

Where are the Black, Indigenous, and People of Color (BIPOC) in the rural opioid epidemic? Examining Treatment Needs in Vermont

Samara S. Ragaven MSc, Kanchan Jha MS, Kelly R. Peck, PhD, & Stacey C. Sigmon, PhD

Vermont Center on Behavior & Health, University of Vermont



INTRODUCTION

- In 2018, 1.2 million Black and 1.7 million Hispanic adults reported opioid misuse in the past year (SAMHSA, 2019).
- The opioid epidemic has profoundly affected BIPOC communities. Black individuals are disproportionately incarcerated for drug-related charges (Taxy et al., 2015) and rates of drug overdose deaths have risen among Black Americans at a rate that exceeds that of other racial and ethnic groups (SAMHSA, 2020).
- Buprenorphine is effective for treating opioid use disorder (OUD).
 However, Black and Hispanic individuals are less likely to receive buprenorphine treatment compared Whites (Lagisetty et al., 2019).
- Despite these findings, Vermont state-level data rarely includes the race/ethnicity of individuals who seek opioid treatment (see https://www.healthvermont.gov/alcohol-drugs/reports/data-andreports). Therefore, very little is currently known about Vermont BIPOC who use opioids.
- As a first step toward better understanding these vulnerable populations in Vermont, we sought to characterize the demographic, drug use, treatment, and legal histories of BIPOC enrolled in a series of studies examining the efficacy of Interim Buprenorphine Treatment (IBT) for reducing illicit opioid use and other risks during treatment delays.

METHODS

Participants and Procedure

- 137 participants who completed an intake assessment and were enrolled in a series of studies examining the efficacy of Interim Buprenorphine Treatment (IBT) for reducing illicit opioid use and other risks during treatment delays.
- At intake, participants completed a Demographic and Drug History Questionnaire and the Addiction Severity Index.

RESULTS

Of the 137 participants, 14 (10.2%) identified as BIPOC. Of these 14 individuals, 10 (71.4%) identifying as American Indian, 3 (21.4%) as Mixed Race, and 1 as Black (7.1%).

Table 1. Participant Characteristics	BIPOC (n=14)	Non-BIPOC (n=123)
Age, yrs	41.07 +/- 12.803	36.69 +/-10.862
Female, %	57	44.6
Employed full-time, %	42.9	50.9
Marital Status (Never Married), %	71.4	54.5
Primary past year opioid of abuse (Heroin), %	35.7	30.4
Ever Used IV, %	71.4	62.2
Chronic Medical Problems, %	35.7	51.8
Prescribed Medication, %	21.4	34.8
Experienced Depression in Lifetime, %	57.1	68.8
Experienced Anxiety in Lifetime, %	64.3	78.6
Violent Behavior in Lifetime, %	35.7	30.4
Attempted Suicide in Lifetime, %	28.6	20.5

Email: samara.ragaven@uvm.edu

 Lifetime prevalence of opioid overdose was 1.6 times higher among BIPOC than non-BIPOC (42.9% vs. 26.8%, respectively; Figure 1), and history of intravenous drug use was also greater in this group (71.4% vs. 62.2%; not shown).

Figure 1. Lifetime Prevalence Opioid Overdose



• BIPOC and non-BIPOC participants reported similar rates of prior opioid treatment (64.3% vs. 61.6%; Figure 2).

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Figure 2. History of Opioid Treatment



 With regard to legal histories, 35.7% and 34.8% of BIPOC and non-BIPOC participants reported >1 drug charge, while 0% and 58% reported a history of incarceration for drug-related charges, respectively (Figure 3).





DISCUSSION

- Among this sample of untreated Vermonters with OUD, BIPOC presented with more severe opioid use on several measures, particularly with regard to opioid-related overdose risk. However, the limited sample size prevented statistical analysis, making it challenging to thoroughly characterize the experience of Vermont BIPOC opioid users.
- Obtaining more data is critical for improving our understanding of racial disparities and treatment needs of BIPOC, particularly around prevention of opioid-related overdose.
- Efforts are also needed to recruit racially representative samples in clinical drug abuse research to better understand OUD treatment needs among BIPOC who use opioids.
- Specifically, efforts are needed to understand the drug use characteristics and treatment needs of male BIPOC as no Black or Hispanic males were included in the present sample.
- Taken together, an improved understanding of treatment needs and challenges and prevention may help reduce the serious opioidrelated consequences experienced by this vulnerable population.

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