

# Substance Use in BIPOC Populations

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# Disclosures

- None



# Learning Objectives

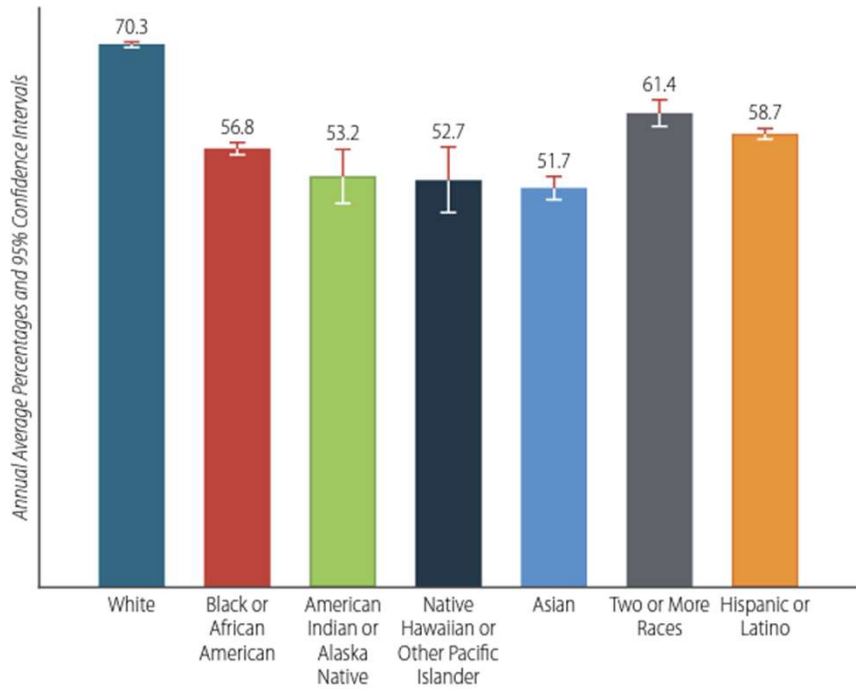
- Review most recent statistics on substance use by race
- Learn about the health disparities of substance use in BIPOC population
- Learn ways to address these health disparities



# Substance use by Race/ethnicity

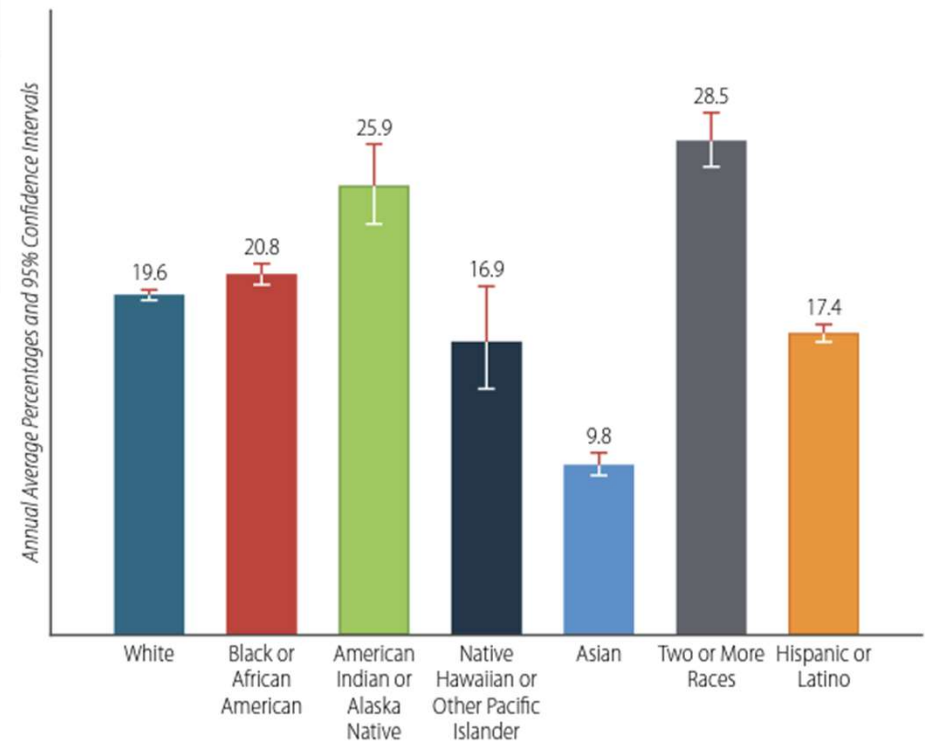
**3.3 Racial/Ethnic Differences in Past Year Alcohol Use among People Aged 12 or Older**

**FIGURE 3.4 Alcohol Use in the Past Year among People Aged 12 or Older, by Race/Ethnicity: 2015–2019, Annual Averages**



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

**FIGURE 3.1 Illicit Drug Use in the Past Year among People Aged 12 or Older, by Race/Ethnicity: 2015–2019, Annual Averages**



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

## Slide 4

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**SA0** Illicit drug use includes marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives

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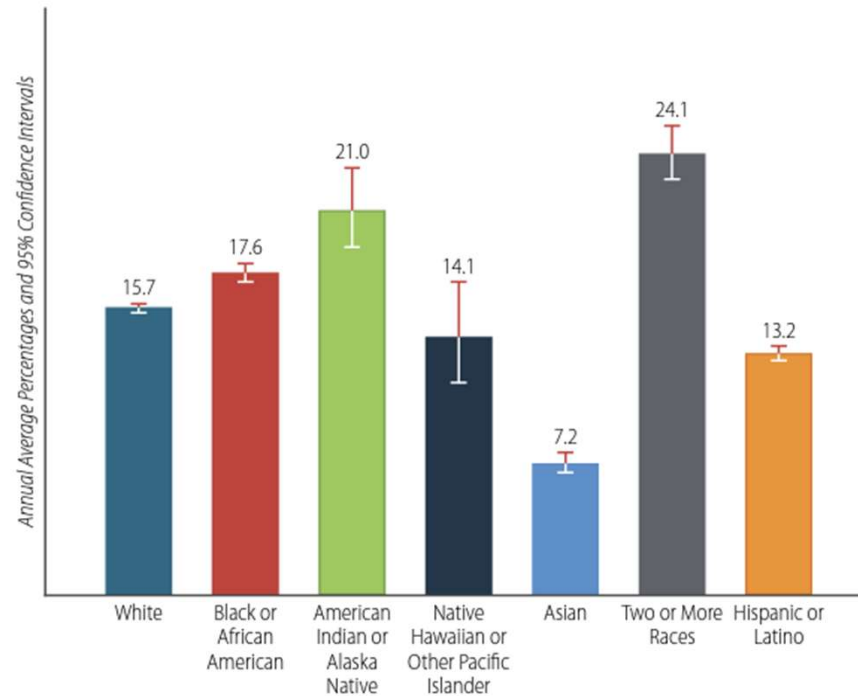
**SA1** Data source: Data in this chartbook come from the 2015 to 2019 National Surveys on Drug Use and Health (NSDUHs). Each annual survey is administered to a sample of the civilian, noninstitutionalized population of the United States aged 12 or older. Respondents include residents of households and noninstitutional group quarters (e.g., shelters, rooming houses, dormitories) and civilians living on military bases. The survey excludes people experiencing homelessness who do not use shelters, military personnel on active duty, and residents of institutional group quarters, such as jails and hospitals

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# Cannabis Use by Race/ethnicity

## 3.4 Racial/Ethnic Differences in Past Year Marijuana Use among People Aged 12 or Older

**FIGURE 3.7** Marijuana Use in the Past Year among People Aged 12 or Older, by Race/Ethnicity: 2015–2019, Annual Averages



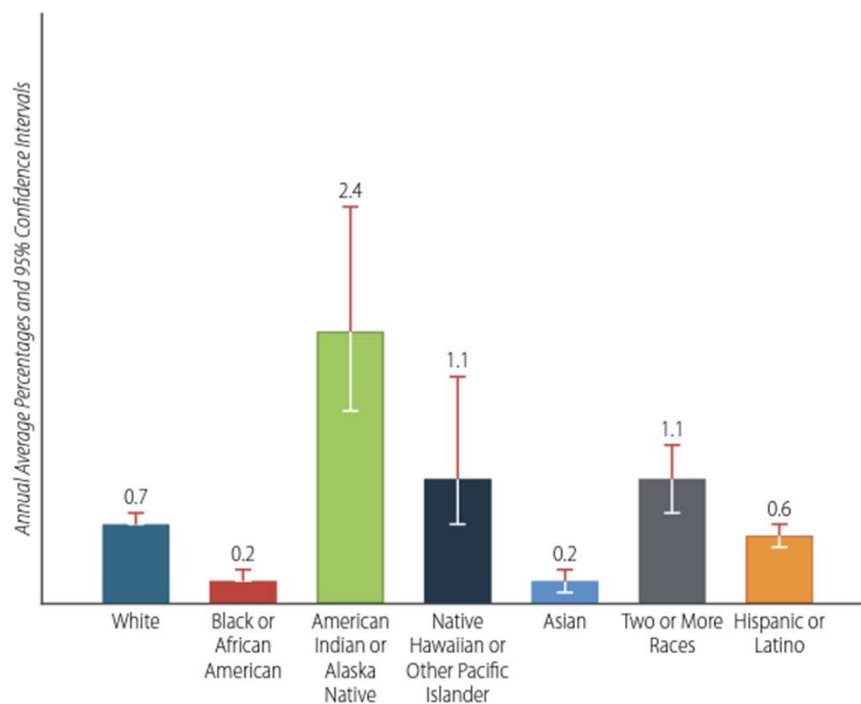
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.



# Methamphetamine Use by Race/ethnicity

## 3.5 Racial/Ethnic Differences in Past Year Methamphetamine Use among People Aged 12 or Older

**FIGURE 3.10** Methamphetamine Use in the Past Year among People Aged 12 or Older, by Race/Ethnicity: 2015–2019, Annual Averages



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.



# Cocaine Use by Race/ethnicity

**Table 1.30B Cocaine Use in Past Year: Among People Aged 12 or Older; by Age Group and Demographic Characteristics, Percentages, 2021**

Demographic Characteristic	Aged 12+ (2021)	Aged 12-17 (2021)	Aged 18+ (2021)	Aged 18-25 (2021)	Aged 26+ (2021)
<b>TOTAL</b>	1.7	0.2	1.9	3.5	1.6
<b>GENDER</b>					
Male	2.2	0.2	2.4	3.9	2.1
Female	1.3	0.1	1.4	3.1	1.1
<b>HISPANIC ORIGIN AND RACE</b>					
Not Hispanic or Latino	1.7	0.2	1.8	3.7	1.6
White	1.7	0.2	1.8	4.3	1.5
Black or African American	1.7	*	1.9	1.0	2.1
AIAN	2.8	0.0	3.1	*	1.0
NHOPI	*	*	*	*	*
Asian	1.0	*	1.0	4.4	0.5
Two or More Races	3.2	0.1	3.8	3.2	4.0
Hispanic or Latino	1.7	0.1	2.0	2.7	1.8
<b>EDUCATION LEVEL</b>					
< High School	da	da	2.3	2.4	2.3
High School Graduate	da	da	1.8	2.6	1.7
Some College/Associate's Degree	da	da	2.3	4.0	1.9
College Graduate	da	da	1.3	4.9	1.0
<b>EMPLOYMENT STATUS</b>					
Full-Time	da	da	1.8	4.1	1.5
Part-Time	da	da	2.3	3.5	1.8
Unemployed	da	da	4.5	4.9	4.3
Other <sup>1</sup>	da	da	1.4	2.3	1.3

\* = low precision; -- = not available; da = does not apply; nr = not reported due to measurement issues.

NOTE: Estimates from years prior to 2021 are not shown because of methodological changes in 2021. See the *2021 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

<sup>1</sup> Other Employment includes students, people keeping house or caring for children full time, retired or disabled people, or other people not in the labor force.

Definitions: Measures and terms are defined in Appendix A.

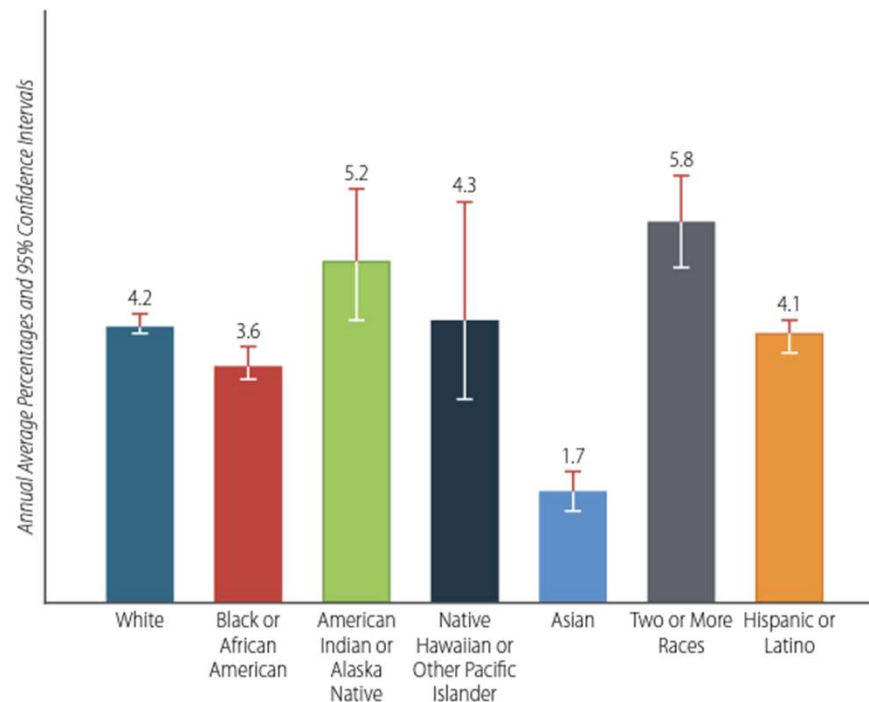
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021.



# Prescription Pain Reliever Misuse by Race/ethnicity

## 3.6 Racial/Ethnic Differences in Past Year Prescription Pain Reliever Misuse among People Aged 12 or Older

**FIGURE 3.13** Misuse of Prescription Pain Relievers in the Past Year among People Aged 12 or Older, by Race/Ethnicity: 2015–2019, Annual Averages



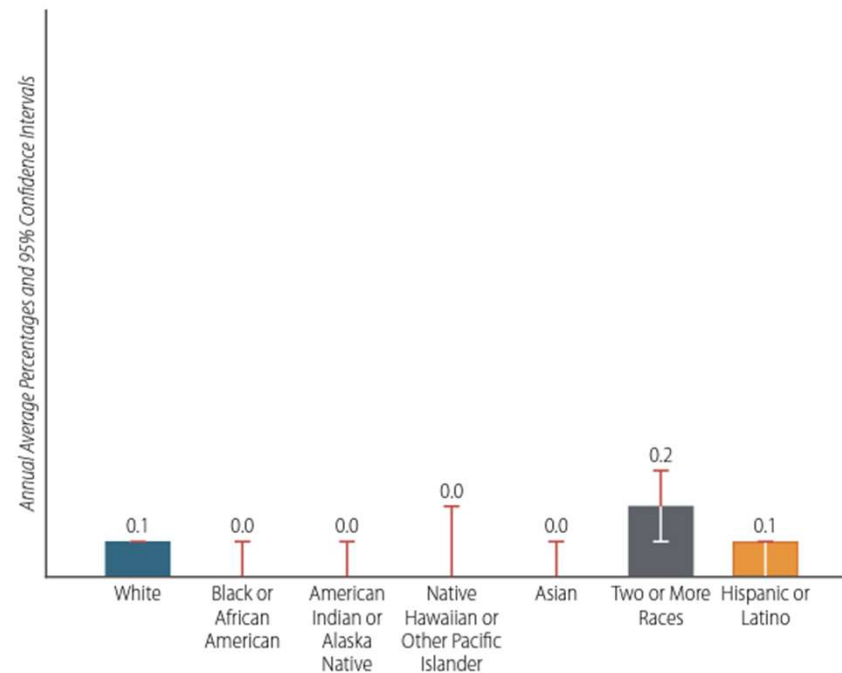
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.



# Fentanyl Use by Race/ethnicity

## 3.7 Racial/Ethnic Differences in Past Year Fentanyl Product Misuse among People Aged 12 or Older

**FIGURE 3.16** Misuse of Fentanyl Products in the Past Year among People Aged 12 or Older, by Race/Ethnicity: 2015–2019, Annual Averages



Note: Estimates of less than 0.05 percent round to 0.0 percent when shown to the nearest tenth of a percent.

Note: Due to rounding, the estimates for White and Hispanic people appear to be the same. Before rounding, the estimate for White people (0.12 percent) is higher than the estimate for Hispanic people (0.06 percent).

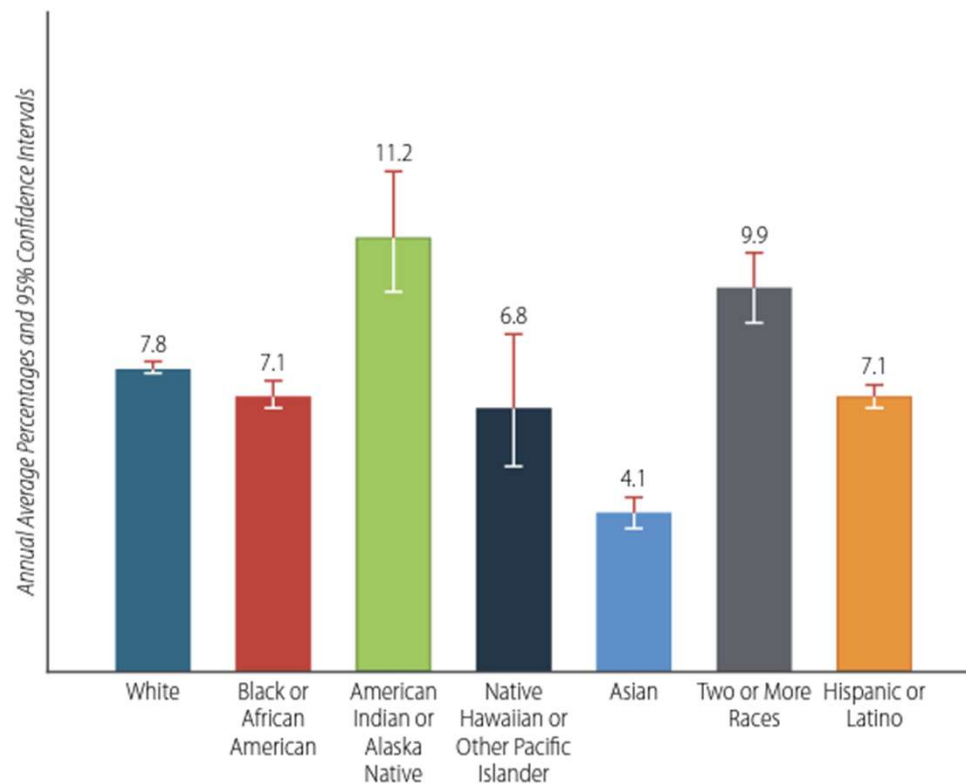
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.



# Substance Use Disorder by Race/ethnicity

## 4.4 Racial/Ethnic Differences in Past Year SUD among People Aged 12 or Older

**FIGURE 4.7** Substance Use Disorder in the Past Year among People Aged 12 or Older, by Race/Ethnicity: 2015–2019, Annual Averages



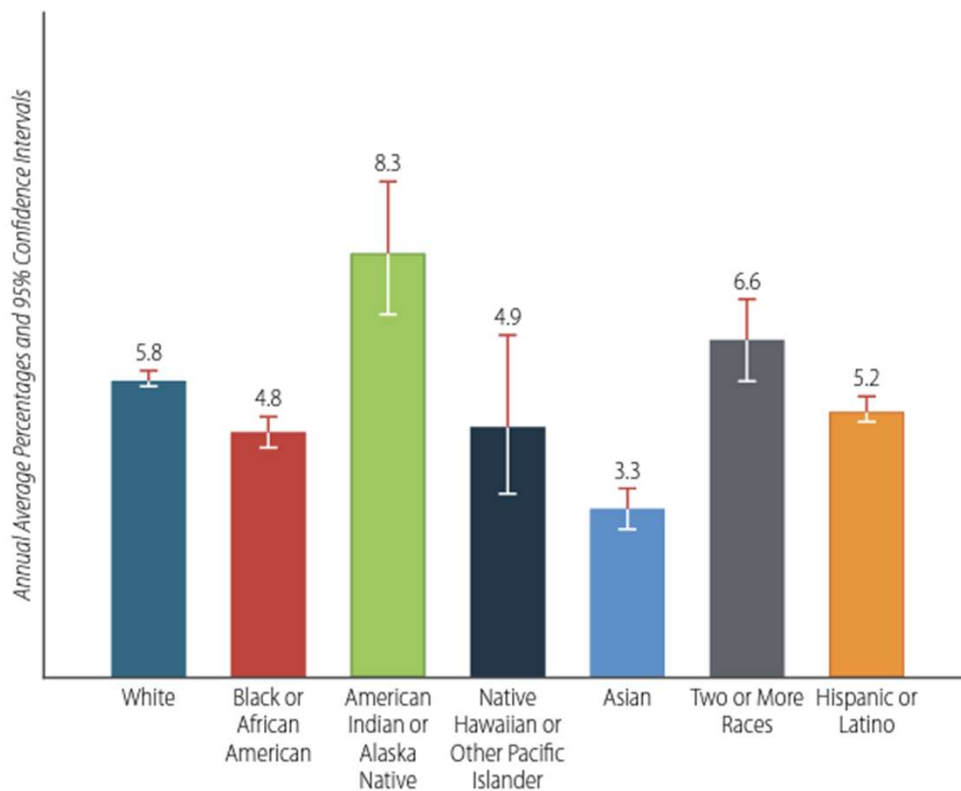
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.



# Alcohol Use Disorder by Race/ethnicity

## 4.3 Racial/Ethnic Differences in Past Year Alcohol Use Disorder among People Aged 12 or Older

**FIGURE 4.4** Alcohol Use Disorder in the Past Year among People Aged 12 or Older, by Race/Ethnicity: 2015–2019, Annual Averages

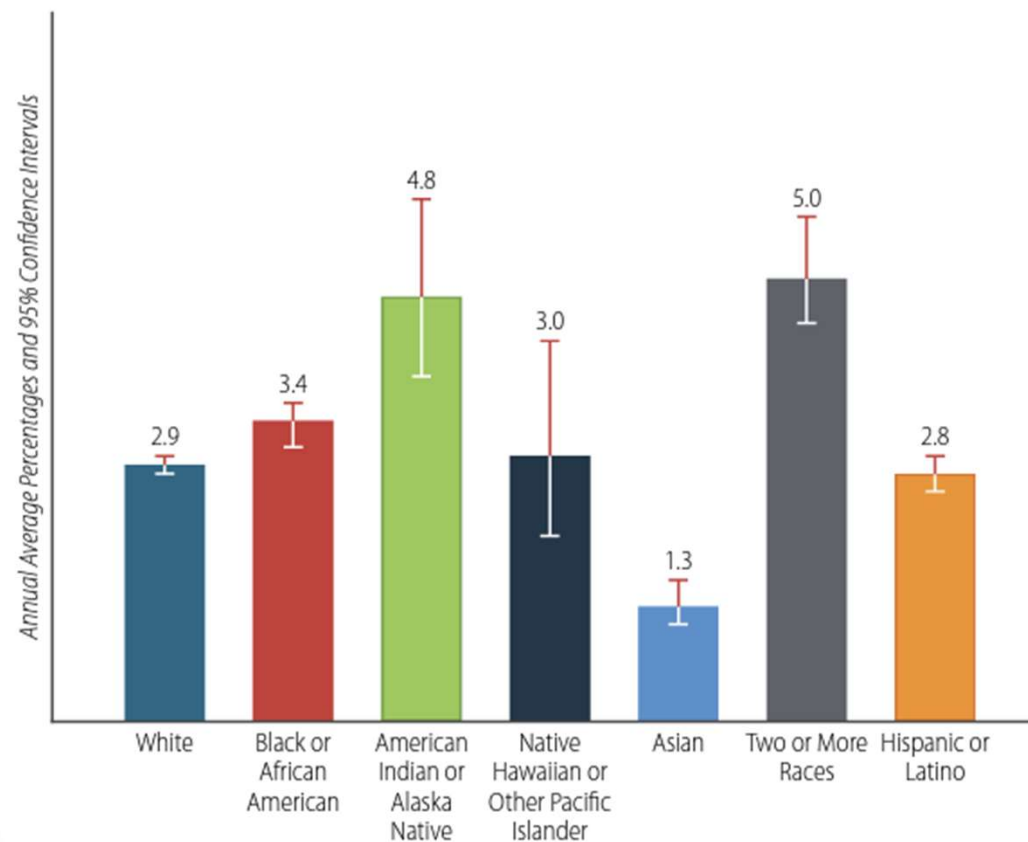


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.



# Illicit Drug Use Disorder by Race/ethnicity

**FIGURE 4.1** Illicit Drug Use Disorder in the Past Year among People Aged 12 or Older, by Race/Ethnicity: 2015–2019, Annual Averages



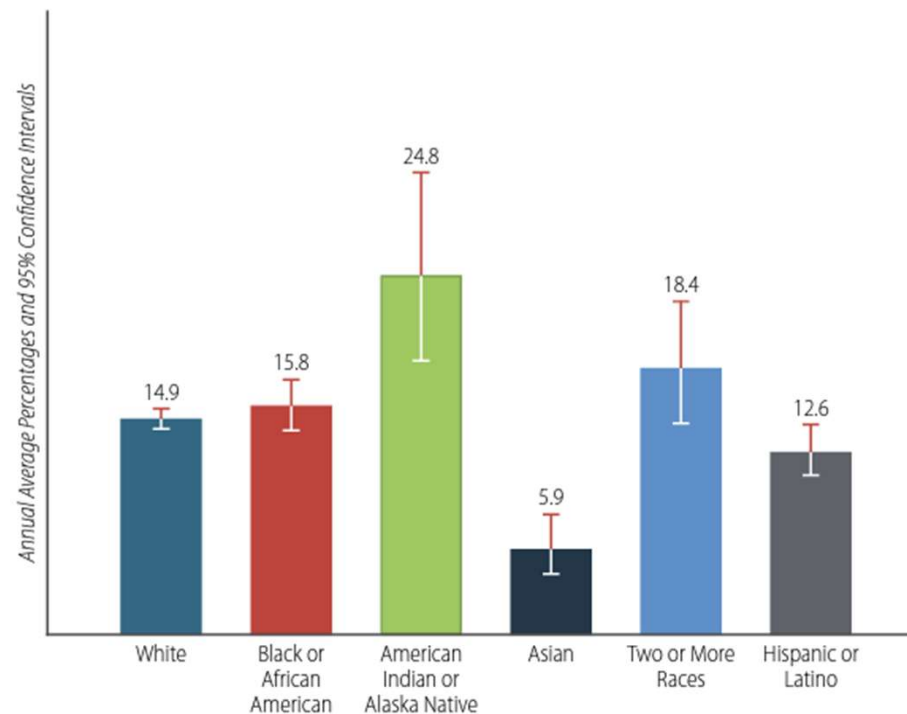
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.



# Substance Use Disorder Treatment Utilization

## 7.2 Racial/Ethnic Differences in Past Year Substance Use Treatment Utilization among People Aged 12 or Older Who Needed Treatment, by Selected Correlates

**FIGURE 7.1** Received Substance Use Treatment at Any Location in the Past Year among People Aged 12 or Older Who Needed Substance Use Treatment in the Past Year, by Race/Ethnicity: 2015–2019, Annual Averages



Note: Estimate of Native Hawaiian or Other Pacific Islander not reported due to low precision.

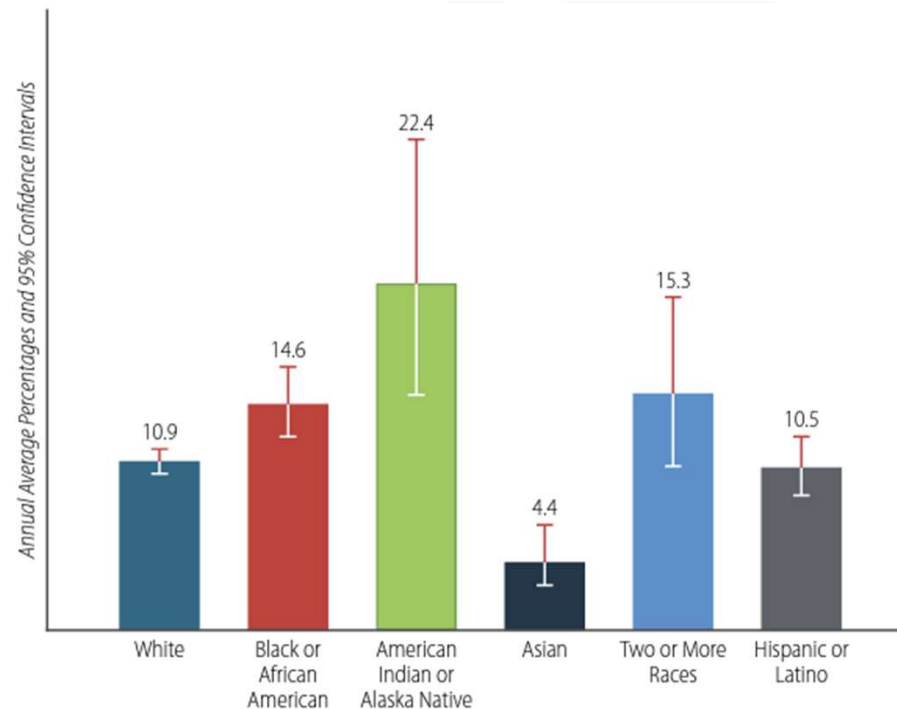
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.



# Alcohol Use Disorder Treatment Utilization

## 6.2 Racial/Ethnic Differences in Past Year Alcohol Use Treatment Utilization among People Aged 12 or Older Who Needed Alcohol Use Treatment, by Selected Correlates

**FIGURE 6.1** Received Alcohol Use Treatment at Any Location in the Past Year among People Aged 12 or Older Who Needed Alcohol Use Treatment in the Past Year, by Race/Ethnicity: 2015–2019, Annual Averages



Note: Estimate of Native Hawaiian or Other Pacific Islander not reported due to low precision.

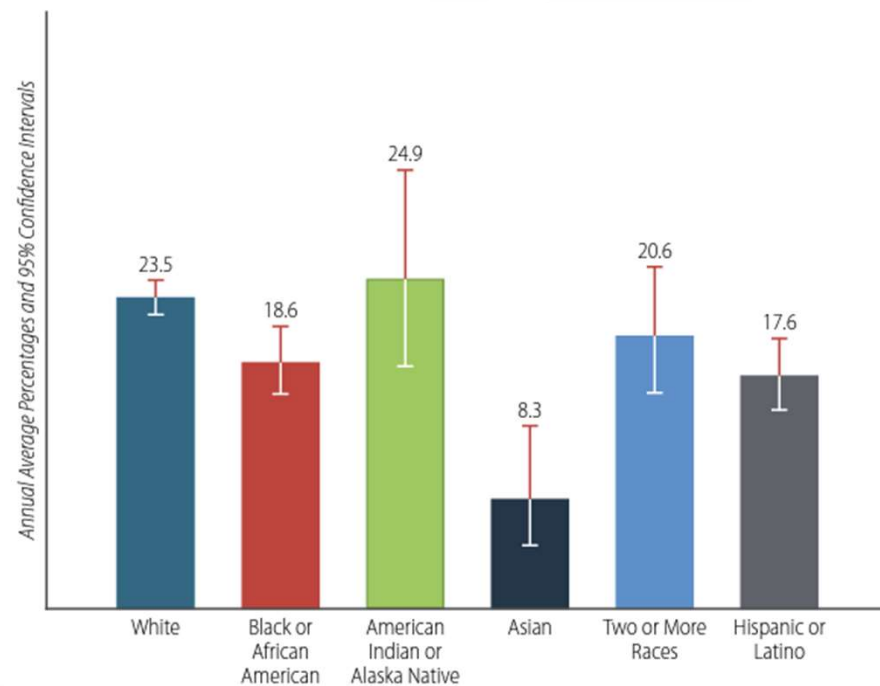
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.



# Illicit Drug Use Disorder Treatment Utilization

## 5.2 Racial/Ethnic Differences in Past Year Illicit Drug Use Treatment Utilization among People Aged 12 or Older Who Needed Treatment, by Selected Correlates

**FIGURE 5.1** Received Illicit Drug Use Treatment at Any Location in the Past Year among People Aged 12 or Older Who Needed Illicit Drug Use Treatment in the Past Year, by Race/Ethnicity: 2015–2019, Annual Averages

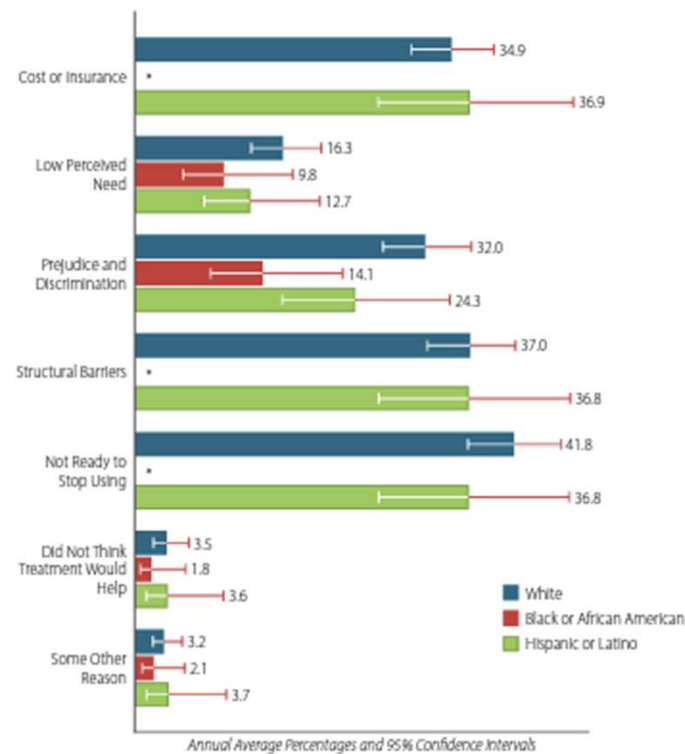


Note: Estimate of Native Hawaiian or Other Pacific Islander not reported due to low precision.  
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.



# Reasons for NOT Receiving SUD Treatment

**FIGURE 7.8** Reasons for Not Receiving Substance Use Treatment in the Past Year among People Aged 12 or Older Classified as Needing but Not Receiving Substance Use Treatment at Any Facility and Who Perceived a Need for Substance Use Treatment in the Past Year, by Race/Ethnicity: 2015–2019, Annual Averages



\* Low precision; no estimate reported.

Note: Estimates of American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, and Two or More Races not reported due to low precision.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.



# Health Disparities

- Stigma
- Overdose deaths
- Naloxone
- Medications for Addiction Treatment (MAT)
- Criminal Justice System



# Health Disparities- Stigma

- Self-stigma- negative attitudes, including internalized shame, people with mental illness have about their own condition
- Public stigma- negative or discriminatory attitudes others have about mental illness
- Institutional stigma- policies of government or private organizations that intentionally or unintentionally limit opportunity for people with mental illness



# Health Disparities- Stigma

## **Systematic Review of Cultural Aspects of Stigma and Mental Illness among Racial and Ethnic Minority Groups in the United States: Implications for Interventions**

**Supriya Misra,<sup>1</sup> Valerie W. Jackson,<sup>2</sup> Jeanette Chong,<sup>3</sup> Karen Choe,<sup>4</sup> Charisse Tay,<sup>4</sup> Jazmine Wong,<sup>5</sup> and Lawrence H. Yang<sup>6,7</sup>**

### **Highlights**

- We identified cultural aspects of mental illness stigma among Asian, Black, and Latinx Americans
- Stigma tended to be higher among the racial and ethnic minority groups than White comparison groups
- Stigma has similar and unique cultural aspects across the three racial and ethnic minority groups
- Major themes were service barriers, family experiences, knowledge/beliefs, and emotional responses
- Interventions can integrate cultural aspects to reduce service barriers and target stigma directly



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# Health Disparities- Stigma

## Black Americans

- 5 studies showed higher levels of stigma for Black Americans than White Americans and 3 studies no differences. One study the subgroup of Somali born patients had higher stigma
- Black men reported higher anticipated stigma about disclosing mental illness
- Both Black and White Americans showed greater stigma toward Black than White characters with mental illness
- Many studies where negative experiences in healthcare such as providers not understanding or caring were noted for Black patients



# Health Disparities- Stigma

## Latinx Americans

- Lack of culturally appropriate care and Spanish speaking provider was a major structural stigma
- A common theme between the studies was personal responsibility, which led to discouragement of help-seeking and medication
- Immigration-related structural stigma a common theme including lack of info on available services, transportation, legal status
- Puerto Ricans endorsed highest stigma among Latinx subgroups



# Health Disparities- Stigma

## Asian Americans

- Self-stigma noted to be higher in Asian American population
- South Asian Americans more likely to than East Asian Americans and White Americans to endorse stigma toward the family of people with mental illness



# Health Disparities- Overdose Deaths

- In 2020:
  - In counties with more income inequality, overdose death rates were 2 times higher for Black people
  - Overdose death rates were nearly 7 times higher in older Black men than older White men
  - Overdose death rates were nearly 2 times higher for young AI/AN woman than White young women

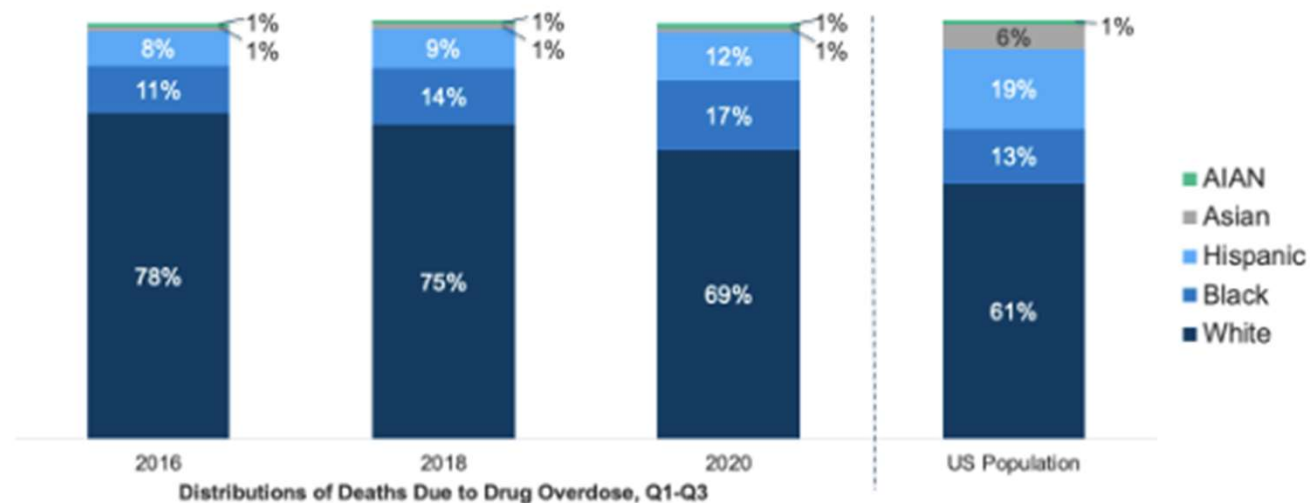


# Health Disparities- Overdose Deaths

- For White patients, OD deaths dropped from 78% to 69%
- For Black patients, OD deaths rose from 11% to 17%
- For Latinx patients, OD deaths rose from 8% to 12%

Figure 3

## Drug Overdose Deaths, by Race/Ethnicity



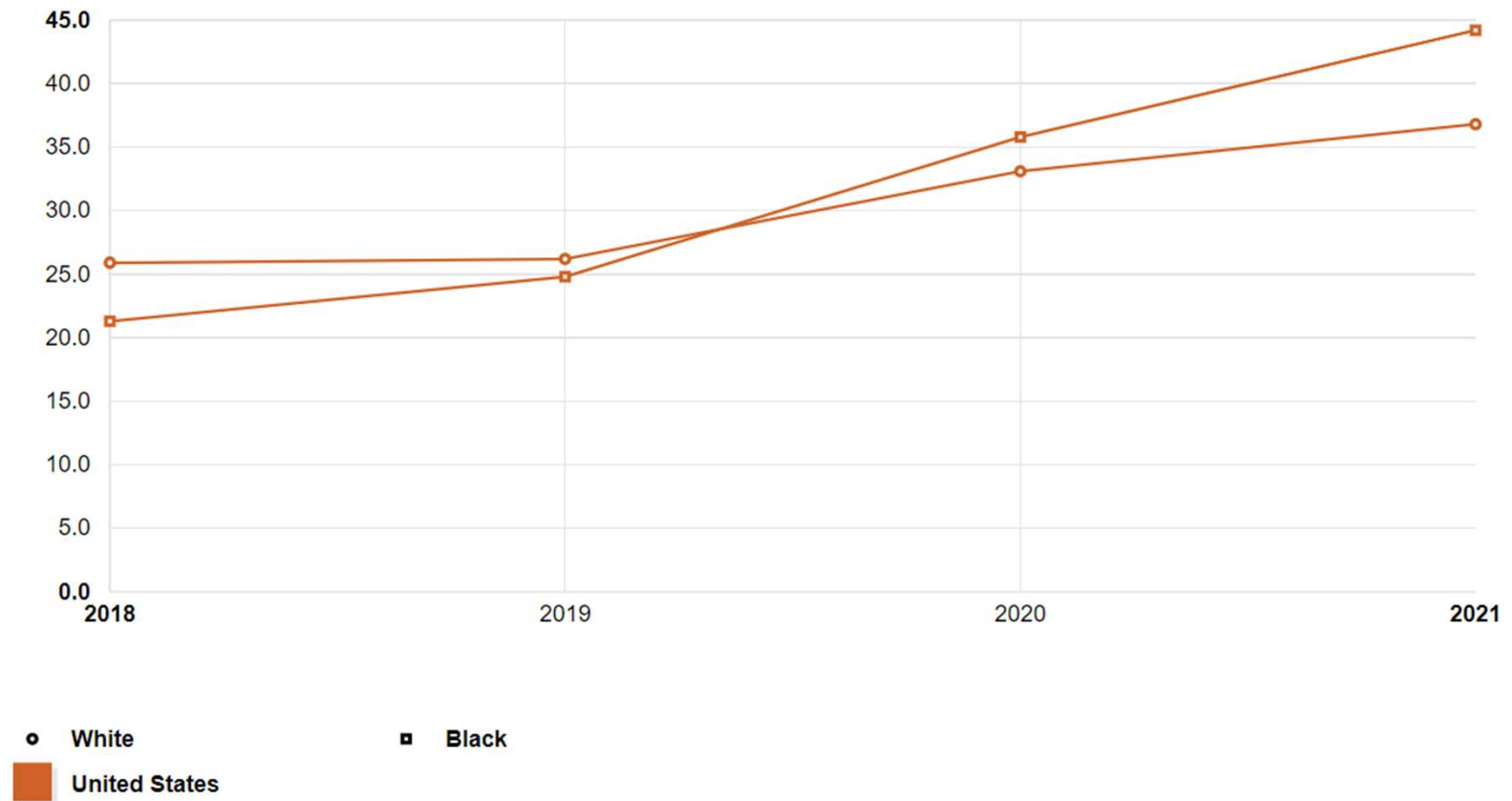
NOTES: Totals may not sum to 100 due to rounding. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. AIAN refers to American Indian and Alaska Native people. Other race groups were excluded due to variation between sources.

SOURCE: Estimates for 2016 and 2018 are from CDC National Center for Health Statistics, Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, from: <https://wonder.cdc.gov/mcd-icd10.html>. Estimates for 2020 are based on provisional CDC, National Vital Statistics System data, from: [https://www.cdc.gov/nchs/data/health\\_policy/Provisional-Drug-Overdose-Deaths-Quarter-Demographic-Q32020.pdf](https://www.cdc.gov/nchs/data/health_policy/Provisional-Drug-Overdose-Deaths-Quarter-Demographic-Q32020.pdf). Population estimates from Census Bureau Monthly Population Estimates.

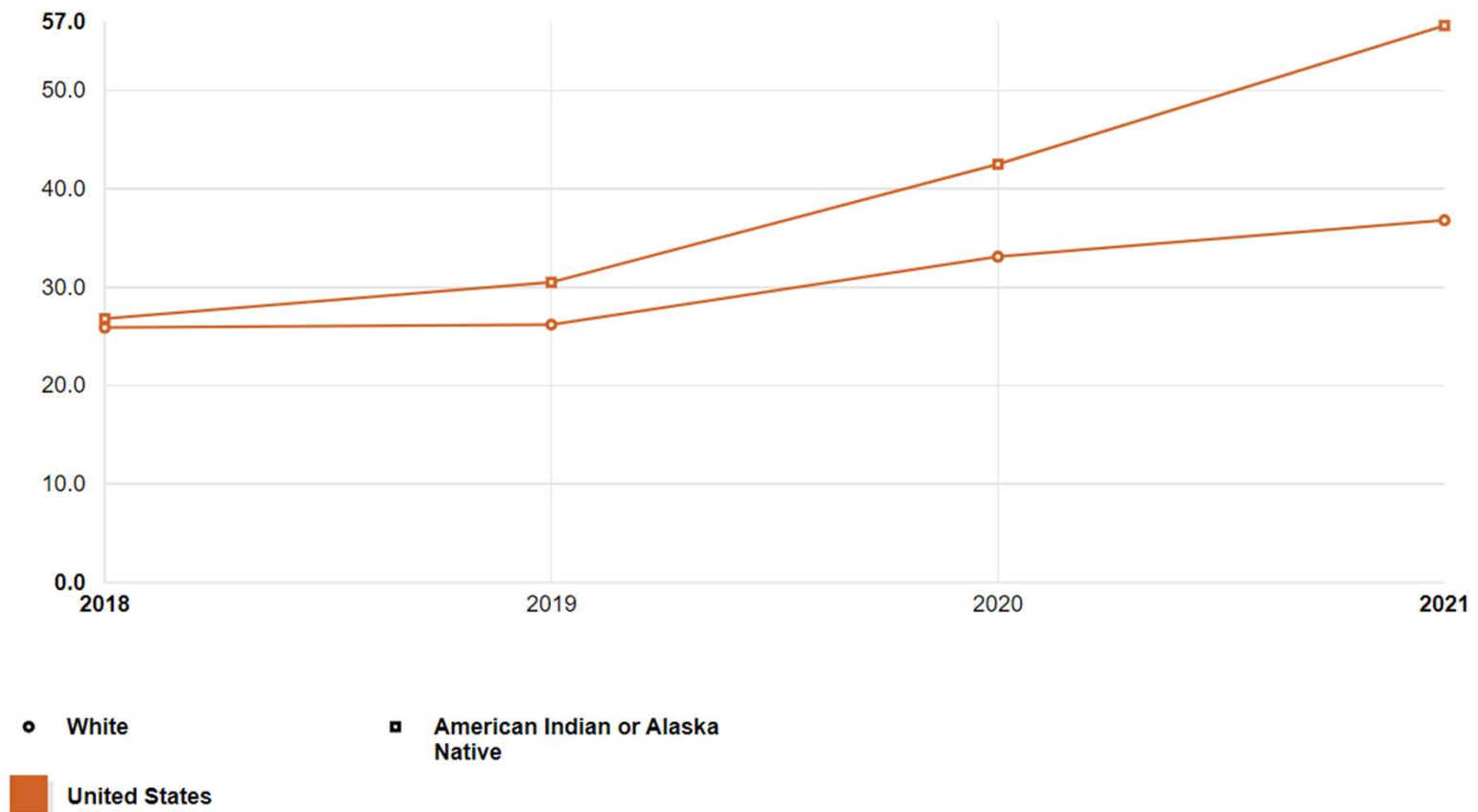
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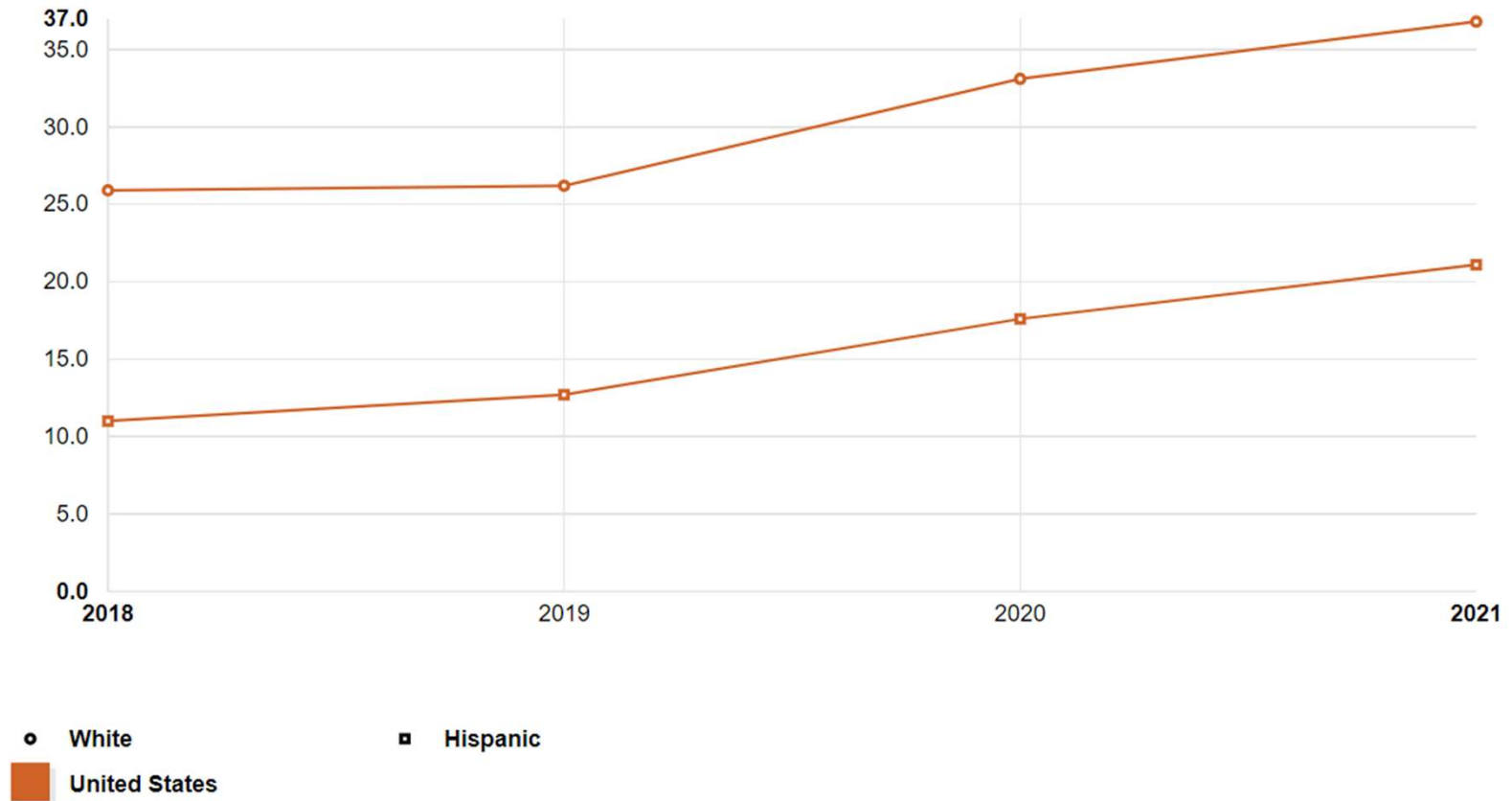
# Health Disparities- Overdose Deaths



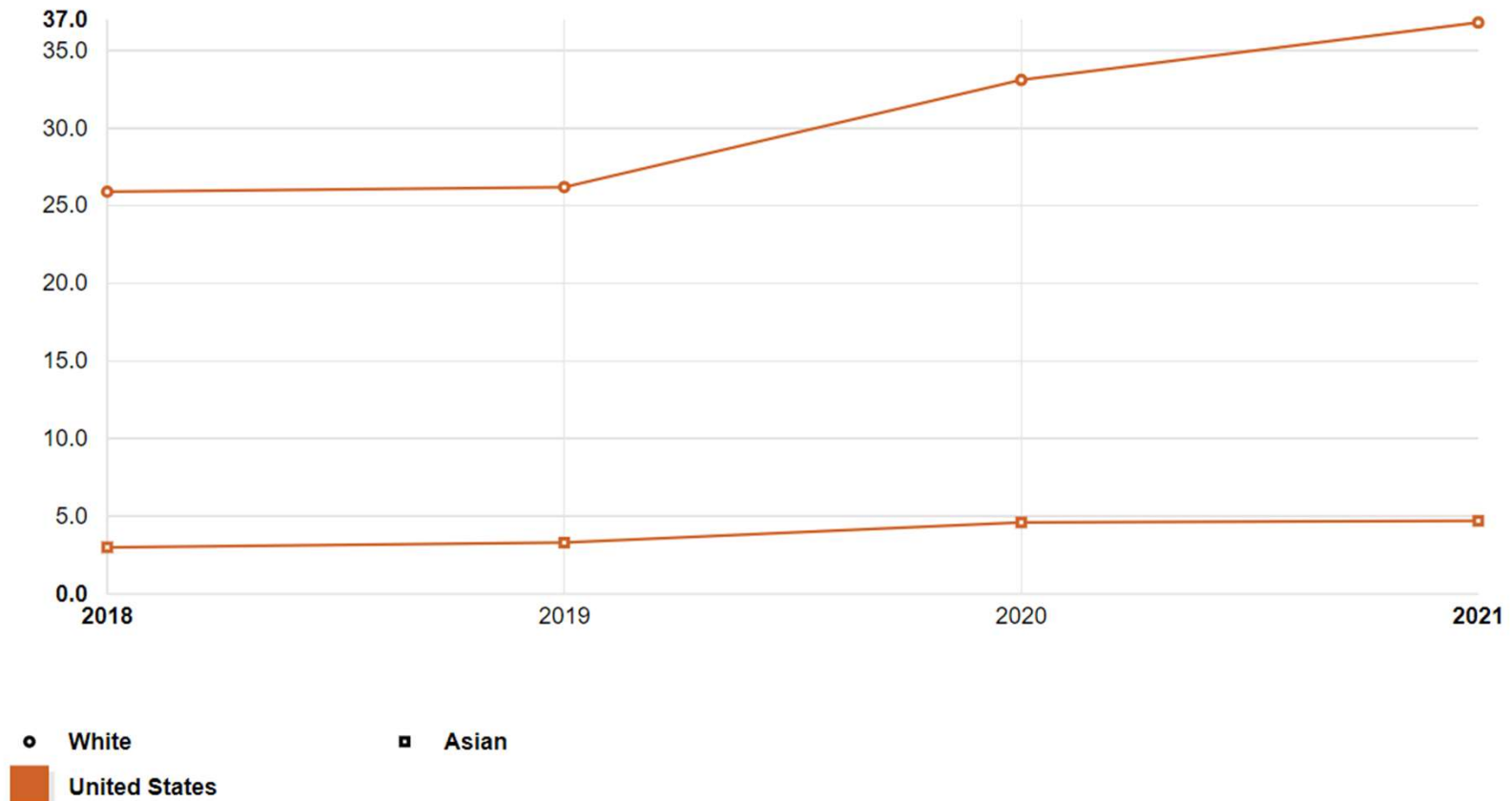
# Health Disparities- Overdose Deaths



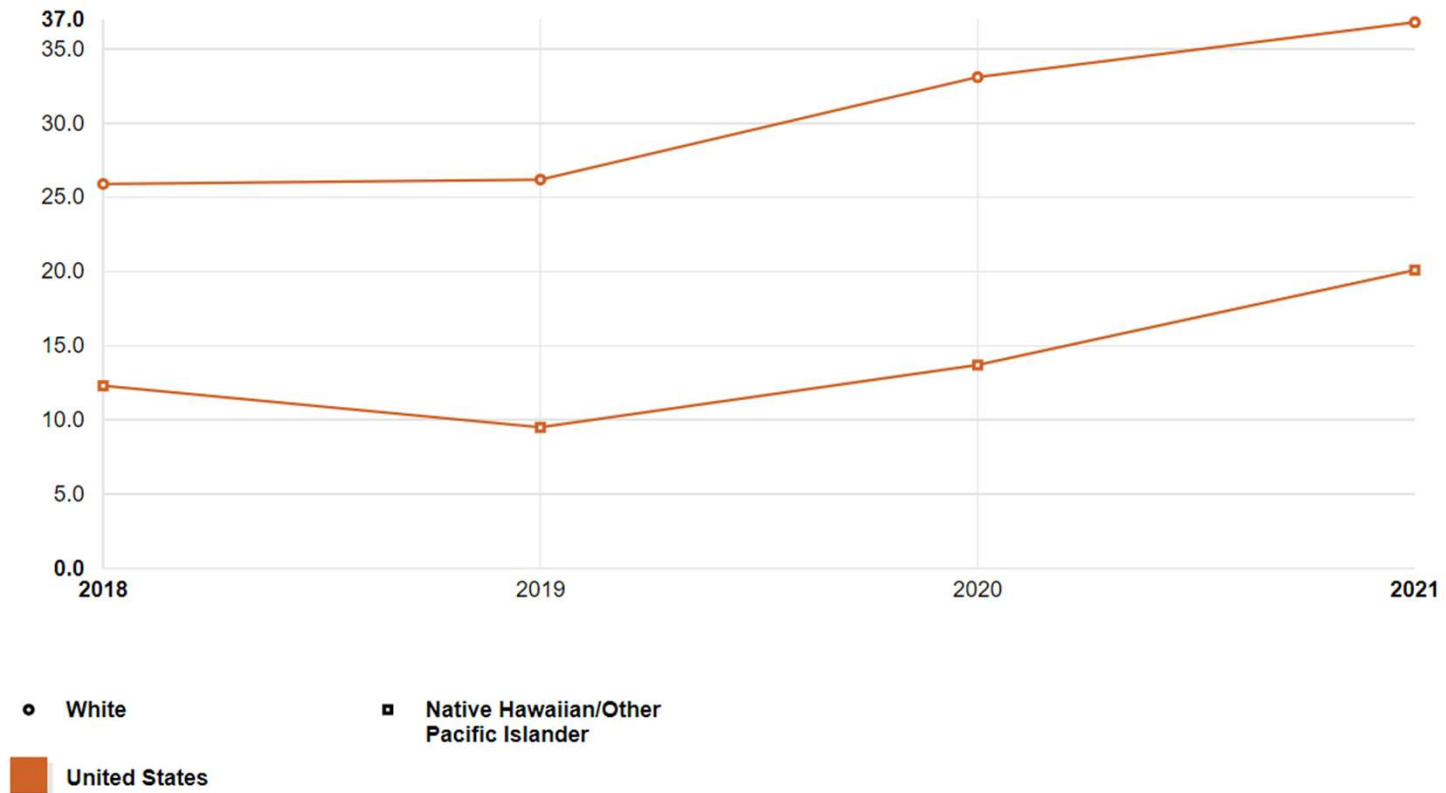
# Health Disparities- Overdose Deaths



# Health Disparities- Overdose Deaths



# Health Disparities- Overdose Deaths



# Health Disparities- Naloxone

- Naloxone prescription less likely among POC including in the ED or following an overdose
- POC received fewer Naloxone prescriptions following fractures
- Black patients less naloxone access and training despite equal amount of witnessed overdoses



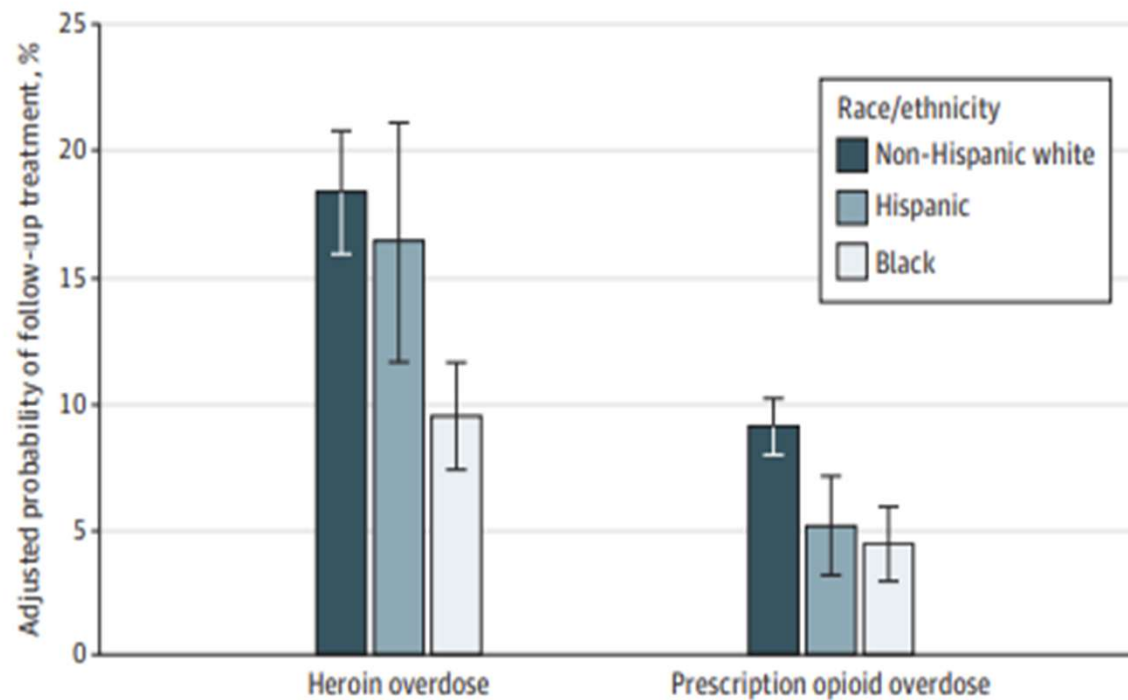
# Health Disparities- MAT

- Black, Hispanic, and AI/AN patients less likely to receive buprenorphine and vivitrol within 180 days after initial OUD diagnosis after controlling for clinical characteristics and other demographics



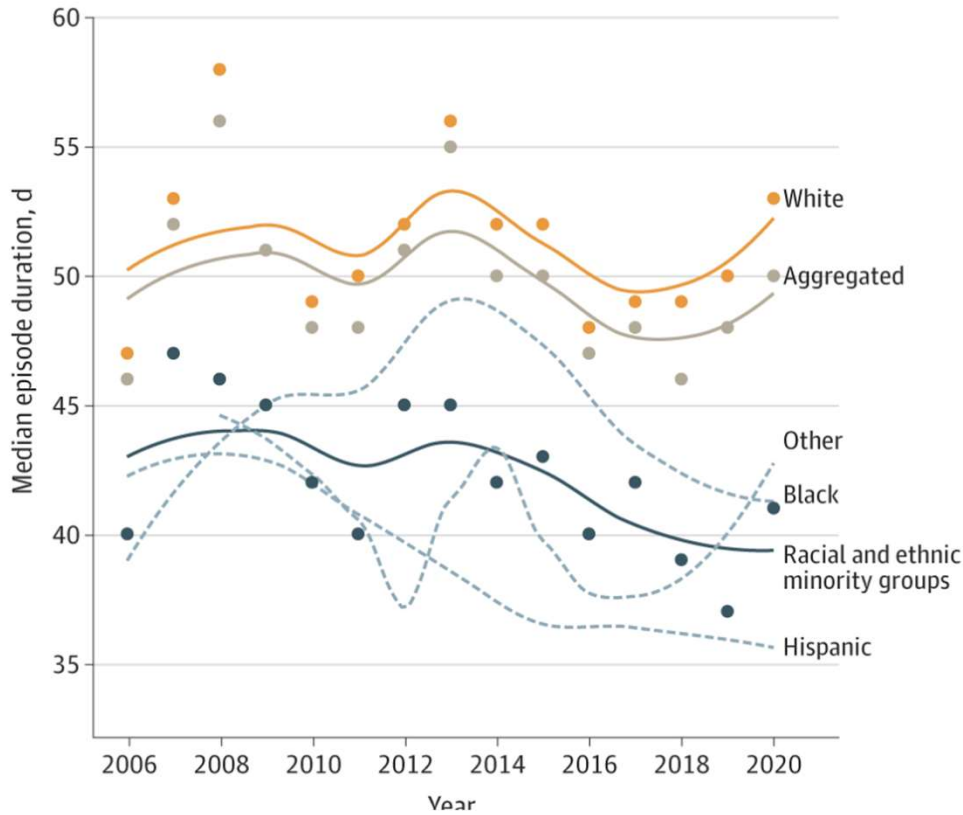
# Health Disparities- MAT

Figure 3. Average Adjusted Probability of Follow-up Treatment After Opioid Overdose, by Overdose Type and Race/Ethnicity

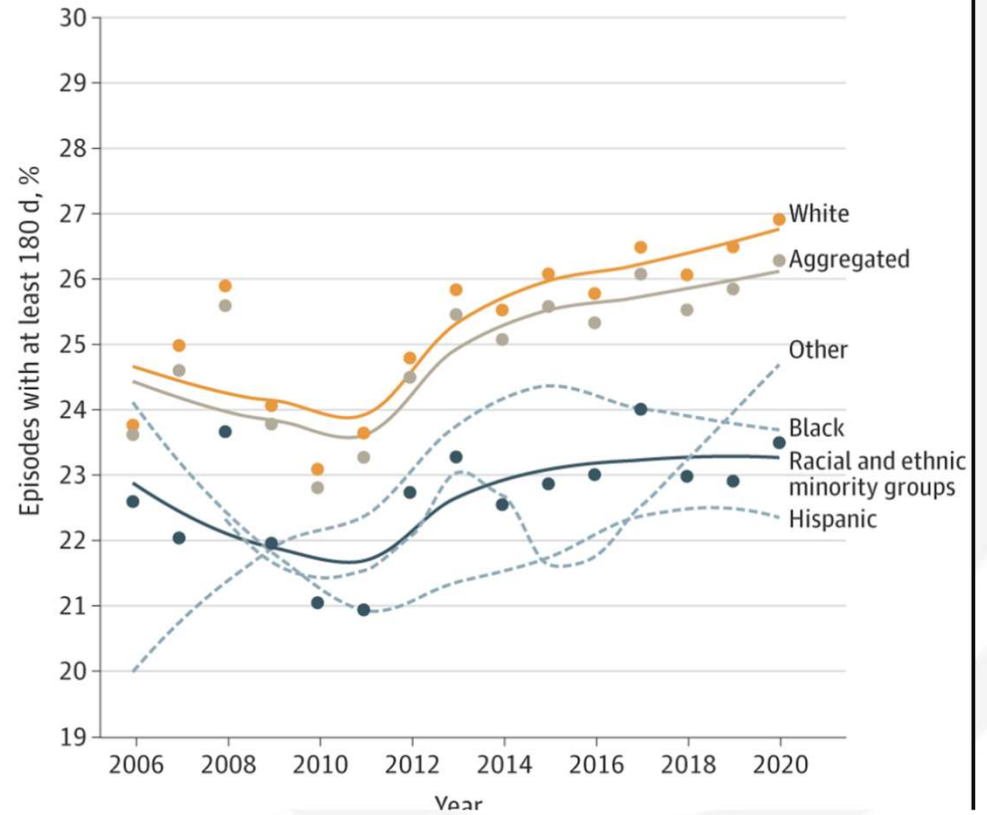


# Health Disparities- MAT

**A** Median episode duration



**B** Episodes with at least 180 d



Other includes Central Asian, East Asian, South Asian, Southeast Asian, Caribbean non-Hispanic, Polynesian, and Native American. Data points for other racial and ethnic groups in 2006 and 2007 are not presented due to the small sample size.

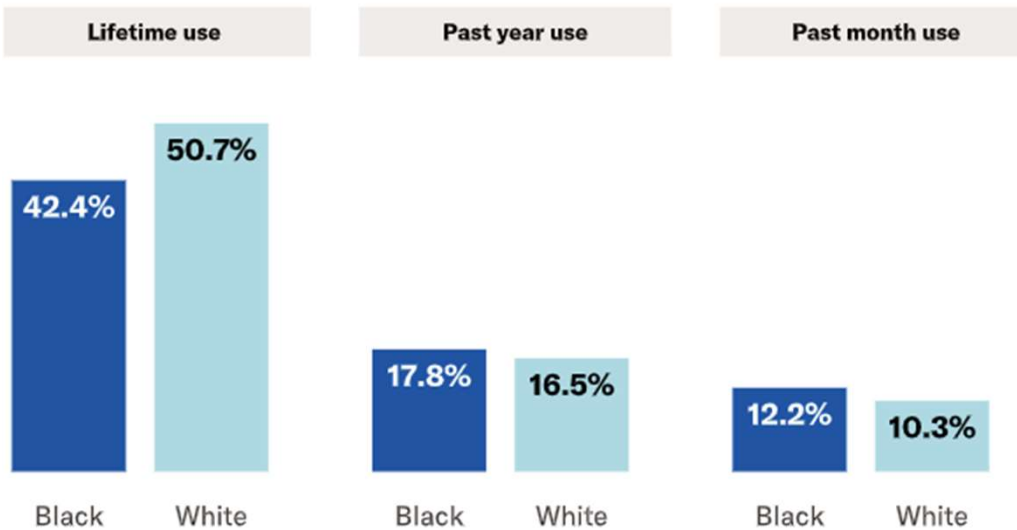
# Health Disparities- Criminal Justice System

- “War on drugs”
  - 100:1 Discrepancy for mandatory minimums for crack vs. powder cocaine



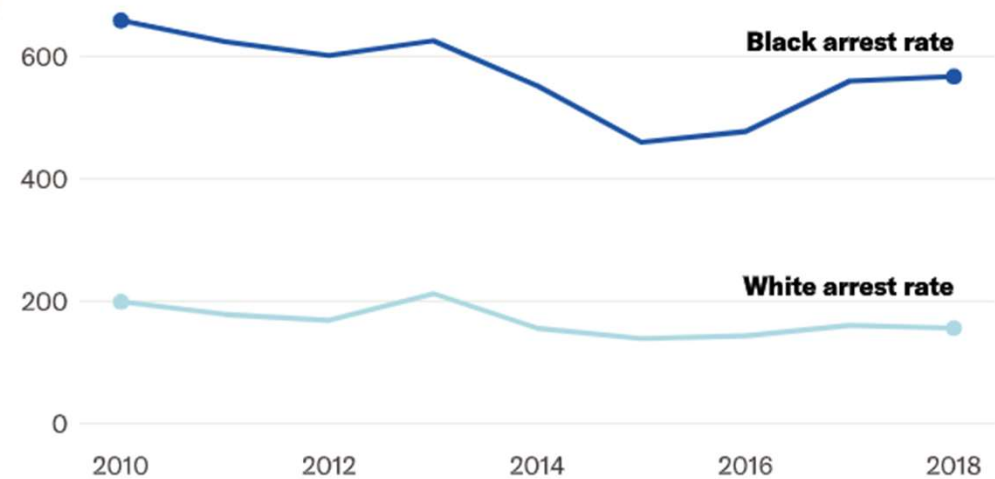
# Health Disparities- Criminal Justice System

**FIGURE 9**  
Usage of Marijuana For Ages 12+ (2018)



Source: SAMHSA, U.S. Department of Health and Human Services

**FIGURE 10**  
Rates of Black and White Marijuana Possession Arrests per 100k people



Source: FBI/Uniform Crime Reporting Program Data and U.S. Census Data  
Note: Florida and Washington, D.C. did not provide data.

# Health Disparities- Criminal Justice System

FIGURE 16  
Racial Disparities in States With **Legalized Marijuana** (Before 2018)

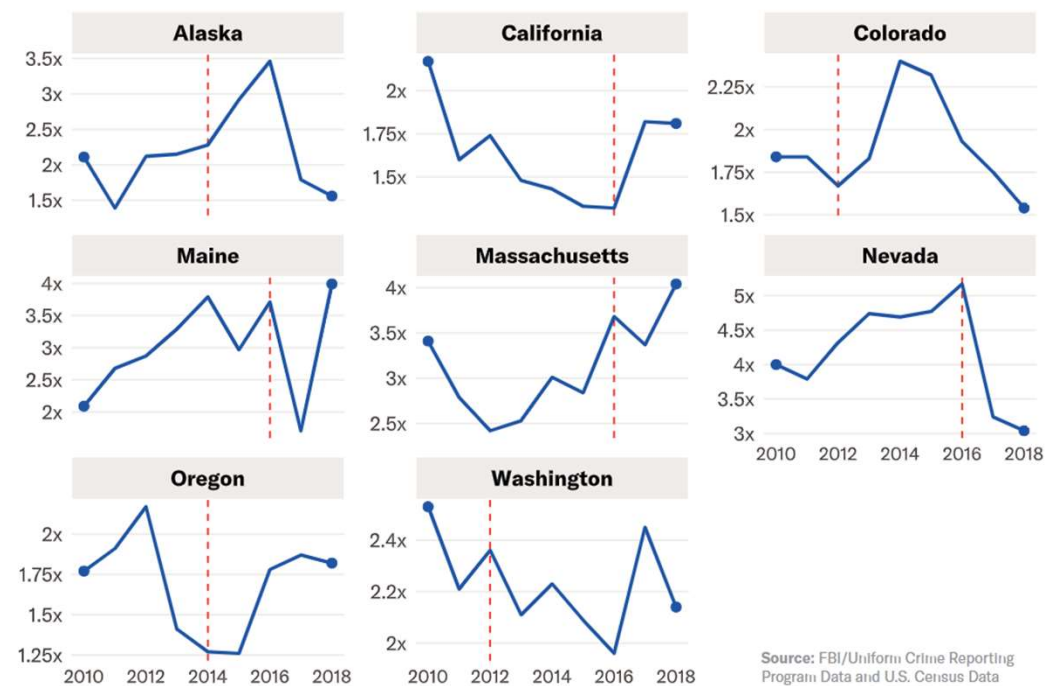
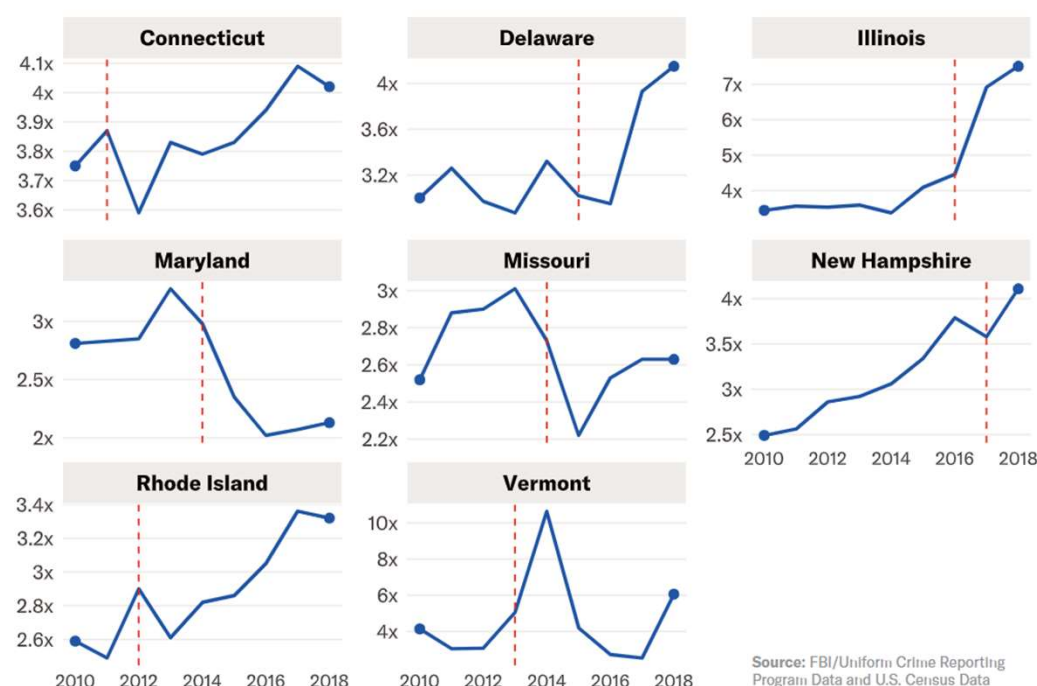


FIGURE 17  
Racial Disparities in States That **Decriminalized Marijuana** (Between 2010–2017)



# Health Disparities- Criminal Justice System

- Treatment courts
  - Numerous studies found Black and Latino people less likely to be admitted into drug court and graduation including after controlling for prior charges drug of use
  - Juvenile treatment courts had similar findings, lower admittance and graduation for non-White youth



# How can we make a difference?

- Education
- Advocacy
- Self-reflection



# Implicit bias

- A negative attitude, that one is not consciously aware, against a specific social group
- Thought to be shaped by experience and based on learned associations between qualities and social categories
- Behaviors can be influenced by these biases even if one is unaware, they have them



# Implicit bias

1. Recognize they exist
2. Reflect on one's own biases and where they may have originated (family, TV, experiences)
  - Implicit association tests may help but deep and honest reflection is the best
3. Actively confront biases as they appear
4. Reflect on any biases you may have before seeing a patient



# Implicit bias

STRATEGY	DESCRIPTION
<b>Stereotype replacement</b>	Become aware of the stereotypes you hold and create non-stereotypical alternatives to them
<b>Counter-stereotypic imaging</b>	Remember or imagine someone from a stereotyped group who does not fit the stereotype
<b>Individuating</b>	See each person as an individual, not a group member; pay attention to things about them besides the stereotypes of their group
<b>Perspective-taking</b>	Imagine the perspective of someone from a group different than your own (“Put yourself in the other person’s shoes.”)
<b>Contact</b>	Seek ways to get to know people from different social groups. Build your confidence in interacting with people who are different from you. Seek opportunities to engage in discussions in safe environments, spend time with people outside your usual social groups, or volunteer in a community different than your own.
<b>Emotional regulation</b>	Reflect on your “gut feelings” and negative reactions to people from different social groups. Be aware that positive emotions during a clinical encounter make stereotyping less likely.
<b>Mindfulness</b>	Keep your attention on the present moment so you can recognize a stereotypic thought before you act on it



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