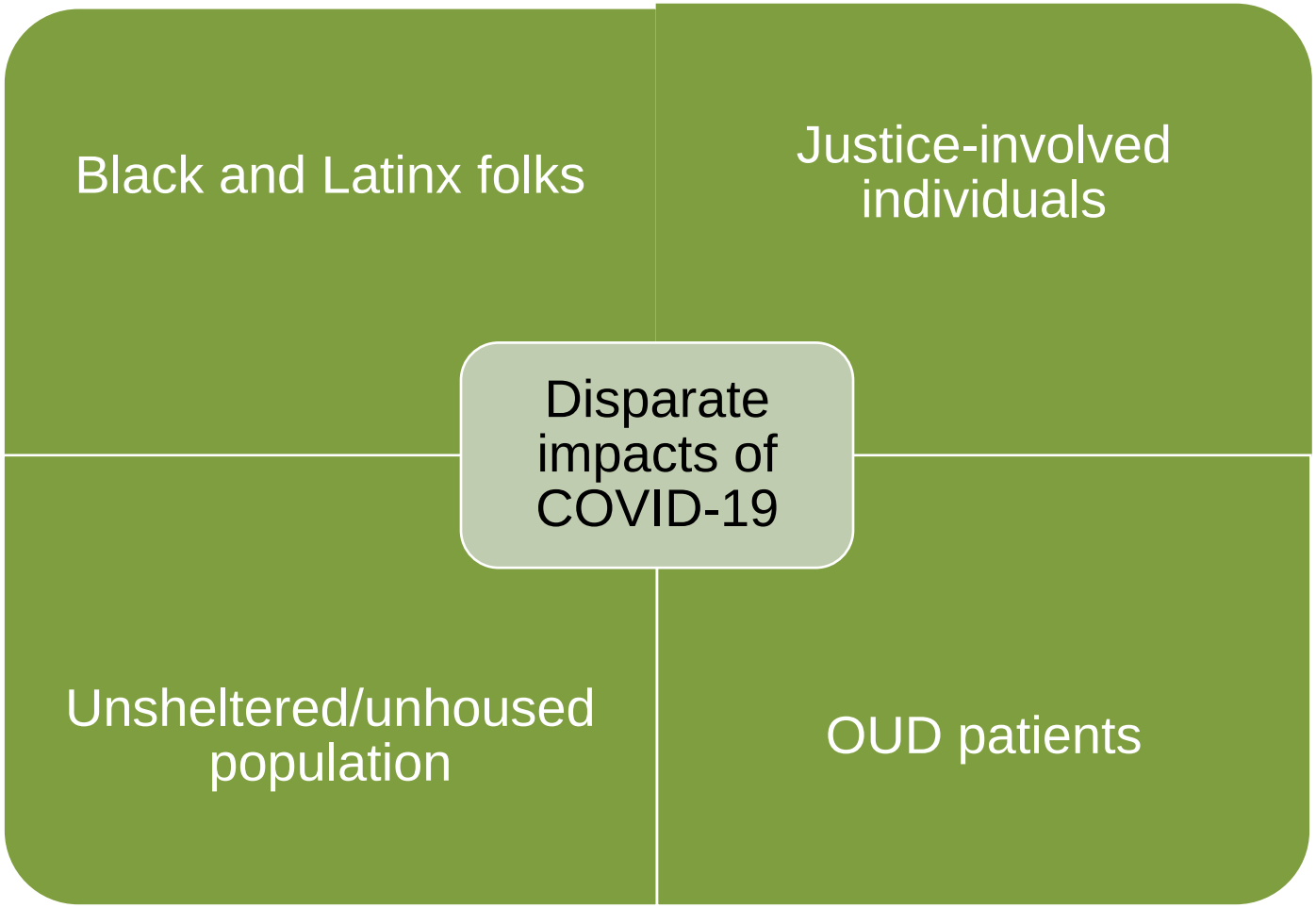
COVID-19: Additional Disparities



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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

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

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Implicit vs Explicit Bias[1]

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

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

Strategies to Combat our Implicit Biases

[1]

Educate	I	Introspection	**Explore and identify your own implicit biases**
	M	Mindfulness	**Practice ways to reduce stress and increase mindfulness**
Expose	P	Perspective-taking	**Consider experiences from the point of view of the person being stereotyped**
	L	Learn to slow down	**Pause and reflect on your potential biases before interacting**
	I	Individuation	**Evaluate people based on their personal characteristics**
Approach	C	Check your messaging	**Embrace evidence-based statements that reduce implicit bias**
	I	Institutionalize fairness	**Promote procedural change at the organizational level**
	T	Take two	**Practice cultural humility**

[1]Edgoose J, Quiogue M, Sidhar K 2019

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!

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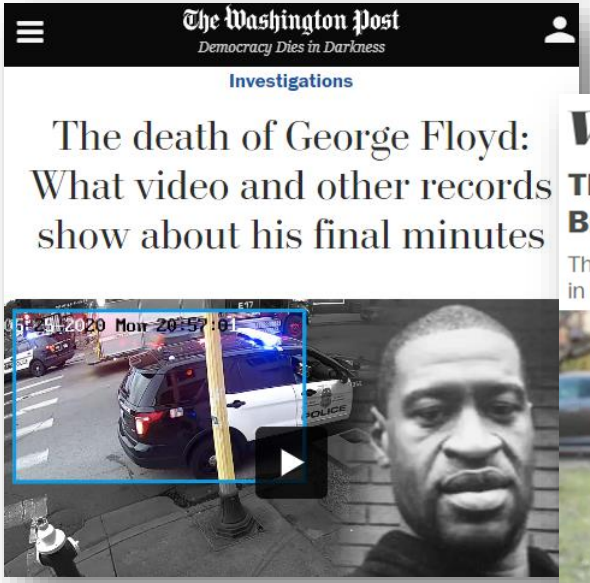
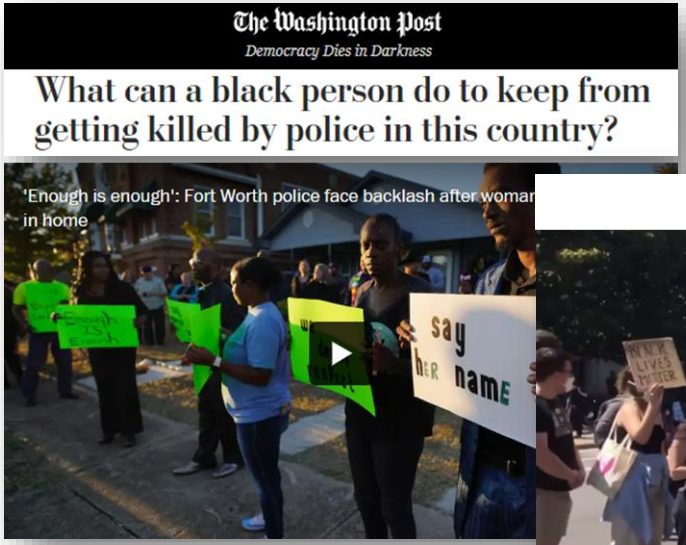
Task Force for Racial Equity in Criminal Justice

Jasmine McGhee and Steve Mange

Background
Formation of the Task Force



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

106 30 6

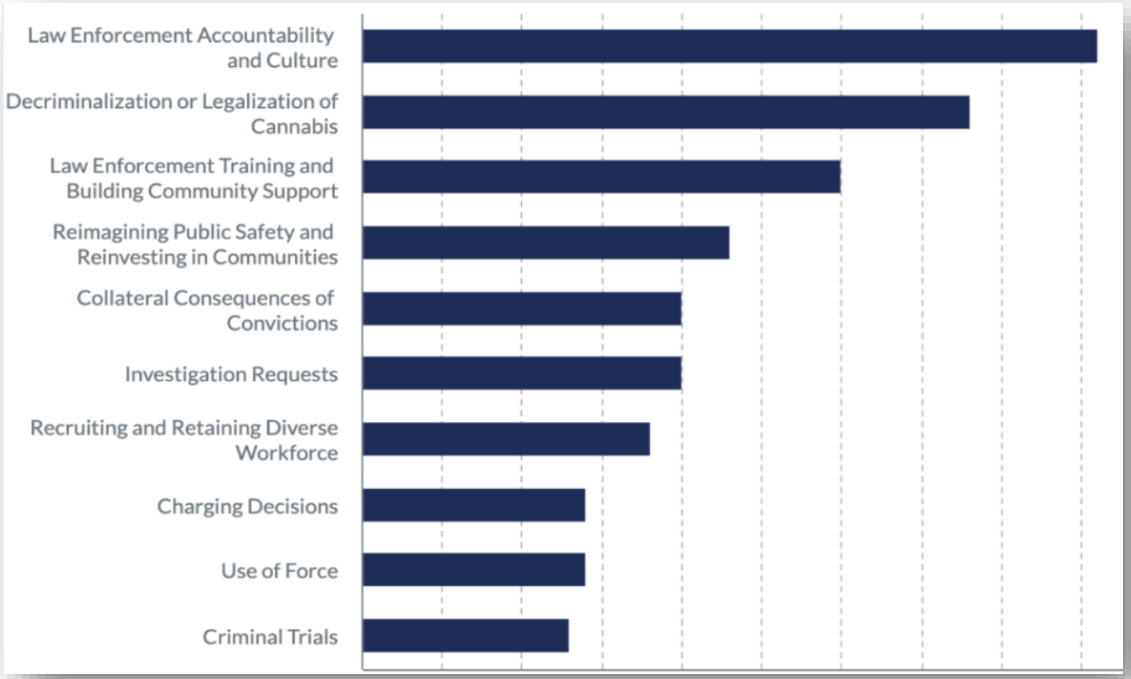
Background
Membership

Comprised of a diverse cross-section of leaders from across North Carolina:

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

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

Reimagining Public Safety
Reimagining Public Safety and Reinvest in Communities

Respond more appropriately to calls for emergency service.

Reimagining Public Safety
Reimagining Public Safety and Reinvest in Communities

Add crisis intervention training.

Reimagining Public Safety
Reimagining Public Safety and Reinvest in Communities

Fund grassroots organizations.

Reimagining Public Safety
Reimagining Public Safety and Reinvest in Communities

Form Community Safety and Wellness Task Forces.

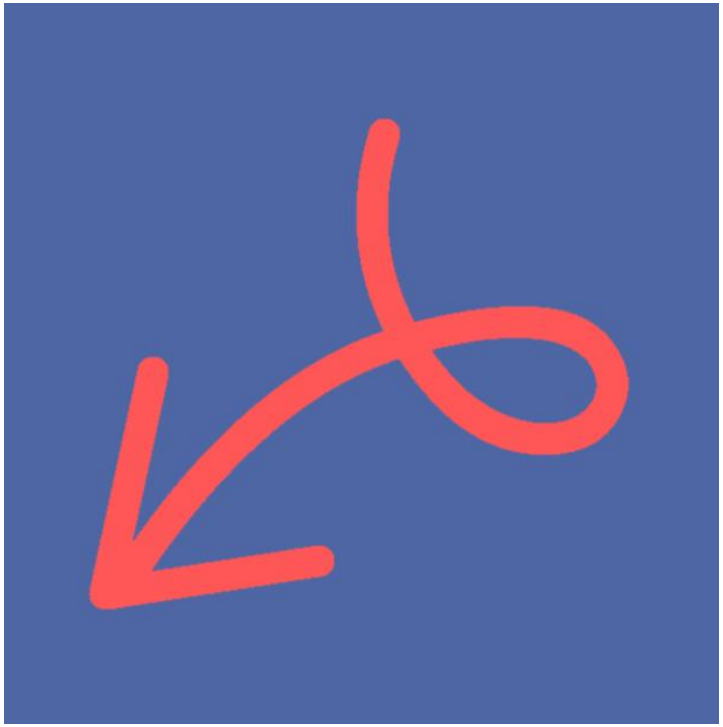
Improving Policing Practices
Promote Diversion and Other Alternatives to Arrest

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

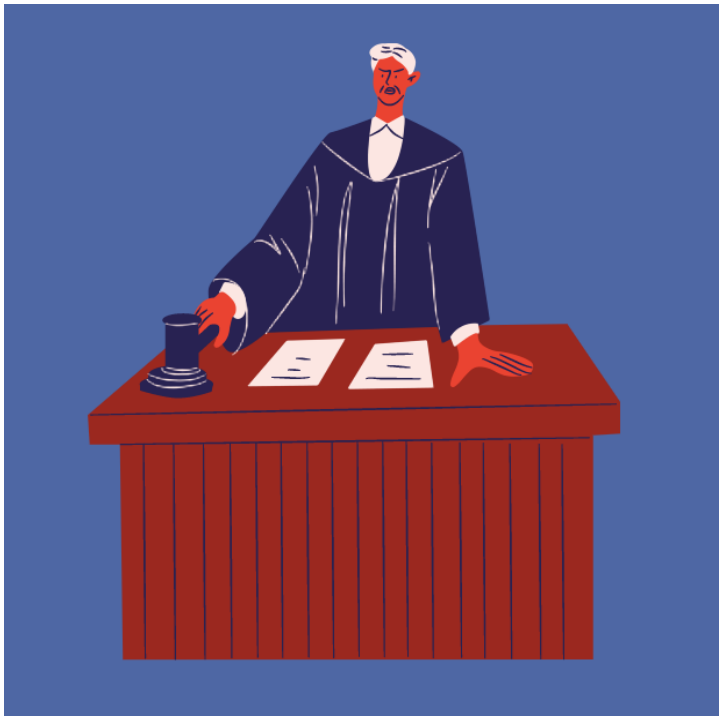
Convene a task force of stakeholders to study marijuana legislation.

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

The meeting recording, agenda and PowerPoint slides will be added to our NC DHHS Opioids/OPDAAC page

- https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/nc-opioid-and-prescription-drug-abuse-advisory
- Please note, it can take up to 7 days for the materials to be posted to the website. An email will be sent out to all attendees once materials have been posted.

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