



Central East (HHS Region 3)

ATTC

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

Opiate Use Disorder Diagnosis and Treatment in African Americans

William Lawson, MD, PhD
Treasurer, Black Psychiatrists of America

Health Equity Webinar Series
A collaboration of the CE-ATTC and the Black Psychiatrists of America
May 27, 2021

Moderator:
Annelle B. Primm, MD, MPH
Black Psychiatrists of America, Council of Elders

THE DANYA INSTITUTE

ATTCs

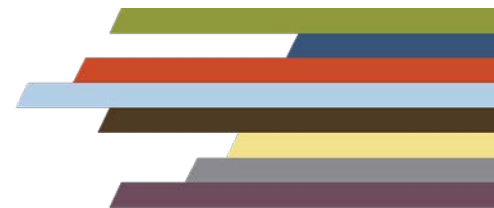
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- **Accelerate** the adoption and implementation of evidence-based and promising addiction treatment and recovery-oriented practices and services;
- **Heighten** the awareness, knowledge, and skills of the workforce that addresses the needs of people and substance use and/or other behavioral health disorders; and
- **Foster regional** and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.



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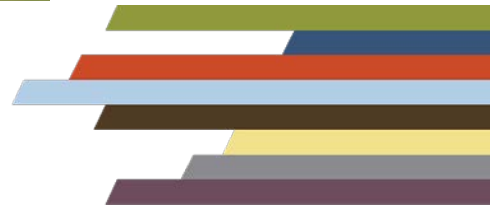
ATTC Purpose

The [ATTC Network](#) vision is to unify science, education and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.



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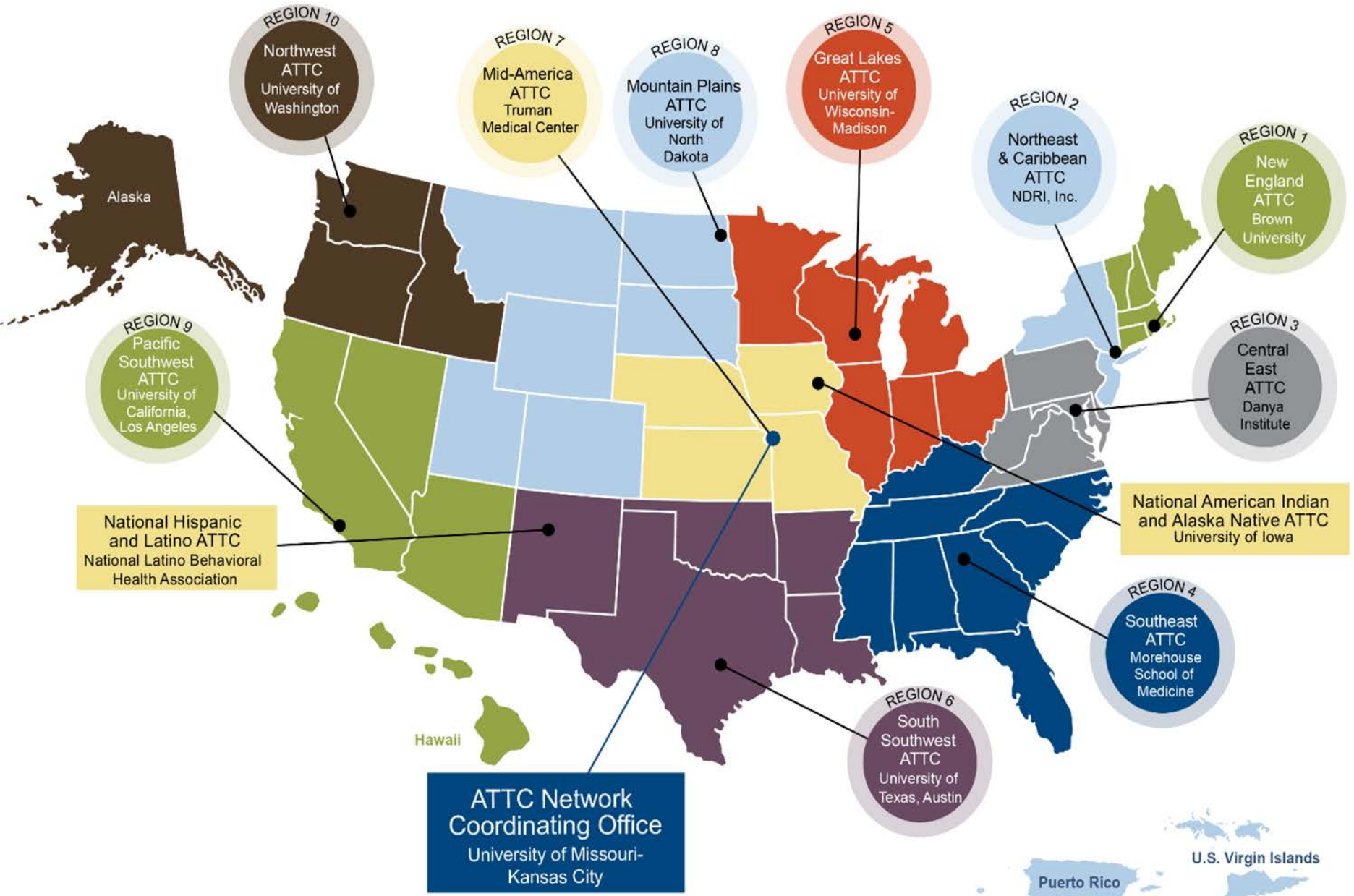




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U.S.-based ATTC Network

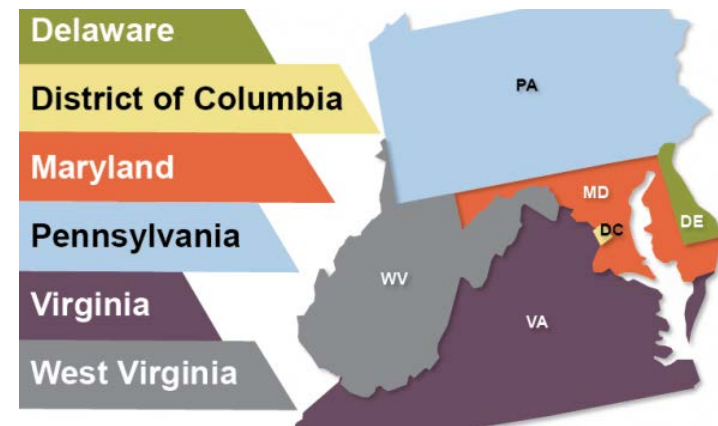


Central East Focus Areas

- Health Equity and Inclusion
- Evidence-based Practices (EBPs)
 - Motivational Interviewing
 - SBIRT
 - Clinical Supervision
- Medication Assisted Treatment (MAT)
- Opioid Crisis
- Peer Workforce
- Tobacco Cessation



HHS REGION 3



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Other Resources in Region 3



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MHTTC

Mental Health Technology Transfer Center Network

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PTTC

Prevention Technology Transfer Center Network

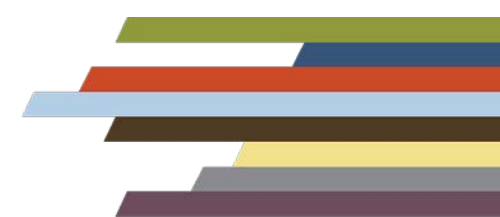
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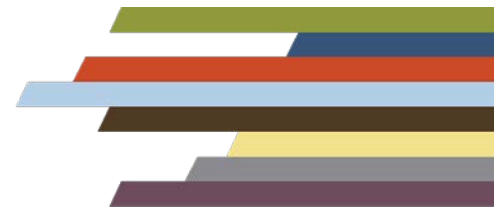
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Central East ATTC Goals

- Collaborate and communicate with key regional stakeholders and develop T/TA responses for the behavioral health and public health workforce
- Increase ongoing implementation of evidence-based SUD interventions, treatment and recovery practices in specialized SUD, HIV, and primary care programs and practices



The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.



PEOPLE FIRST.



The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

Cultural Competence

A set of practice skills, congruent behaviors, attitudes, and policies that come together in a system, or among professionals to work effectively in cross cultural situations.

The capacity to function effectively



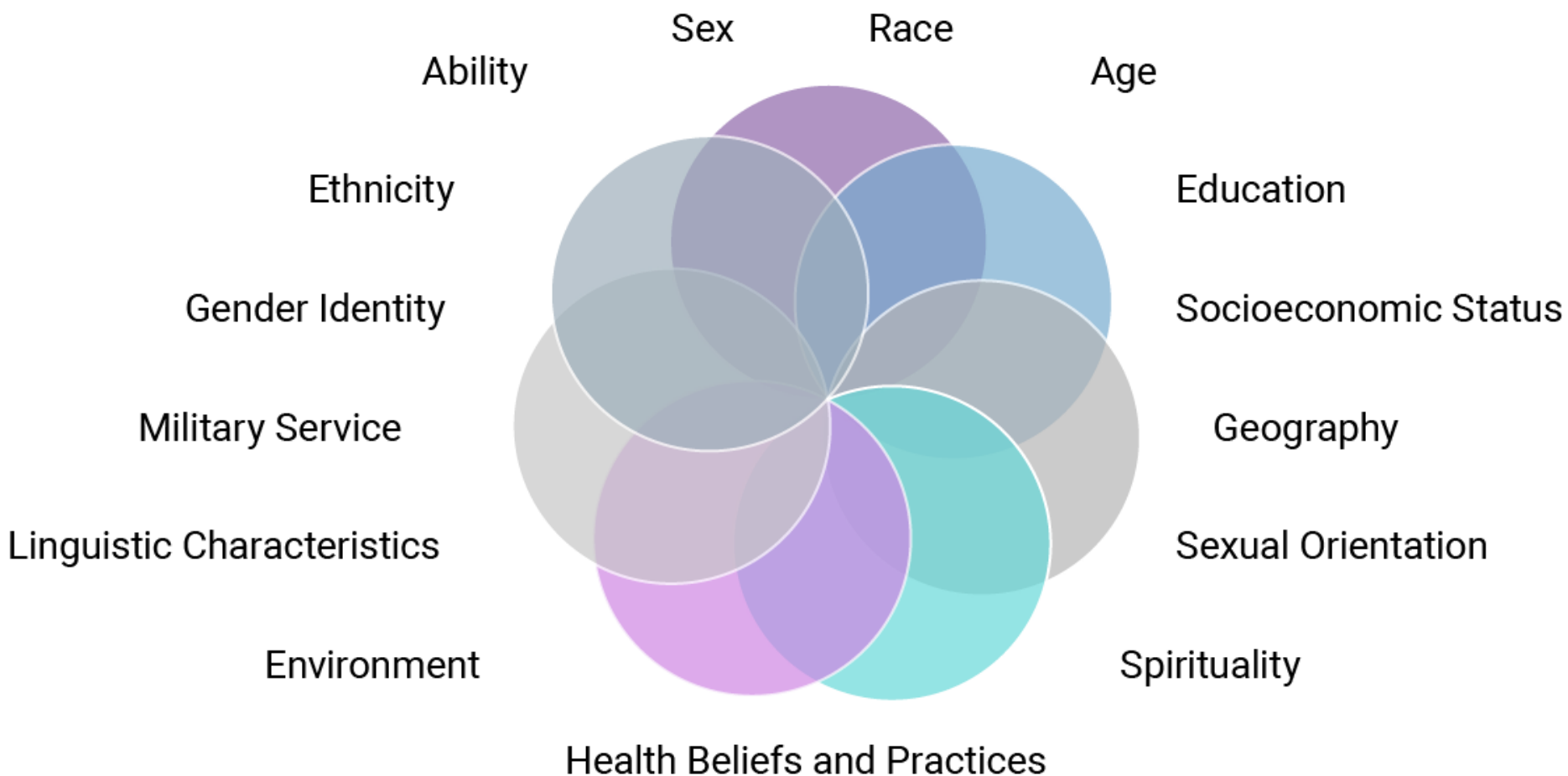
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Photo

Cultural Identity Influences the Therapeutic Process



Source: *Think Cultural Health*



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Trauma-Informed Care (TIC)

A trauma-informed approach is a promising model for organizational change in health, behavioral health, and other settings that promotes resilience in staff and patients.

SAMHSA's 6 Key Principles





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COVID-19: Unprecedented Disaster



- Catastrophic impact on Black and other marginalized communities with disparate levels of illness, death, and economic fallout superimposed on layers of pre-existing inequities
- Rise in anxiety, depression, and substance use



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Today's Program



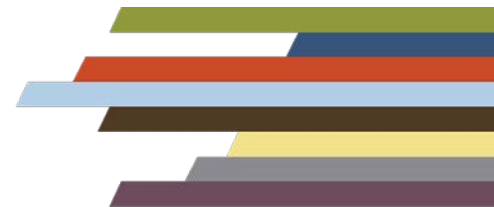
- Special thanks to the CE-ATTC for its support of this ninth of several webinars in the Black Psychiatrists of America Health Equity SME Series
- Today's program features William Lawson, MD, PhD Treasurer of the Black Psychiatrists of America



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Opiate Use Disorder Diagnosis and Treatment in African Americans

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THE DANYA INSTITUTE

ad•dic•tion

Defining addiction can seem as hard as fixing it. What separates a heavy user from a problem user from an addict? Four experts offer answers

‘Addiction has a specific definition: you are unable to stop when you want to, despite [being] aware of the adverse consequences. It permeates your life; you spend more and more time satisfying [your craving].’

—DR. NORA VOLKOW, DIRECTOR, NIDA

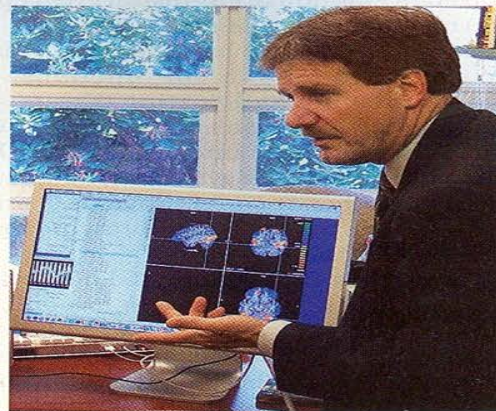


‘Addiction is not just about substances. Addiction is about disrupting the processing of pleasure; the balance point is shifted so you keep creating more and more urges, and you keep wanting more and more.’

—DR. MARTIN PAULUS,
PROFESSOR OF PSYCHIATRY, UCSD

‘Addiction is a chronic and relapsing brain disease characterized by uncontrollable drug-seeking behavior and use. It persists even with the knowledge of negative health and social consequences.’

—SCOTT LUKAS, MCLEAN HOSPITAL

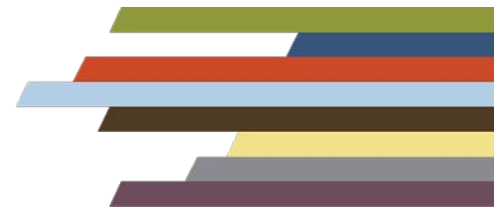


‘Addictions occur when behaviors start to become excessive. They are driven by our systems that stand up, shake us and say, “The brain is saying this is good; we should do it again.”’

—JOSEPH FRASCELLA, DIRECTOR,
CLINICAL NEUROSCIENCE, NIDA

Opioids

- Medications that relieve pain
- Reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus
- In addition to their pain relieving properties, some of these drugs—codeine and diphenoxyllate (Lomotil) for example—can be used to relieve coughs and severe diarrhea



Opiates & Opioids



The sap is extracted by slitting the pod

Highly refined Southwest Asian heroin or Southeast Asian heroin



Opiates = naturally present in opium

- e.g. morphine, codeine, thebaine

Opioids = manufactured

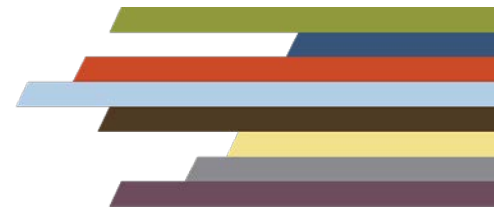
- Semisynthetics are derived from an opiate
 - heroin from morphine
 - buprenorphine from thebaine
- Synthetics are completely man-made to work like opiates
 - methadone



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Classes of Opioids/ Opiates

Hydrocodone (e.g., Vicodin)

Oxycodone (e.g., OxyContin, Percocet)

Morphine (e.g., Kadian, Avinza)

Codeine

Heroin

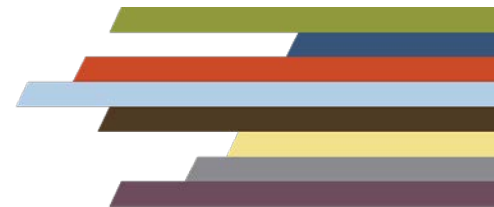
Methadone



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The Problem



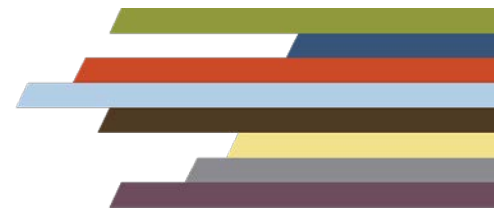
According to the (CDC), in 2012, US providers wrote 259 million prescriptions for painkillers, enough for every American adult to have a bottle of pills. The CDC also reports that 46 Americans die every day from overdosing on prescription painkillers.

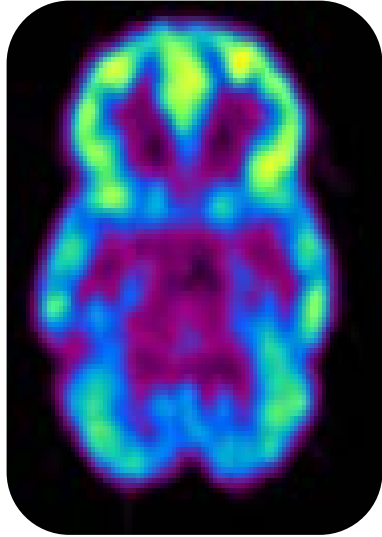


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Addiction

Medical

**Neurotoxicity
AIDS, Cancer
Mental illness**



DRUGS

Social

Economic



Homelessness

**Crime
Violence**

**Health care
Productivity
Accidents**

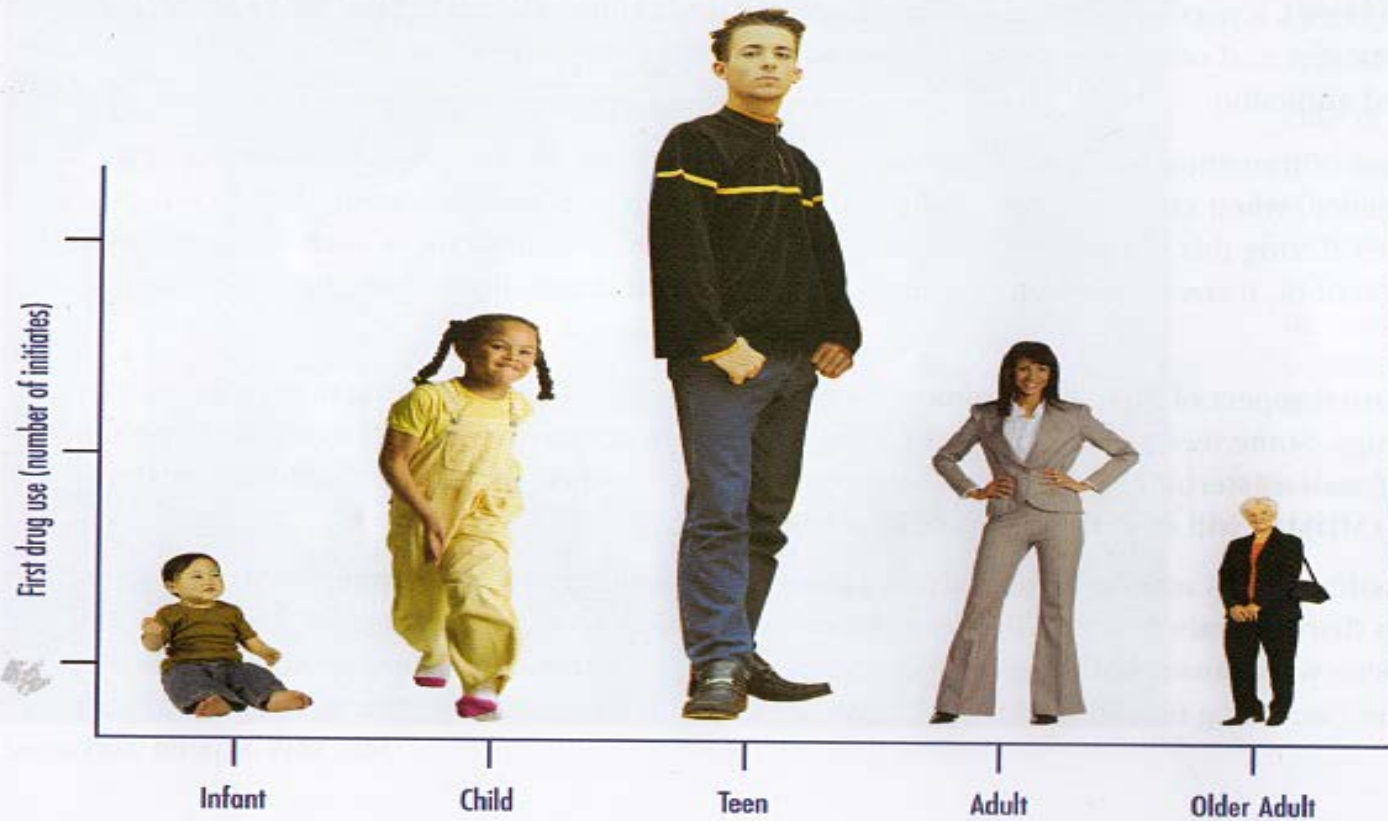
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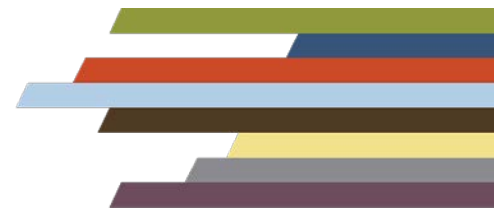
Drug abuse starts early and peaks in teen years



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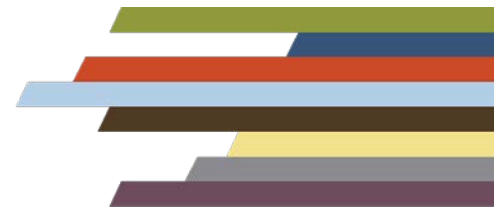
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In our communities

- ▣ According to the Office of the Medical Examiner in Washington, D.C., overall opioid overdose deaths among black men between the ages of 40 and 69 increased 245 percent from 2014 to 2017.
- ▣ More Than 80 Percent Of D.C. Opioid Deaths Are Among Blacks
- ▣ The number of opioid overdose deaths among blacks in D.C. more than tripled between 2014 and 2017



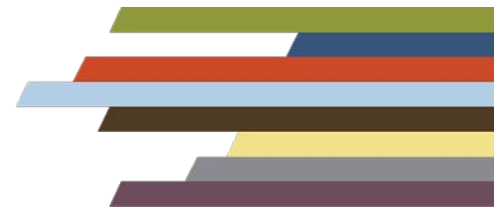
Moreover

- ▣ In 2017, there were 244 overdose deaths involving opioids in Washington, D.C.—a rate of 34.7 deaths per 100,000 persons compared to the average national rate of 14.6 deaths per 100,000 persons. This makes it the third highest rate in the country.
- ▣ The greatest rise occurred among deaths involving synthetic opioids other than methadone (mainly fentanyl), with 13 to 182 cases between 2014-2017
- ▣ In the same period, heroin-involved deaths
- ▣ tripled from 37 to 127 and prescription opioid-involved deaths doubled from 23 to 358 cases.



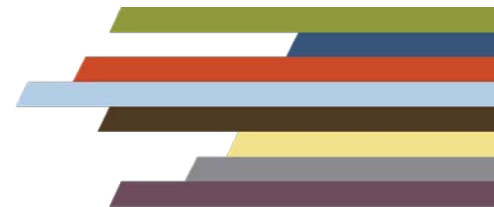
Consequences

- ❑ Life Expectancy has dropped in the US for one of the few times in history.
- ❑ The culprit has been a surge of drug overdoses and suicides, both linked to the use of opioid drugs.
- ❑ Suicide rates for black children aged 5-12 were roughly two times higher than those of similarly aged white children.
- ❑ Another study, found the rate of suicide deaths among young black males increased by 60 percent from 2001 through 2017.



Why Do People Use Drugs?

(1) Genetics, (2)
“Physical Pain,” (3)
“Emotional Pain”



Why Do Some People Use Drugs?

To feel good
To have novel:
feelings
sensations
experiences
AND
to share them



To feel better
To lessen:
anxiety
worries
fears
depression
hopelessness

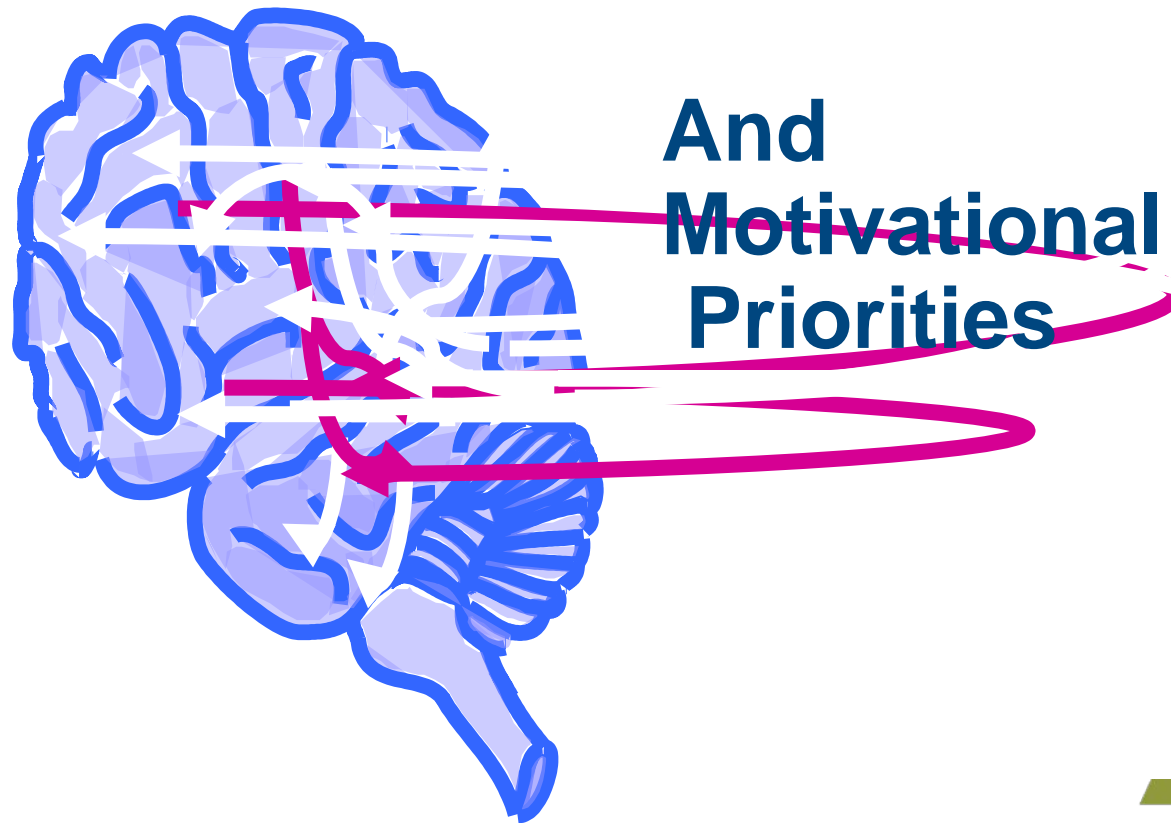


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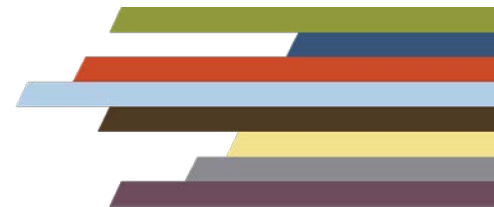
Drugs Are Usurping Brain Circuits



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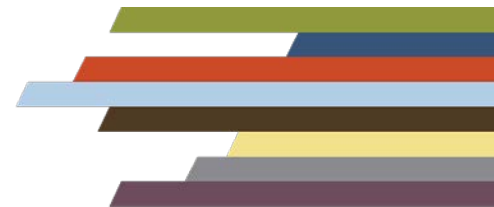
WHAT IS “DOPAMINE?”

Bio Chemical “Happiness”



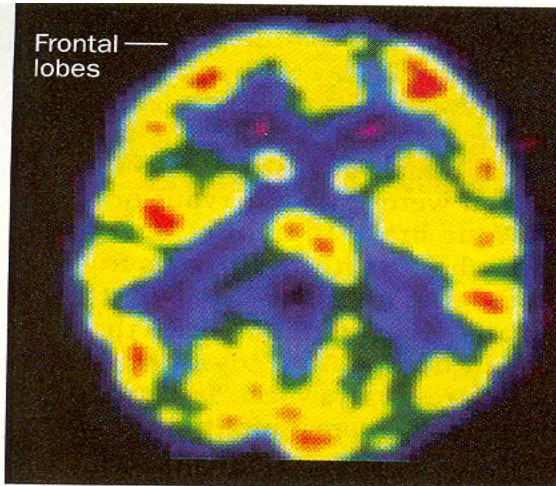
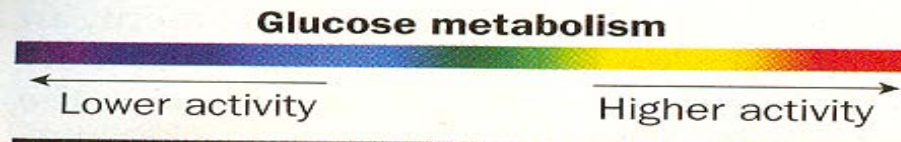
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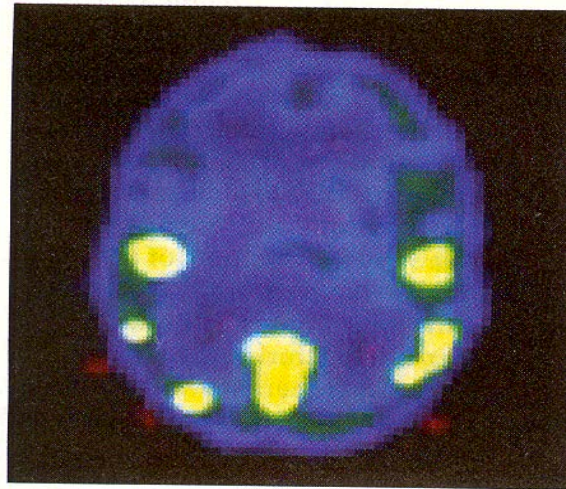


The brain of an addict

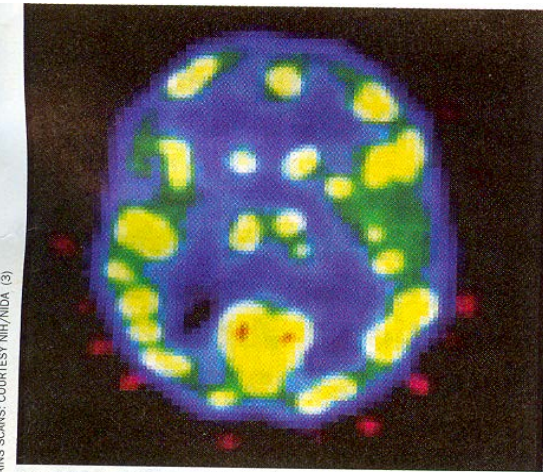
Cocaine use causes a decrease in glucose metabolism in the brain, especially in the frontal lobes, where planning, abstract thinking and regulation of impulse behavior are governed.



Normal subject

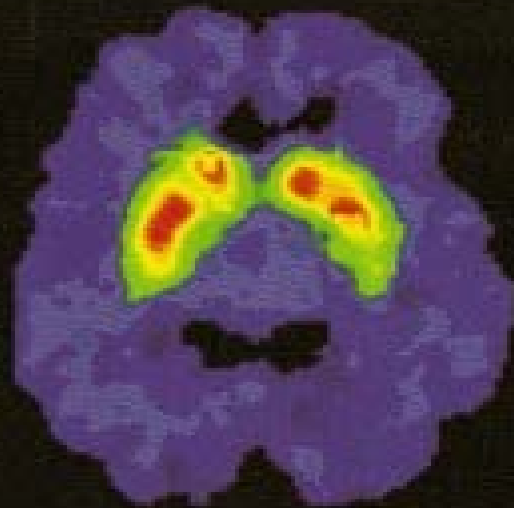


Cocaine abuser 10 days after abuse stops



Cocaine abuser 100 days after abuse stops

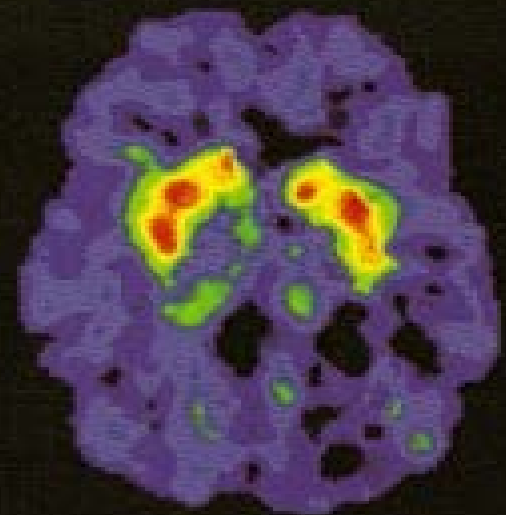
RECOVERY OF BRAIN FUNCTION WITH PROLONGED ABSTINENCE



Healthy Person



**METH Abuser
1 month abstinence**



**METH Abuser
14 months abstinence**

Pain and Depression

- ▣ Pain and depression are closely related. Depression can cause pain — and pain can cause depression. Sometimes pain and depression create a vicious cycle in which pain worsens symptoms of depression, and then the resulting depression worsens feelings of pain.
- ▣ In many people, depression causes unexplained physical symptoms such as back pain or headaches. This kind of pain may be the first or the only sign of depression.

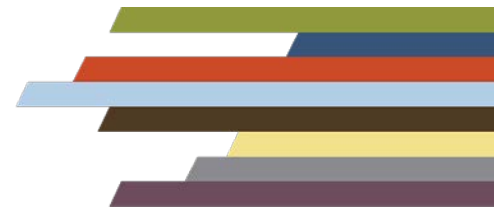


Pain Relief and Euphoria



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Life Expectancy

Life expectancy is defined as the number of years a newborn is expected to live. In addition to the infant mortality rate, life expectancy is a proxy for assessing the health of a community. These dynamics are clearly illustrated in Wards that are vastly different. For example, the life expectancy in Ward 8 is 72; in Ward 3, 87; a 15-year difference (Table 1).⁷ Trinidad (70.8), Historic Anacostia (70.2), and St. Elizabeth (68.4 - home of St. Elizabeth's Hospital) are neighborhoods with the lowest life expectancy in the city.⁷

Life Expectancy by Ward (2011- 2015)

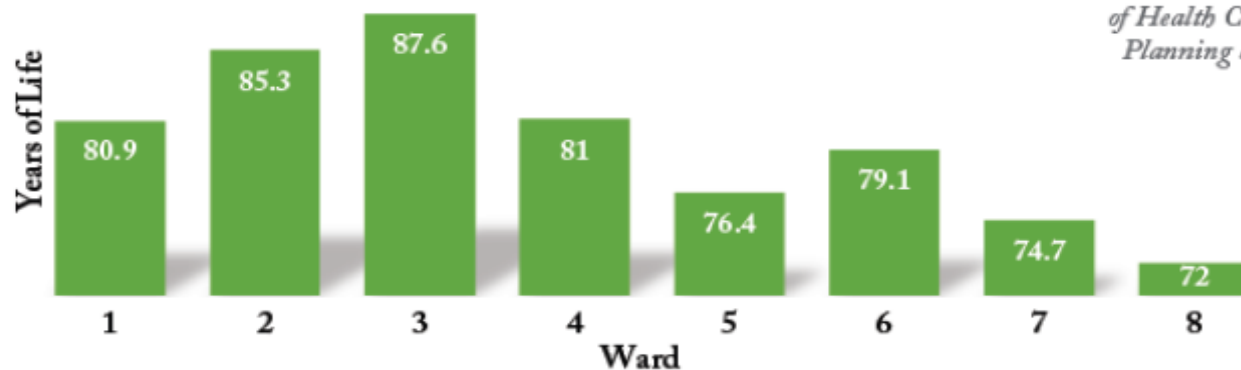


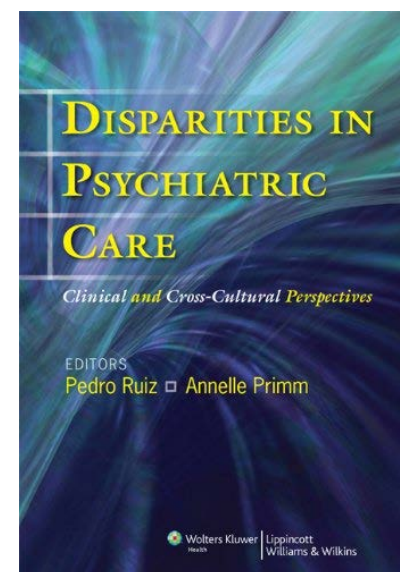
Table 1: DC Department of Health Center for Policy, Planning and Evaluation

To live comfortably, the annual household income needs to be at least \$132,857 for a two-bedroom apartment at \$3,100 per month.

Misdiagnosis or Under Diagnosis

African Americans

- Over diagnosis of schizophrenia
- Under diagnosis or under recognition of:
 - Depression
 - Bipolar Disorder
 - PTSD



Primm, A.B. and Lawson, W.B. "Disparities Among Ethnic Groups: African Americans" in Disparities in Psychiatric Care: Clinical and Cross-Cultural Perspectives; Eds. P. Ruiz and A. Primm, Wolters Kluver /Lippincott Williams & Wilkins, Baltimore, 2010, Pp19-29

“I’ve got the bowl, the bone, the big yard . . .

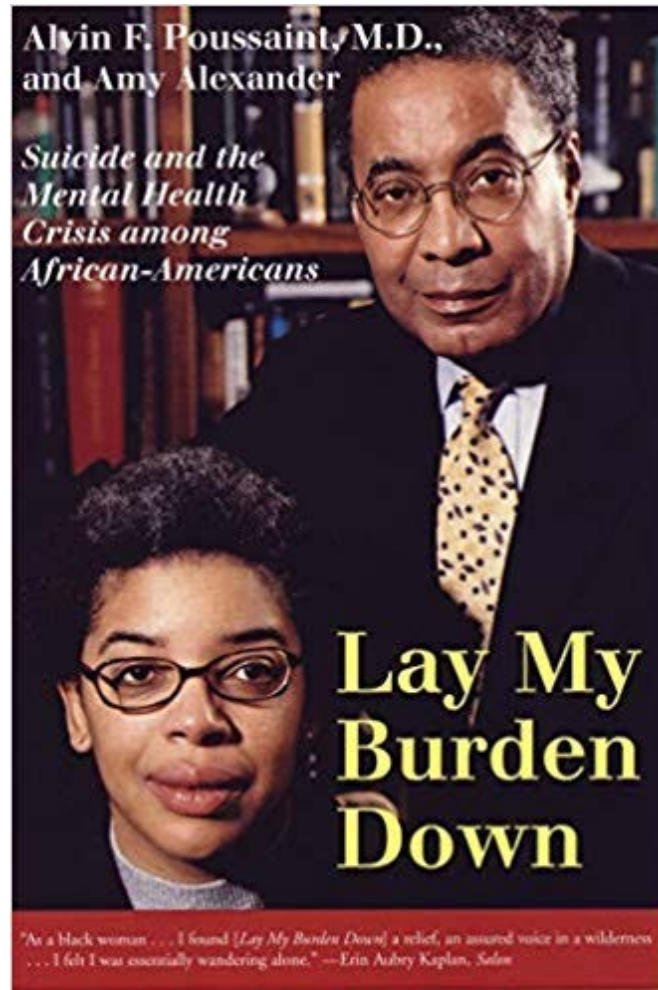


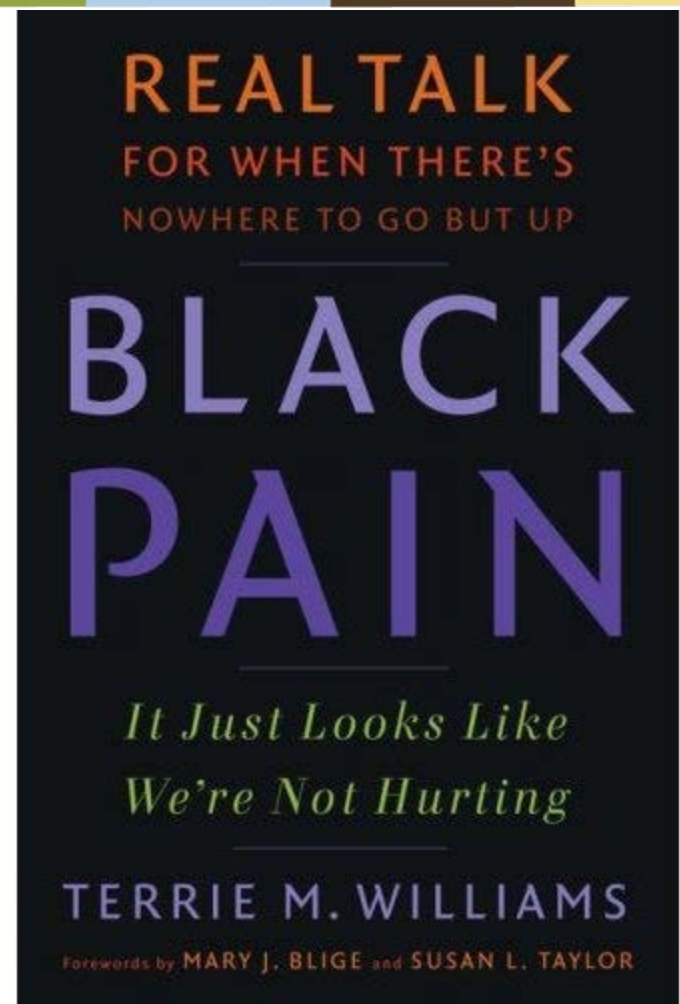
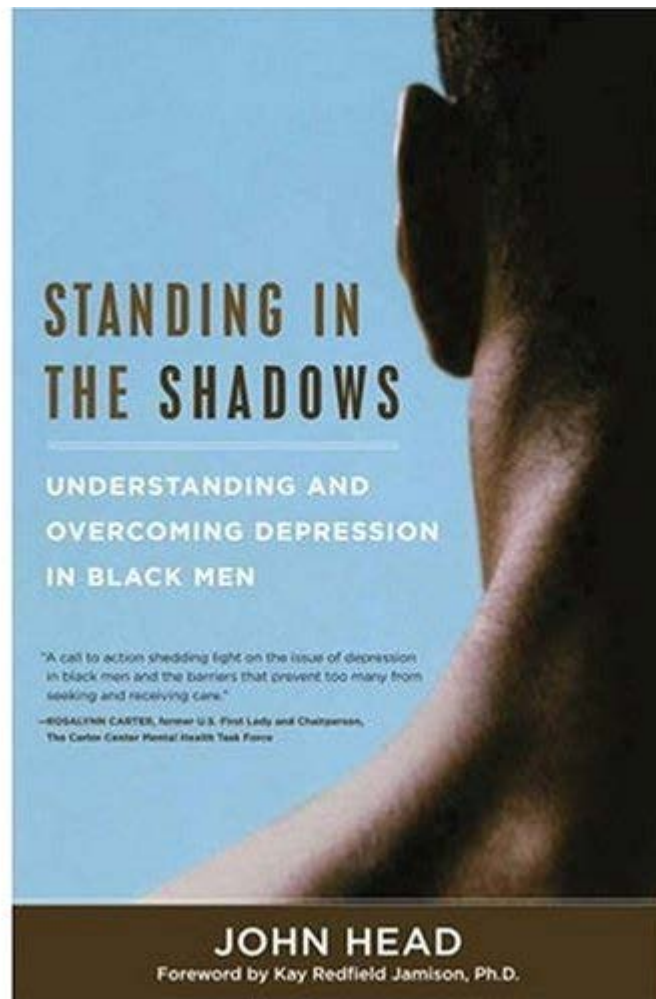
**I know I should be
happy”**

- Not new

Suicide occurs in Black folks

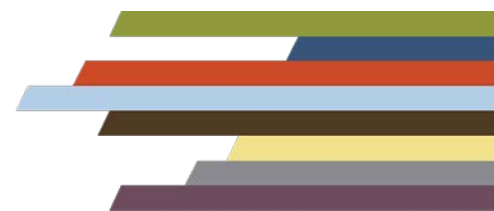
Dr. Alvin Poussaint and journalist Amy Alexander offer a groundbreaking look at 'posttraumatic slavery syndrome,' the unique physical and emotional perils for black people that are the legacy of slavery and persistent racism.





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PTSD

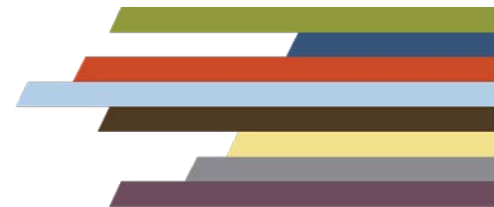
- ▣ More likely in civilians
- ▣ More common in African Americans
- ▣ Misdiagnosed as schizophrenia
- ▣ Medications undergoing trials



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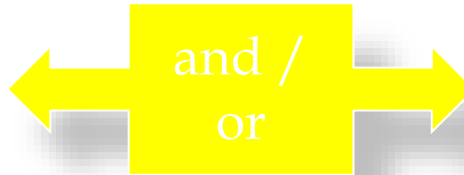
"PAIN"

THE WHY
FACTOR?

PSYCHIC
PAIN
or
"PTSD"
or
"TOXIC
STRESS"

PHYSICAL
PAIN

and /
or





SLAVERY



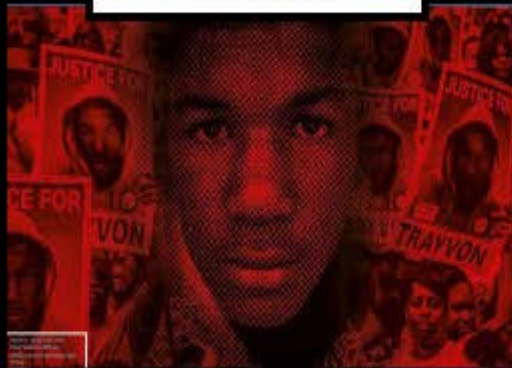
BLACK CODES



CIVIL RIGHTS ERA

The "EMOTIONALLY PAINFUL" History of Africans in America

YESTERDAY



TODAY



Vicious Cycle

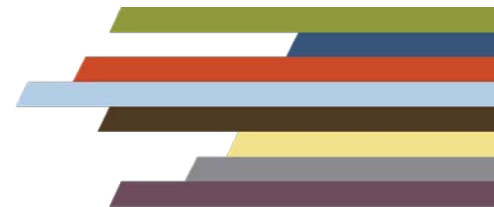


- Self treatment with drugs
- Increased risk of traumatic experiences
- Increased risk of mental problems



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AFROCENTRIC "VILLAGE" HEALTH ECOSYSTEM of CARE for
INTEGRATED and COLABORATIVE OPIOID TREATMENT

JOURNAL OF LAW, MEDICINE & ETHICS

The Journal of Law, Medicine & Ethics, 46 (2018): 404-421. © 2018 The Author(s)

DOI: 10.1177/1073110518782949

STREET DRUGS

The Opioid Crisis in Black Communities

*Keturah James
and Ayana Jordan*

Keturah James is a student at Yale Law School in New Haven, Connecticut. Ayana Jordan, M.D., Ph.D., is an Assistant Professor, Addiction Psychiatrist, and Attending Physician at Yale University School of Medicine.

Black people have always been more likely to initiate opioid use through heroin (and cocaine) than prescription opioids. Nonetheless, a demographic shift

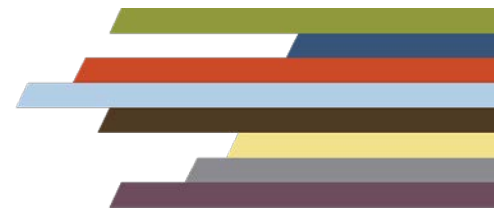
Jazz and opiates



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Different Faces



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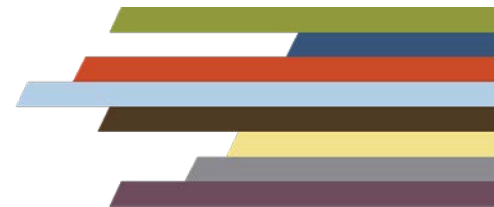
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Different faces



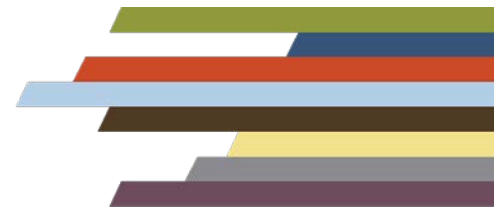
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Facts

- ▣ Opioids are not particularly effective for treating chronic pain; with long-term use, people can develop tolerance to the drugs and even become more sensitive to pain. And the claim that OxyContin was less addictive than other opioid painkillers was untrue – Purdue Pharma knew that it was addictive, as it admitted in a 2007 lawsuit that resulted in a US\$635 million fine for the company.



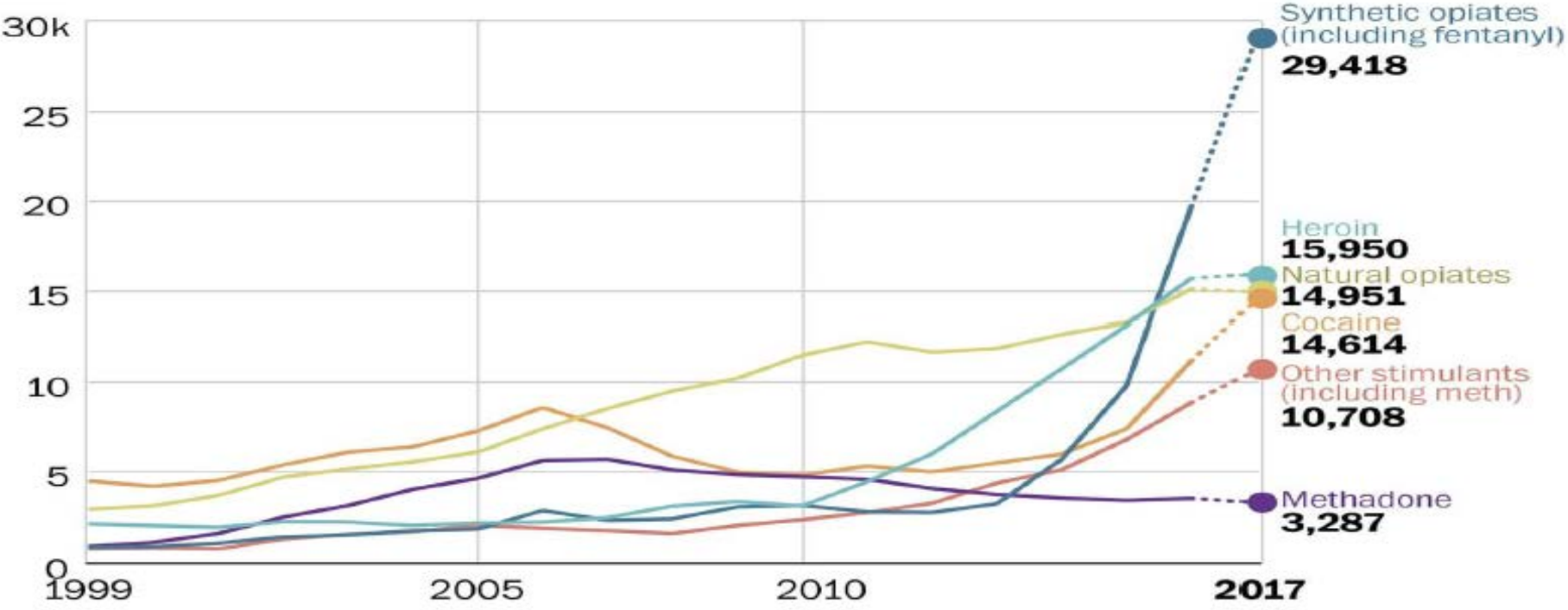
Race played a role

- ▣ Racial attitudes and socio-economic trends also helped the opioid epidemic to gain a foothold in the United States.
- ▣ Purdue Pharma focused the initial marketing of OxyContin on suburban and rural white communities.
- ▣ That strategy took advantage of the prevailing image of a drug addict as an African-American or Hispanic person who lived in the inner city to head off potential concerns about addiction. The company targeted doctors who were “serving patients that were not thought to be at risk for addiction



Synthetic opiate deaths continue to surge

Annual overdose deaths involving selected drugs



Note: 2017 figures are provisional. Many overdose deaths involve multiple drugs.

Source: Centers for Disease Control and Prevention

WAPO.ST/WONKBLOG

Treatment Works!!!!



Treatment - Opiate Use Disorder

- Naltrexone
 - Opioid blocker, mu antagonist
 - 50mg po daily
- Methadone
 - Mu agonist
 - Start at 20-40mg and titrate up until not craving or using illicit opioids
 - Average dose 80-100mg daily
 - Needs to be enrolled in a certified opiate substitution program
- Buprenorphine
 - Partial mu partial agonist with a ceiling effect
 - Any physician can Rx after taking certified ASAM course
 - Helpful for highly motivated people who do not need high doses



Treatment vs Punishment

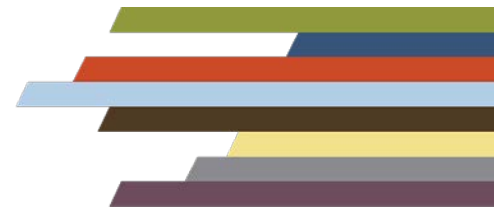
- ▣ African Americans comprise 14 percent of regular drug users, but are 37 percent of those arrested for drug offenses.



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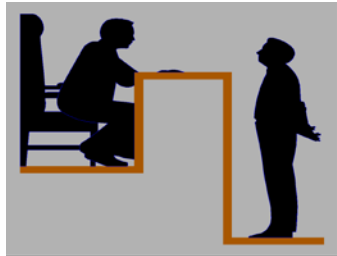
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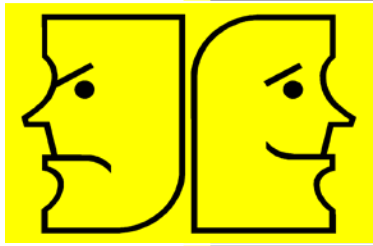




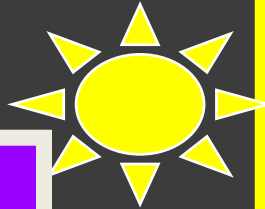
**INCARCERATION as
TREATMENT
MODEL**



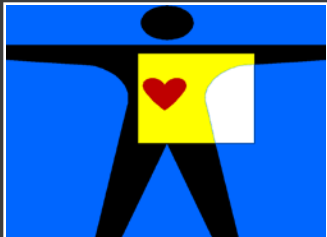
PUNITIVE



Edwin C. Chapman, MD
©2005



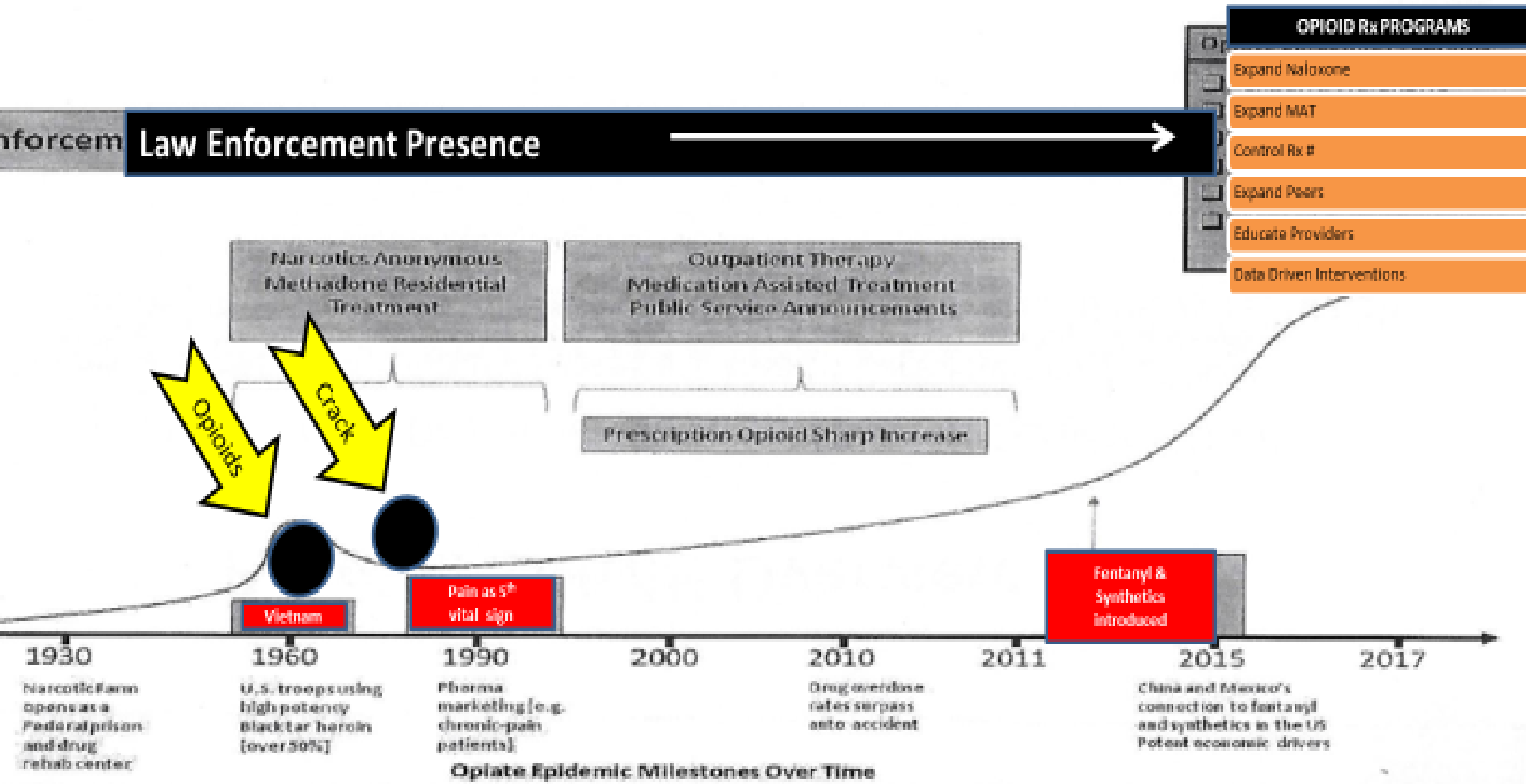
**MEDICAL
TREATMENT
MODEL**



NON-PUNITIVE

**OPIOID TREATMENT
in NIGHT and DAY LIGHT**

Here-to-fore, OPIOIDS & CRACK COCAINE WERE "MORAL" PROBLEMS in BLACK (URBAN) AMERICA...



An Answer

- ▣ Beny J. Primm, a doctor who started some of New York City's first methadone clinics to treat heroin addicts in the 1960s and who, during the AIDS epidemic in the 1980s, became a nationally prominent advocate for changing public health policy toward intravenous drug users

THE HEALER

A Doctor's Crusade Against
Addiction and AIDS



Beny J. Primm, MD

with John S. Friedman
Foreword by David Dinkins



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Effective Treatment

- ▣ Dr. Primm was treating trauma cases at Harlem Hospital in the early 1960s when he became aware of the havoc drug addiction was causing.
- ▣ “As an anesthesiologist, I saw young people in the ER, their bodies riddled with bullet and knife wounds,” he wrote in his 2014 memoir, “The Healer: A Doctor’s Crusade Against Addiction and AIDS,” written with John S. Friedman. “I knew that behind this devastation was the scourge of drugs, and I made a promise to myself that I would work to stop these black kids from going down.”



Treatment - Opiate Use Disorder

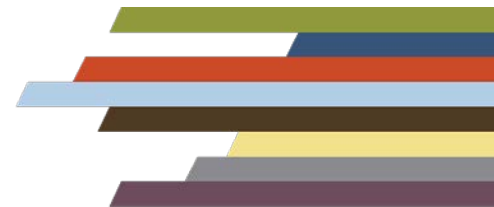
- Naltrexone
 - Opioid blocker, mu antagonist
 - 50mg po daily
- Methadone
 - Mu agonist
 - Start at 20-40mg and titrate up until not craving or using illicit opioids
 - Average dose 80-100mg daily
 - Needs to be enrolled in a certified opiate substitution program
- Buprenorphine
 - Partial mu partial agonist with a ceiling effect
 - Any physician can Rx after taking certified ASAM course
 - Helpful for highly motivated people who do not need high doses



Going Forward

AAAP along with AMA, AOA, ADA and many other medical, osteopathic, dental, and other health professional organizations committed collectively to reduce opioid overdose deaths and more effectively treat opioid use disorders. Key measures of success include:

- Having more than 540,000 health care providers complete opioid prescriber training;
- Doubling the number of physicians certified to prescribe buprenorphine for opioid use disorder treatment;
- Doubling the number of providers who prescribe naloxone-- a drug that can reverse an opioid overdose;
- Doubling the number of health care providers registered with their State Prescription Drug Monitoring Programs



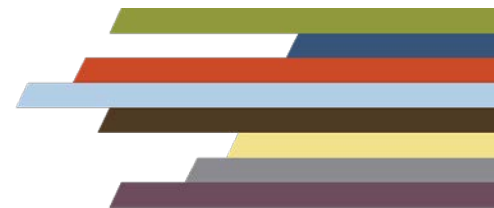
Non Medical Treatments

Cognitive Behavioral Therapy seeks to help patients recognize, avoid, and cope with the situations in which they are most likely to abuse drugs.

Contingency Management uses positive reinforcement such as providing rewards or privileges for remaining drug free, for attending and participating in counseling sessions, or for taking treatment medications as prescribed.

Motivational Enhancement Therapy uses strategies to evoke rapid and internally motivated behavior change to stop drug use and facilitate treatment entry.

Family Therapy (especially for youth) approaches a person's drug problems in the context of family interactions and dynamics that may contribute to drug use and other risky behaviors.



Treatment and



Rehabilitative



Or

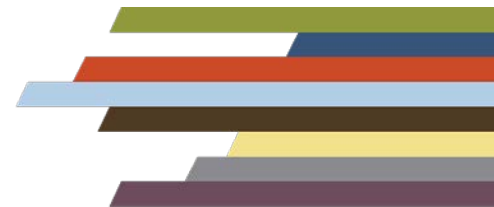


Punitive



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Buprenorphine Integrated Care Delivery Project: Correlates of Mental Health Screening and Primary Care Outcomes

Tanya Alim, MD, Finie Richardson, MPH, Beverlyn Settles-Reaves, PhD, Suneeta Kumari, MD, Elizabeth Akinfiresoye, MPH, Edwin Chapman, MD, Walter Bland, MD, Mark Johnson, MD, MPH

Howard University College of Medicine, Washington, D.C.¹, Community-Based Private Family Practice, Washington, D.C.²

BARRIERS TO SUCCESSFUL TREATMENT

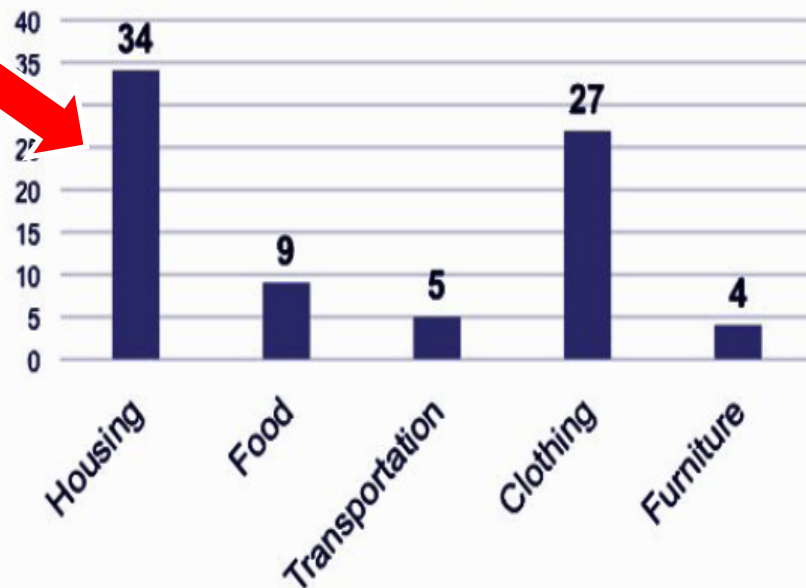
Figure 1. Nearly half (42%) of the participants reported a lack of access to behavioral health care services. N=99

Access to Behavioral Health Services



- All patients received referral for behavioral health services with M3 scores ≥ 33

Non-Clinical Referrals Requested



Treating a Bio-behavioral Disorder Must Go Beyond Just Fixing the Chemistry

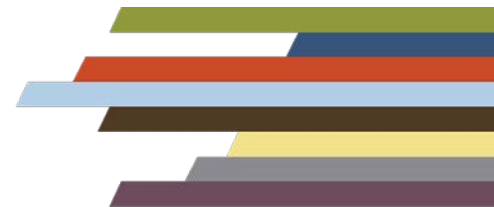
- Pharmacological (medications)
- Behavioral Therapies
- Peer Support
- Cultural Awareness
- Medical and Social Services



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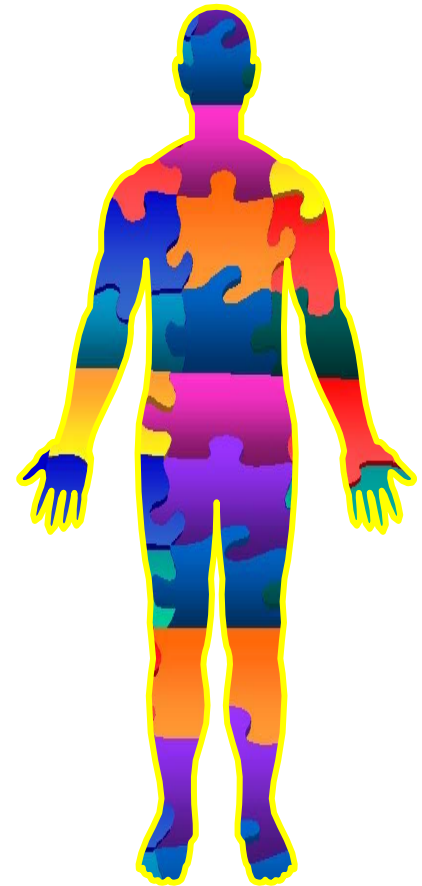
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Treat the Whole Person!

- No single Treatment is appropriate for all individual
- Treatment must attend to multiple needs of the individual
- Remaining in treatment for adequate time is vital for success
- Treatment should be readily available no matter race, gender, orientation, or socio-economic status



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WE MUST EDUCATE OUR COMMUNITIES ABOUT SUBSTANCE ABUSE AS A TREATABLE ILLNESS

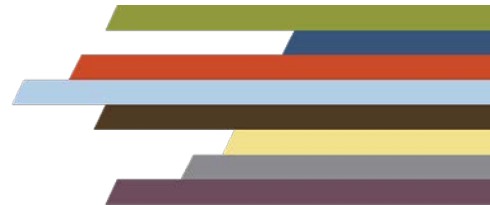


Questions?




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SAMHSA's New Treatment Page

 FindTreatment.gov

 For help finding treatment 1-800-662-HELP (4357)

[Search for treatment](#) [Treatment options](#) [Paying for treatment](#) [Understanding addiction](#) [Understanding mental health](#)



Millions of Americans have a substance use disorder. Help is available.

The Substance Abuse and Mental Health Services Administration (SAMHSA) collects information on thousands of state-licensed providers who specialize in treating substance use disorders, addiction, and mental illness.

[Find treatment](#)



What to expect

Help is available, treatment works, and people recover every day.



Treatment options

Learn about finding quality treatment, the different types of treatment, and what to expect when starting treatment.

[Learn more >](#)



Paying for treatment

Learn more about the cost of treatment and payment options.

[Learn more >](#)



Understanding addiction

Addiction is a chronic disease that changes the brain and alters decision-making.

[Learn more >](#)



Understanding mental health

About half of people with a substance use disorder also experience serious mental illness.

[Learn more >](#)



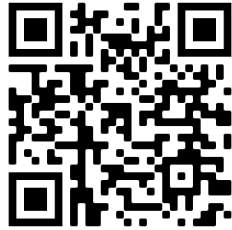
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Evaluation

Your feedback is important!

- QR code

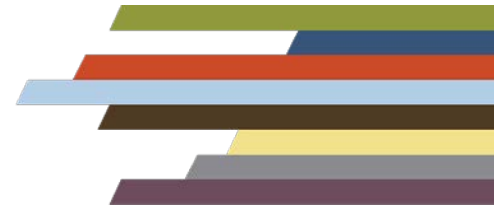


- Url: <https://ttc-gpra.org/P?s=196038>

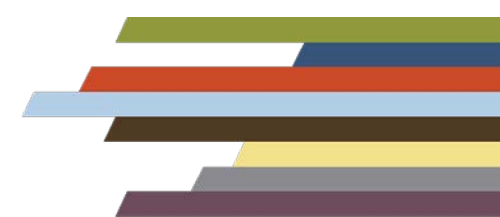


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Thank You



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- [Sign up](#) for our newsletter and training notices



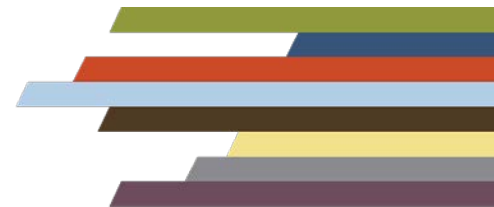
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