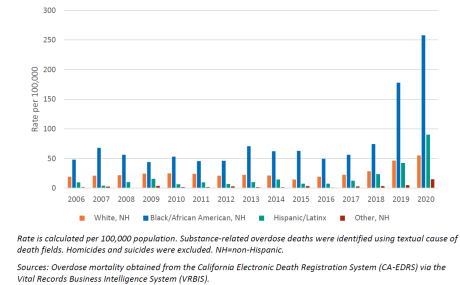


## **Racial Equity in Opioid Use Disorder (OUD) Treatment**

### **The Problem:**

- In 2019, US opioid overdose death rates were 15.5/100,000. In 2020, Black/AA opioid overdose death rates in San Francisco were >250/100,000, or 5x the rate of white individuals in SF<sup>1</sup>.
- Fentanyl is a synthetic opioid driving the increase in opioid overdose deaths in all racial groups; current OUD treatment guidelines may not adequately address this growing concern.
- CBHS pharmacy is the only pharmacy in San Francisco that provides specialty substance use disorder services (observed dosing, urine screening, covers medication for uninsured clients etc.)

Figure 10: Rate of Opioid Overdose Deaths by Race/Ethnicity in CCSF, 2006–2020



### **Our Goals:**

- Assess potential differences in prescribing practices across racial groups in San Francisco
- Assess potential differences in treatment access for OUD among racial groups in San Francisco
- Update guidance on medications for OUD to address changing landscape of opioid use disorder

### **What we did:**

- Completed a drug use evaluation (DUE) of buprenorphine (bupe) prescriptions sent to CBHS in 2019-2020 examining for disparities by racial group
- Updated BHS “Medications for Opioid Use Disorder Guideline” (previous guideline was from 2017)
- Completed informal literature review for best practices for addressing racial disparities in OUD

### **What we found:**

- DUE identified potential racial differences in number, dose and length of bupe prescriptions sent to CBHS pharmacy. DUE was confined by software limitations and we were unable to do meaningful comparisons across prescribers or clinics. We were not able to assess whether there are differences in treatment access for OUD between racial groups.
- Opioid Guideline was updated and included information about racial disparities, pending approval from the Medication Use Improvement Committee
- Literature suggests that federal policy changes (Medicaid expansion, increased funding for bupe treatment, retain telehealth policies for bupe, loosen restrictions on use of methadone for OUD, lift X waiver requirement for bupe prescribing) and comprehensive, holistic, community based programs staffed by black/AA members of the community are needed to target racial inequities in OUD treatment<sup>2,3,4</sup>

### **Recommendations:**

- As more DPH and BHS programs transition to EPIC, ensure that BHS quality management team is easily able to access meaningful and comprehensive OUD outcome data, including patient demographics, diagnoses, prescriptions, clinic visits, urine toxicology, hospitalizations and deaths. Consider training a BHS pharmacy representative on Epic QM reports.
  - Distribute updated OUD guidelines widely and consider organizing a prescriber training with review and Q&A
  - Support state and federal advocacy efforts to reduce regulatory barriers to treatment for OUD
  - Consider creating a comprehensive, holistic, culturally relevant OUD treatment program in a partnership with an existing community program for black/AA San Francisco clients
  - Continue efforts to hire more black/AA staff in DPH and BHS and support equity efforts to ensure retention
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  3. American Medical Association. State Toolkit to End the Nation’s Drug Overdose Epidemic: Leading Edge Action’s and Strategies to Remove Barriers to Evidenced Based Patient Care. January 2022. Available at: [https://www.manatt.com/Manatt/media/Documents/Articles/AMA-Toolkit-Resources-January-2022\\_f\\_FOR-WEB.pdf](https://www.manatt.com/Manatt/media/Documents/Articles/AMA-Toolkit-Resources-January-2022_f_FOR-WEB.pdf)
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