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Racial-Ethnic Disparities in Substance Use Disorder

Corrie L. Vilsaint, PhD.

Substance Use Disorders: A
Comprehensive Review and Update

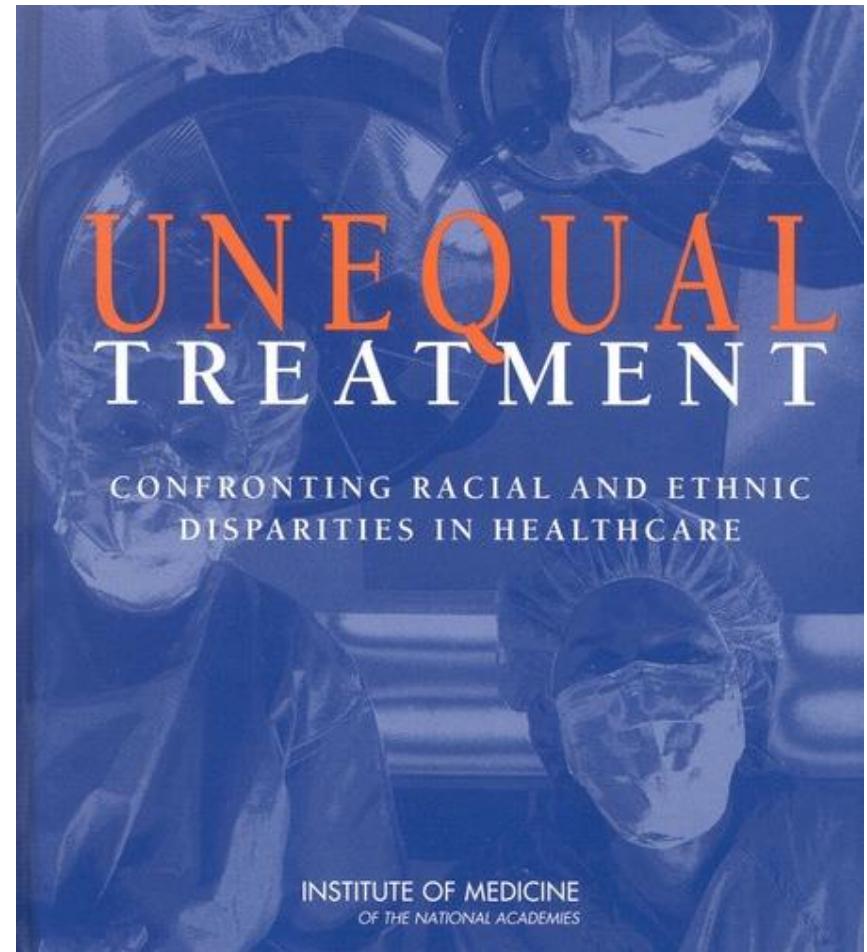
February 15, 2021

Disclosures

“Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.”

Racial Health Equity on the National Stage

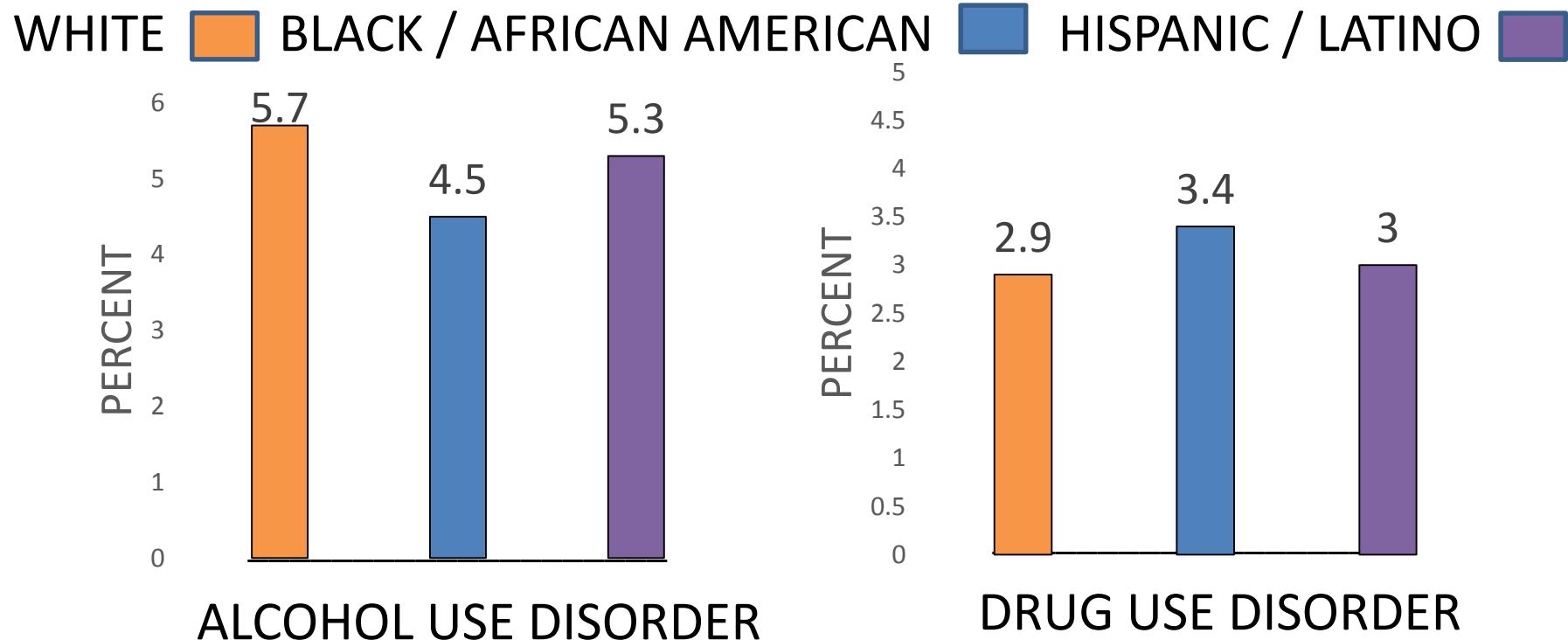
- Landmark report from Institute of Medicine prepared at the request of Congress.
- Conclusion:
Striking disparities in burden of illness experienced by Black Americans, despite health insurance, income, etc.



Racial Health Equity in Substance Use Disorder

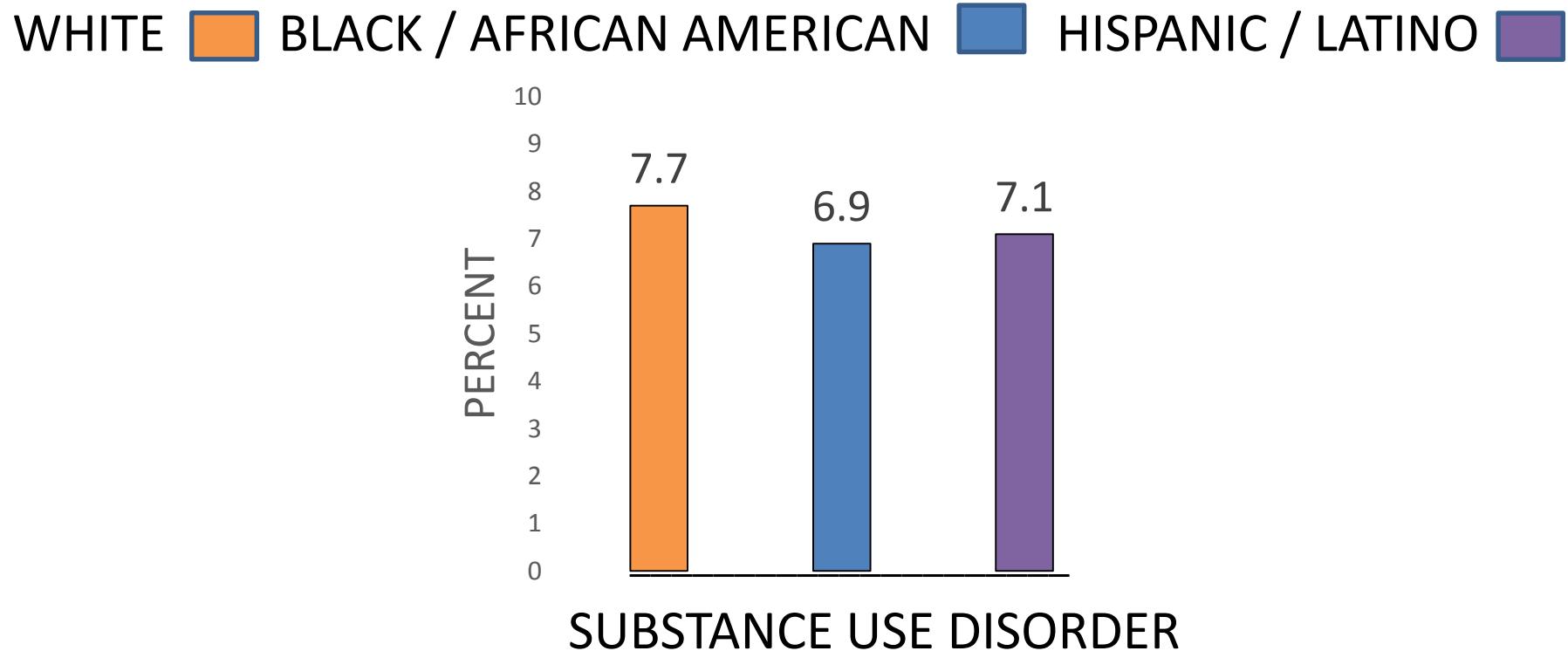
Racial-ethnic minorities, Black Americans in particular, suffer a disproportionate burden of health and social consequences despite having a lower or equivalent prevalence of substance use and substance use disorders (American Indians are exceptions).

ALCOHOL AND DRUG USE DISORDER IN THE PAST YEAR: RACIAL-ETHNIC DIFFERENCES?



Substance Abuse and Mental Health Services Administration. (2019). Results from the 2018 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

SUBSTANCE USE DISORDERS IN THE PAST YEAR: RACIAL-ETHNIC DIFFERENCES?



Substance Abuse and Mental Health Services Administration. (2019). Results from the 2018 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

What does Race-Ethnicity Mean in the Context of Science?

How Does Race-Ethnicity Work in Science?

- Race is a social construct. Effects of racism, not race.
- Effects of race-ethnicity are best understood not by its limited biological utility or as a proxy for class, but as a distinct construct akin to a caste system¹.
- Why does Health Inequity exist?
 - Disproportionate exposure to, or effects of, risk and protective factors (i.e., discrimination, homelessness).

¹Kawachi, Daniels, Robinson (2005). Health disparities by race and class: Why both matter. *Health Affairs*,

How Does Race-Ethnicity Work in Science?

- There are NO CAUSES of race-ethnicity.
 - Health can not cause race, but race can cause health.
 - Class can not cause race, but race can cause class.

Treatment Access, Retention, & Barriers for Substance Use Disorders

Treatment Access & Retention

- Non-White people are accessing treatment for **Alcohol Use Disorder** at comparable rates as White individuals recently.
 - Not retained at comparable rates
- Disparities in the Treatment of **Opioid Use Disorder** Exist.
 - Overdose surged but no increase in buprenorphine prescriptions for African Americans or other minorities unlike White Americans.
 - White Americans 35X as likely to have a bup. related visit than Black Americans.

Treatment Barriers

- **Expectations** as opposed to **structural barriers** (e.g., transportation, childcare) most common in general. Race-ethnicity had no association with structural barriers.
- Latino and Asian had no/low perceived need for treatment despite meeting criteria compared to White. Latinos often use informal forms of support (e.g., family cohesion) and handle problems on their own.

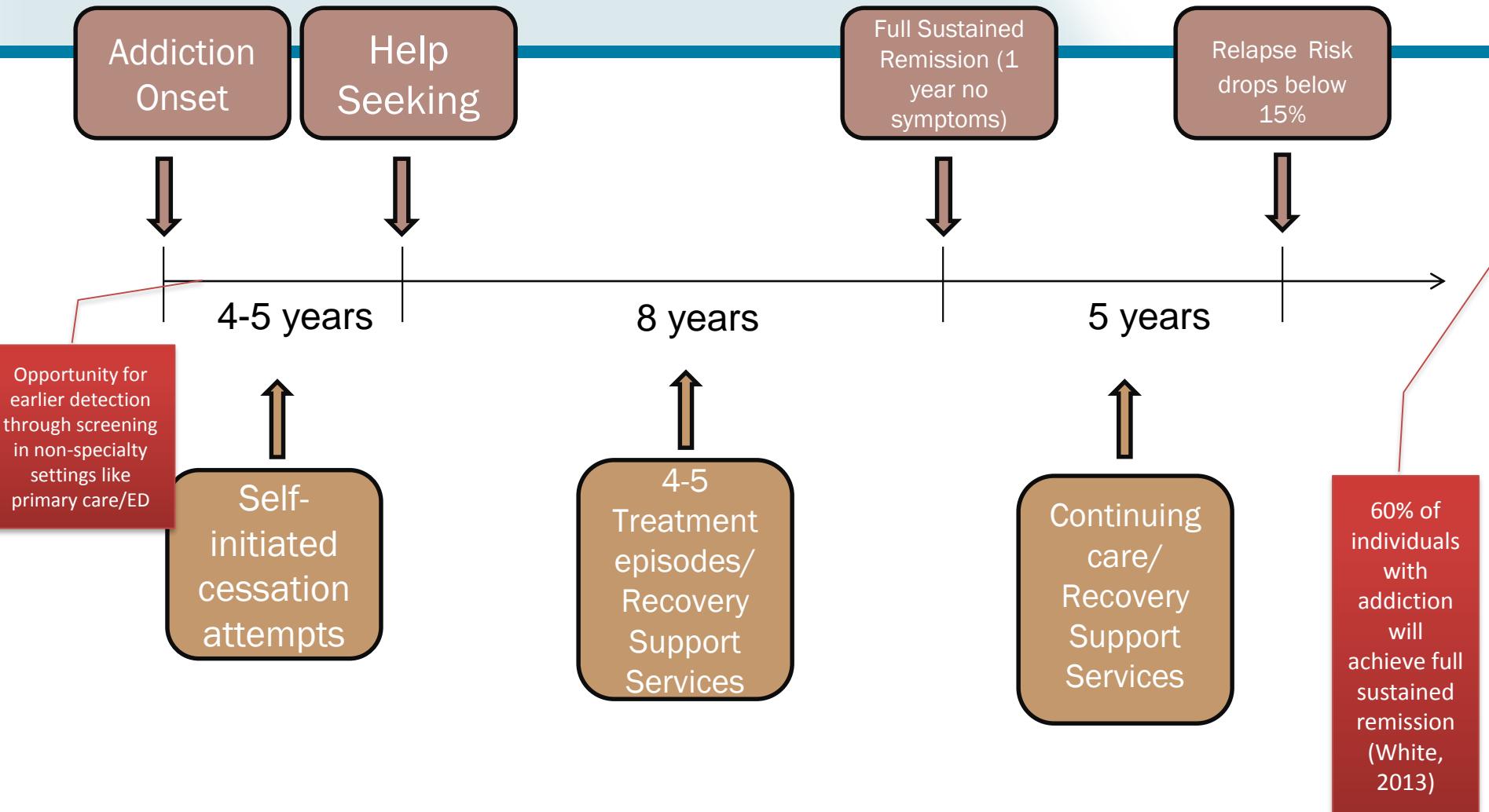
Green, McLaughlin, Fillbrunn, Fukuda, Jackson, Kessler, Sadikova, Sampson, Vilsaint, Williams Cruz-Gonzalez, Alegria. 2020. Barriers to Mental Health Service Use and Predictors of Treatment: Racial/Ethnic Variation in a Population-Based Study. *Administration and Policy in Mental Health and Mental Health Services Research*.

Course of Illness and Recovery from Substance Use Disorders: Racial Health Equity

What we do know is that for more severely dependent individuals ...



course of illness and achievement of stable recovery
can take a long time ...



SUD Course of Illness: Individuals who Identify as Black.....

- 1) Later age of disorder onset in their mid 20s compare to others who onset in late teens (Alvarez, et al., 2019).
- 2) progress from initiation of use to disorder onset faster.
- 3) AND have less than a high school degree are more than 2X as likely to have a persistent substance use disorder than White counterparts (Vilsaint, et al., 2019).
- 4) more likely to have recurrent alcohol use disorder 35% vs. 22%.

SUD Course of Illness: Individuals who Identify as Black.....

- 1) Prevalence of lethal overdose was highest among individuals who identify as White.
- 2) However, rate of increase was highest among minorities and Black individuals.
- 3) Overdose was 35% lower than Whites until 2015/16 they experienced an alarming increase of 39%.

THE NATIONAL RECOVERY STUDY



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THE FIRST EVER
STUDY
OF
AMERICANS

**WHO RESOLVED A SIGNIFICANT
ALCOHOL OR DRUG PROBLEM**

**NATIONALLY
REPRESENTATIVE**

[Kelly, Bergman, Hoeppner, Vilsaint, & White. 2017. Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug and Alcohol Dependence*, 181\(1\), 162-169.](#)

THE NATIONAL RECOVERY STUDY

- Serious Attempts at Recovery
 - Average was 2 serious attempts at recovery before resolving their problem, **Black individuals made 3 attempts** (Kelly et al., 2019).
- Employment
 - Individuals who identify as Black or had multiple arrests were **less likely to be employed** compared to the rest of the sample (Eddie, Vilsaint, et al., 2020).
- Attitudes towards Medications for Opioid Use Disorder
 - Black individuals had more negative attitudes towards agonist (e.g., methadone) (Bergman et al., 2020)
- Medical conditions associated with alcohol and other drugs (hep c, heart disease, diabetes, chronic obstructive pulmonary disease), **no racial differences** (Eddie, et al., 2019)

Mechanisms of Racial Health Disparities in Substance Use Disorders

Mechanisms in Substance Use Disorder

Education is a mechanism for *persistent SUD* for Black people with less than a high school education (Vilsaint et al., 2019)

Black people just as likely to remit from substance use disorder, once **social support** (i.e., marriage) is controlled for (Arndt et al., 2010).

Mechanisms of Racial Health Inequity in Substance Use Disorder

- Narrowly focused on behavior change at the individual and interpersonal level, despite increasing national recognition of the structural drivers of racial disparities.
- Limited impact on sustained improvements over time.

Recovery-Related Discrimination

Vilsaint, Hoffman, Kelly. 2020. *Drug and Alcohol Dependence*

“Since resolving your problem with alcohol or drugs, how frequently have the following occurred because someone knew about your alcohol or drug history?”

- Microdiscriminations: experiences that occurred in social-interpersonal exchanges such as personal slights and insults (e.g., people assumed I would relapse).
- Macrodiscriminations: violations of personal rights that occurred at the structural, organizational, or policy level.

Recovery-Related Discrimination

Himmelfarb Health Sciences Library, The George Washington University
Health Sciences Research Commons

Health Policy and Management Issue Briefs

Health Policy and Management

2-2004

Analysis of State Laws Permitting Intoxication Exclusions in Insurance Contracts and Their Judicial Enforcement

The Daily Briefing

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Many plans deny payment for patients injured by drugs, alcohol

Researchers: Practice prevents providers from discouraging future misuse

Recovery-Related Discrimination



Education



HIGHER EDUCATION / STUDENT LOAN RANGER

Drug Convictions Can Send Financial Aid Up In Smoke

(r) SUSPENSION OF ELIGIBILITY FOR DRUG-RELATED OFFENSES

(1) IN GENERAL

A student who is convicted of any offense under any Federal or State law involving the possession or sale of a controlled substance for conduct that occurred during a period of enrollment for which the student was receiving any grant, loan, or work assistance under this subchapter shall not be eligible to receive any grant, loan, or work assistance under this subchapter from the date of that conviction for the period of time specified in the following table:

Recovery-Related Discrimination

Stateline

More States Lift Welfare Restrictions for Drug Felons

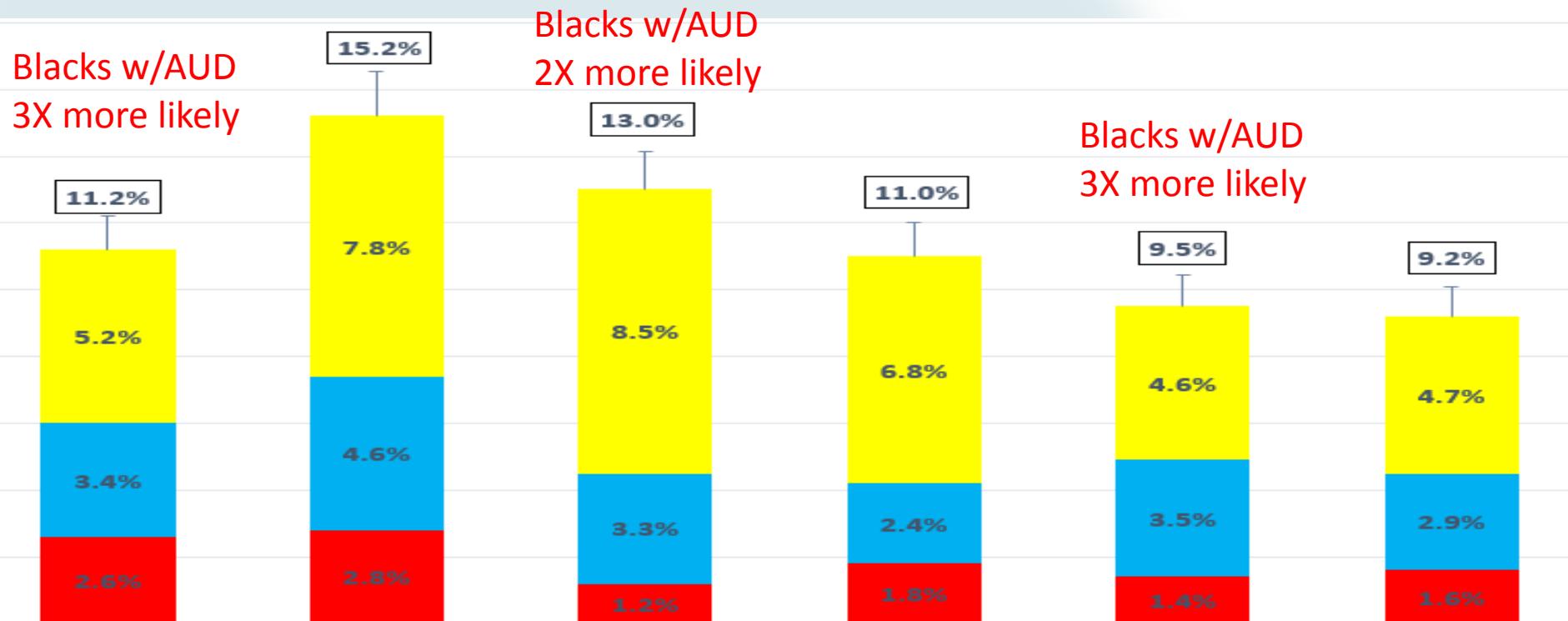


No More Double Punishments

Updated March 2017

Lifting the Lifetime Ban on Basic Human Needs Help for People with a Prior Drug Felony Conviction
Lavanya Mohan, Victoria Palacio, and Elizabeth Lower-Basch

National Prevalence of Recovery-Related Macrodiscrimination After Resolving a Problem with Alcohol or Other Drugs



I left a recovery or addiction treatment environment due to unfair treatment

It has been hard for me to get health insurance

I lost my job

I was denied a loan or didn't even bother to apply

I was denied housing

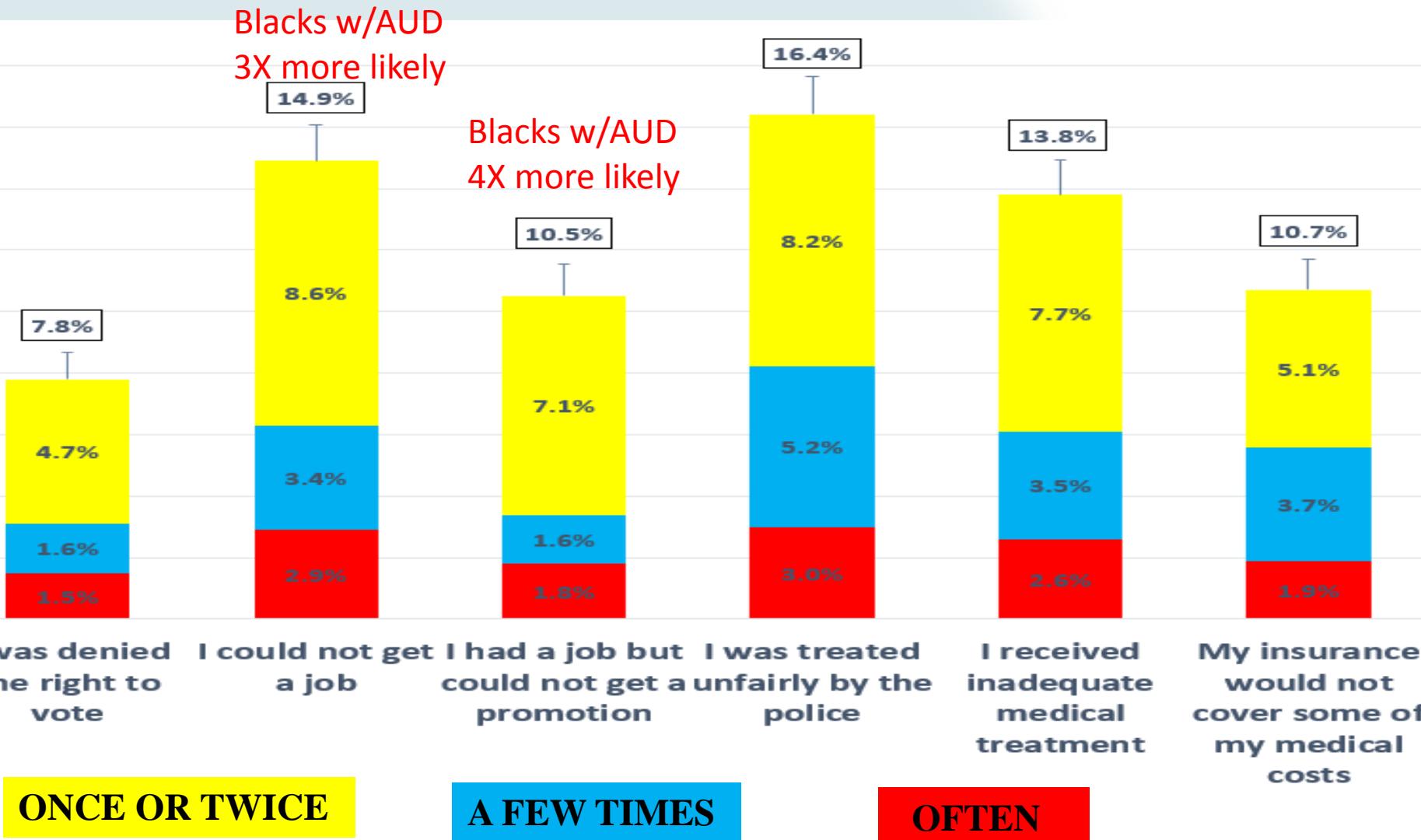
I was denied food stamps

ONCE OR TWICE

A FEW TIMES

OFTEN

National Prevalence of Recovery-Related Macrodiscrimination After Resolving a Problem with Alcohol or Other Drugs



Recovery-Related Discrimination was associated with more Psychological Distress, lower Quality of Life and lower Recovery Capital after controlling for severity like indicators.

THANK YOU!

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