Stigma and Racial Disparity in OUD in perinatal population

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I have no relevant disclosures for this presentation
Learning Objections

• Harm Reduction and utilizing personal narrative to illustrate these concepts
• Be able to define and discuss Maternal Mortality and its disparities
• Gain an understanding of stigma and it’s role and effect in pregnant persons and OUD
• Increase familiarity with racism as its applies to OUD and pregnancy
• Discuss person first language and theories of neurobiology its repercussions in treatment
Nothing about us is for us without us.
Maternal Mortality and Morbidity Ratios

• Deaths or severe morbidity ("near misses") that occurring during or 1 year after pregnancy.

• On the RISE in the US
  • 14 maternal deaths per 100,000 live births
  • 46th in the world
  • Worse today than 15 years ago (among only 13 other countries)
  • Worse than Libya and Kazakhstan

• Near Misses are also on the RISE
  • For every death there are 100 near misses
  • 60,000 women are affected by this world wide

• **Black women** are disproportionately affected by maternal mortality and morbidity
  • The MMR for black women is 43 per 100,000 live births
  • **Black women with a PhD have similar MMR as white women with a high school education**
The U.S. is the only developed country where the maternal mortality rate is rising.¹
Deaths per 100,000 live births.

700-900 women die each year\textsuperscript{3}

The CDC estimates that 60\% of these deaths are preventable

\textsuperscript{3}CDC Pregnancy Mortality Surveillance System (2018)
For every maternal death, there are 100 episodes of severe maternal morbidity, or more than 50,000 women every year.²

²CDC Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion (2017)
In all racial categories, maternal mortality is worse among older women, but the burden is concentrated among black women, who are more likely to experience structural determinants of health that worsen over time.
Indiana Maternal Mortality Compared to U.S.\textsuperscript{7}

- Indiana: 41.4 deaths per 100,000 births
- U.S.: 20.7 deaths per 100,000 births

\textsuperscript{7}CDC National Vital Statistics System (2011-2015)
Maternal Mortality – White
IN: 49.8
U.S.: 26.1

Maternal Mortality – Black
IN: 71.5
U.S.: 63.8

Deaths per 100,000 live births
OUD in Pregnancy

• 2008-2012 for women of reproductive age (15-44 years)
  • 39.4% of Medicaid insured
  • 27.7% of privately insured
  • Filled an outpatient prescription for an opioid each year
  • 1M Medicaid enrollees
    • 1 out of 5 (21.6%) pregnant women filled a prescription for an opioid
    • 2.5% received a chronic opioid prescription for greater than 30 days

• 1992 to 2012 pregnant women admitted to SUD treatment facilities
  • Hx of OUD increased from 2% to 28%
  • Greatest increase in any similar period in hx

• Regarding pregnant women on MAT
  • 66% report a history of heroin use
  • 63% report a history of intravenous heroin use
Opioid Use Disorder (OUD) 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 polices 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 is 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

“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.
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

https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination
Biological views on addiction

Stress that addiction is a disease caused by dysfunction of biological mechanisms. Open the door to neurobiological research on mechanisms underlying addiction as well as medical treatments.

Stigma could be augmented because the individual’s biological constitution is viewed as faulty and less capable of self-regulation (e.g., could be unpredictable or dangerous).

Moral views on addiction

Stress that addiction is a problem caused by personal choices and habits. Support the individual’s decision to undertake lifestyle changes.

Stigma could be augmented by stereotypes that individuals are weak, lack willpower, and are responsible for their poor choices.

Racine et al. (2015)
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

Hart (2020), https://doi.org/10.1016/j.neuron.2020.06.019
Substance Use Disorder and Racism

• POC individuals compared to whites
  • 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.

Sara Matsuzaka & Margaret Knapp (2019), DOI: 10.1080/15332640.2018.1548323
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

Sara Matsuzaka & Margaret Knapp (2019), DOI: 10.1080/15332640.2018.1548323
Effects of racism on SUD

• In addition, the literature reveals that racial discrimination is associated with psychological distress among POC
• In turn, 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, which, in turn, were associated with 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)
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.

Accountability: Governments must create mechanisms of accountability to enforce the right to safe and respectful maternal health care, including monitoring and evaluation of policies and programs, corrective action when violations are found, and remedies for women and families.

Transparency: People should have access to information that enables them to make decisions about their health care choices, or understand how decisions affecting their health are made. This includes transparency in budgeting and funding allocations.

Participation: All people have a right to participate in decision-making processes that affect their right to safe and respectful maternal care, including decisions about government policies and distribution of health resources.

Empowerment: Women and girls must be valued and engaged as agents and rights-holders when it comes to decisions or actions that affect their sexual and reproductive lives.

Non-Discrimination: The right to safe and respectful care should be ensured without discrimination of any kind, regardless of whether the discrimination is committed purposefully or results from seemingly neutral policies and practices that have a discriminatory effect on Black women.

Equity: Health care resources, goods, and services must be distributed and accessed based on a model of equity, which is based on need and remedying historical injustice, rather than a model of equality.

Universality: Health care goods and services must be available to everyone, without exception or distinction based on any discriminatory ground.
References


