



# Opioids: Impacts of Health Disparities & Discrimination

## June 20, 2024

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American Academy of CME, Inc. designates this activity for 1.0 continuing education credits.

### **Other HCPs**

Other members of the care team will receive a certificate of participation.

## Continuing Education for EMTs

- **This webinar also has been approved by NJ OEMS for 1 EMT Elective CEU.**
- **Attendees seeking 1 EMT Elective CEU will be provided a link specific to EMTs to apply for credit at the end of the webinar and in the follow-up email tomorrow.**
- **Attendees seeking EMT credit must apply for credit within 30 days of today's webinar.**

## Continuing Education – Athletic Trainers

- **Partnership for a Drug-Free New Jersey is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers (ATs).**
- **This program is eligible for a maximum of one (1) Category A hour/CEU.**
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- **This link will include access to an evaluation and assessment that are mandatory for receiving credit.**

# Additional Information About Continuing Education

- You must apply to receive continuing education credit. It will not be sent to you just for attending this webinar.
- **WHERE CAN YOU FIND THE LINK TO APPLY FOR CREDIT?**
  - **The last slide of this webinar**
  - **The chat at the end of the program**
  - **The follow-up email you will receive tomorrow**
- The poll at the end of today's webinar IS NOT the evaluation for continuing education credit. The evaluation will be at the link mentioned above.
- The links will be active for 30 days after today's event.

PA Planner Dean Barone discloses that he serves on the speakers bureaus of Ethicon and Johnson & Johnson.

# Featured Presenters



**Eldene G. Towey, MD**

**Medical Director, Kyle Goldberg Turning Point Addiction Services**  
**Chief of Addiction Psychiatry, WMC Health Networks**  
**Assistant Professor of Addiction Psychiatry, New York Medical College**

Dr. Eldene Towey is chief of addiction psychiatry at Westchester Medical Center Health Services and medical director of Kyle Goldberg Turning Point Addiction Treatment Center. She is also assistant professor of addiction psychiatry at New York Medical College. Towey earned her medical degree from St. Georges School of Medicine (Grenada) in Bay Shore, N.Y. She completed her residency and fellowship at Beth Israel Medical Center in New York. Towey has given many presentations on the opioid crisis. She also co-authored a 2023 academic article examining the intersection of race and the opioid epidemic, "Racial disparities in opioid use disorder and its treatment: A review and commentary on the literature."



**Aarin Michele Williams, Esq.**  
**Chief Advisor to the Director**  
**New Jersey Division on Civil Rights**

Aarin Michele Williams is the chief advisor to the director of the New Jersey Division on Civil Rights. She has been admitted to the bar in NJ, NY, and the Southern District of New York but has appeared in various jurisdictions around the country. Williams is an experienced civil rights litigator, social, racial and reproductive justice movement lawyer and proud criminal defense attorney. She has held various roles with the Division on Civil Rights. In prior positions Williams was a zealous trial attorney as a NJ State Public Defender where she was a trial strategy trainer and lead lawyer handling complex felony criminal cases, including infamous homicide cases. She has also served as an Adjunct Professor at the New Jersey Institute of Technology and Seton Hall Law School. She is a proud graduate of Howard University and earned her law degree for Rutgers University – Newark.



**Eldene G. Towey, MD**  
**Medical Director, Kyle Goldberg Turning Point Addiction Services**  
**Chief of Addiction Psychiatry, WMC Health Networks**  
**Assistant Professor of Addiction Psychiatry , New York Medical College**



# **RACIAL DISPARITIES IN OPIOID USE DISORDER AND ITS TREATMENT: A REVIEW AND COMMENTARY ON THE LITERATURE.**

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LYNCH S, KATKHUDA F, KLEPACZ L, TOWEY E, FERRANDO SJ. RACIAL DISPARITIES IN OPIOID USE DISORDER AND ITS TREATMENT: A REVIEW AND COMMENTARY ON THE LITERATURE. J MENT HEALTH CLIN PSYCHOL (2023) 7(1): 13-18



## RACIAL DISPARITIES IN OPIOID USE DISORDER

- Increases in Opioid Use Disorder (OUD) as well as opioid related deaths have occurred disproportionately among people of color. Black people specifically are dying of overdose at an increased rate, yet they are less likely to receive treatment for OUD.
- October 2017, the United States Department of Health and Human Services declared the opioid crisis a national public health emergency.<sup>1</sup> Opioid use and related overdoses continued to rise and were exacerbated during the COVID-19 pandemic. Factors connected to overdose during the pandemic include:<sup>3</sup>
  - Unemployment
  - Social isolation
  - Limited treatment availability
  - Increases in use of synthetic opioids

# **RACIAL DISPARITIES IN THE WAVES OF THE OPIOID EPIDEMIC**

## **First Wave 1979 – mid 1990's :**

- Driven by heroin use<sup>9</sup>
- Higher mortality rate for Black Americans<sup>9</sup>
- “War on Drugs” – escalated racial disparities in arrests for substance related charges and increases in police violence in Black communities.<sup>10, 11</sup>

## **Second Wave Mid 1990's - 2010:**

- Mortality rate stable for Black Americans but steadily increased for White Americans<sup>3</sup>
- White American overdoses related to prescribed opioid analgesics, may be due to racism amongst prescribers.<sup>12,</sup>
  - Less likely to prescribe opioids to Black Americans
  - More likely to use urine drug screening for Black Americans
  - More likely to restrict early refills for Black patients
  - Incorrect belief that Black people feel less pain than White People



# RACIAL DISPARITIES IN THE WAVES OF THE OPIOID EPIDEMIC CONT.

## Third Wave 2011 – Present:

- Substantial increase in mortality rates for all populations<sup>1</sup>
- Due to heroin, but more so to synthetic opioids such as fentanyl (more potent than heroin)<sup>14</sup>
- Current wave being treated differently in comparison to the drug epidemics likely due to variable racial compositions.<sup>15</sup>
- In 2020 drug related deaths among Black people were higher than those among White people for the first time since 1999.<sup>16</sup>
- Increase in mortality in Black people likely due in part to Covid-19 which disproportionately worsened health and social outcomes in marginalized communities.<sup>16</sup>



## DISPARITIES IN THE TREATMENT SETTING AND THE IMPACT ON PATIENT HEALTH

- Medications to treat opioid use disorder such as buprenorphine and methadone reduce overall mortality and other adverse effects of OUD yet the vast majority of patients with OUD do not receive treatment.<sup>19</sup>
- Recent CDC reports found only one in twelve Black people who died of an opioid-related overdoses had been engaged in treatment.<sup>17</sup>
- White people are nearly twice as likely to receive treatment.<sup>17</sup>
- Reasons why Black communities have decreased engagement in treatment:
  - Lower trust in the healthcare system<sup>20</sup>
  - Systematic and interpersonal racism<sup>20</sup>





## DISPARITIES IN THE TREATMENT SETTING AND THE IMPACT ON PATIENT HEALTH CONT.

White Patients are more likely to received MOUD than Black patients and are more likely to receive buprenorphine compared to methadone.<sup>21</sup>

### **Buprenorphine vs. Methadone**

- Geographic segregation
  - Methadone prescribing more common in areas with Black and Hispanic/Latino Residents.<sup>21</sup>
  - Buprenorphine more common in counties with a greater presence of White residents.<sup>21</sup>
- Modalities
  - Buprenorphine is a partial mu-opioid receptor agonist and can be filled at ordinary pharmacies like any other prescription.<sup>23, 24</sup>
  - Methadone is a full mu-opioid receptor agonist monitored at a federal level and can only be dispensed at certified clinics.<sup>25</sup>



## Buprenorphine vs. Methadone

- Success Rate and preference
  - Some reports indicate methadone has a higher success rate than buprenorphine in maintaining patients in treatment, but there are significant drawbacks for patients.<sup>25,26</sup>
    - Geographic limitations
    - Clinic waitlists
    - Frequent visits to the clinic to receive daily doses.
  - Many patients prefer buprenorphine over methadone<sup>27,23</sup>
    - Less severe side effect profile
    - Lower levels of sedation
    - Increased safety
    - Increased privacy and autonomy



**Some factors worth further exploration include:**

- Public policy – FDA approval of buprenorphine coincided with sharp increase in opioid use in White suburban areas.<sup>32</sup>
- Physician bias – Institutional and/or individual racism. Black patients may be funneled into methadone treatment because of its stricter supervision and regular toxicology screening.  
15, 42
- Resource allocation – Not enough buprenorphine-prescribing physicians to meet the demand and not enough prescribers that accept Medicaid.<sup>34, 22</sup>





## ADDRESSING RACIAL BIAS AND DISCRIMINATION IN TREATMENT

- Pilot programs in the U.S. to increase usage of buprenorphine in non-White communities.
  - Example: Baltimore, MD provided funding to train physicians on buprenorphine-prescribing and referring stabilized patients to community health centers. Over three years the number of patients treated increased by over 300%.<sup>43</sup>
- Mandated training targeted towards medical providers to address implicit racial bias.<sup>45</sup>
- Increasing care and opening treatment programs in communities of need
  - Targeting patients experiencing poverty, homelessness and coexisting mental health disorders.<sup>44</sup>



## KEY TAKEAWAYS FOR THE CARE TEAM

- Mortality rates for opioid-related overdoses are rising for all populations and the increase is much more profound among Black patients. Despite this, White patients with OUD are more likely to receive MOUD, particularly Buprenorphine.
- Medications to treat opioid use disorder such as buprenorphine and methadone reduce overall mortality and other adverse effects of OUD and White patients are nearly twice as likely to receive treatment. (19)(17)
- While racial disparities are clearly documented further research is needed to investigate factors contributing to these disparities (i.e. public policy, physician bias, resource allocation)
- While continued research is still needed, there are interventions we can utilize to address racial bias (i.e. pilot programs, training for medical providers, increasing access to care)



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# Opioids: Impacts of Health Disparities & Discrimination

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Chief Advisor to the Director

June 2024



**NJ** DIVISION ON  
**CIVIL RIGHTS**



# AGENDA

- 1 What is the New Jersey Division on Civil Rights (DCR)
- 2 DCR's Expansive Jurisdiction
- 3 DCR's Role in Health Equity
- 4 Examples of Racism in Healthcare settings
- 5 Tools to Address Racial Bias and Discrimination

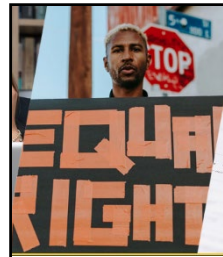
Challenge Traditions,  
Fight Inequality,  
Stand Together



# NJ Division on Civil Rights

## Who We Are and What We Do

- **1945:** Created by the New Jersey Legislature
- **Mission:** to prevent and eliminate bias, prejudice, and discrimination in New Jersey
- **Vision:** a New Jersey where all people are treated equally
- **Enforcement of NJ's anti-discrimination laws:**
  - ✓ New Jersey Law Against Discrimination (LAD)
  - ✓ New Jersey Family Leave Act (NJFLA)
  - ✓ Fair Chance in Housing Act (FCHA)



This presentation is for information purposes only.

# Law Against Discrimination



The New Jersey Law Against Discrimination (N.J.S.A. 10:5-1 et seq.) makes it **unlawful to subject people** to discrimination or harassment in the following areas: Employment, Housing and Real Estate, and Places of Public Accommodations based on an actual or perceived protected class.

Disability	National Origin	Liability for service in the US Military	<b><i>And in some cases:</i></b>
Race/Color	Gender or Sex	Marital	Familial status (in housing)
Religion/Creed	Gender Identity or Expression	Civil Union	Age (in employment)
Nationality	Sexual or Affectional Orientation	Domestic Partnership Status	Genetic information (in employment)
Ancestry	Pregnancy or Breastfeeding		Lawful source of income (in housing)

This presentation is for information purposes only.



# Disability Protections



- You don't need to have a disability to experience discrimination.
- The LAD defines disability broadly – physical or sensory disability, infirmity, malformation, disfigurement, AIDs or HIV.
- Mental, psychological, and development disabilities are also covered by the LAD.
- The LAD covers addiction and dependency.

This presentation is for information purposes only.

# Theories of Discrimination

## Differential Treatment v Disparate Impact

The LAD prohibits conduct that is *intended* to treat people differently based on their membership in a protected class -- **Disparate Treatment**

The LAD prohibits policies and practices that disproportionately affect people in a protected class even when the policies and practices are *neutral* on their face and are *not necessarily intended* to discriminate – **Disparate Impact**

# DCR's Role In Health Equity

## Civil Rights and COVID-19: Frequently Asked Questions

Learn more about your rights and protections against discrimination and bias-based harassment related to the COVID-19 pandemic. To find out more about how to file a complaint, [click here](#).

*This content was current as of Nov 17, 2020. It has not been updated to conform with current federal guidance.*

### Employment

1. What protections does the Law Against Discrimination (LAD) offer? >

2. What are the LAD's protections related to COVID-19 in employment? >

3. My coworker repeatedly harasses me by claiming that Asian people "caused" COVID-19 and calling it "the Chinese virus." Does my employer need to do something? >

4. My employer is allowing mothers to telework if their children are in virtual school, but not fathers. Could this violate the LAD? >

5. Can my employer send me home from work if I have symptoms of COVID-19? >

6. Is COVID-19 a disability under the LAD? >

on purposes only.



# Key Takeaways for the Care Team

- **NJLAD has broad protections that advance health equity**
- **NJLAD requires obligations for health care entities and providers.**
- **Violation of the NJLAD can lead to a suspension or revocation of license**
- **Report suspected LAD protections to DCR**

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# STAY CONNECTED!

## NJ DIVISION ON CIVIL RIGHTS (DCR)

- **DCR Website:** [NJCivilRights.gov](https://NJCivilRights.gov)
- **Email:** [Aarin.Williams@njcivilrights.gov](mailto:Aarin.Williams@njcivilrights.gov)
- **FB & Twitter:** [@CivilRightsNJ](https://www.facebook.com/CivilRightsNJ)
- **Phone:** 1-833-NJDCR4U | 711 Relay
- **NJ Bias Investigation Access System:** [Bias.NJCivilRights.gov](https://Bias.NJCivilRights.gov)

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**To register for continuing education for today's webinar:**

**Physicians, physician assistants, nurses, nurse practitioners, dentists, pharmacists, other: [knockoutday.drugfreenj.org/jun20](https://knockoutday.drugfreenj.org/jun20)**

**EMT: [KnockOutDay.DrugFreeNJ.org/EMT](https://KnockOutDay.DrugFreeNJ.org/EMT)**

**Athletic Trainers: [KnockOutDay.DrugFreeNJ.org/Trainers](https://KnockOutDay.DrugFreeNJ.org/Trainers)**

**UPCOMING WEBINAR**

**Empowering Parents in Prevention & Recovery**

**11 a.m. Thursday, July 25, 2024**

**Register at [KnockOutDay.DrugFreeNJ.org/events](https://KnockOutDay.DrugFreeNJ.org/events)**

