



ACCEPT **Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics**

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Meeting number/Access code: 120 276 9209

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For attendance, purposes please text the following code: BATMOK to 608-260-7097

Session Date: Friday, March 18, 2022

Didactic Topic and Presenter:

Culturally Specific Treatment Needs of Latino populations w/ OUD

Marcia Walton, MS

Manager of Operations of the Human Services

Department at United Community Center

Content Experts:

Ritu Bhatnagar, MD; Lindsey Peterson, MS, CRC; Sheila M. Weix, MSN, RN, CARN

-
- 12:15 PM: Attendance text-in – Introductions
 - 12:25 PM: Case Presentation and Discussion
 - Presenter: Jody Epstein, MD- *Family Physician and Erdman Clinic Medical Provider Director, Access Community Health Centers, Joyce & Marshall Erdman Clinic*
 - 1 PM: Didactic Presentation
 - Presenter: Marcia Walton, MS
 - 1:15 PM End of Session

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ECHO ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2020-2022
Culturally Specific Treatment Needs of Latino populations w/ OUD
3/18/2022

Didactic Presenter: Marcia Walton, MS

Case Presenter: Jody Epstein, MD

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

Objectives:

As a result of this educational regularly scheduled series, learners as members of the healthcare team will be able to:

1. Define the Latino population within the United States
2. Explain how the Latino population is impacted by OUD
3. Examine treatment considerations when working with the Latino population
4. Illustrate culturally specific treatment services provided by the Human Services Department at the United Community Center

Policy on Disclosure

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Name	Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?	COI completion date
Randall Brown	RSS Chair	No relevant financial relationships to disclose	Yes	3/11/21
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	3/11/21
Kathleen Maher	Planner	No relevant financial relationships to disclose	No	3/15/21
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	3/12/21
Paul Hutson	Planner	No relevant financial relationships to disclose	Yes	3/11/21
Susan Mindock	Planner	No relevant financial relationships to disclose	No	3/11/21
Lindsey Peterson	Planner	No relevant financial relationships to disclose	No	3/11/21
Sheila Weix	Planner	No relevant financial relationships to disclose	No	3/11/21
Kellene Eagen	Planner	No relevant financial relationships to disclose	No	6/23/21
Joseph Galey	Planner	No relevant financial relationships to disclose	Yes	6/23/21

Jody Epstein	Presenter	No relevant financial relationships to disclose	No	3/13/2022
Marcia Walton	Presenter	No relevant financial relationships to disclose	No	3/7/2022

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Case Presentation

Jody Epstein, MD

Family Physician and Erdman Clinic Medical Director

Access Community Health Centers

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For this educational activity there are no reported conflicts of interest



Case

- 37yo Latino male with crack cocaine use disorder
- Presenting for treatment of use disorder Feb 2022
- Relapsed following separation from his wife in 2019
- Now with nearly daily use with legal, social and financial consequences



Medical History

- Depression
- Migraine
- Obesity
- Sleep Apnea
- Wegner's granulomatosis



Social Factors

- Social isolation
 - Extended family out of the country
 - Separated from wife
 - Afraid to be a “burden” to friends
- Uninsured
- Primary Spanish speaking
- Works full time



Treatment history

- Previously achieved 5 years of abstinence
 - Abstinence supported by his wife controlling the finances, avoiding social contacts that use, and spending more time with his family



Treatment history

- Clinica Latina at Journey Mental Health
 - Attended 1 visit many years ago
 - Attempted to re-establish 2021 and 2022 but did not follow through
- Regularly involved in BHC care at Access at the time of his divorce
 - Otherwise intermittently seeks behavioral care
- No prior pharmacotherapy for use disorder
- Did not like AA or NA

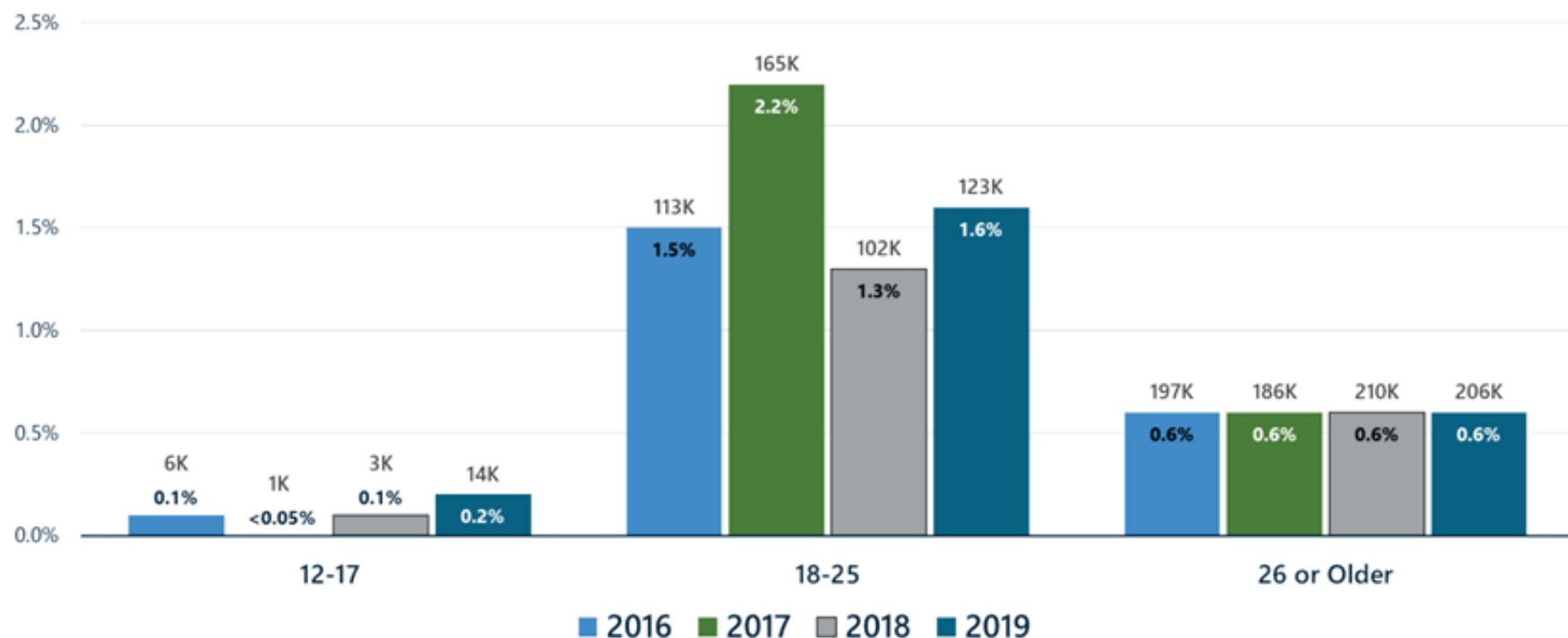


Next steps

- Referred to behavioral health
- Started Topiramate for comorbid use disorder and chronic migraine
- Patient has not attended scheduled follow up appointments with PCP or BHC

Cocaine Use among Hispanics

PAST MONTH, 2016-2019 NSDUH, Hispanic 12+



No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.



Treatment of Cocaine Use Disorder - Psychosocial

- Contingency management
 - Rewarding positive behaviors / negative urine with vouchers
 - Effect fades once rewards are stopped
 - Best method for achieving initial abstinence
- CBT
 - Focus on avoidance and management of cravings and triggers
 - Helps sustain remission



Treatment of Cocaine Use Disorder - Pharmacotherapy

- No FDA approved treatments
- Agents used off-label - mixed evidence
 - Anticonvulsants
 - Antidepressants
 - Antipsychotics
 - Stimulants



Topiramate



Topiramate for the Treatment of Cocaine Addiction

A Randomized Clinical Trial

Bankole A. Johnson, DSc, MD^{1,2}; Nassima Ait-Daoud, MD¹; Xin-Qun Wang, MS³; et al

J. Kim Penberthy, PhD¹; Martin A. Javors, PhD⁴; Chamindi Seneviratne, MD¹;
Lei Liu, PhD⁵



Topiramate for cocaine dependence: a systematic review and meta-analysis of randomized controlled trials

Mohit Singh, Dipinder Keer, Jan Klimas, Evan Wood, Dan Werb

30 January 2016 <https://doi.org/10.1111/add.13328>



Pharmacotherapy for Cocaine Use Disorder

A Systematic Review and Meta-analysis

- Brian Chan MD MPH,
- Karli Kondo PhD MA,
- Michele Freeman MPH,
- Chelsea Ayers BA,
- Jessica Montgomery MPH &
- Devan Kansagara MD MCR

Journal of General Internal Medicine 10 June 2019



Impulsiveness as a Predictor of Topiramate Response for Cocaine Use Disorder

[Derek Blevins](#), MD,¹ [Xin-Qun Wang](#), MS,² [Sana Sharma](#), MD,³ and [Nassima Ait-Daoud](#), MD⁴
[Am J Addict. 2019 Feb; 28\(2\): 71–76.](#)

DSM-5 Substance Use Disorder ("Addiction")

- Tolerance
 - Withdrawal
 - Larger amts/longer periods than intended
 - Persistent desire/failed attempts to quit/control use
 - Much time obtaining/using/recovering
 - Important activities sacrificed
 - Continued use despite known adverse effects
 - Failure to fulfill major obligations
 - Recurrent hazardous use
 - Craving
 - Ongoing use despite interpersonal problems
- Physical Dependence ≠ Use Disorder
- 2-3 = mild
4-5 = moderate
≥ 6 = severe

By initialing here _____ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.



Culturally Specific Treatment Needs of Latino populations w/ OUD

Presented by Marcia Walton, MS
Manager of Operations of the Human Services
Department at United Community Center

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Overview

- ▶ Define the Latino population within the United States
- ▶ Explain how the Latino population is impacted by OUD
- ▶ Examine treatment considerations when working with the Latino population
- ▶ Illustrate culturally specific treatment services provided by the Human Services Department at the United Community Center

U.S. Latino Population

- ▶ **According to the U.S. Census Hispanics or Latino** refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

U.S. Latino Population

- ▶ Latinos/as or Hispanics in the United States are a fast growing population, expanding from a small, regionally concentrated group of fewer than 6 million in 1960 to a now widely dispersed population of well more than 60.6 million (or 18.5 percent of the nation's population).
- ▶ Latinos are a diverse multiracial, multicultural community with a wide range of their history and presence in the United States.

Opiate Trends Across the USA

This rise in opioid overdose deaths can be outlined in three distinct waves.

- ▶ The first wave began with increased prescribing of opioids in the 1990s, with overdose deaths involving prescriptions opioids (natural and semi-synthetic opioids and methadone) increasing since at least 1999.
- ▶ The second wave began in 2010, with rapid increases in overdose deaths involving heroin.
- ▶ The third wave began in 2013, with significant increases in overdose deaths involving synthetic opioids, particularly those involving illicitly manufactured fentanyl. The market for illicitly manufactured fentanyl continues to change, and it can be found in combination with heroin, counterfeit pills, and cocaine.

Many opioid-involved overdose deaths also include other drugs.

How is the opioid crisis affecting Latinos?

- ▶ According to the SAMHSA, the opioid misuse (heroin use and prescription opioid misuse) rate among Hispanic/ Latinos is similar to the national population rate, about 4 percent.
- ▶ In 2018, 1.7 million Hispanic/ Latinos and 10.3 million people nationally, aged 12 and older, were estimated to have engaged in opioid misuse in the past year.

- ▶ Occupational exposures have been associated with the use of opioid pain medications in the Hispanic/Latino population. A higher proportion of Mexican Americans have blue-collar manual labor jobs than non-Hispanic Whites, and past research suggests that Mexican Americans with chronic pain may be at greater risk of experiencing widespread pain than non-Hispanic Blacks and Whites making them more susceptible for multiple injuries and higher rates of disability
 - Military service increases risk for injury and subsequent need for pain medications. Hispanic/Latinos have an increasing presence in the military and have been over-represented among the enlisted recruits.

- ▶ Social and cultural factors related to substance use among Latinos
 - Self reported discrimination is associated with increased substance use among Latino adults, regardless of gender
 - Family conflict as a result of Acculturation Stress may lead to increased risk among Latino youth and young adults
- ▶ Latino opioid users in treatment
 - Tend to be younger and less educated
 - More likely to have lower SES
 - More likely to live in large urban areas

- ▶ Some barriers include limited English proficiency, work demands, internalized stigma around drug abuse, and lack of health insurance
- ▶ System-level barriers include few Spanish-language programs
- ▶ Further, undocumented Latino migrants often avoid treatment programs and other forms of health care because they fear their legal status will be revealed to immigration authorities

- ▶ Adult Latino immigrants may be less willing to seek out treatment for fear of deportation or discrimination, placing them therefore at higher risk of overdose
- ▶ Latinos are less likely to remain in treatment, for shorter periods. Generally Latinos receive fewer services.
- ▶ Increased unemployment and housing instability decrease rates of treatment completion
- ▶ Shortage of behavioral health practitioners who are culturally/linguistically responsive
- ▶ Opioid use is more likely to be criminalized among Latinos compared to Whites resulting in higher rates of incarceration

Treatment Considerations

- ▶ Personalismo -Personalism
- ▶ Respeto - Respect
- ▶ Confianza –Trust
- ▶ Espiritualidad - Spirituality

Human Services Department at UCC

- Residential; Day Treatment; Outpatient (DHS75)
- Mental Health Outpatient (DHS35)
- Co-occurring approach
- Culturally competent/Language specific
- Gender/Trauma Responsive Care
- Family Focused approach
- Alumni Group (supports, special speakers)*
- Recovery events*
- *very limited in scope due to COVID-19 restrictions

- Residential Treatment: 1 of 4 in the Milwaukee County's public sector system; 1 of 2 that has the capability to accept pregnant, postpartum, mothers with their children into treatment
- Continuum of Care: Only program within Milwaukee County CARS system to provide a complete Continuum of Care for both men and women,
- Cultural and linguistic appropriate services
- Primary Healthcare: Only community-based treatment facility that has a collaborative engagement with a Federally Qualified Health Center (Sixteenth Street Community Health Center)
- Recovery Support Services: Case Management program for people in recovery

- ▶ **Capacity: 16 Male Beds and 32 Female Beds**
- ▶ **What is Included:**
 - **Referrals To Primary Health Care Provider**
 - We have a collaborative partnership with Sixteenth Street Community Health Center
 - **Prenatal Care**
 - **On Site APNP**
 - **Orientation and education on Medication Assisted Treatment**
 - Referrals are made as needed/appropriate (client choice)
 - Ongoing monitoring and oversight
 - Whenever possible, ongoing service coordination with the prescriber

- ▶ Marcia Walton
- ▶ mwalton@unitedcc.org
- ▶ 414-643-8530

References

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