



Stigma and Racial Disparity in OUD in perinatal population

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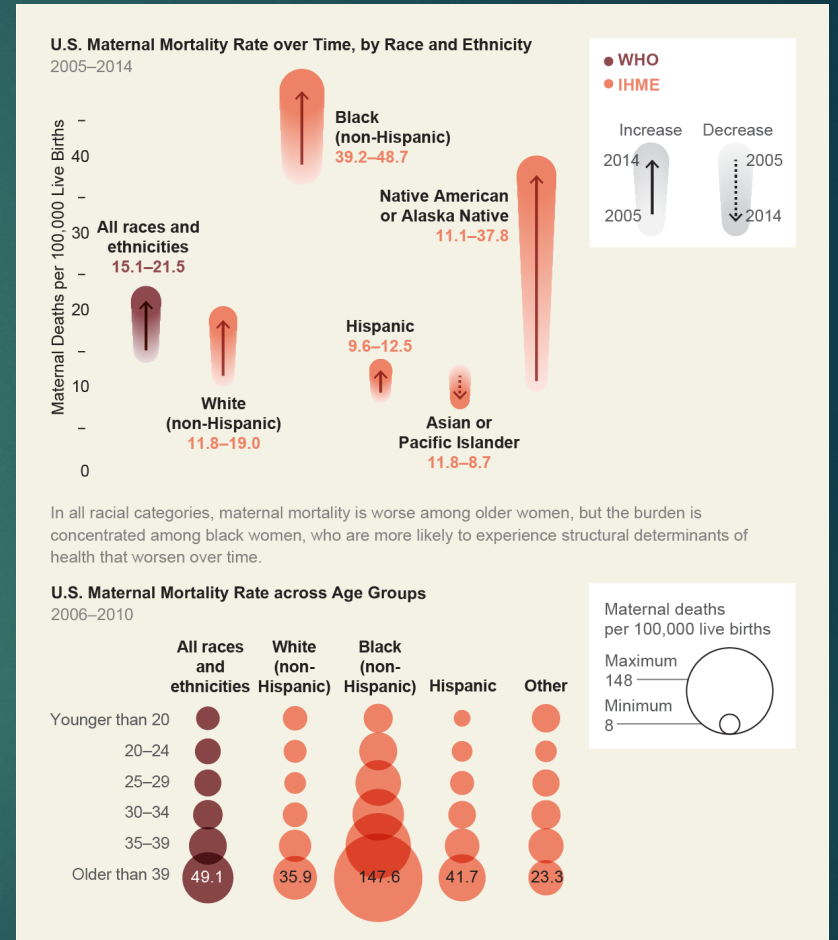
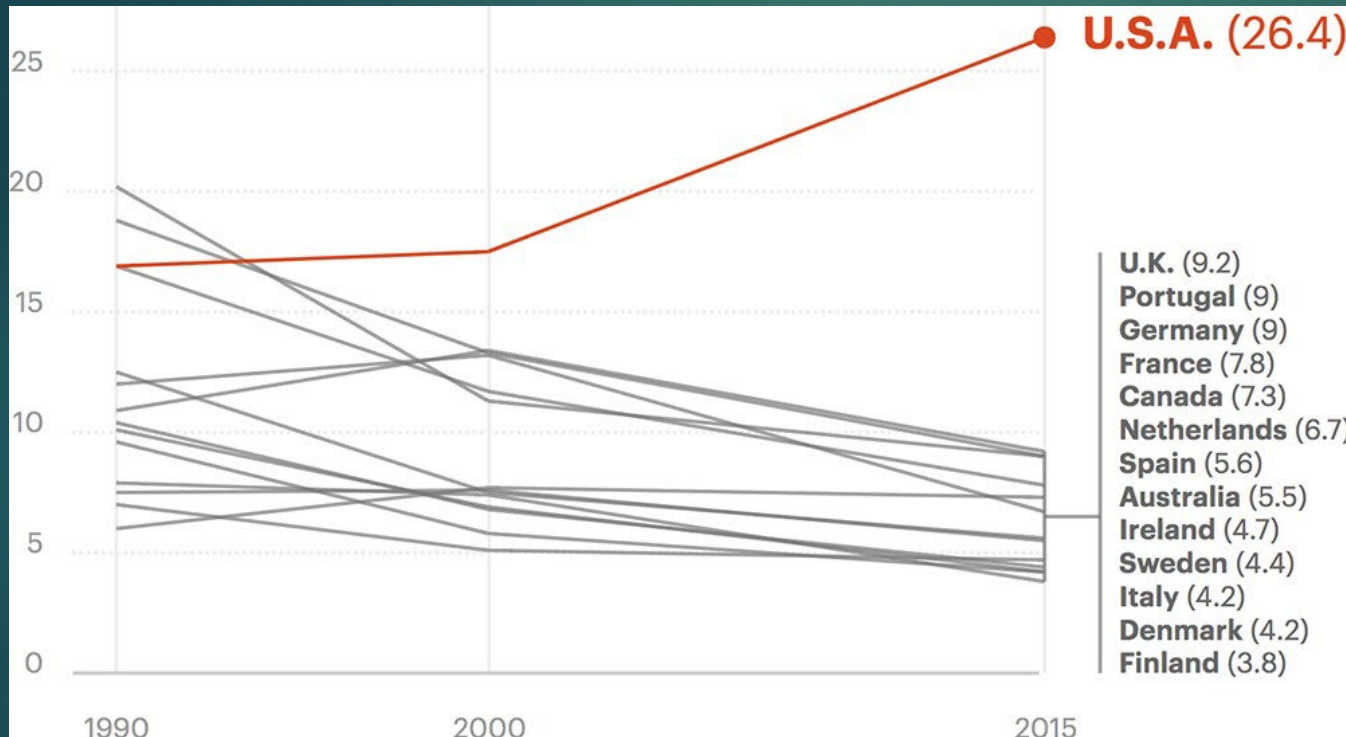
IUSM ECHO ON PERINATAL OUD

JULY 12, 2022

Learning Objectives

- ▶ Be able to define and discuss Maternal Mortality and its disparities
- ▶ Gain an understanding of stigma and its role and effect in pregnant persons and OUD
- ▶ Increase familiarity with racism as it applies to OUD and pregnancy
- ▶ Discuss person first language and theories of neurobiology its repercussions in treatment
- ▶ Discuss what is meant by harm reduction and the use of personal narrative

Maternal Mortality USA



<https://www.scientificamerican.com/article/to-prevent-women-from-dying-in-childbirth-first-stop-blaming-them/>

Maternal Mortality Indiana

- ▶ Latest data on death in Indiana
- ▶ Data is limited due to small numbers overall
- ▶ Trends do follow the rates seen in other states

Division of Fatality Review and Prevention July 2021



**Indiana Maternal Mortality
Review Committee**
2021 Annual Report



Mortality Rate in Indiana

The average two-year mortality ratio reflects pregnancy-associated and pregnancy-related deaths that occurred in both 2018 and 2019 and is a best estimate of the average rate of deaths per year.

Average Two-Year Maternal Mortality Ratios (2018-2019)

- **75.7** per 100,000 live births: *pregnancy-associated mortality ratio* in Indiana in 2018-2019
- **15.4** per 100,000 live births: *pregnancy-related mortality ratio* in Indiana in 2018-2019

Data on Death by Race of the Mother

Figure 1: Indiana Live Births by Race of the Mother

Indiana Department of Health, Vital Records (2019)

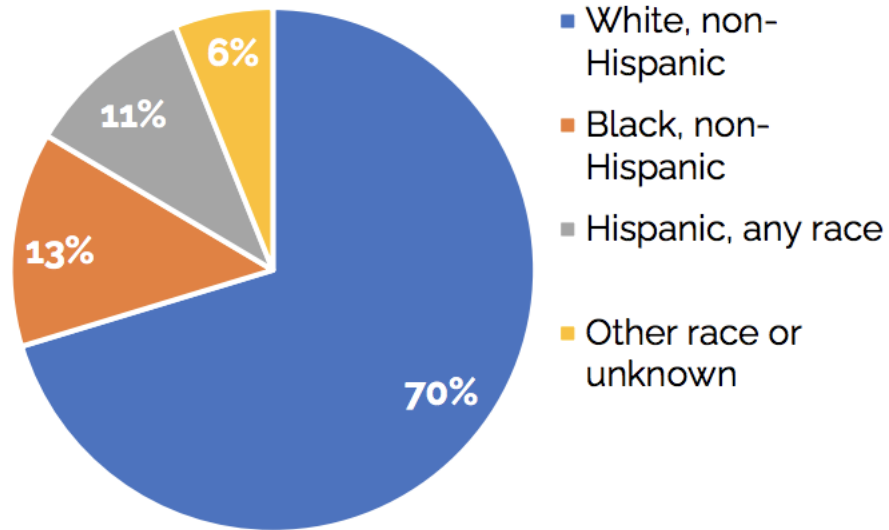
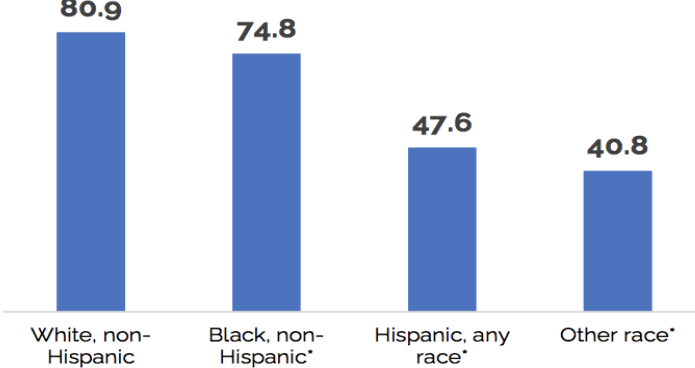


Figure 10: Ratio of pregnancy-associated deaths by race and ethnicity, per 100,000 live births

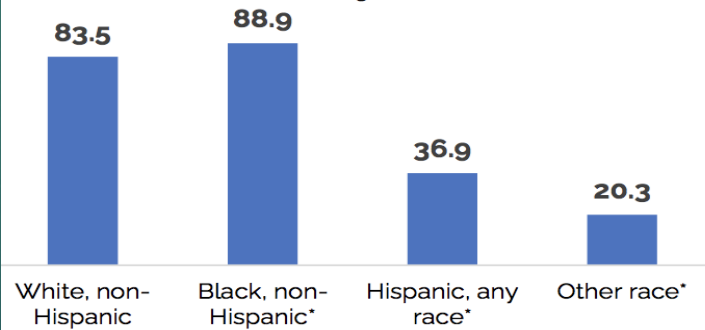
Indiana MMRC 2018-2019



*The rates above are considered unstable because they are based on small numbers. Comparisons using these rates may not represent long-term differences. As the Indiana MMRC continues to collect additional years of data, the stability of rates will improve.

Figure 11: Average two-year ratio of pregnancy-associated deaths by race and ethnicity, per 100,000 live births

Indiana MMRC 2018-2019



*The rates above are considered unstable because they are based on small numbers. Comparisons using these rates may not represent long-term differences. As the Indiana MMRC continues to collect additional years of data, the stability of rates will improve.

Maternal Mortality Timing and Cause

- ▶ Highest risk for peripartum people is late postpartum period
- ▶ Overdose accidental or undermined top cause
- ▶ Suicide also among top 5

Figure 45: Timing of Pregnancy-Associated Deaths Due to Overdose

(Indiana MMRC 2018-2019)

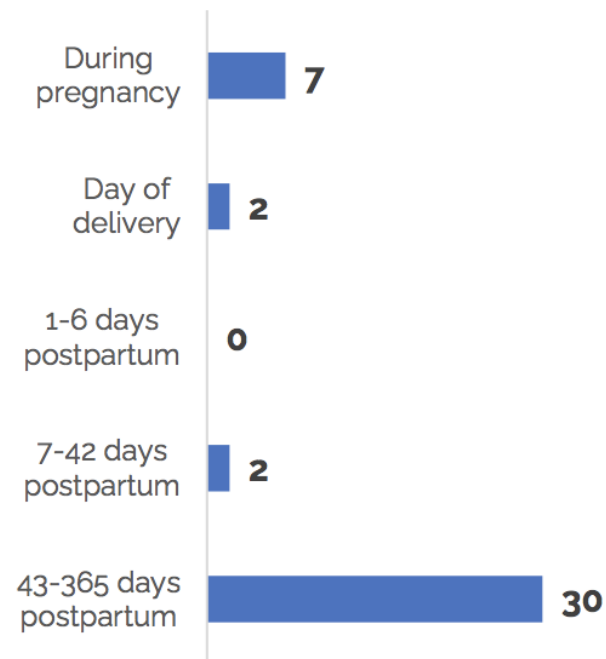
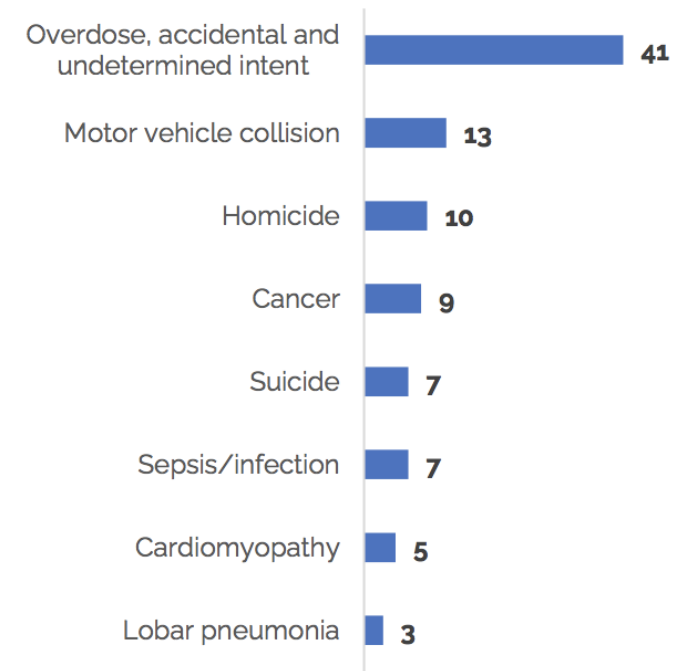


Figure 40: Overall Top Causes of Death for Pregnancy-Associated Deaths (Indiana MMRC, 2018-2019 [n=123])



EMPOWERING MOTHERS, PROVIDERS AND OTHERS TO WEIGH IN AS EXPERTS IN RESEARCH

EMPOWER JOURNEY MAP PROJECT

A VISUAL SUMMARY OF OUR PATIENT PARTNER'S EXPERIENCES. WE THANK THEM FOR COURAGEOUSLY SHARING THEIR STORIES.



Nichole Nidey, PhD, and Stephanie Weber, PsyD, MPH co-lead the Empowering Mothers and Providers and Other Stakeholders to Weigh in as Experts in Research (EMPOWER) project. This work is supported by the Patient-Centered Outcomes Research Institute (PCORI) Engagement Award EAIN-19623 and the National Center for Advancing Translational Sciences of the National Institutes of Health, under award number 2UL1TR001425-05A1. Facilitated by: Leslie Yerkes / leslieyerkes.com Visual Notes by: Jo Byrne / seeyourwords.com © 2021 Cincinnati Children's Hospital Medical Center. All rights reserved.

Perinatal Opioid Use Disorder (OUD) is Complicated!

- ▶ In general population:
 - ▶ Cigarette smoking decreases from 23% pre-pregnancy to 15% during pregnancy
 - ▶ Alcohol declines from 55% pre-pregnancy to 10% during pregnancy
- ▶ Among women with OUD however change is more complicated (Terplan, 2015)
 - ▶ High drop-out rates
 - ▶ Need for intensive psychosocial support
 - ▶ Late entrance into prenatal care and lower rates of prenatal care follow-up
 - ▶ High rates of polysubstance use

TABLE 1**Summarized DSM-5 diagnostic categories and criteria for opioid use disorder**

Category	Criteria
Impaired control	<ul style="list-style-type: none">• Opioids used in larger amounts or for longer than intended• Unsuccessful efforts or desire to cut back or control opioid use• Excessive amount of time spent obtaining, using, or recovering from opioids• Craving to use opioids
Social impairment	<ul style="list-style-type: none">• Failure to fulfill major role obligations at work, school, or home as a result of recurrent opioid use• Persistent or recurrent social or interpersonal problems that are exacerbated by opioids or continued use of opioids despite these problems• Reduced or given up important social, occupational, or recreational activities because of opioid use
Risky use	<ul style="list-style-type: none">• Opioid use in physically hazardous situations• Continued opioid use despite knowledge of persistent physical or psychological problem that is likely caused by opioid use
Pharmacological properties	<ul style="list-style-type: none">• Tolerance as demonstrated by increased amounts of opioids needed to achieve desired effect; diminished effect with continued use of the same amount• Withdrawal as demonstrated by symptoms of opioid withdrawal syndrome; opioids taken to relieve or avoid withdrawal

Opioid Use Disorder in Pregnancy

- ▶ OUD is characterized as a chronic disease that can be treated successfully by NIDA
- ▶ However, policies do not match that
- ▶ Efforts to penalize women through criminal justice
 - ▶ Tennessee has prosecuted women assault for the illegal use of a narcotic while pregnant
 - ▶ South Carolina and Alabama allow for prosecution of pregnant women with OUD
- ▶ Indiana classifies substance use during pregnancy as child abuse and children can be removed at birth for mother's using drugs while pregnant

Recommended Treatment

- ▶ MAT with methadone or buprenorphine is the recommended treatment for pregnant women with OUD
- ▶ Women who receive these treatments have improved outcomes in all spheres of functioning and their infants have better outcomes
- ▶ Mothers who do not receive MAT are more likely to relapse on OUD, and have negative outcomes including more likely to have overdoses and death
- ▶ However the punitive policies and **stigma** that these mother's experience is considered the #1 barrier to mother's presenting for treatment and gaining sobriety

Stigma

- ▶ Prejudicial attitudes that discredit individuals, marking them as tainted and devalued
- ▶ Received stigma – stigma imposed by those around the individual
- ▶ Self-stigma - and they may internalize feelings of devaluation
 - ▶ Prevalent in people dealing with addictions
 - ▶ Prevents people from being able to gain sobriety through cognitive distortions that lead to strong emotions of sadness, grief, powerlessness, and anxiety which in turn lead people to use more drugs as one of their key coping mechanisms for dealing with strong emotions

Key Elements of Drug-Related Stigma



Blame and moral judgment

Criminalize

Pathologize

Patronize

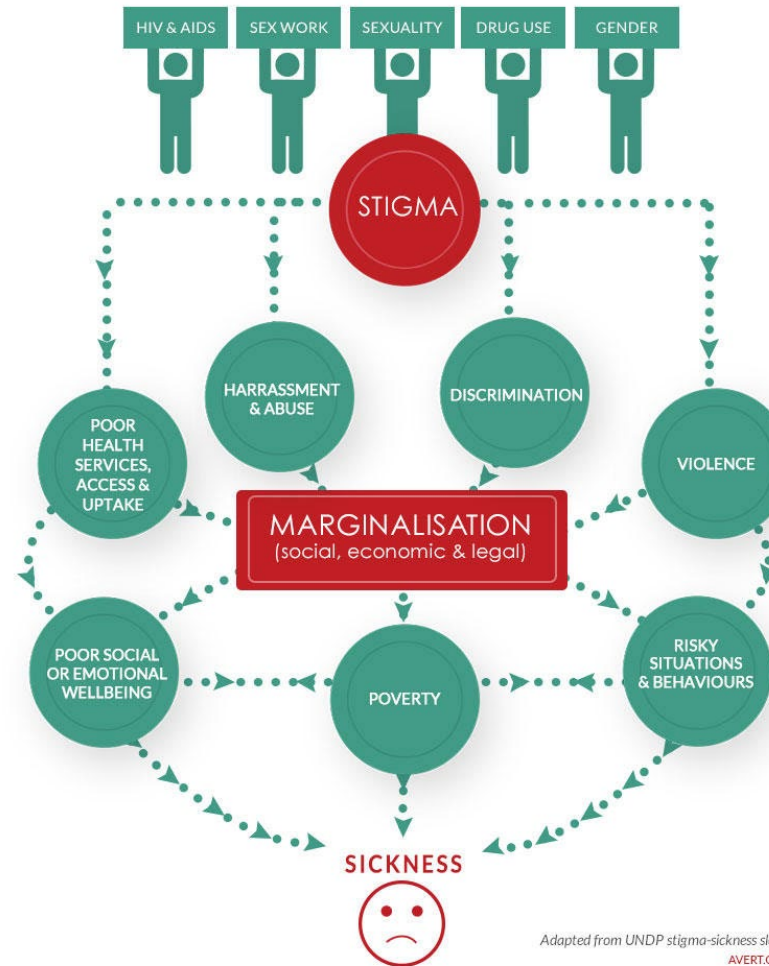
Fear and Isolate

Effects of Stigma

- ▶ Leads to decrease in seeking mental health and addiction treatment, difficulty revealing to providers what the individual is experiencing
- ▶ Public level leads to decrease funding, criminalization, and lack of institutional support for the treatment of individuals with mental illness and addiction
- ▶ Persons of Color (POC's) experience additional stigma of being marginalized already and to an even greater degree when pregnant

HOW STIGMA LEADS TO SICKNESS

Many of the people most vulnerable to HIV face stigma, prejudice and discrimination in their daily lives. This pushes them to the margins of society, where poverty and fear make accessing healthcare and HIV services difficult.



Adapted from UNDP stigma-sickness slope
AVERT.ORG

Biological Model of Addiction

- ▶ Pescosolido and her colleagues found that holding a neurobiological conception of mental illness either was unrelated to stigma or increased the odds of a stigmatizing reaction.
- ▶ Hart points out in his recent article that for POC in particular biological explanations of addiction can be used to further stigmatize and pathologize.
- ▶ Public Service Announcements that highlight the neurobiological model of addiction have actually have not decreased stigma and have, in some cases, led to increase in self-stigma for persons with SUD

Pescosolido (2010) (2010) <https://doi.org/10.1176/appi.ajp.2010.09121743>

Hart (2020), <https://doi.org/10.1016/j.neuron.2020.06.019>

Substance Use Disorder and Racism

- ▶ POC are more vulnerable to negative consequences associated with substance misuse
 - ▶ Involvement with the criminal justice system
 - ▶ Greater morbidity and mortality
 - ▶ Increase risk for violence
- ▶ Black and Latinx individuals compared to White individuals
 - ▶ Greater barriers to accessing, completing, and having satisfactory experiences within substance use treatment
 - ▶ In one instance, Latinx individuals using heroin were only 75% as likely as White Americans to complete a treatment episode (Mennis & Stahler, 2016).
 - ▶ Black Americans were 69% as likely as White Americans to complete substance use treatment across all types of substances (Mennis & Stahler, 2016).

Race and Racism

- ▶ Race is a social construct assigned to groups based on their perceived phenotypic characteristics within categorical organizations
- ▶ Racism has been described as a system of oppression manifested within internalized, interpersonal, and institutional levels based on racial categorizations that privilege Whites as the dominant group.
- ▶ **Interpersonal racism** is perceived or direct experiences with racial discrimination, harassment, or violence as perpetrated by individuals or a group.
- ▶ **Systemic racism** involves maintaining inequality between races through structure of power in our current institutions.
- ▶ We must name racism before we can remedy its effect on POC's

Racism in the modern US

- ▶ Explicit forms of racial discrimination are generally no longer accepted, aversive racism
- ▶ However implicit beliefs framing White identities as the norm and superior, have persisted
- ▶ Also, subtle forms of racism relating to microaggressions or color-blind perspectives have been shown to be damaging to POC with evidence that POC report feeling they cannot present their true selves within institutions that privilege White identities

Effects of Racism on SUD

- ▶ Literature reveals that racial discrimination is associated with psychological distress among POC
- ▶ Studies show that psychological distress among POC is linked to substance misuse
- ▶ Sanders-Phillips et al. (2014) pointed to a pathway whereby perceived racial discrimination is associated with increased depressive symptoms, and greater substance misuse issues.
- ▶ In Pregnancy
 - ▶ Penalization and criminalization of pregnant are more pronounced for POC
 - ▶ Access to care is more restricted due to financial, cultural and interpersonal factors
 - ▶ Drug testing and removal of children disproportionately applied to black mothers – particularly in southern states (South Carolina)

“Substance Abuser”



Mr. Williams is a substance abuser and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has been a substance abuser for the past few years. He now awaits his appointment with the judge to determine his status.

“Substance Use Disorder”



Mr. Williams has a substance use disorder and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has had a substance use disorder for the past few years. He now awaits his appointment with the judge to determine his status.



<https://www.rlmartstudio.com/product/nothing-about-us-button/>

<https://macrosw.com/2017/09/29/ableism-in-social-work-working-toward-inclusion-oct-5-2017-macrosw-14/>

Black Mamas Matter Alliance Statement

- Safe and respectful maternal health care is a recognized human right throughout the U.S., and state governments adopt a human-rights based approach to ensuring safe pregnancy and childbirth.
- **Black women lead a movement to improve maternal health, and are valued decision-makers in health care spaces.**
- Black women's health and survival are prioritized by all levels and branches of government.
- Women and girls receive safe, respectful, affordable, quality health care where they live, throughout the course of their lives.
- Black women have full access to culturally competent, community-based models of care.
- Black women in the South survive and thrive before, during, and after pregnancies.

References

- ▶ Hart, C. L. (2020). Exaggerating Harmful Drug Effects on the Brain Is Killing Black People. *Neuron*, 107(2), 215–218. <https://doi.org/10.1016/j.neuron.2020.06.019>
- ▶ Indiana Maternal Mortality Review Committee. (2021). *Indiana Maternal Mortality Review Committee: Annual Report 2021*. Indiana Department of Health. <https://www.in.gov/health/cfr/files/Maternal-Mortality-Report-11.16.21.pdf>
- ▶ Kelly, J. F., Wakeman, S. E., & Saitz, R. (2015). Stop Talking ‘Dirty’: Clinicians, Language, and Quality of Care for the Leading Cause of Preventable Death in the United States. *The American Journal of Medicine*, 128(1), 8–9. <https://doi.org/10.1016/j.amjmed.2014.07.043>
- ▶ Krans, E. E., & Patrick, S. W. (2016). Opioid Use Disorder in Pregnancy: Health Policy and Practice in the Midst of an Epidemic. *Obstetrics & Gynecology*, 128(1), 4–10. <https://doi.org/10.1097/AOG.0000000000001446>
- ▶ Matsuzaka, S., & Knapp, M. (2020). Anti-racism and substance use treatment: Addiction does not discriminate, but do we? *Journal of Ethnicity in Substance Abuse*, 19(4), 567–593. <https://doi.org/10.1080/15332640.2018.1548323>
- ▶ Pescosolido, B. A., Martin, J. K., Long, J. S., Medina, T. R., Phelan, J. C., & Link, B. G. (2010). “A Disease Like Any Other”? A Decade of Change in Public Reactions to Schizophrenia, Depression, and Alcohol Dependence. *American Journal of Psychiatry*, 167(11), 1321–1330. <https://doi.org/10.1176/appi.ajp.2010.09121743>