



TRANSITIONAL AGE YOUTH (TAY) *webinar series*

Substance Use Disorders: Appreciating the Challenges of Minority Youth

Produced in Partnership by:



Network Coordinating Office

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Interdisciplinary Leaders in
Substance Use Education,
Research, Care and Policy



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ADOLESCENT
S B I R T

Screening, Brief Intervention & Referral to Treatment

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TRANSITIONAL AGE YOUTH (TAY) *webinar series*

- 1) The Impact of Substance Use on the Developing Adolescent Brain
- 2) Who's Doing What? The Epidemiology of Adolescent Substance Use
- 3) Substance Use Interventions for Adolescents and Transitional Age Youth
- 4) Integrating Stigmatized Loss and Disenfranchised Grief into the SBIRT Model
- 5) Substance Use in Adolescents and Transitional Age Youth: Justice Involvement and Homelessness
- 6) **Substance Use Disorders: Appreciating the Challenges of Minority Youth**

amersa.org/resources/tay-webinar-series



Kevin M. Simon, MD

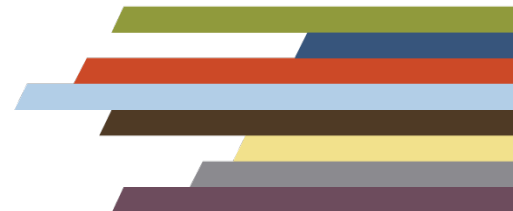
Child and Adolescent Psychiatry Fellow
Boston Children's Hospital, Addiction
Medicine Fellow, Boston Children's
Hospital, Clinical Fellow in Psychiatry
Harvard Medical School

Webinar Presenters



Hoover Adger, Jr., MD, MPH, MBA

Professor of Pediatrics, Division of
Adolescent & Young Adult Medicine,
Faculty Co-Leader, Sabin College,
Johns Hopkins School of Medicine

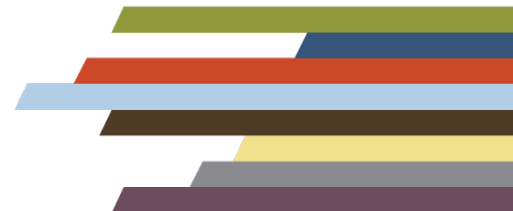




Disclosures

Dr. Adger has no conflicts of interest to disclose.

Dr. Simon has no conflicts of interest to disclose.



Outline/Objectives

- Describe the epidemiology of substance use disorders (SUD) and the impact on children and families.
- Discuss racism as a factor affecting health outcomes.
- Discuss health disparities and opportunities for enhancing outcomes in the prevention, intervention, and treatment of adolescents affected by substance use (SU) and SUDs.

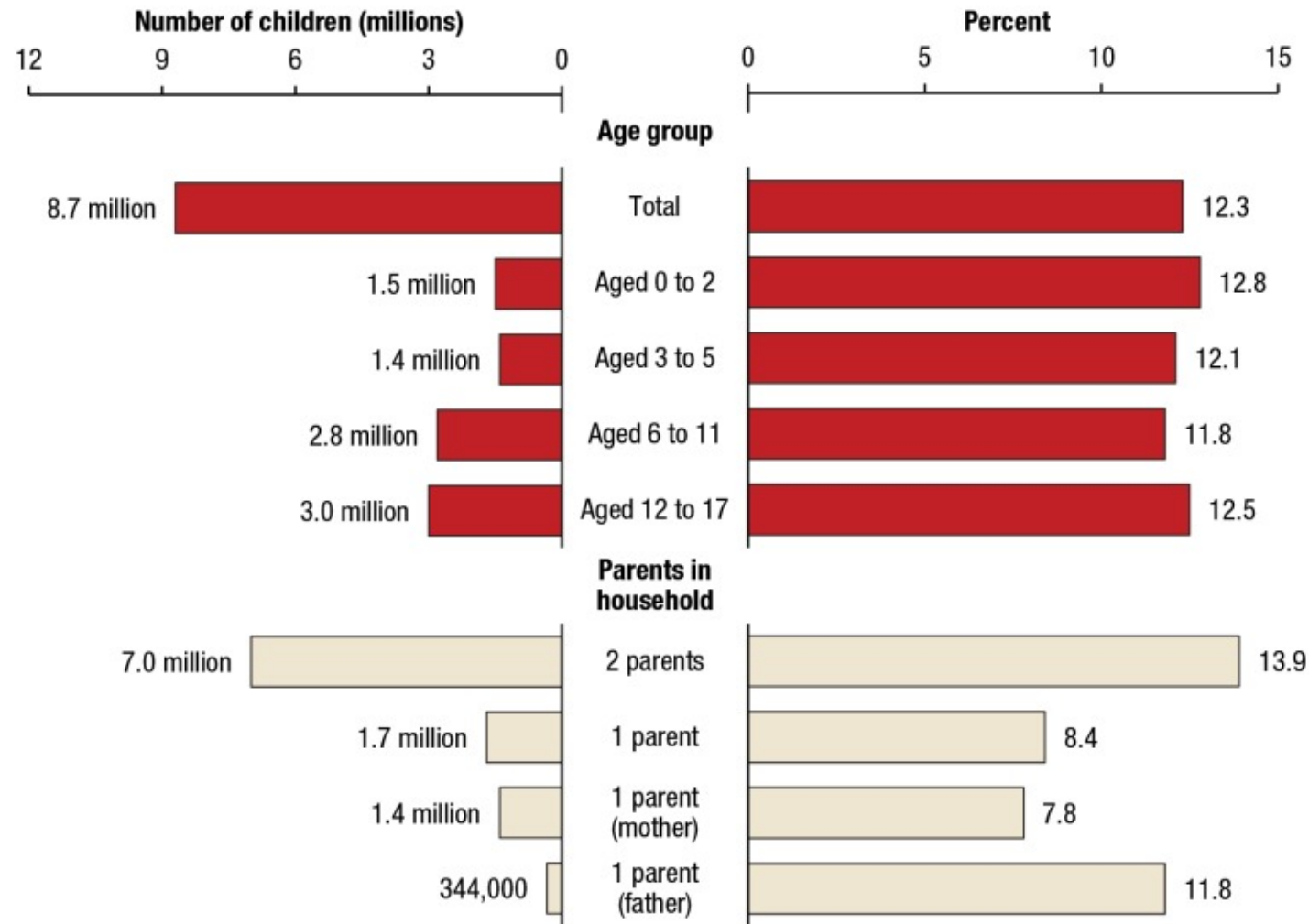
Clinical Case

- 12-year-old Black boy with Type I Diabetes
- Multiple hospitalizations for DKA
- Parent and child sent to intensive educational program
- Admissions for new onset seizures and hypoglycemia
- Parental/family history
- What is the secret to this problem?





Epidemiological Issues: How Many Children/Adolescents are Affected by Family SUD?



Number and percentage of children aged 17 or younger living with at least one parent with a past year substance use disorder, by age group and household composition: annual average, 2009 to 2014

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2009 to 2014.



National Longitudinal Alcohol Epidemiologic Survey - 1992

- 7.4% of adults classified with DSM-IV* alcohol use disorder in past year.
- 18% of adults classified with lifetime DSM-IV alcohol abuse or dependence.*
- 9.7 million children living in households with 1 or more adults who were abusing or dependent* on alcohol
- *DSM-5 no longer recognizes abuse or dependence, but categorizes substance use disorders into levels of severity (mild, moderate, and severe).



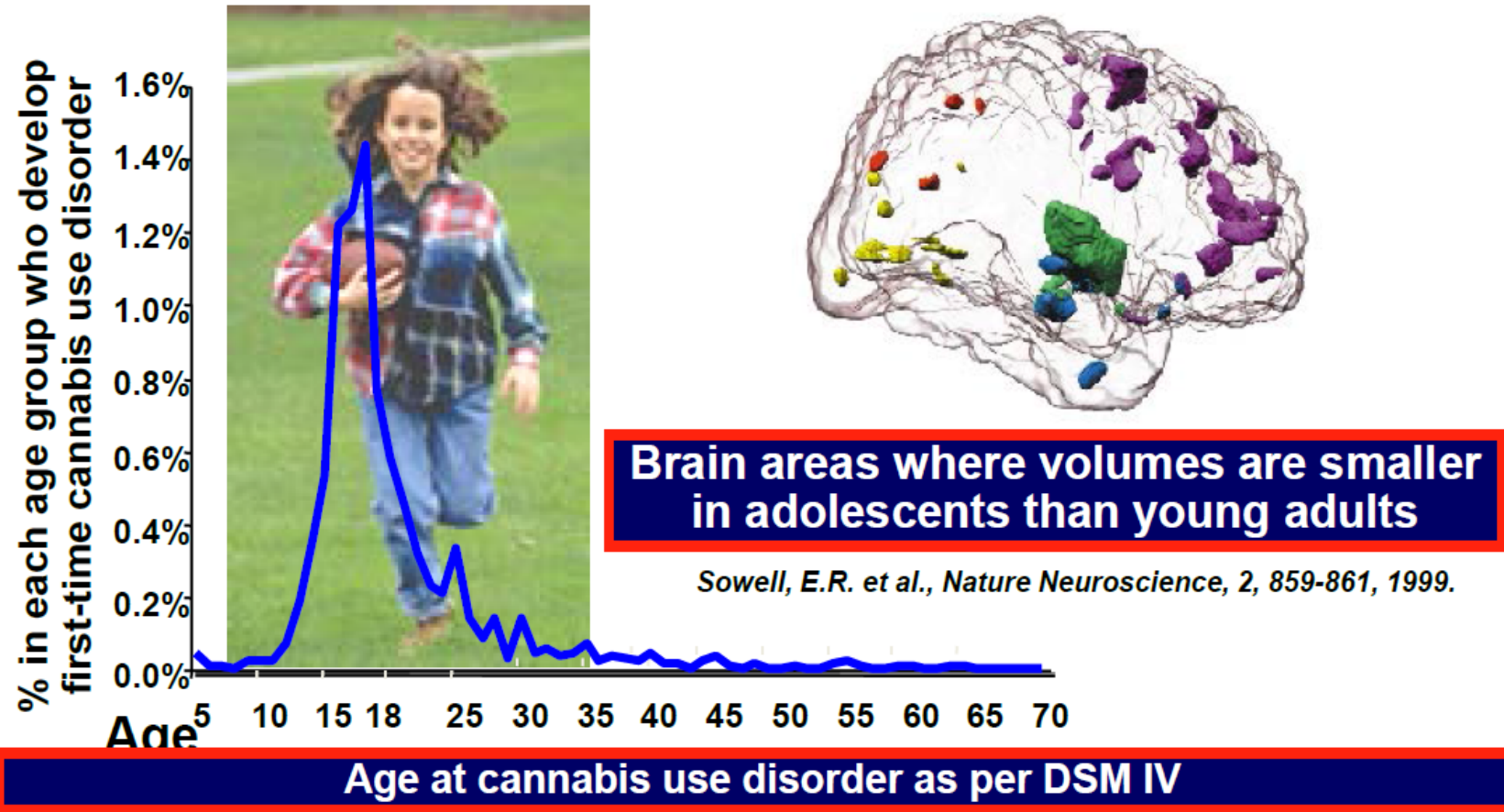
National Longitudinal Alcohol Epidemiologic Survey - 1992

- 1 in every 4 children in the US exposed to alcohol abuse or dependence in the family.
- The number “defines one of today’s major public health problems.”
- “Children exposed through no fault of their own...are thrust into families and environments that pose extraordinary risks to their immediate and future well-being and threaten the achievement of their fullest potential.”



Addiction a Pediatric Disease: > 90% of adults with a SUD began use during adolescence

ADDICTION IS A **DEVELOPMENTAL DISEASE** *starts in adolescence and childhood*



Oddly, the majority of Children/Adolescents in families affected by addiction go undetected.



Children of Parents or in Families Affected by SUDs

- Higher risk for SU/SUD related problems than other children.
- Family interaction is often defined by SUD in a family.
- A relationship between parental SUD and child abuse has been documented in a large proportion of child abuse and neglect cases.
- Higher risk for placement outside the home.
- Exhibit symptoms of depression and anxiety more than do children from non-affected families.
- More physical and mental health problems and higher health and welfare costs compared to children from non-affected families.
- Higher rate of behavior problems.
- Score lower on tests measuring school achievement and exhibit other difficulties in school.
- Maternal SU during pregnancy associated with adverse outcomes or neurological deficits.
- May benefit from supportive adult efforts to help them.

Primary roles of the Family in the Social and Cognitive Development of Children

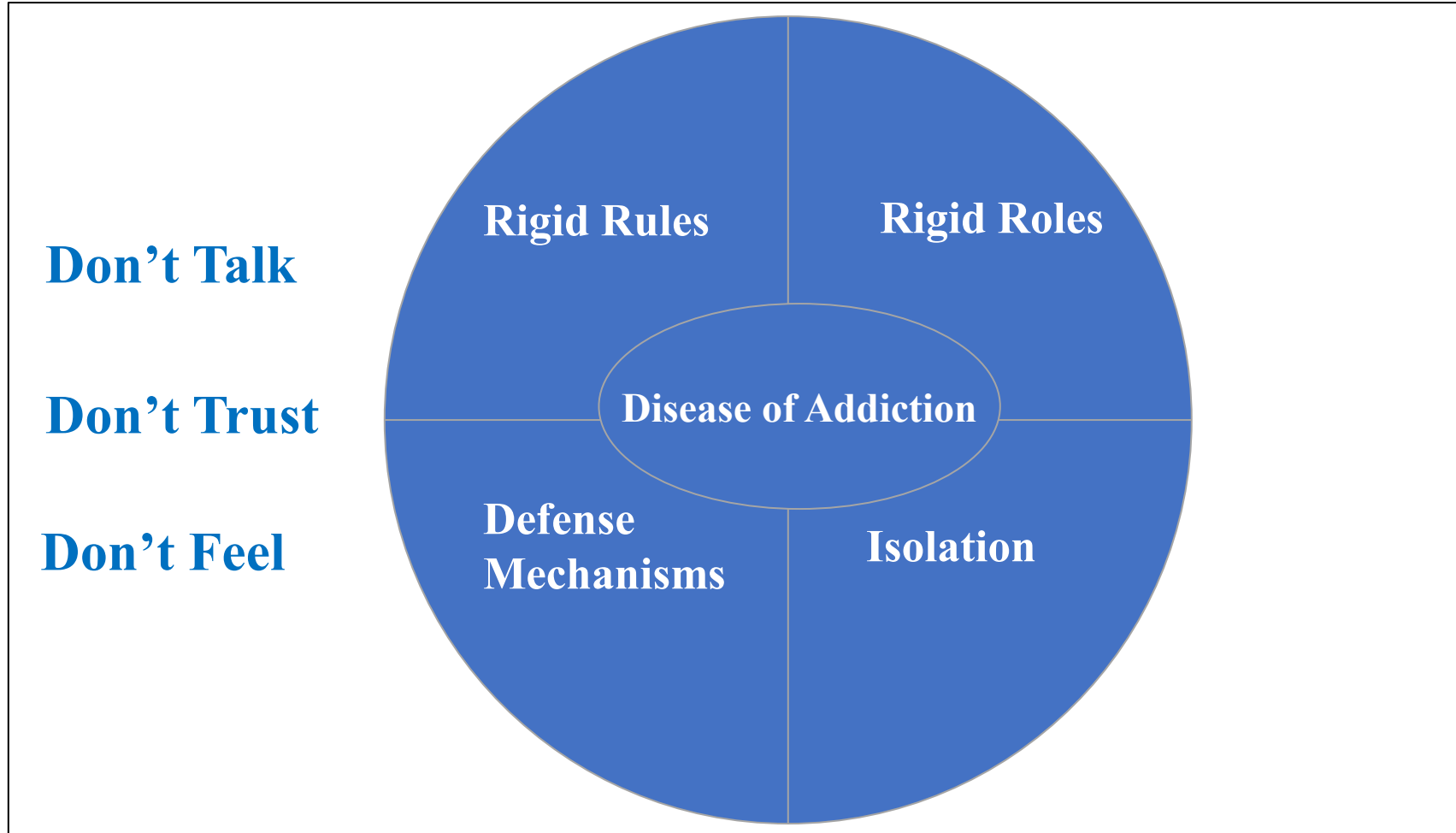
Two relevant conclusions from the literature:

- All familial variables that can, will affect child outcomes
- The parent-child interaction is characterized primarily by two major dimensions:
 - Nurturance (i.e., warmth and support)
 - Control (i.e., supervision and discipline)

Children of Parents Affected by SUD

- May lack consistency, stability, or emotional support due to chaotic family environment.
- May be physically and emotionally traumatized due to accidental injury, verbal abuse or physical abuse due to parental drinking/drug use.
- May encounter:
 - Poor communication
 - Permissiveness
 - Violence
 - Neglect
 - Undersocialization

Family Disease Model: The SUD Family System



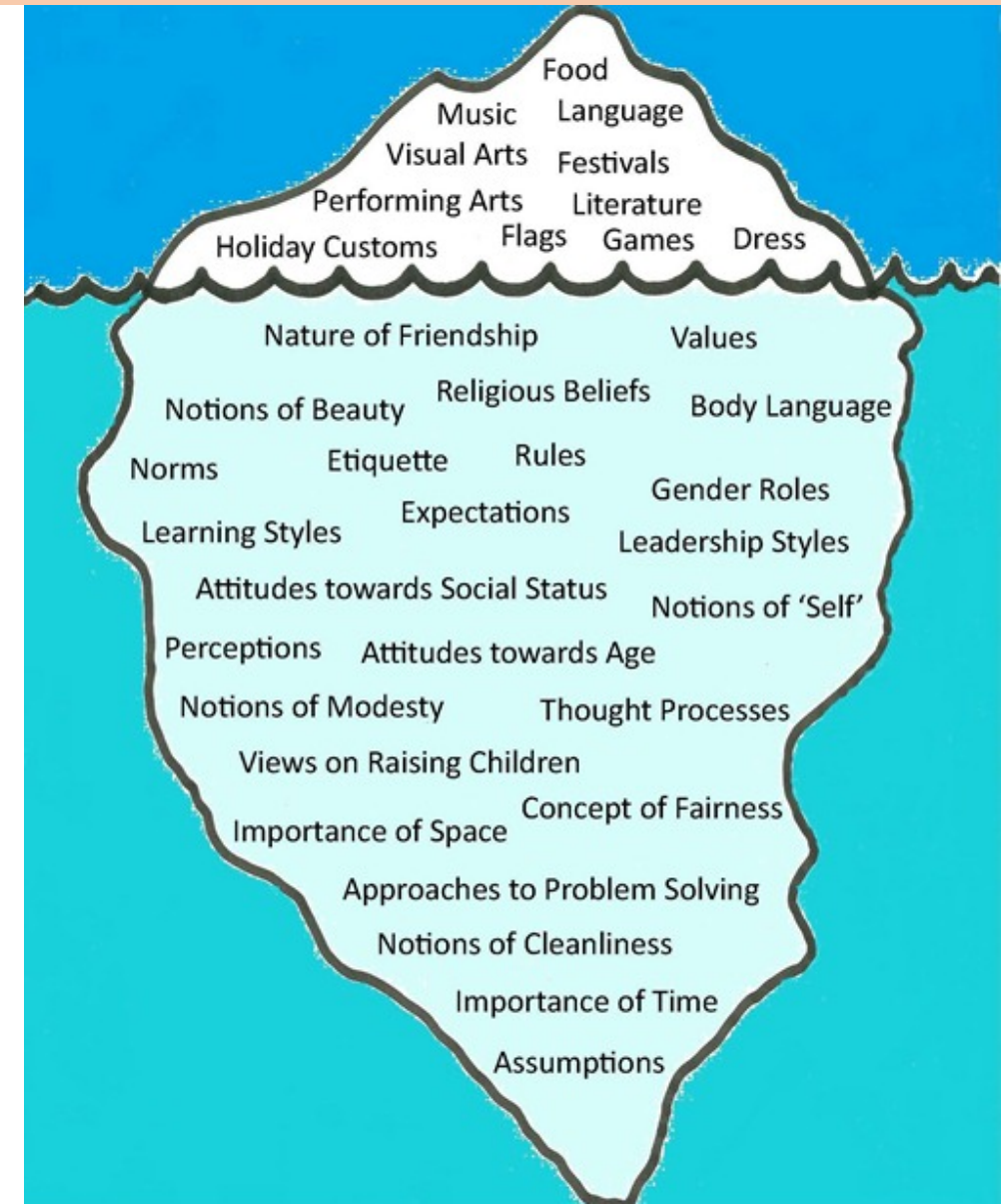
Definitions:

- Terms to know



Iceberg Theory of Culture

- A society's culture includes aspects that are **visible** (the 10% seen above the water level), as well as a **target portion that is hidden** beneath the surface.





Racism & Antiracism:

Racism

“System of structuring opportunity and assigning value based on the social interpretation of how one looks (‘race’) that unfairly disadvantages some individuals and communities...and saps the strength of the whole society through the waste of human resources.”

- Camara P. Jones, MD, MPH, PhD



Anti-Racism

“Explicitly expressing the idea that racial groups are equals, actively opposing racism, and supporting policy that reduces racial inequity.”

- Ibram X. Kendi, PhD



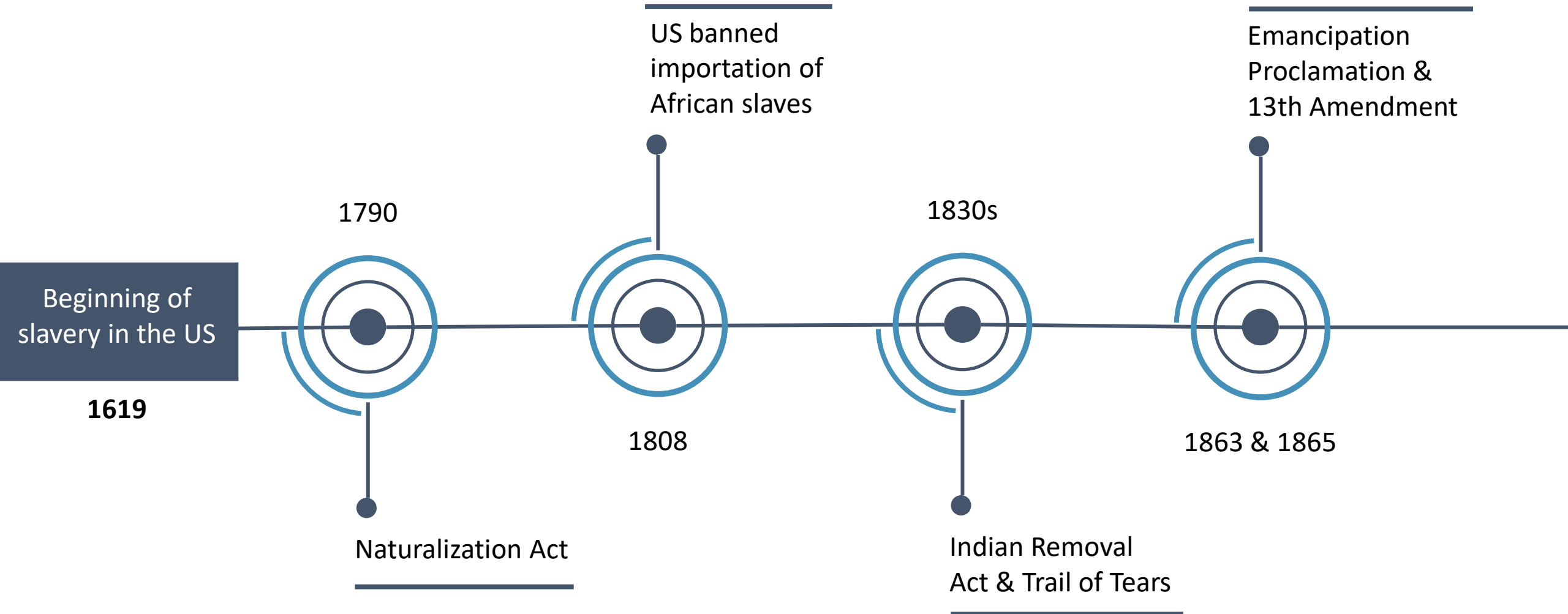
Historical Context:

- Political and Legislative History to know



Historical Context in the US:

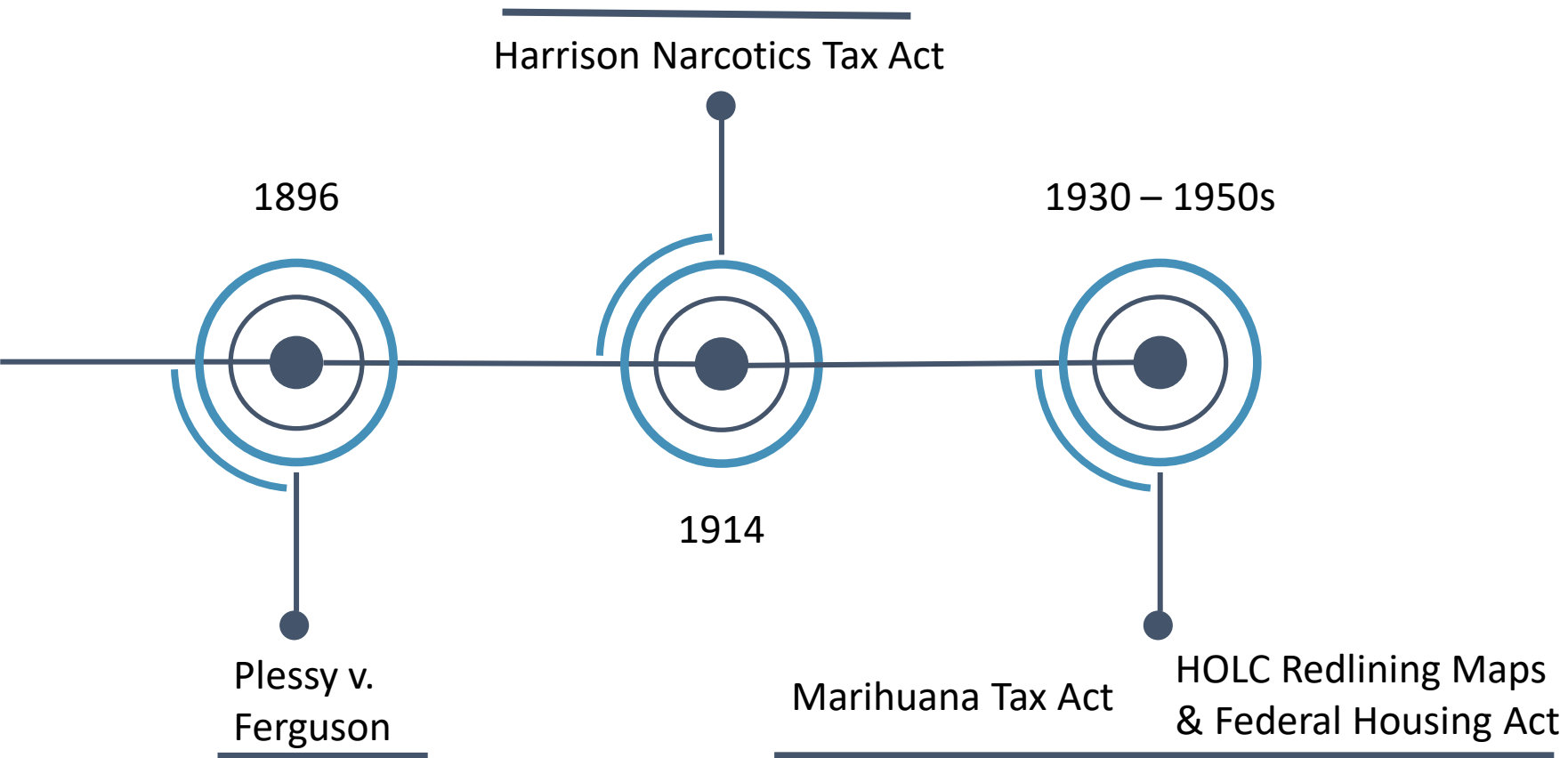
Historical injustices setting the stage for persistent injustices and disparities



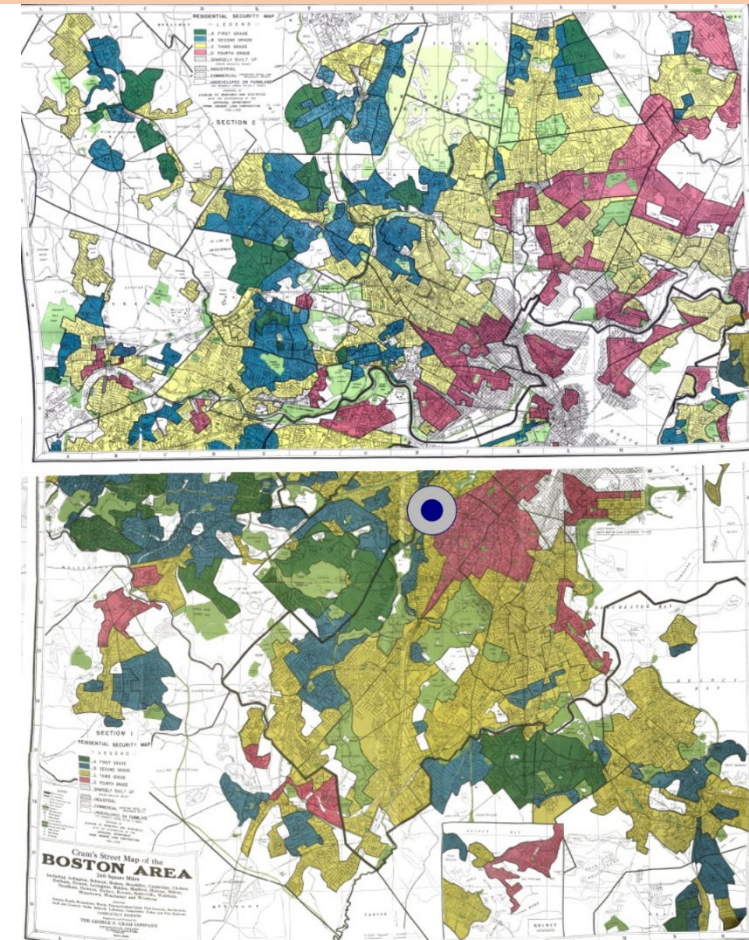
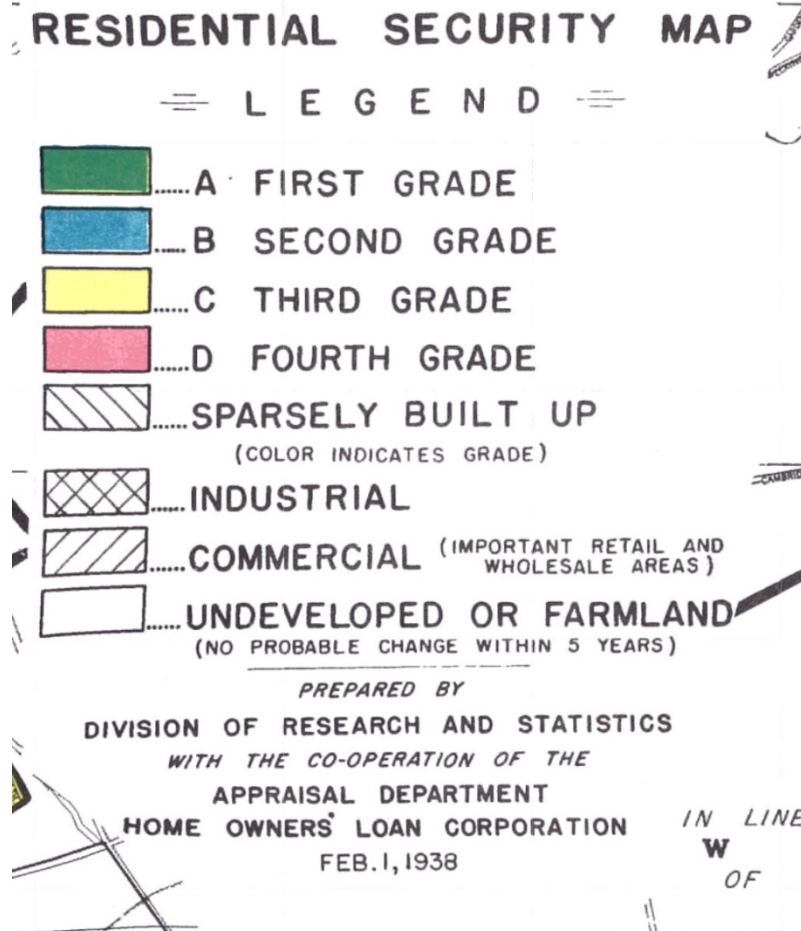
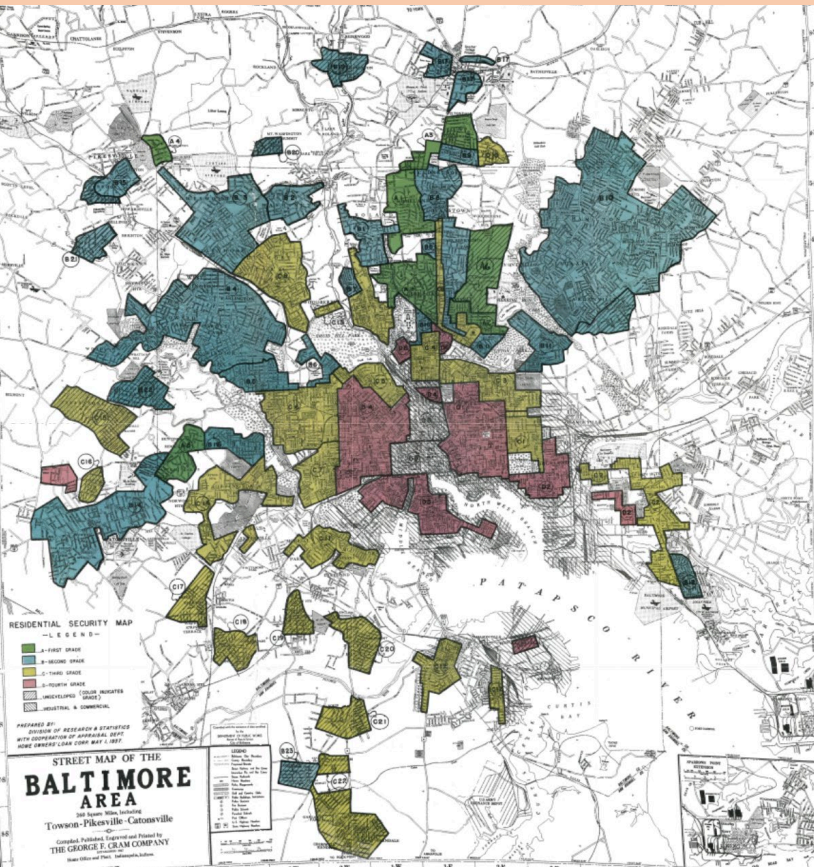


Historical Context in the US:

Historical injustices setting the stage for persistent injustices and disparities



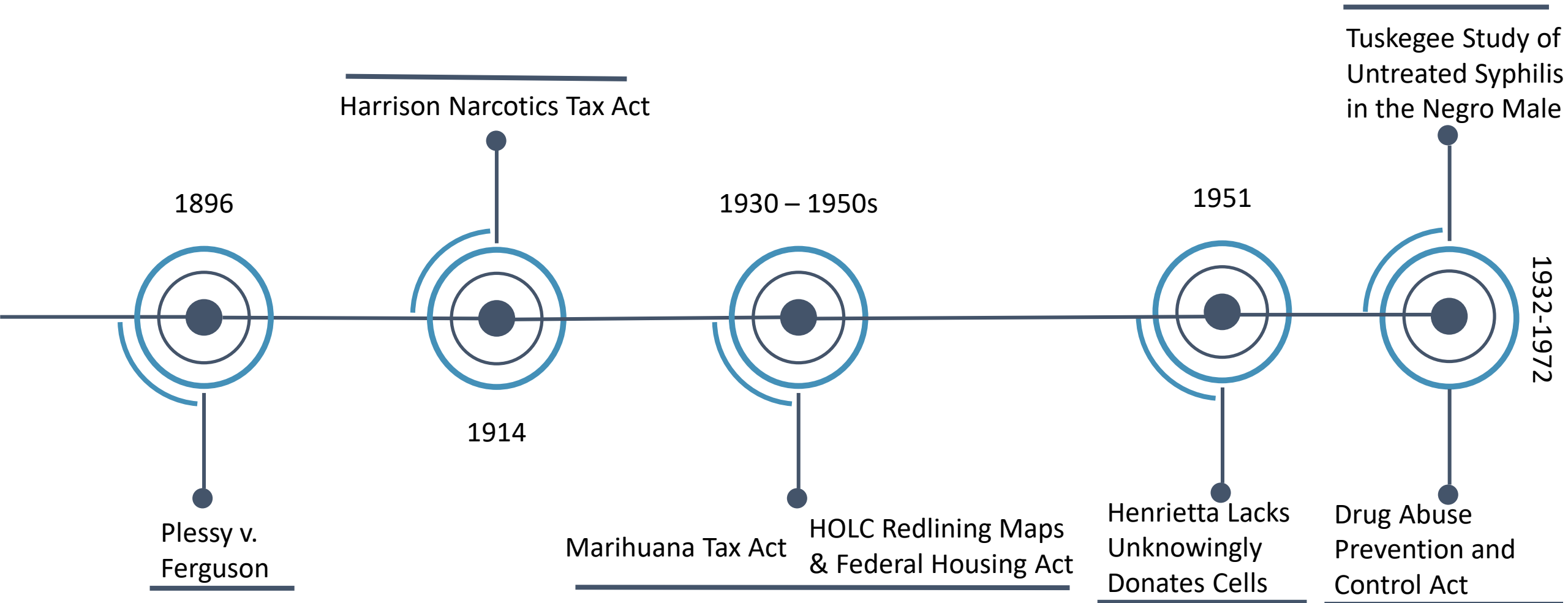
Redlining Map:





Historical Context in the US:

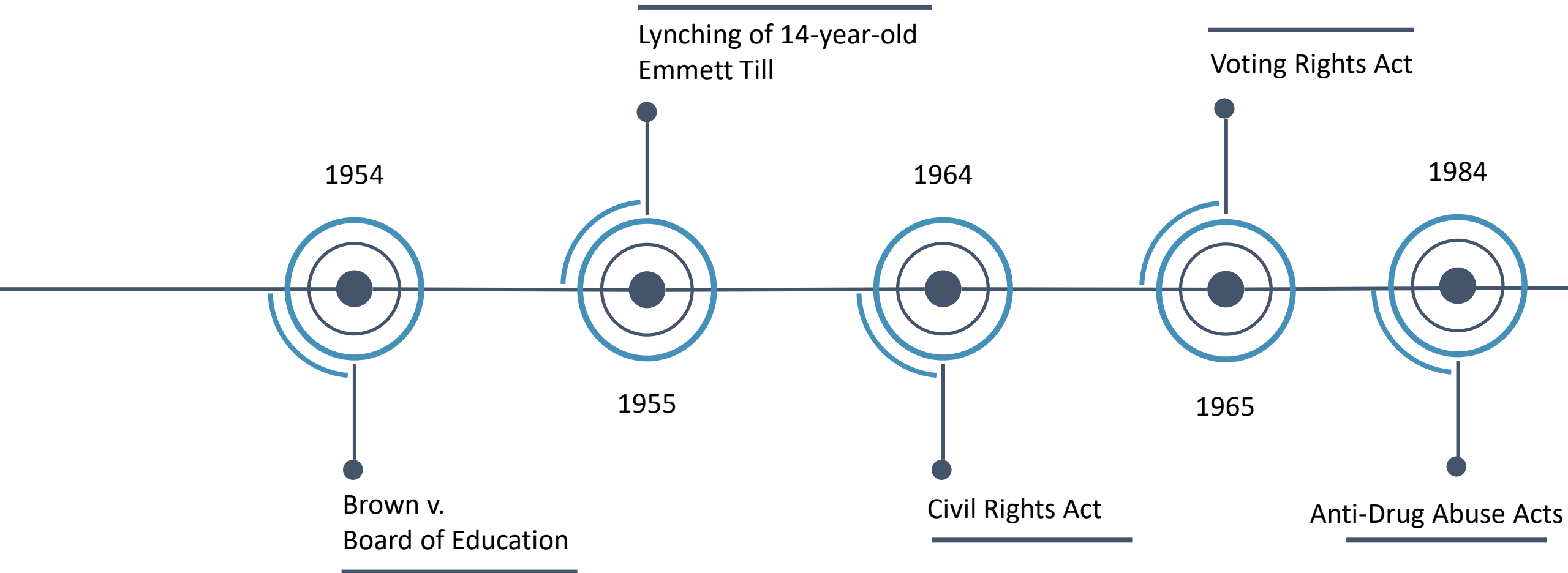
Historical injustices setting the stage for persistent injustices and disparities





Historical Context in the US:

Historical injustices setting the stage for persistent injustices and disparities



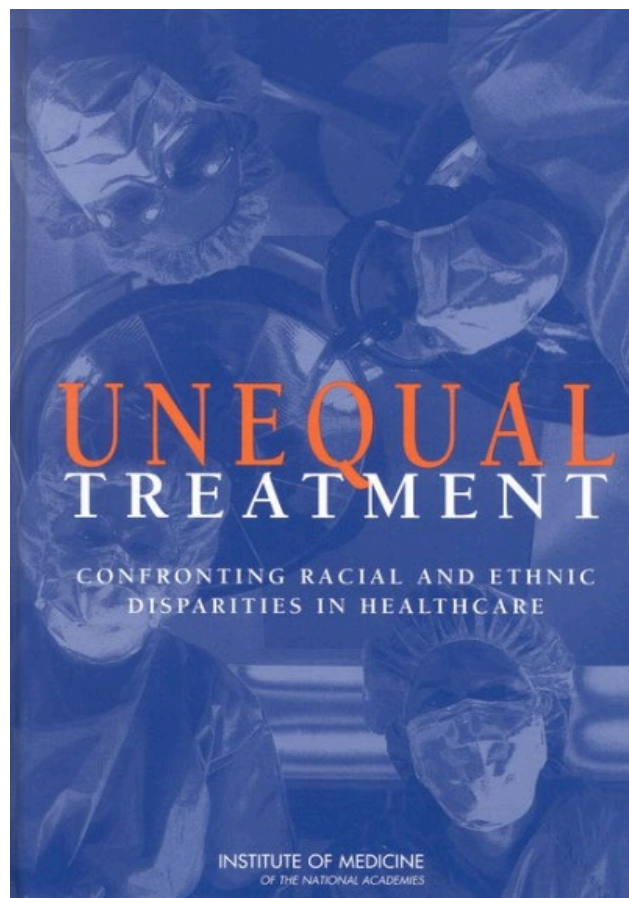


Historical Context in the US:

“Two hundred fifty years of slavery. Ninety years of Jim Crow. Sixty years of separate but equal. Thirty-five years of racist housing policy. Until we reckon with our compounding moral debts, America will never be whole.”

- Ta-Nehisi Coates
Award-winning author & journalist

Impact of Racism on Health



2003 IOM Report



2009 Pediatrics Supplement



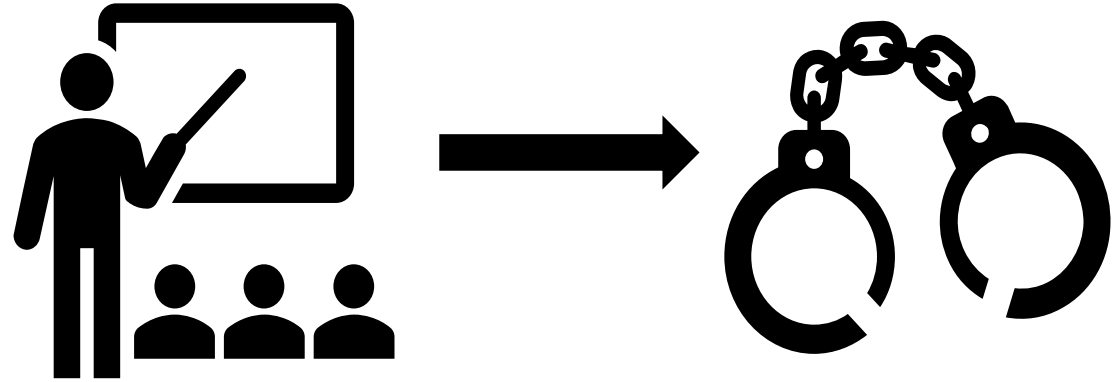
2019 AAP Policy Statement



Education Matters

How education impacts health:

- Income opportunities and resources
 - Healthier neighborhoods
- Health knowledge and skills
- Social and psychological factors
 - sense of control, social standing, social networks



- Black students face disproportionately harsher punishment than white students in public schools
 - 18% of preschool population but represent 48% of out-of-school suspensions.¹
 - By 10yo, Black youth are viewed as older (~4.5yrs).²
 - Black youth (10 – 17yo) make up 44% of the population in juvenile (in)justice system.³

1. Helping to Ensure Equal Access to Education. U.S. Department of Education's Office of Civil Rights

2. Phillip A. Goff, Matthew C. Jackson et. al. The Essence of innocence: Consequences of Dehumanizing Black Children. *Journal of Personality and Social Psychology* 2014

3. The Sentencing Project: Black Disparities in Youth Incarceration (2015)

The health & daily lives of minority youth in the US are shaped directly/indirectly by the racism they experience.

- Majority of U.S. black and Latino adolescents (as young as 10–12 years old) report experiencing racism and/or discrimination (Only 8% of adolescents did not)
- Exposure to police violence negatively affects the mental health of black youth and adults

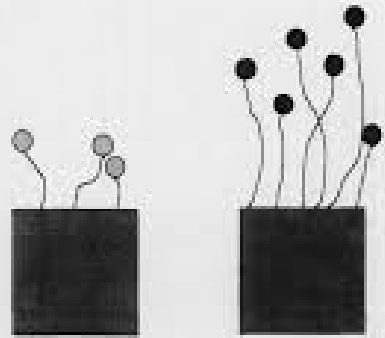
Note: Also, keep in mind **intersectionality** for racial/ethnic groups, which is experiencing additional discrimination based on belonging to another disadvantaged group besides race

(e.g. gender, religion, disability, sexual and/or gender identity, national origin)



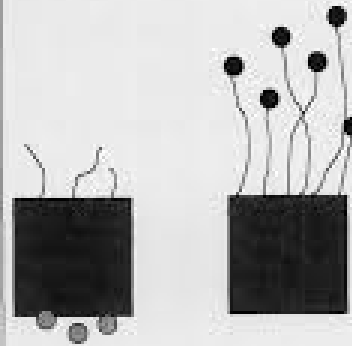
Levels of Racism

Institutionalized racism



- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

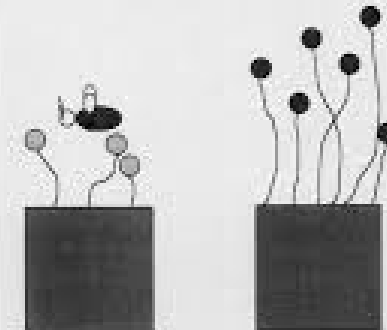
Personally mediated racism



- Intentional
- Unintentional
- Acts of commission
- Acts of omission
- Maintains structural barriers
- Condoned by societal norms

American Journal of Public Health 1213

Internalized racism



- Reflects systems of privilege
- Reflects societal values
- Erodes individual sense of value
- Undermines collective action

Levels of Racism

Infant Mortality, Low Birth Weight

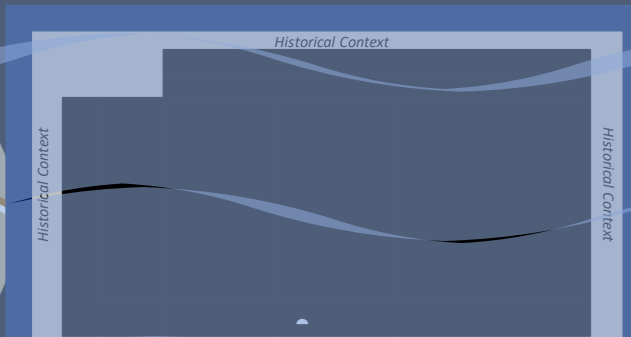
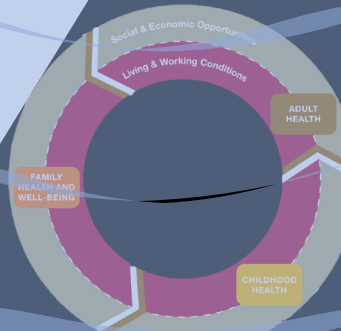
Obesity, Diabetes, Hypertension

Access to
Addiction Treatment

Health
Outcome &
Disparity

Life Expectancy

racism





Access to Addiction Services Differs by Race/Gender

Buprenorphine Treatment Divide by Race/Ethnicity and Payment

Pooja A. Lagisetty, MD, MSc^{1,2,3}; Ryan Ross, BS⁴; Amy Bohnert, PhD^{2,3,5}; et al

Long-term Retention in Office Based Opioid Treatment with Buprenorphine

[Zoe M. Weinstein](#), MD, MS,^a [Hyunjoong W. Kim](#), BA,^b [Debbie M. Cheng](#), ScD,^c [Emily Quinn](#), MA,^d [David Hui](#), BA,^b [Colleen T. Labelle](#), BSN, RN-BC, CARN,^a [Mari-Lynn Drainoni](#), PhD, Med,^{e,f,g} [Sara S. Bachman](#), PhD, MS,^{e,h} and [Jeffrey H. Samet](#), MD, MA, MPH^{a,i}

Trends in Receipt of Buprenorphine and Naltrexone for Opioid Use Disorder Among Adolescents and Young Adults, 2001-2014

[Scott E. Hadland](#), MD, MPH, MS,^{1,2,3,4} [J. Frank Wharam](#), MB, BCh, BAO, MPH,^{5,6} [Mark A. Schuster](#), MD, PhD,^{4,7} [Fang Zhang](#), PhD,^{5,6} [Jeffrey H. Samet](#), MD, MA, MPH,⁸ and [Marc R. Larochelle](#), MD, MPH⁸

Receipt of Addiction Treatment After Opioid Overdose Among Medicaid-Enrolled Adolescents and Young Adult

[Rachel H Alinsky](#), [Bonnie T Zima](#), [Jonathan Rodean](#), [Pamela A Matson](#), [Marc R Larochelle](#), [Hoover Adger Jr](#), [Sarah M Bagley](#), [Scott E Hadland](#)

Racial/Ethnic Differences in Treatment for Substance Use Disorders among U.S. Adolescents

Dr. Janet R. Cummings, Ph.D., Ms. Hefei Wen, B.A., and Dr. Benjamin G. Druss, M.D., M.P.H.

Rollins School of Public Health

Diving into Health Disparities

- Where do we start? Strategies to improve it.



Diving into Health Disparities

“The only way to undo racism is to consistently identify and describe it – and then dismantle it.”

- Ibram X. Kendi

Author of How to Be an Antiracist



Dismantle racism:

A large yellow thought bubble with a black outline, containing the text "Well, how do I do that?". It has three smaller yellow circles of decreasing size leading from the bottom left of the main bubble.

**Well, how do I
do that?**



Becoming an Antiracist in Health Care

Identify *(Diagnose)*

Identify the social determinants of health and racial inequities that impact your specific patient population

Describe *(Work Up)*

Describe those social determinants and inequities by:
1) Asking patients, 2) Creating community advisory boards, 3) Conducting needs assessments

Interrupt *(Treatment Plan)*

Interrupting these inequities and biases by:
1) Creating/revising processes and policies that don't exacerbate inequities, 2) Examining one's own biases



Becoming an ally within systems



Education



Employment



Income &
Wealth



Physical
Environment



Social
Environment



Transportation
Systems



Housing



Health Care
System



Adverse Childhood Experiences (ACEs)

“Racism is an adverse childhood experience & core social determinant of health that is a driver of health inequities.”

Trent et al., 2019. Pediatrics

Clinical Case

- 15-year-old Hispanic girl with Type I Diabetes
- Multiple hospitalizations for DKA
- History of non-compliance
- Consult to adolescent medicine – talk to the patient about medication compliance and importance of taking her medications.



Adolescent

Run away

Drug user

Mother is an addict

Black & Brown

Doing "adult" things

Unhealthy

Made her own decisions

Older than appears

Poor

Lazy

Low health literacy

Risky behavior

Incarcerated

Abused

Hot mess/train wreck

Defiant

Hard to place adolescent in new home

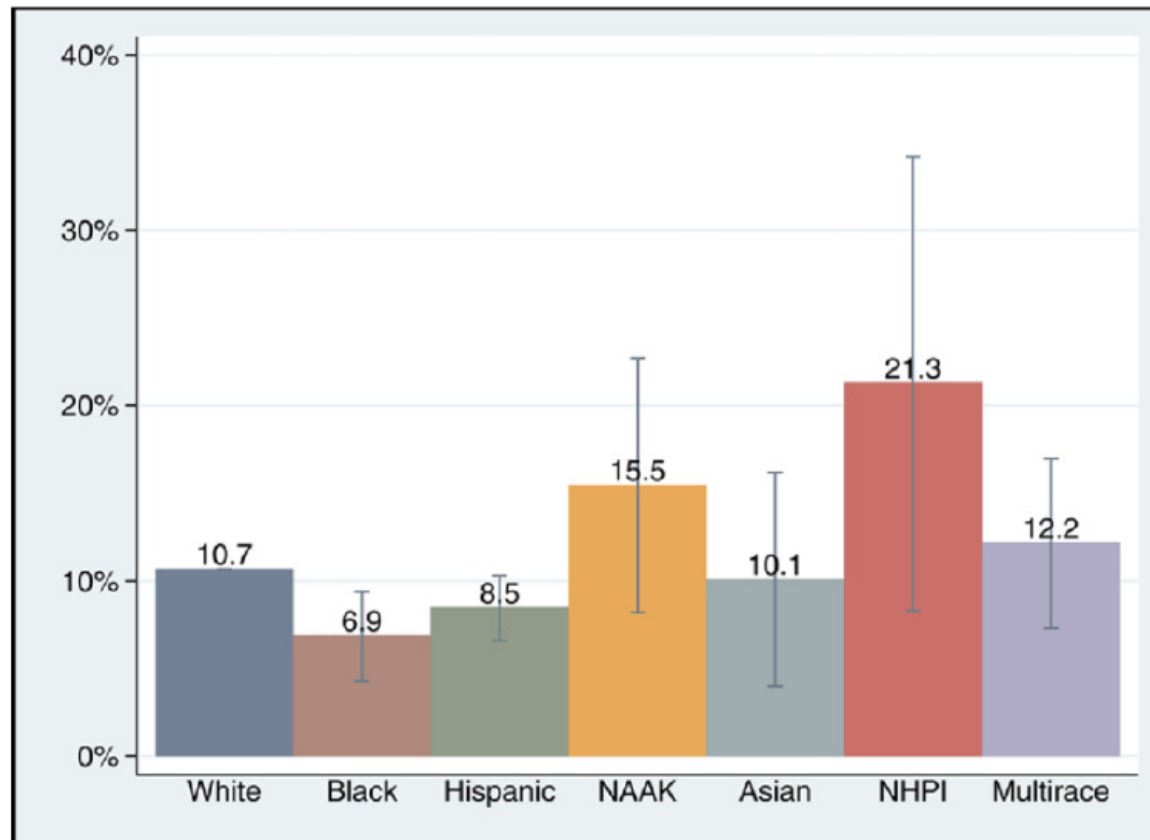
Too complicated of a case

Non-compliant

Racial/Ethnic Differences in Treatment for Substance Use Disorders Among U.S. Adolescents

Janet R. Cummings, PhD, Hefei Wen, BA, Benjamin G. Druss, MD, MPH, J Am Acad Ch & Adol Psychiatry, 2011

FIGURE 1 Receipt of treatment for substance use disorder (SUD) by race/ethnicity among U.S. adolescents. Note: N = 12,478 adolescents with SUD. Results for figure derived from model-based prediction for white individuals and risk differences for minority racial/ethnic groups estimated with probit model adjusting for demographics, type of SUD, and self-rated health. Lines and whiskers correspond to 95% confidence intervals for risk differences. NAAK = Native American/Alaska Native; NHPI = Native Hawaiian/Pacific Islander.



Low treatment rates for SUD found among all adolescents, with blacks and Hispanics having the lowest treatment rates across all racial/ethnic groups.



Explaining Racial/Ethnic Differences in Adolescent Substance Abuse Treatment Completion in the United States: A Decomposition Analysis; Saloner B, Carson N, Le Cook B, *J Adol Health*, 2014

Unadjusted treatment completion rates by race/ethnicity for alcohol and marijuana treatment

Panel A. Percent completing treatment				
	N	Treatment completed (%)	Treatment incomplete (%)	χ^2 -test
Alcohol treatment				
White	7,872	64.9 (63.8, 65.9)	35.1 (34.1, 36.2)	***
Black	1,392	50.9 (48.3, 53.6)	49.1 (46.4, 51.7)	
Hispanic	3,372	51.3 (49.6, 53)	48.7 (47, 50.4)	
Native American	768	66.3 (62.9, 69.6)	33.7 (30.4, 37.1)	
Asian-American	279	65.2 (59.6, 70.8)	34.8 (29.2, 40.4)	
Marijuana treatment				
White	24,959	61.2 (60.6, 61.8)	38.8 (38.2, 39.4)	***
Black	13,939	47.8 (47, 48.6)	52.2 (51.4, 53)	
Hispanic	12,709	52.5 (51.6, 53.3)	47.5 (46.7, 48.4)	
Native American	1,138	59.4 (56.5, 62.2)	40.6 (37.8, 43.5)	
Asian-American	632	57.8 (53.9, 61.6)	42.2 (38.4, 46.1)	

- Black and Hispanic youth were significantly less likely than whites to complete Tx for both ETOH and THC. Completion rates were similar for whites, Native Americans, and Asian Americans.
- Differences in predictor variables explained 12.7% of the black-white ETOH Tx gap and 7.6% of the THC Tx gap.
- Factors related to social context are likely to be important contributors to white-minority differences in addiction Tx completion, particularly for Hispanic youth.
- Increased Medicaid funding, coupled with culturally tailored services, could be particularly beneficial.

Adolescent-Serving Addiction Treatment Facilities in the United States and the Availability of Medications for Opioid Use Disorder

RH Alinsky, SE Hadland, PA Matson, M Cerda, B Saloner, J Adol Health, 67: 2020.

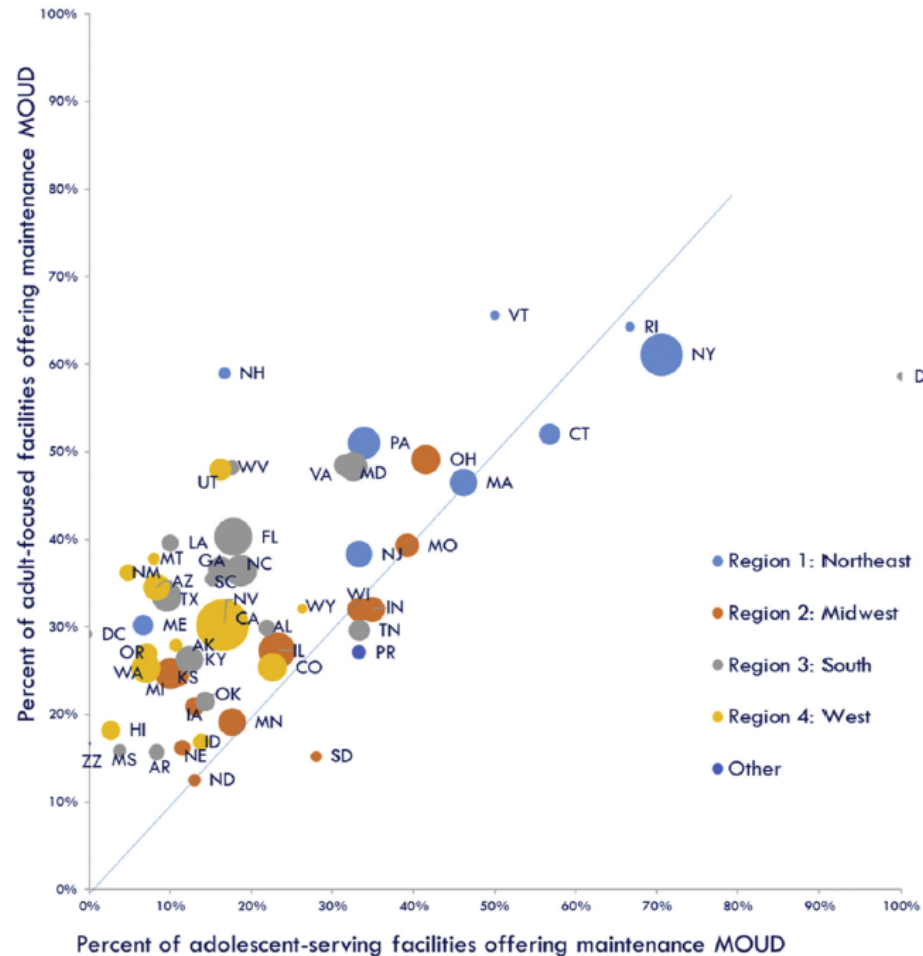


Figure 1. Scatterplot of the percent of adolescent-serving versus adult-focused facilities that offer maintenance medication for opioid use disorder (MOUD), by state. Size of dots proportional to number of facilities per state. The 45° line represents the line of symmetry; states that fall above this line have a higher percentage of adult-serving facilities that offer MOUD than youth-serving facilities.

- Cross-sectional study of 2017 of National Survey of Substance Abuse Treatment Services facilities classified by whether they offer adolescent services.
- Among 13, 585 US addiction treatment facilities, 26% offered adolescent programs.
- Adolescent serving facilities were half as likely to offer maintenance MOUD as adult-focused facilities, which was offered at 23.1% of adolescent vs. 36% of adult-focused facilities.
- Among adolescent-serving facilities characteristics associated with increased odds of offering maintenance MOUD were non-profit status, hosp. affiliation, accepting private insurance, accreditation, NE location, inpatient services.

Receipt of Addiction treatment After Opioid Overdose Among Medicaid Enrolled Adolescent and Young Adults

RH Alinsky, BT Zima, J Rodean, PA Matson, MR LaRochelle, H Adger, SM Bagley, SE Hadland, JAMA Peds, 2020

Sociodemographic and Clinical Characteristics of 3606 Youth with Opioid Overdose by Receipt of Tx < 30 days of OD

Characteristic	No. (%) of Youths by Row		
	No Treatment ^b	Behavioral Health Service Only ^b	Pharmacotherapy
Overall	2483 (68.9)	1056 (29.3)	67 (1.9)
Age at overdose, y			
13-15	360 (61.9)	219 (37.6)	3 (0.5)
16-17	531 (62.5)	311 (36.6)	7 (0.8)
18-20	1090 (74.6)	345 (23.6)	27 (1.8)
21-22	502 (70.4)	181 (25.4)	30 (4.2)
Sex			
Male	1055 (71.1)	402 (27.1)	27 (1.8)
Female	1428 (67.3)	654 (30.8)	40 (1.9)
Pregnant ^{e,f}	312 (72.6)	107 (24.9)	11 (2.6)
Race/ethnicity			
White non-Hispanic	1591 (67.1)	726 (30.6)	54 (2.3)
Black non-Hispanic	459 (70.5)	191 (29.3)	1 (0.2)
Hispanic	96 (71.6)	38 (28.4)	0
Other	337 (74.9)	101 (22.4)	12 (2.7)

- Retrospective cohort study, 2009-15, Medicaid enrolled youth 13-22 years old.
- 26.4 % heroin OD; 74% other opioid OD.
- Of 3606 with opioid OD and enrollment >30 days after OD, 68.9% received no addiction treatment, only 29.3% received behavioral health services and only 1.9% received pharmacotherapy.
- There was a marked racial/ethnic disparity; only 1 black or Hispanic youth in the study received pharmacotherapy.

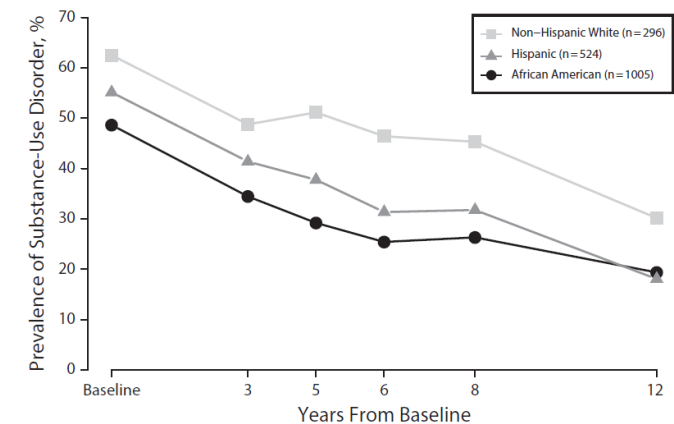
Health Disparities in Drug- and Alcohol-Use Disorders: A 12-Year Longitudinal Study of Youths After Detention

LJ Welty, AJ Harrison, KM Abram, ND Olson, DA Aaby, KP McCoy, JJ Washburn, and LA Teplin, AHPH, May, 2016

Objectives: To examine sex and racial/ethnic differences in the prevalence of 9 different SUDs in youths during the 12 years after detention.

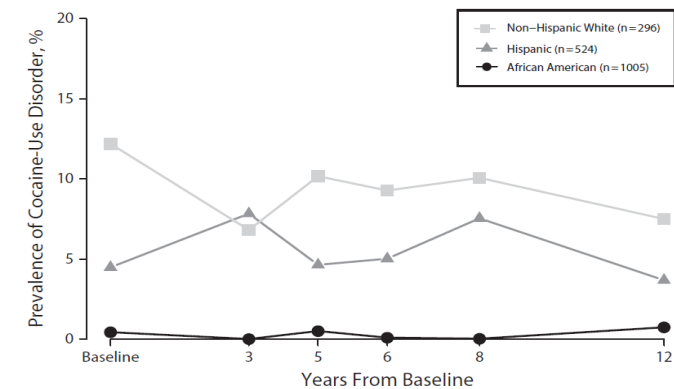
Methods: Data from the NW Juvenile Project, a prospective longitudinal study of 1,829 youths randomly sampled from detention in Chicago, IL, starting in 1995 and re-interviewed up to 9 times in the community or correctional facilities through 2011.

Results. By median age 28 years, 91.3% of males and 78.5% of females had ever had an SUD. At most follow-ups, males had greater odds of ETOH- and THC-use disorders. SUDs were most prevalent among non-Hispanic Whites, followed by Hispanics, then African Americans (e.g., compared with African Americans, non-Hispanic Whites had 32.1 times the odds of cocaine-use disorder).



Note. Adjusted odds ratios (95% confidence intervals) for racial/ethnic differences over time were 1.9 (1.5, 2.3) for non-Hispanic White vs African American, 1.4 (1.1, 1.7) for non-Hispanic White vs Hispanic, and 1.4 (1.1, 1.7) for Hispanic vs African American.

FIGURE 1—Prevalence of Substance-Use Disorder by Race/Ethnicity From Baseline (1995–1998, at Detention) Through Time 5 (12 Years Later): Cook County, Chicago, IL



Note. Adjusted odds ratios (95% confidence intervals) for racial/ethnic differences over time were 32.1 (13.8, 74.7) for non-Hispanic White vs African American, 1.5 (1.04, 2.2) for non-Hispanic White vs Hispanic, and 21.2 (9.0, 50.1) for Hispanic vs African American.

FIGURE 4—Prevalence of Cocaine-Use Disorder by Race/Ethnicity From Baseline (1995–1998, at Detention) Through Time 5 (12 Years Later): Cook County, Chicago, IL

Health Disparities in Drug- and Alcohol-Use Disorders: A 12-Year Longitudinal Study of Youths After Detention

LJ Welty, AJ Harrison, KM Abram, ND Olson, DA Aaby, KP McCoy, JJ Washburn, and LA Teplin, AHPH, May, 2016

- Substance use is a significant problem among youth in the juvenile justice system.
 - Irrespective of sex or race/ethnicity, SUDs are the most common psychiatric disorders among delinquent youth.
 - After detention, SUDs present a continuing challenge for the community mental health system.
- Implications:
- Address-- as a health disparity-- the disproportionate incarceration of African Americans for drug offenses.
 - SUD has far greater consequences for racial/ethnic minorities.
 - Need to improve preventive interventions, services during incarcerations and care after release from detention.

Many Rivers to Cross: Critical Challenges and Overarching Goals for the African American Behavioral Health Center of Excellence

Pamela Woll, MA, CPS, Morehouse School of Medicine

Four areas of particular challenge stand out:

1. Systemic inequities that block many minoritized populations from sufficient access and engagement in evidence-based treatment;
2. scarcity and insufficient use of culturally appropriate evidence-based and promising interventions for patients of color;
3. minimal workforce development for mental health clinicians on the social determinants of health, and subjects such as implicit bias, cultural humility, and other factors that impede high-quality care for minoritized populations;
4. the difficulty of reaching the full range of providers with the training and resources needed to address the variety of circumstances and challenges affecting this highly diverse population.

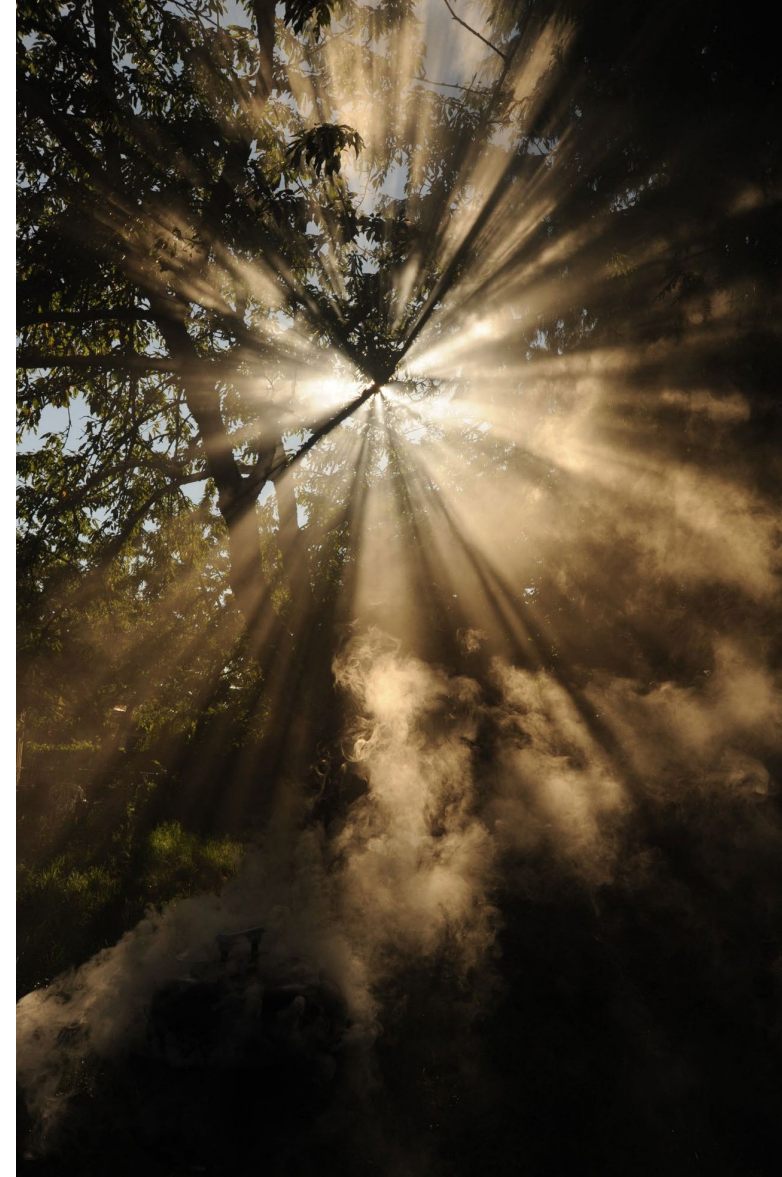
Practical Issues: What is our role as health care professionals and child health advocates?



A Little Bit of Caring Goes a Long Way

**Drug use is a preventable behavior.
Drug Addiction is a treatable disease.**

Partnership for a Drug-Free America



References:

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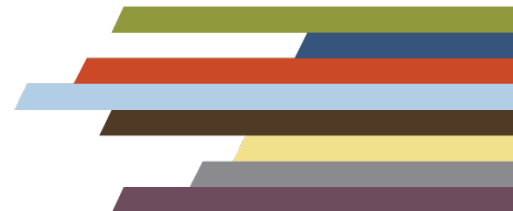
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