Stigma and Racial Disparity in OUD in perinatal population

Camila L. Arnaudo, M.D.

March 4, 2021

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

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-chat/

A Human Rights Based Approach to Improving Maternal Health[30]

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.

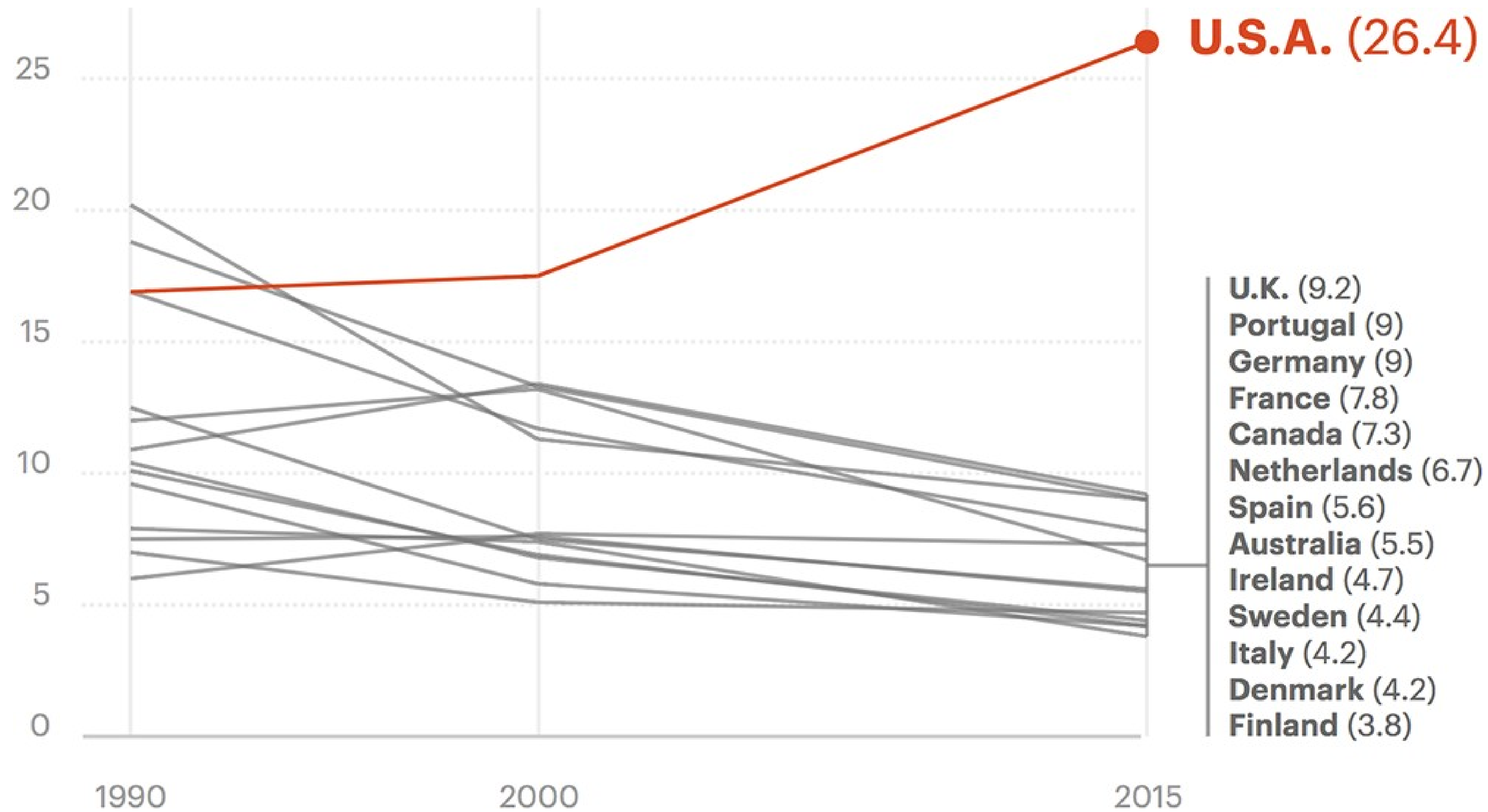
http://blackmamasmatter.org/wp-content/uploads/2018/05/USPA_BMMA_Toolkit_Booklet-Final-Update_Web-Pages-1.pdf

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.



[1] NPR: Focus On Infants During Childbirth Leaves U.S. Moms In Danger, May 12, 2017; Global, regional, and national levels of maternal mortality, 1990– 2015: a systematic analysis for the Global Burden of Disease Study 2015" The Lancet.

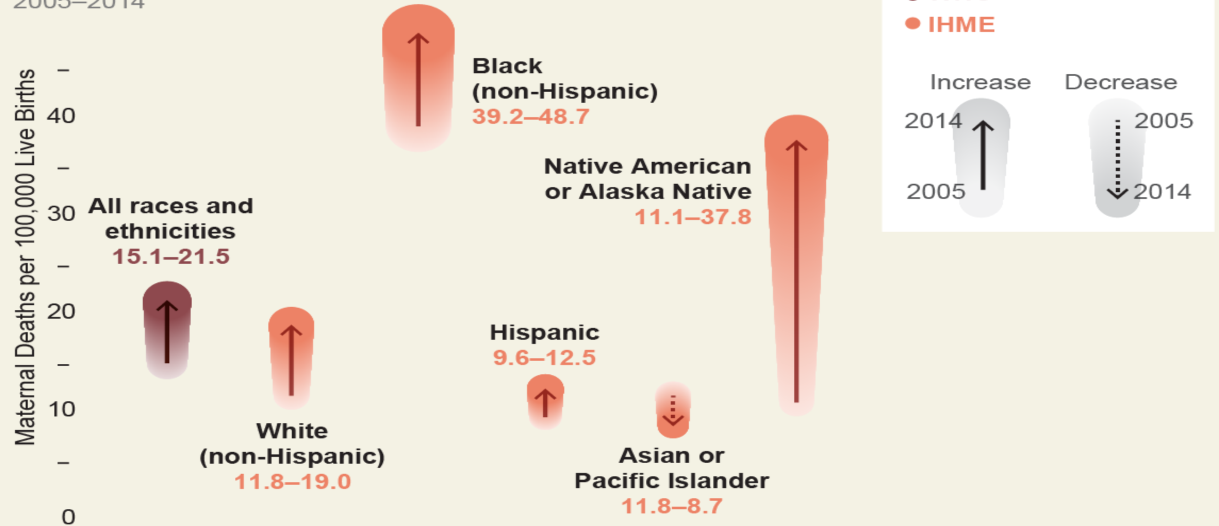
700- 900 women die each year[3]

The CDC estimates that 60% of these deaths are preventable

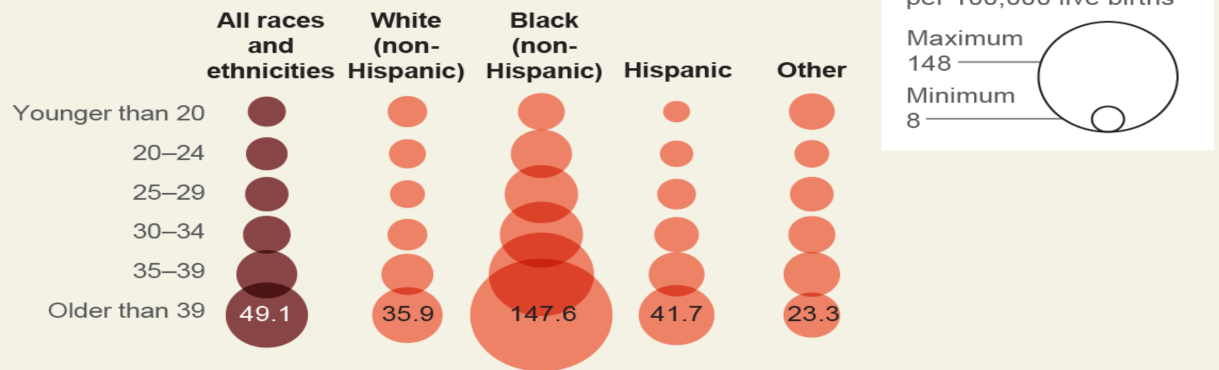
[3]CDC Pregnancy Mortality Surveillance System (2018)

For every maternal death,
there are
100 *episodes of severe*
maternal morbidity,
or more than
50,000 *women every year.*[2]

[2]CDC 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.



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

Fatality Review &Prevention Division

December 2020

Indiana Maternal Mortality Review Committee:

2020 Annual Report

Maternal Mortality Rate

77.2 per 100,000 live births
rate of pregnancy-associated deaths
in Indiana in 2018

- The death from any cause of a woman during pregnancy or within one year of the end of pregnancy

12.2 per 100,000 live births
rate of pregnancy-related deaths
in Indiana in 2018

- The death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiological effects of pregnancy

Indiana Department of Health

This data was generated by the Indiana MMR Program

RACE/ETHNICITY

Maternal Mortality – White

IN: 49.8

U.S.: 26.1

Maternal Mortality – Black

IN: 71.5

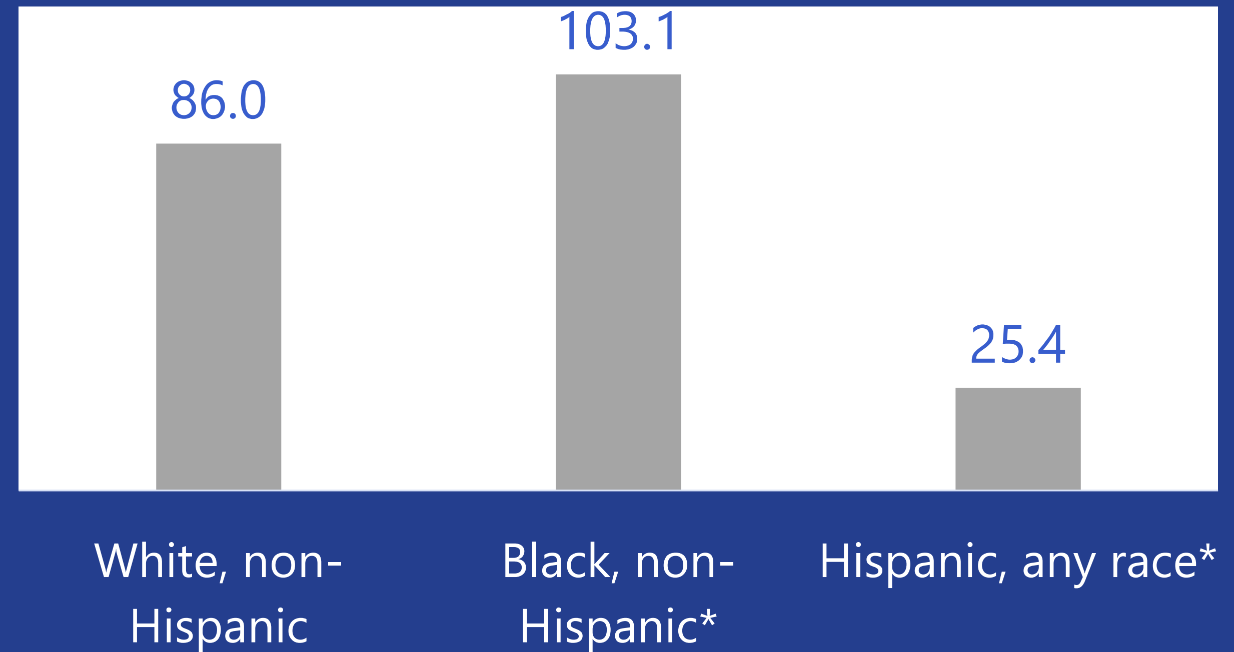
U.S.: 63.8

Deaths per 100,000 live births

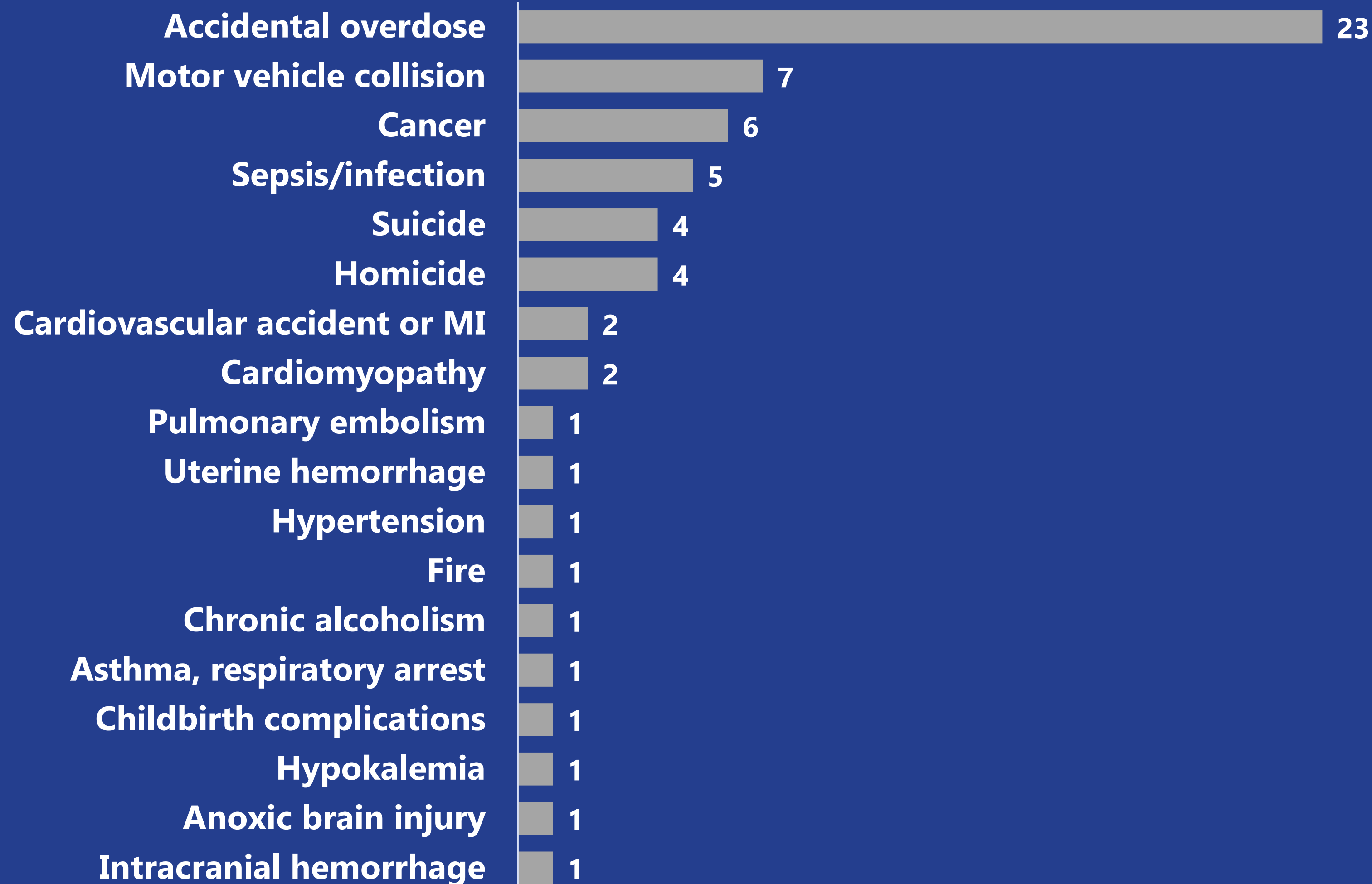
Case Characteristics (n=63)

Race/Ethnicity	N	%
White, non-Hispanic	50	79.4%
Black, non-Hispanic	11	17.5%
Hispanic, any race	2	3.2%
Other	0	0.0%

Rate of pregnancy-associated deaths by race and ethnicity per 100,000 live births



Underlying Cause of Death: Pregnancy-Associated Deaths



Indiana Department of Health

This data was generated by the Indiana MMR Program

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

Blame and moral judgment

Criminalize

Pathologize

Patronize

Fear and Isolate

https://harmreduction.org/issue-area/issue-drugs-drug-users/understanding-drug-related-stigma/

"Substance Abuser"

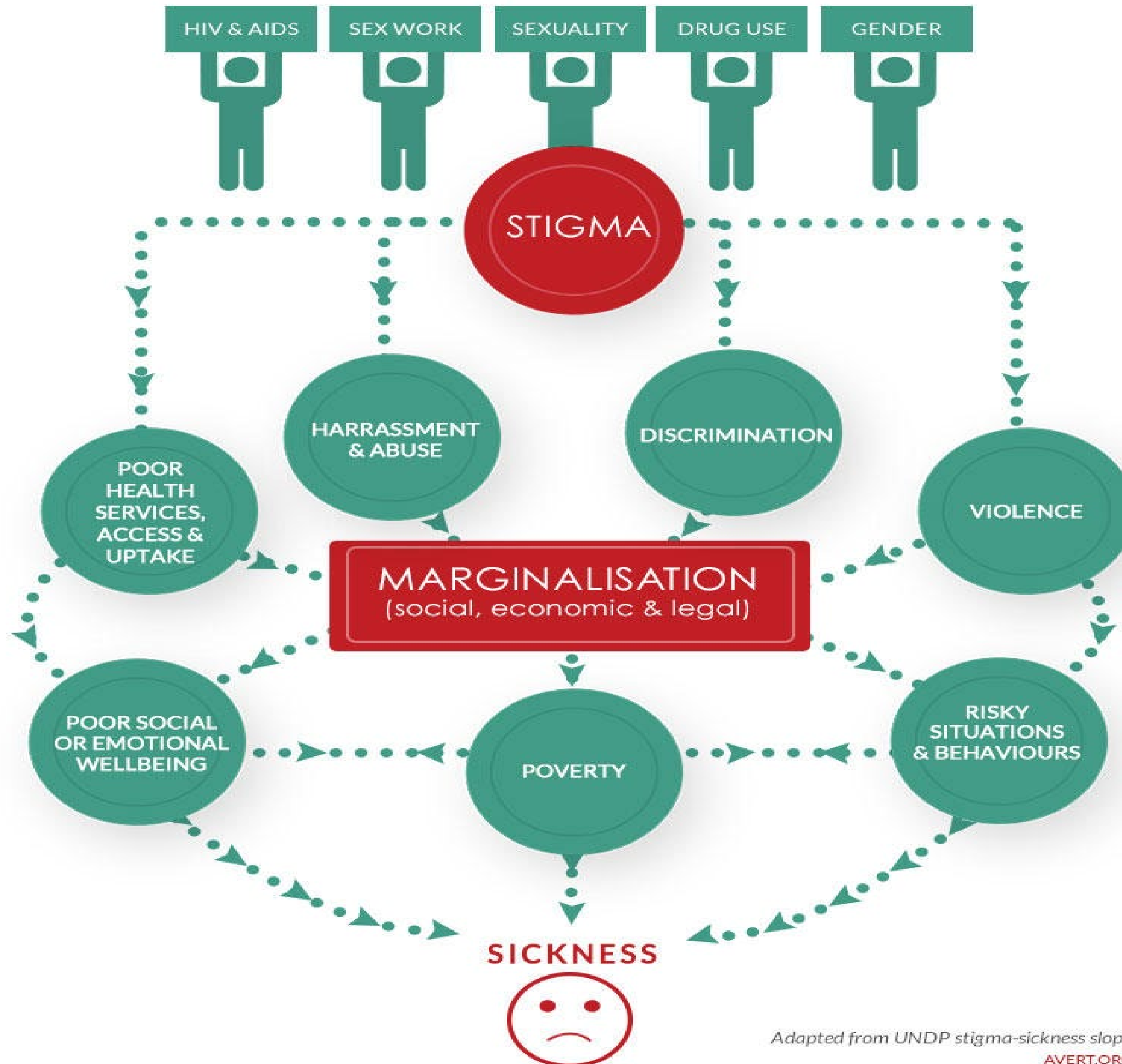
Mr. Williams is a substance abuser and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine 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"

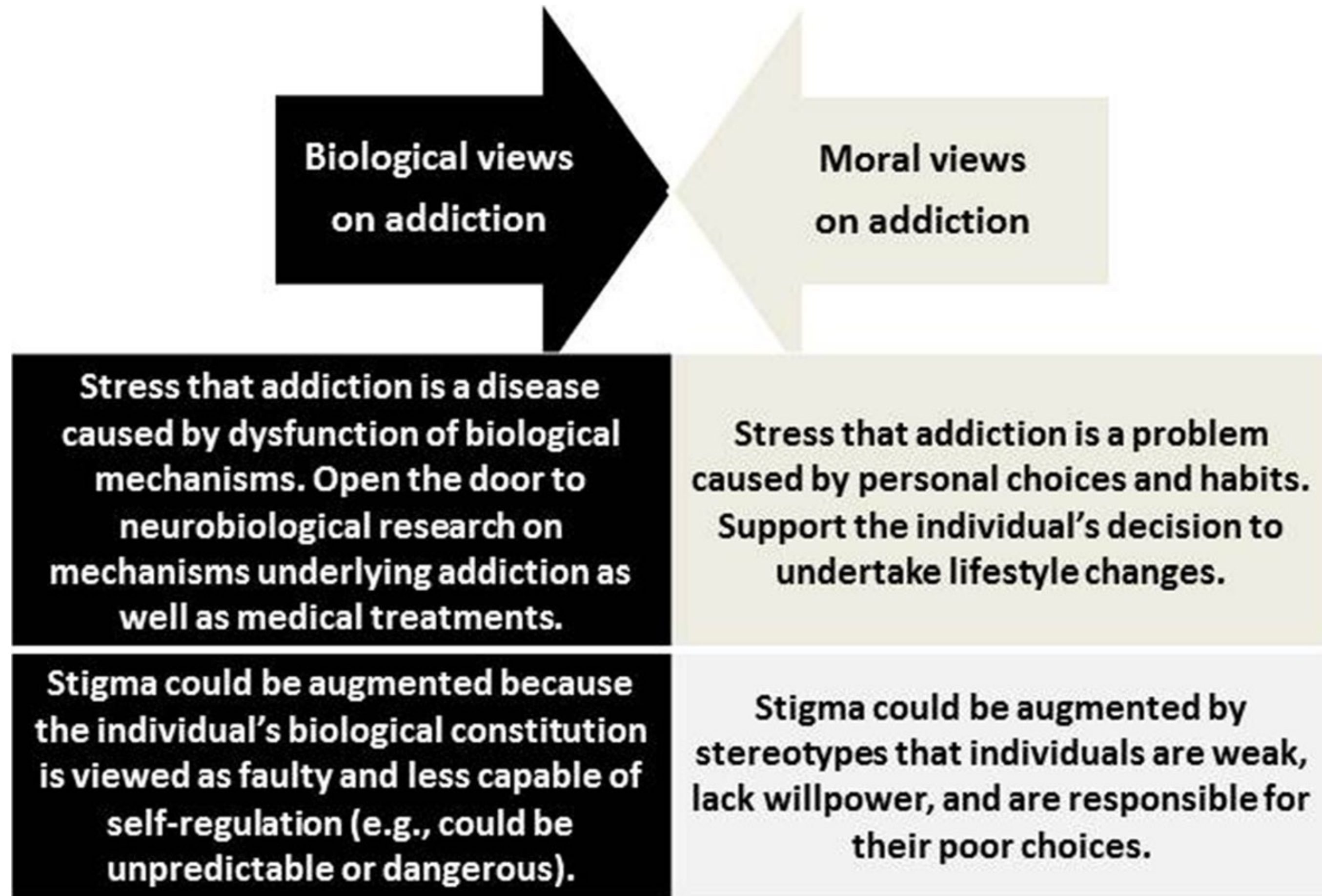
Mr. Williams has a substance use disorder and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive 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



https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination



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

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 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 instutions.
- 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.

http://blackmamasmatter.org/wp-content/uploads/2018/05/USPA_BMMA_Toolkit_Booklet-Final-Update_Web-Pages-1.pdf

References

Committee on Economic, Social and Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12) (22nd Sess., 2000), in Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 81, 83, 86-87, and 89, paras. 14, 21,

Hart, Exaggerating Harmful Drug Effects on the Brain Is Killing Black People, Neuron (2020), https://doi.org/10.1016/j.neuron.2020.06.019

Sara Matsuzaka & Margaret Knapp, Anti-racism and substance use treatment: Addiction does not discriminate, but do we?, Journal of Ethnicity in Substance Abuse, (2019) DOI: 10.1080/15332640.2018.1548323

Krans EE, Patrick SW. Opioid Use Disorder in Pregnancy: Health Policy and Practice in the Midst of an Epidemic. Obstet Gynecol. 2016;128(1):4-10. doi:10.1097/AOG.0000000000001446

Bernice A. Pescosolido, Ph.D., Jack K. Martin, Ph.D., J. Scott Long, Ph.D., Tait R. Medina, M.A., Jo C. Phelan, Ph.D., and Bruce G. Link, Ph.D. “A Disease Like Any Other”? A Decade of Change in Public Reactions to Schizophrenia, Depression, and Alcohol Dependence. American Psychiatry Journal, (2010) https://doi.org/10.1176/appi.ajp.2010.09121743

Kelly, John F., Sarah E. Wakeman, and Richard Saitz. 2015. “Stop Talking ‘Dirty’: Clinicians, Language, and Quality of Care for the Leading Cause of Preventable Death in the United States.” American Journal of Medicine 128 (1). Elsevier Inc.:8–9. https://doi.org/10.1016/j.amjmed.2014.07.043.

Racine, E., Bell, E., Zizzo, N. et al. Public Discourse on the Biology of Alcohol Addiction: Implications for Stigma, Self-Control, Essentialism, and Coercive Policies in Pregnancy. Neuroethics 8, 177–186 (2015).