



Erasing Stigma: Opioid Use in the African American Community

Target Population: African American

Geography: Alameda, Solano, and Contra Costa County

Funder: Sierra Health Foundation - The Center

Funding: \$238,500

Time Frame: Nine months (December 2019 - August 2020)

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(Progress report for activities conducted in January – February 2020)

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Introduction

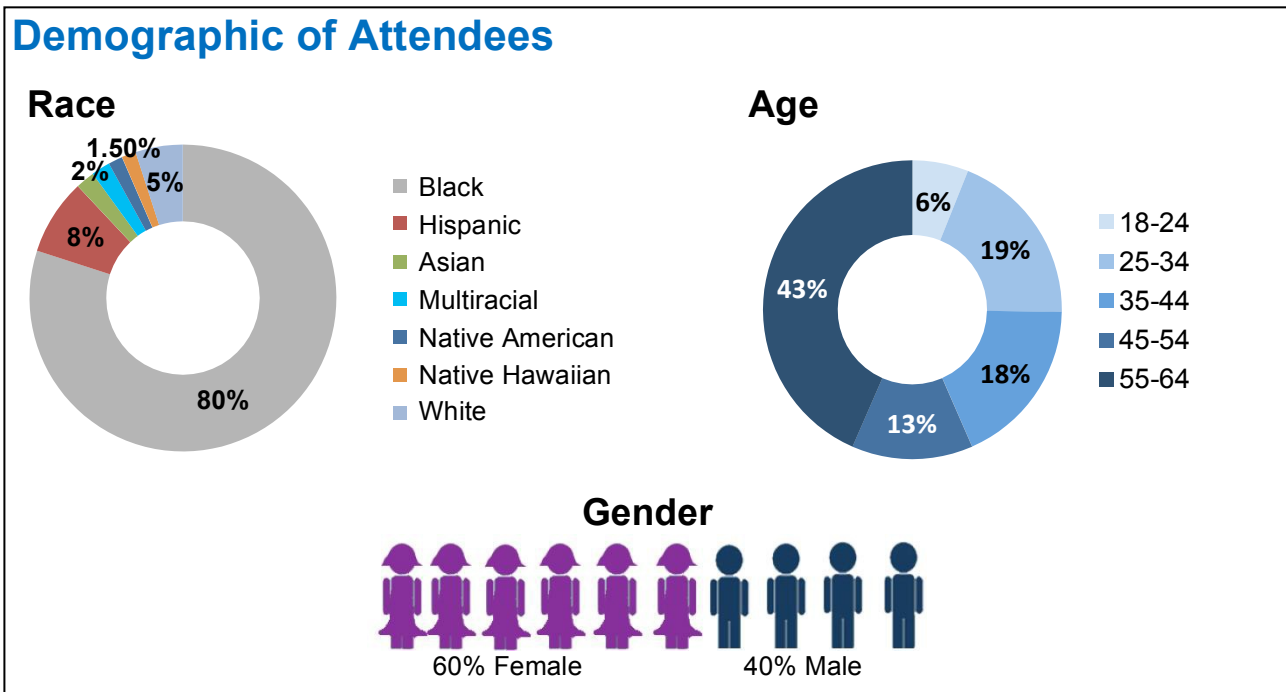
The African American community is in the grasp of an opioid-related crisis. Substance use disorder, in general, is highly stigmatized. Stigma is a cause of population-level health inequities. The purpose of this project is to educate the African American community in Alameda, Contra Costa and Solano County on opioid Use Disorder, Substance Use Disorder and Medication- Assisted Treatment. Each county has a high African American population yet most African Americans don't know what is an opioid; aren't aware of the "legal" use, as well as, the dangers of Opioid use. Urban Strategies Council is educating, one community at a time. Once the community is educated, the Council wants to reduce or even erase the stigma attached to the disorders. Lastly, the purpose is to refer people to Medication-Assisted Treatment programs.

Outreach

As of today, USC accomplished five Real Talk Conversations (workshops) in local communities. One hundred and eleven attendees participated in four workshops at the following dates and locations:

- Alameda County: West Oakland Public Library, 2/4/2020, (17 participants)
- Contra Costa County: Greater Richmond Interfaith Program in Richmond, 2/10/2020, (40 participants)
- Solano County: Kyles Temple A.M.E Zion Church in Vallejo, 2/29/2020, (30 participants)
- Solano County: Kyles Temple A.M.E Zion Church in Vallejo, 3/7/2020 (24 participants)
- Alameda County: Urban Strategies Council in downtown Oakland, 3/14/2020 (15 participants)

One of the outreach challenges is getting those who are affected by substance use disorder, to attend the workshops. Our outreach strategy targets the often excluded populations of the African American community who, typically, has no access to the Internet or social media. The current outreach activity is primarily based on distributing flyers throughout the community. Urban Strategies Council has carefully selected sites that are geographically located in neighborhoods where the majority of the population is African American within a walking distance and accessible by public transportation. Additionally, the flyers are posted on the Urban Strategies website (www.urbanstrategies.org) and social media platforms such as Eventbrite, Facebook and Instagram.



Measuring Success (Change in Knowledge)

We measure the effectiveness of activities by three methods:

- Qualitative data: we collect pre and post-event survey questionnaires. The response rate to surveys in the first four events (Vallejo, Richmond, and West Oakland) is fairly high (65%). We allocate an explicit time as an icebreaker for attendees to take the surveys to capture as many voices possible.
- Personal observation: project leads take notes of patterns, common discussions, or questions to report change in knowledge.
- Project team debriefing: post each event, the team debriefs to measure success in communicating the message through reviewing event evaluation forms. This process allows the team to immediately address community's concerns and make changes in upcoming events.

Findings from pre-event surveys illustrate a common expectation; "to learn." However, some attendees expected to gain further education: "educate myself on opioid so I can empower my community & family," "be educated on opioid for a friend that is battling this." The level of knowledge of what an opioid is varied amongst participants across the four workshops. Pre the workshops, 22% of attendees didn't know what an opioid is. Post the workshops; this percentage dropped to 9%.

Overall, 85% of respondents agreed or strongly agreed that the workshops helped change their knowledge on opioid use disorder. Some participants highlighted, "knowing what your body goes through after using opioids was valuable." Few participants didn't realize that substance use disorder is a brain disease and could be genetic. As one participant stated, "if it's genetic, how could I blame someone for having the disorder." The above statement reflects a change in attitude of judging others who are on opioid, which in turn is evidence of the effectiveness of the activities. The above mentioned statements are also evidence that education can help erase stigma on the community level by not blaming people who are on opioids.

Eighty-six percent (86%) of respondents expressed that the workshops helped erase stigma related to opioid use disorder. To date, no attendees have requested referral services and only a few have shared their own personal stories of opioid use disorder.

Personal testimonials by presenters are an activity that resonated the most with attendees and significantly contributed to changing knowledge and behaviors. Knowledge varied across participants from the African American community. Some attendees believe that overprescribing opioid by health care professionals is a driving factor for inequitable access to treatment because easy access to prescribed daily opioid doses adds barriers towards cessation. However, the workshops made many participants believe sustained recovery from addiction is possible.

Increased Access to Information

The online information sharing platform offered by CaliforniaMAT.org is the main resource to make information available to our target community. We provide each attendee with an informational packet that includes print out resources on opioid, stigma, and medications used for Medication Assisted Treatment.

An opioid counselor is available for 1-0-1 inquiries, consultation, and referrals. Ten percent (10%) of attendees showed interest (by providing their contact information) in receiving additional information and resources and/or in further engagement. Informational packets included printed materials such as:

- Recovery is possible with Medication-Assisted Treatment: *Treatment for opioid addiction starts here.*
- Quick Guide: MAT Use for Opioid Use Disorder
- Connecting Individuals to Treatment in the Community
- STIGMA definition
- Methadone Myths and Facts

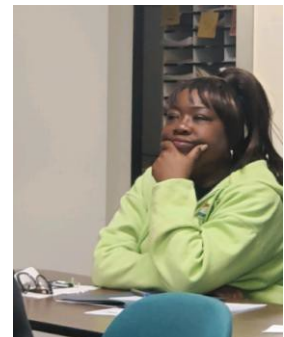
Progress towards Objectives

Substance use disorder is highly stigmatized. Stigma is a cause of population-level health inequities. The objective is to help the African American community erase opioid use-related stigma through gaining knowledge. In order to measure progress towards this objective, we gather qualitative data through educational activities. We accomplished five workshops (25%) out of 20 total educational workshops planned to take place during the grant period.

Activities

We designed activities in a series of real talk conversations structured to present role models, showcase lived experiences, and offer referrals and community building opportunities. Activities in each workshop include:

- Three testimonials of various opioid use cases:
 - ✓ Eric House is currently using opioid for pain management (for 24 years)
 - ✓ Douglas McKoy used to be on opioids and was treated successfully on a Medication Assisted Treatment program. He is an advocate and a counselor at a Methadone Clinic in Vallejo, helping substance use disorder clients receive treatment. Douglas also runs a transitional house for formerly incarcerated men.
 - ✓ Charles Jones is currently on a Medication Assisted Treatment program. Charles is experiencing stigma from members of his family.
- Spoken word by Mr. Olusanya who created his own wood-chime flute called the Oringi. Mr. Olusanya opened the presentation by playing the flute while Dr. Pearson performed a libation to honor the ancestors who passed away! The Oringi and libation set the tone by offering a calming opening for the workshop
- Presentation by Dr. George Pearson, a medical representative on the history and evolution of using opioid as MAT
- Presentation by Veronica King, (Substance Abuse Treatment Specialist with over 25 years of lived experience) on the various types of opioid
- Pre and post-survey (to measure progress towards objective)
- Lunch and community building time
- Event evaluation questionnaire (to make changes in upcoming workshops)
- Resource table
- Referral services and substance use disorder counselors
- Narcan training by a pharmacist (started March 14th)



The African American community got together to gain knowledge on the opioid crisis and discuss solutions In Oakland.

Challenges

A major challenge is outreach to those who are impacted by substance use disorder to attend the workshops. A challenge related to the African American community is breaking the anxiety and offering a welcoming environment for people to feel safe to speak up and share their personal stories. We overcame this challenge by putting testimonials as a first agenda item. This exercise of sharing lived experience warms up attendees with comfort. Other challenges are listed below.

Challenges	Illustration	How we addressed it
Event time	Targeting audience who can be present for a two-hour event	Select after-work hours or weekends to ensure a reasonable turnout
Length of event	We planned two-hour workshops. People requested additional time to address personal situations or for group discussions	Add 30 minutes in upcoming events for open discussions
Anger management and mental health issues	An encounter from an individual who experience mental health in one event flagged a need for intervention/security	Designate a counselor to deal with mental health and anger management issues
Language	Findings from pre and post-event surveys reveal that some participants found the vocabulary, at times, “was over the head of many”	Use digestible, non-jargon and non-technical language as possible
Materials	Some participants needed more breakdown information on opioids	Go through the materials provided to breakdown information
	Some participants needed clarity on how Methadone differs from opioids	Go through the Methadone information sheet to clarify

Communication Messages that Resonated with Community

We branded the workshops as “Real Talk Conversations.” This branding resonates with our target population from the African American community knowing their voices will be heard. Workshops are structured to include activities that are interactive and engaging, such as spiritual practice, music and spoken words, testimonials, presentations, questions, information sharing, conversations, live feedback, and evaluations.

Communication messages from testimonials resonated the most with community members and caused the most interactive engagement. Attendees expressed that testimonials were the MOST valuable activity that helped them erase opioid-related stigma. Some communication messages that resonated the most with attendees are quoted below:

“There is help out there.”

“I am not alone.”

“Recovery is a process.”

”I am going through the war on addiction and it is like no other war.”

Successful Strategies at Reducing Stigma around SUD, OUD, and Access to MAT

Eighty-six percent (86%) of respondents revealed that the event helped erase the stigma related to opioid use disorder. On the individual level, out of 111 attendees, five people are on opioids; one attendee is due to addiction, three are for medical treatment for more than two years, and one for pain management for over a year. The number does not show a pattern. However, the willingness to share this information speaks of the success of workshops at reducing opioid use-related stigma.

Almost every attendee expressed that testimonials were the most successful strategy that helped reduce stigma around SUD, OUD, and access to MAT. Other procedures that contributed to the success are:

- Offering an interactive, welcoming, and safe space where no one feels judged.
- Setting community agreements as guiding principles at the beginning of each workshop that sets the tone of a non-judgmental event. Community agreements are listed below:
 - o Stay engaged
 - o Honor confidentiality
 - o Assume the best intentions
 - o Balance talking and listening
 - o Respect one another
 - o Respect time
 - o Keep phone on silent
 - o Feel free to use restroom or take a break as needed

The following quotes illustrate how the workshops have been successful at reducing stigma:

“I see now that it is also a treatment.”

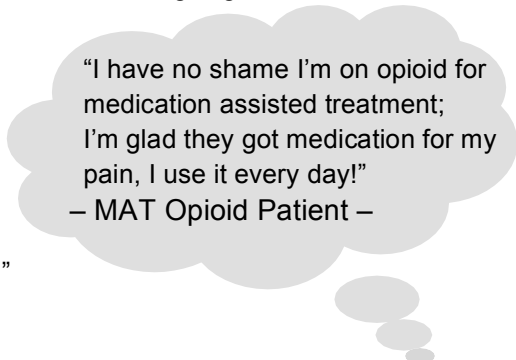
“Genetics plays a big role in it.”

“It is important to remember opioid can help in your everyday living.”

“Hearing people that have been through it, and how the effect of drugs took effect on them was powerful.”

“Changing the language and terms helps erase the stigma, as well.”

“Learning the historical context and addressing trauma that leads to substance use disorder helped me understand more and judge less.”



“I have no shame I’m on opioid for medication assisted treatment; I’m glad they got medication for my pain, I use it every day!”
– MAT Opioid Patient –

A Compelling Story Calling for Action

In 1996, Eric House experienced gun violence, which rendered him paralyzed from the waist down. As a victim of gun violence, Eric’s physician prescribed opioid to deal with his post-surgery pain. Eric is an African American male in his mid fifties and has been off and on opioids for the past 24 years. As a paraplegic, Eric is resolved to the fact that he will more than likely use opioids as a Medication Assisted Treatment plan in order to deal with the chronic pain that he endures on daily basis. Eric bravely declared, “I have no shame...I’m on opioids for medication-assisted treatment and I’m glad they have a medication for my pain. I use it every day because if it weren’t for the opioids, I wouldn’t be able to live an active life!” The trauma that Eric went through speaks of the challenges that many other African Americans live, everyday, due to violence, substance use disorder, and inequitable access to opportunities. Eric’s story is a call for an overdue action for change!

Recommendations: Participatory Research to Inform Change

Opioid-related education is overdue and is crucial to address knowledge gaps on the community level. We learned that it is extremely challenging yet important to reach the most impacted populations and to make the community come together to discuss a population-level crisis. Findings from the qualitative data can inform advocacy efforts for change on different levels as follows:

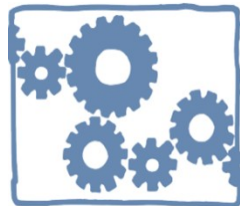
Policy Change: Regulated Access to Prescribed Opioid



Physicians play a central role as part of the problem and must also be part of the solution. Physicians need training on addiction and proper monitoring tools for pain management for patients using opioids. Opioids are one of the best medicine to use for chronic pain if use correctly.

Attendees acknowledge the key role of prescribed opioid in fueling the crisis. For example, some participants highlighted that easy “prescribed” access to opioid resulted in misuse to address one’s everyday life challenges, when “spiritualism is bankrupt.” Furthermore, some attendees believe that substance use disorder patients face a risk of relapse, regardless of treatment approach. This finding represents an opportunity for policy change to advocate for a more regulated access to prescribed opioid. Furthermore, medical education is focused on the scientific aspects of diseases and less on humane treatment that prevents future health issues like substance use disorder. This deficit amongst physicians calls for a policy change that advocates for finding alternatives to safely manage chronic pain.

Systems Change: Address the Opioid Crisis and its Connection to Socio-economic Determinants of Life



The intersectionality between opioid use disorder and other socio-economic determinants of life inequitably impacts African Americans. For example, participants demonstrated a connection between substance use disorder and mental health, gun violence, homelessness, and access to health care services. Further research by expert organizations on those issues is recommended to make change through an informed process.

Education, Education, and More Education.....On the Community Level



There is a knowledge and education gap on opioid and stigma in the African American community. Furthermore, there is a lack of trust between the community and governmental agencies. This situation provides an opportunity for community-based organizations to work closely with impacted communities to build trusted relationships in order to address the opioid use crisis. On a different note, given that relapse is an issue, organizations need to emphasize in their educational materials that relapse is a normal part of the recovery process, and recovery is still possible.

In conclusion, our research findings may guide curriculum and policy changes to meaningfully impact the opioid use crisis. The workshops represent a step towards better understanding the educational needs of all involved such as patients, those who suffer substance use disorder, members of the health care system including physicians, and policy advocates.

The Council’s mission is to eliminate persistent poverty in the San Francisco Bay Area. Founded in 1987, the Council is regional research, and policy advocacy organization dedicated to advancing economic and racial equity. Our work serves low-income people of color. Areas of policy advocacy where the Council is strong include: public education, housing, criminal justice reform, workforce development, and violence prevention and public health.