

Addressing the Opioid Crisis: A Qualitative Study of Black and Latinx Opioid Overdose
Survivors

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Dedication

To my fallen grandmother, Fredeswinda Martinez, who I owe all of gratitude in pursuing a Ph.D.

Thank you for all of your persistence and instilling hope within me in getting an education.

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Abstract

The three-paper dissertation illustrates a phenomenological qualitative study conducted with 11 (n=11) New York City Black and Latinx opioid overdose survivors. In all of the analyses, a phenomenological approach was used to define themes into more prominent significant themes, using open and axial coding. All study participants were asked questions about their experience with an opioid overdose. The first paper discussed the study participant's experiences with post opioid overdose interventions after their overdose. Paper 1 discussed study participants' experiences using a variety of interventions to reduce and treat their substance use. Study participants implement behavioral changes to their substance use, providing further evidence that earlier intervention is needed among the population. Paper 2 discussed the study participant's lived experiences with harm reduction and opioid overdose risk reduction methods. It was found that several study participants incorporated strategies to reduce their risk of subsequent overdose, yet not all participants tried out harm reduction methods. Paper 3 is a conceptual paper that explores the implications of stigma, racism, and discrimination among the population. Further discussion and study limitations to the study are delineated throughout the three papers. In addition, limitations are also included within the introduction and conclusion sections of the dissertation.

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Introduction to the Dissertation

Problem Statement

Little attention has been given to the experiences of Black and Latinx individuals and their experience with an opioid overdose. The problem addressed in this study is the lack of understanding of the lived experiences of Black and Latinx individuals who have suffered a non-fatal opioid overdose, mainly how to prevent another subsequent overdose. In general, there is a wealth of knowledge surrounding post overdose interventions for opioid overdose survivors; however, most studies focused on White individuals. Studies of post overdose interventions and strategies used to mitigate the risk of a subsequent overdose for Black and Latinx individuals are underdeveloped. Therefore, it is difficult to measure how effective post opioid overdose interventions are in reducing the risk of a subsequent or fatal overdose for the population that is being studied. Given the lack of research, this phenomenon should be further examined.

The Problem: Opioid Overdoses

The United States has surpassed over 100,000 opioid overdose deaths within the 12-month period ending in September 2021 (Ahmad et al., 2020). More alarming numbers are within large metropolitan cities such as New York City, where every 5 hours, someone dies from an opioid overdose, and in 2020, there were 2,062 overdose deaths (Nolan et al., 2020). Opioid overdoses have a deleterious impact on communities of color. Black and Latinx individuals continue to carry the burden of opioid overdose deaths. Black New Yorkers had the highest overdose rate, followed by Latinx New Yorkers (Nolan et al., 2020). Across the nation, communities of color have experienced dramatic increases in overdose deaths (Drake et al., 2020; Laroche et al., 2021). There is an estimated 40% increase in overdose deaths among non-Hispanic Black individuals compared to non-Hispanic Whites in 2019 (Laroche et al.,

2021). The identification of a non-fatal opioid overdose presents an opportunity to track changes in trends, creating a comprehensive response.

In addition to experiencing disparate rates of opioid overdoses, Black and Latinx persons face other inequities due to racism and discrimination. For instance, people of color make up about 40% of admissions into substance use treatment, yet they are less likely to complete substance use treatment than their White counterparts (Soloner & Cook, 2013). These treatment disparities are further explained by structural racism, stigma, socioeconomic stress, unemployment, and housing instability (Soloner & Cook, 2013). When receiving treatment, people of color experience biases and stereotyping in healthcare (Santoro & Santoro, 2018). Health inequities are further explained by discrimination, lack of healthcare access, and educational income and wealth gaps (CDC, 2021). Notwithstanding, these factors impact the population's ability to access and complete treatment. There is a need to understand further opioid overdose survivors of color with these disparate rates.

Traditionally, there is a lack of attention given to the experiences of Black and Latinx individuals and their experience with an opioid overdose. There is a lack of literature that looks at the experiences of people of color who have suffered a non-fatal opioid overdose. Given the lack of previous literature, it makes it difficult to understand the experiences of Black and Latinx opioid overdose survivors. Gaining a further understanding of the factors that help the population mitigate their risk of a subsequent opioid overdose will be critical for social work intervention, education, and policy. Exploring the factors that help this population mitigate the risk of a subsequent overdose is central to social work. As a result, a further investigation is needed.

It remains unclear about the experiences of Black and Latinx opioid overdose survivors and what interventions, services, and strategies work for the population. Social workers are well

equipped to address psychosocial problems, yet practice knowledge is lacking regarding treating people with substance use disorders or implementing harm reduction strategies to help the most vulnerable. Social workers are often undertrained to address the substance use population. The present study will further increase the social work profession's practice knowledge and skills to address the opioid crisis. The investigation of the social phenomenon will generate new social work knowledge about the implications for social work practice, social work education, and policy. Two theoretical frameworks guided this study: (1) the theory of reasoned action and (2) critical race theory. Both theories will be discussed further within the theoretical framework chapter. This study will aim to answer the following research question: What are the lived experiences of people of color who have survived a non-fatal opioid overdose?

Methodology

For the present study, a phenomenological qualitative approach was utilized. This approach was to gain a deeper understanding of the lived experiences of people of color who have survived a non-fatal opioid overdose. The researcher chose this approach to get a richer understanding of the lived experiences of Black and Latinx opioid overdose survivors. Not surprisingly, there are many studies where White individuals are overrepresented. There is a lack of representation of Black and Latinx individuals within research. This study intentionally recruited and interviewed Black and Latinx individuals due to the dearth of knowledge that highlights their experience with a non-fatal opioid overdose.

The researcher interviewed 11 (n=11) study participants. The number of interviewed participants fits well into the phenomenological qualitative interviewing standard from Creswell & Poth (2018). Before the qualitative interviews, consent and demographic data were collected through a Qualtrics survey (Qualtrics, 2020). If there were literacy issues, the researcher read

aloud the consent process and sought their consent to participate in the study. Once the study participant met the study criteria and consented to the study, an appointment was made to conduct a recorded virtual one-to-one semi-structured interview. A series of open-ended questions were used to gather extensive details of the lived experiences of the study participants.

The participants were recruited using a two-method approach. All of the study participants in this study were self-selected. A digital flyer (Appendix C) was disseminated to outpatient substance use programs and harm reduction centers. This approach is a purposive sampling method. Purposive sampling seeks to identify study participants who have experienced the phenomenon (Creswell & Poth, 2018). The digital flyer was sent to program directors to distribute among their clientele. The second strategy for recruiting study participants was a snowball sampling technique. Snowball sampling seeks cases of interest from people who may know other people (Creswell & Poth, 2018). Participants were asked to share the flyer with any individuals who might be interested in the study. The flyer was distributed among other social work, mental health, and substance use counselor professionals to aid in the recruitment process. The researcher posted the flyer on the professional networking website (i.e., LinkedIn) to reach these professionals. The researcher reached out via email, phone, and text to professionals within the researcher's network. Approval was obtained from the Western Institutional Review Board (Appendix B) before interviewing study participants.

Contributions

To the researcher's knowledge, there is a limited studies that focus on the opioid overdose experience among Black and Latinx individuals. Current studies and literature have focused on White individuals who have suffered a non-fatal opioid overdose. This present study discovered the unmet needs of the population that social workers can address within social work practice.

The findings in this current study provide social workers with practical strategies that can be used when working with the population. Conclusions of the study will inform policy changes to stigma, racism, and discrimination and ways to increase funding for services and programs, addressing disparate rates of opioid overdoses for people of color.

This is the conclusion of the dissertation overview. The next section will discuss the theoretical framework.

Theoretical Framework

The theory of reasoned action and critical race theory was used as the basis of the theoretical framework for the current study (Ajzen & Fishbein, 1980; Huggins, 2012). It is used as a guide to explore the lived experiences of Black and Latinx opioid overdose survivors. First, the theory of reasoned action looks at the decision-making process of the study participants in utilizing services and interventions used to mitigate their risk of a subsequent overdose. Secondly, critical race theory looks at racism, discrimination, and other socioeconomic factors and how it affects the population being studied. The theory of reasoned action and critical race theory are further outlined below.

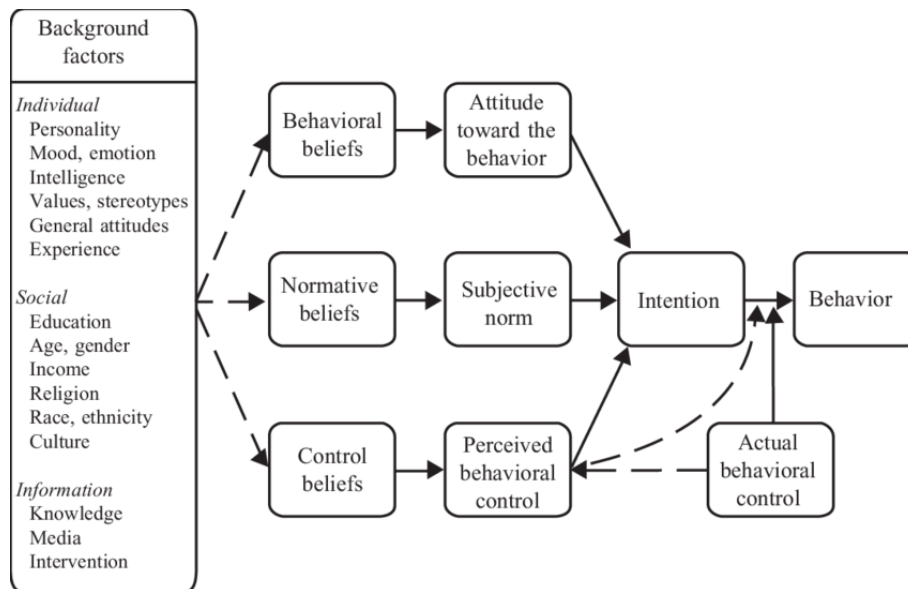
Theory of Reasoned Action

The theory of reasoned action predicts an individual's behavior and intention in implementing a behavior; the behavior's intention is influenced by the individual's attitude towards the behavior (Ajzen & Fishbein, 1980). The individual's behavior may be affected by the negative or positive views or the subjective opinions of others. The major influences that predict behavior are both personal and social factors. However, other factors impact the individual's perceptions of the behavior, such as "time, money, skills, cooperation of others, etc." (Roberto, Shafer & Marmot, 2014, p. 308). Other personal (i.e., personality, mood, intelligence, and attitudes), social (i.e., education, income, culture, and race, etc.), and informational factors (i.e., knowledge and media sources) contribute to the intention of behavior.

The behavior's intentionality is also influenced by the attitude towards the behavior (Fishbein & Ajzen, 1975). Executing a behavior is believed to be the intended outcome of that behavior (Silverman et al., 2016). The greater the satisfaction with the individual's attitude, norms, and perceived volition, the bigger the intention to conduct the behavior (Silverman et al.,

2016). For instance, if an individual believes that an intended behavior will hold a positive outcome, there will be an increased attitude towards the behavior. Figure 1 displays the theory of reasoned action.

Predicting behavior assists in addressing the consequences of substance use behavior. The theory of reasoned action has been widely used to predict substance use behaviors regarding alcohol, marijuana, and other substances. For instance, one study found that a young mother’s positive attitude was a strong predictor of the intention to use marijuana, as compared to subjective norms of the behavior; however, both intention and norms were related to intention for marijuana use six months later (Morrison et al., 2002). The more positive the attitude towards using a substance, the greater the intention to use it. An individual’s belief that behavior will hold a favorable personal outcome will have an improved attitude towards the behavior. Tailoring specific interventions based on the theory of reasoned action helps to work backward, identifying beliefs and cognitions, and delivering interventions that change ideas regarding a particular behavior. Figure 1: Theory of Reasoned Action



For this present study, the theory of reason action and its underpinnings will provide a foundation to explain why people of color, who have survived an opioid overdose, decide to seek or not to seek services post-overdose either at the emergency room department or in the community. Despite this, the theory of reasoned action fails to explain the role of race, racism, and discrimination and the impact on the individual's life. Critical race theory will highlight the perspective of the social construct of race.

Critical Race Theory

The use of CRT offers an opportunity to look at racial injustice from a racialized lens. This present study is interested in looking at the experiences of Black and Latino individuals that have survived an opioid overdose from a racial equity lens. Incorporating CRT further illustrates how race plays a role, highlighting the experiences of the most vulnerable.

Ethnic minorities have historically experienced disparities in health, education, and other areas of concern (Huggins, 2012). Social work and other helping professions have adopted critical race theory (CRT) to dismantle other laws and policies that permit social institutions to continue perpetuating racism, discrimination, and oppression of people of color (Harris, 2012). Huggins (2012) stated, "CRT is therefore rooted in the perspective that racism is enduring and tightly woven into the fabric of the society." (p. 7).

CRT has five central tenets that guide research (Huggins, 2012). CRT proclaims that the effects of racism are "often invisible to people with racial privileges" (Solorzano & Bernai, 2001, p. 7). The first tenet of CRT, *racism is endemic*, asserts that racism is an everyday experience for minority individuals. Racism is perpetuated through societal structures, customs, norms, and experiences. It is the belief that race is a central force that defines the experiences of individuals (Solorzano & Bernai, 2001).

The second tenet of CRT is social constructivism. Social constructivism relies on the study's participants' viewpoint and how they construct meaning. Constructivism aims to get a deeper understanding of the individual's experience in the world they live in (Creswell & Poth, 2018). Within social constructivism, individuals pursue a more profound understanding, seeking the subjective meaning of their experiences (Creswell & Poth, 2018). Research interprets and makes sense of the individual's subjective implications of a common phenomenon (Creswell & Poth, 2018). In CRT, it is the belief that race is socially constructed, a system that systematically categorizes people based on observable physical features. Yet, physical features are not empirically based, biological truth. Race categories, according to CRT, are constructed based on society's dominant group, shaping the racial minorities' outcomes (Huggins, 2012).

The third tenet of CRT, racialization, posits that the dominant groups within the society reconstruct the groups of races - determining the ins and outgroups. The outgroups are often alienated, unwelcomed, and have limited access to society's resources (Huggins, 2012). To further illustrate racial reconstruction, Irish and Asian individuals were once demonized within society; however, throughout history, these groups, like Irish individuals, became a part of the White dominant racial group (Huggins, 2012). The dominant group of society determines and categorizes the minority and majority racial groups, maintaining the status quo for the dominant racial group.

The dominant group's (i.e., Whites) interests converge to benefit the majority race. Often, a policy to solve social welfare problems will receive support only if it helps the dominant racial group. For example, the interest to assist the oppressed only is operationalized if it satisfies the dominant majority group. Huggins (2012) argues, "This means that those in the dominant culture

who enact social, political, and economic change on behalf of racial minorities would only support changes if their own self-interest is better served" (p. 8).

Racial minorities are often excluded from historical accounts. The fourth tenet suggests that CRT elevates the voices of the marginalized and oppressed groups to give an accurate representation of the historical accounts. In addition, this tenet argues that minority individuals are best suited to describe race, providing insight into their lived experience with racism within society. The racial minorities' experiences must be incorporated further to illuminate their experiences within the existing racist society.

Lastly, CRT recognizes the intersectionality of the oppressive forces. Racism is one form of oppression; however, CRT does not discount the other forms of oppression. Negating the different forms of oppression related to gender, race, sexual orientation, religion, culture, immigration status, and socioeconomic status shapes an individual's life. CRT asserts that a multidimensional lens is needed to look at the various forms of oppressive factors in addition to racial oppression.

Racism plays a role in the US, impacting substance use disparities for people of color compared to their White counterparts; racism continues to perpetuate racial inequality in the substance use continuum (Matsuzaka & Knapp, 2019). The use of CRT in this study encouraged the researcher to rely on the understanding and experiences of the study's participants, focusing on their lived experience after a nonfatal opioid overdose from a racial perspective. CRT gives a framework to do a deeper dive into people of color's subjective experiences after experiencing a nonfatal opioid overdose. CRT highlights how race, discrimination, and oppression, impact treatment and interventions for people of color. CRT highlights society's perceptions, structures,

beliefs, and values and the relationship between how individuals of color live the world from a racial standpoint.

Theory and Research

Theory of reasoned action and critical race theory will be used as a guide to highlight the perspectives of individuals of color after experiencing a nonfatal opioid overdose and how interventions post-opioid overdose potentially mitigate the risk of a subsequent opioid overdose. The theory of reasoned action and critical race theory will inform the social work implications, improving and furthering an understanding of ways to help opioid overdose survivors of color at a micro-level.

The theory of reasoned action looks at elements of the social environment, including race, ethnicity, and culture, and its impact on behavior (e.g., substance use, opioid use, etc.) While, CRT looks at the intersectionality of how racism, discrimination, and oppression play a role in the systematic systems that impact people of color, utilizing the same elements of the theory of reasoned action. Both approaches integrate to further explain the individual and the social aspects of a nonfatal opioid overdose from a racial perspective. Combining both theories will assist in the interview questions and the data analysis of the proposed study.

This is the conclusion of the section on the theoretical framework. The next section will provide an overview of the three papers.

Overview of Three Papers

Paper 1

The first paper explored the opioid overdose lived experiences for NYC Black and Latinx individuals. In addition, it explored their service utilization experiences with ED and post ED treatment. The research question that the study aimed to answer was, What are the substance use experiences of people of color who have survived an opioid overdose? Using a qualitative phenomenological approach, interviewees were asked open ended questions utilizing a semi structured interview guide. First, the study's findings indicate that study participant's overdose provoked some behavior change, implementing some strategies to mitigate their risk of experiencing another overdose. Secondly, it was found that there is a need for social and mutual aid after their overdose experience. Lastly, the study findings indicate that participants experienced stigma, discrimination and discrimination while receiving services. These findings emphasized need for changes in social work practice, social work education and research.

Paper 2

The second dissertation paper discussed the study participants' experiences with harm reduction, services, and strategies to mitigate their risk of another opioid overdose. The study aimed to answer: What are the strategies used by Black and Latinx individuals to help lower their risk of experiencing a subsequent overdose? A qualitative phenomenological approach highlighted the lived experiences with services post an opioid overdose. With a series of open-ended questions, the findings highlighted that many study participants subsequently implemented some risk reduction methods to level their risk. Results emphasize the role of increased education and training among health and behavioral health staff.

Paper 3

The third paper discussed the implications of stigma, racism, and discrimination and their impact on opioid overdose survivors. The quotes and examples of some of the study participants will be utilized to illustrate the adverse negative interactions with providers when receiving care within substance use treatment. Previous literature will highlight the association of stigma and racism in creating barriers to care, accessing treatment, and other racial and health inequities. Anti-racist training and progressive policy change will also be discussed in great detail.

Study Limitations

There are several limitations for this exploratory research study. First, there are challenges to the external validity of the study, in essence, a concern with generalizability. Due to the small sample size, broad generalizations cannot be made to the general population. Since the study researched a small niche of the population, the findings from the study should not be extended to other parts of the substance use disordered population or even to other groups of opioid overdose survivors of color. The study outreached to certain outpatient and harm reductions within New York City. By incorporating other outpatient and inpatient mental health and use programs, this will aid in diversifying the sample. In addition, expanding the outreach to other parts of New York will increase the study's diversity.

Another study limitation was that the study was conducted in English, which excluded non-English populations. A huge section of the opioid overdose population is missing from the study, for example, Latinx mono-lingual Spanish speakers. Limited access to internet, phone or a smart computer is another study limitation. This study did not capture those individuals who do not access the internet, or who are homeless. Further studies should highlight the experiences of those individuals who do not speak English or who lack of access to the internet or phone.

There were some threats to internal validity, such as social desirability bias, which posed another study limitation. In social desirability bias, study participants perhaps had a tendency to answer the study questions in a more favorable manner since substance use disorders and opioid overdoses are highly stigmatized topics (Latin, 2017). Study participants perhaps were more likely to disclose their desire to change a behavior. Another factor that perhaps contributed to the study's participants answers was that the study compensated the participants at the end of the interview.

This work faced some recruitment challenges. Initially, the study sought to interview anywhere between 18-24 participants. There were challenges in outreaching and scheduling appointments with the study participants. After scheduling the study interview, many potential study participants did not show up. The researcher continued to outreach the participants; however, there were no responses. Secondly, some potential study participants had no access to the internet, had technological issues, or were not as comfortable with navigating Zoom. Lastly, the other challenge was the lack of response from agencies after many outreach attempts to gather more participants. This could be due to limited operational constraints and staffing due to COVID-19. Also, recruitment efforts to outreach the agencies were made via email. Perhaps additional interest would have been gained through in-person outreach. The study interviewed 11 study participants to be included in the study. This fits methodologically well in a phenomenological study.

A Qualitative Study: Post Overdose Treatment Experiences of Black and Latinx Individuals

Michael Serrano, LCSW, CASAC 2

Dissertation Paper #1

Abstract

Background: The USA is in the middle of an opioid epidemic. There has been an increase in innovative interventions to address the opioid crisis. Little is known about what is working for Black and Latinx individuals who have experienced an overdose. **Purpose:** This qualitative study aimed to understand the lived experiences of Black and Latinx individuals who have survived an opioid overdose and their substance use treatment experiences post an opioid overdose. **Methods:** A qualitative survey was conducted using semi-structured interviews with open-ended questions to interview 11 NYC participants between January and March of 2022. A thematic analysis was used to identify significant themes. **Results:** The sample's mean (\pm SD) age was 40.54 (\pm 13.84); 54.55% identified as Latinx and 45.45% identified as Black. Most of the sample reported heroin as their drug of choice. Most of the sample (54.55%) reported having an income of <\$20,000 per year. Six major themes emerged: (1) volition and control; (2) substance use experience; (3) risk factors for overdose; (4) ED and treatment experiences; (5) risk reduction, services, and interventions; and (6) systematic barriers and needs. **Conclusions:** Black and Latinx individuals who experienced an opioid overdose report negative experiences with healthcare providers. An increase in peer support, interpersonal relationships, and interventions post an opioid overdose is needed to reduce the likelihood of a subsequent opioid overdose. Continued support and training are necessary to increase health and behavioral health's knowledge of overdose risk reduction strategies, tailoring their patient engagement using an anti-racist, anti-stigmatizing, and racially equitable approaches.

Keywords: opioid overdose; people of color; racism; discrimination; stigma; interventions

Introduction

The opioid epidemic has had devastating effects on individuals and communities within the United States (US). In the 12-month period ending in September 2021, the US has reached a milestone; opioid overdoses have reached an all-time high of more than 100,000 overdose deaths (Ahmad et al., 2020). There are more alarming numbers in large metropolitan areas such as New York City (NYC), where someone dies from an opioid overdose every five hours, and in 2020, there were 2,062 overdose deaths, an increase from the previous year (Nolan et al., 2020). At the same time, opioid overdose deaths have impacted communities of color.

Opioid overdose survivors are at risk for a subsequent or fatal overdose (Caudarella et al., 2016). Overdose disparities continue to exist by race and ethnicity and in high-poverty neighborhoods. Black New Yorkers and residents and residents in very high-poverty communities had the highest overdose rates in 2020 (Nolan et al., 2020). People who use drugs often face alienation and discrimination, impacting their ability to access treatment and address other health disparities (Andraka-Christou, 2021).

Black and Latinx populations have faced a rapid increase in overdose deaths (Drake et al., 2020; Larochelle et al., 2021). They also face other disparities in substance use treatment. For instance, Black and Latinx individuals make up the majority of admissions within substance use programs (Soloner & Cook, 2013). Compared to their White counterparts, they are less likely to complete treatment in the substance use continuum of care (Soloner & Cook, 2013). Racism, discrimination, and other socioeconomic factors impact Black and Latinx individuals and their ability to receive and complete care (Soloner & Cook, 2013). There is a need to understand the factors that affect the population's needs, particularly for people who have experienced an opioid overdose.

Despite the growing momentum to incorporate innovative approaches and interventions to address the opioid crisis, little is known about the Black and Latinx experiences with post overdose interventions. There is still a gap of knowledge surrounding Black and Latinx's experience with outreach interventions and general experiences with an opioid overdose. Furthermore, understanding the Black and Latinx experiences with treatment post an overdose will lead to more significant development of tailoring specific strategies to help engage the population. Given the lack of knowledge in this area, this should be investigated further.

Literature Review

A systematic review was conducted to explore post-opioid overdose interventions for individuals surviving a non-fatal opioid overdose. The search was performed using a discovery, which simultaneous searches of multiple libraries and journals, allowing for rapid explorations (Hanneke & O'Brien, 2016). The following keywords were used in the search: opioid overdose AND survivors, opioid overdose AND post overdose interventions. Articles from the last ten years from (2002-2022) were included in the search. Articles that were written other than English and studies conducted outside of the United States were excluded. Three major themes emerged: emergency room department interventions, medications for opioid use disorder, and targeted outreach interventions.

Emergency Department Interventions

Opioid overdose survivors generally end up in the emergency department (ED) for treatment related to their overdose. While the ED is a setting for intervention for opioid overdose survivors, individuals often do not receive ED-addiction-related treatment in the ED or post-care. They are usually released back into the community without services (Naeger et al., 2016). It is crucial to engage and create specific interventions for opioid overdose survivors in the ED.

Several interventions have been developed to help engage and support individuals. Interventions which include hiring peers and people with lived experience have been effective. Watson et al. (2016) concluded that an ED based-intervention that used peers with lived experience in the Project POINT program resulted in increased access to naloxone, an opioid overdose reversal medication, and increased prescriptions for medication for opioid use disorder (MOUD). Other studies have shown similar results regarding the effectiveness of using peers with lived experience to engage opioid overdose survivors to MOUD induction, naloxone, and connection to supportive services, aimed at reducing the risk for a subsequent overdose (Dahlem et al., 2020; Wayne et al., 2019; Welch et al., 2019; Winhusen et al., 2016; Winhusen et al., 2020). Yet, these studies have not focused on examining the experiences of opioid overdose survivors of color. As a result, the results could not be generalized to people of color who have experienced an opioid overdose.

Addressing barriers to substance use treatment will improve care. Previous research has shown that opioid overdoses burden EDs (Liu & Kantor, 2020). Collins et al. (2021) examined barriers and facilitators for enhancing treatment for opioid overdose survivors across Rhode Island's EDs. Systemic barriers impacting access to care for opioid overdose survivors were identified, including insurance barriers, lack of outpatient treatment resources, and lack of knowledge of MOUD treatment (Collins et al., 2021). The results from the study could not be generalizable to other EDs throughout the country. Additionally, barriers for people of color were not included in the study to see what works and what doesn't, which should be further researched.

Medications for Opioid Use Disorder

Medications for Opioid Use Disorder (MOUD) (i.e., methadone, buprenorphine, Vivitrol, etc.) are the gold standard of care to treat opioid use disorder. A crucial study conducted by Larochelle et al. (2018) found that MOUD treatment reduced opioid overdose mortality. Another study also found that MOUD treatment reduced the likelihood of a fatal opioid overdose by 94% (Victor et al., 2021). Similar results have shown that MOUD is effective (Guo et al., 2021; Koyawala et al., 2019). Despite its effectiveness, MOUD treatment is often underutilized. Individuals hold opposing views and beliefs that impact the low utilization and enrollment into MOUD treatment (Hoffman, 2021). Low engagement in substance use treatment has been found in individuals after a non-fatal opioid overdose, indicating a need to address barriers (Karmali et al., 2020). White individuals are overrepresented in the majority of the studies (Guo et al., 2021; Koyawala et al., 2019). A further investigation is needed to identify which interventions most benefit people of color who have experienced an opioid overdose.

Targeted Outreach Interventions

Assertive outreach strategies can be helpful in engaging overdose survivors. Opioid overdose survivors are often released into the community without receiving opioid-related treatment such as MOUD or even naloxone (Naeger et al., 2016). Collaborative interdisciplinary outreach teams have been valuable in targeting opioid overdose survivors released back into the community. The joint effort between emergency responders and social service professionals to engage and connect individuals with substance use-related treatment and services has shown promising results (Formica et al., 2018). Rapid response teams are on the rise to engage individuals following an opioid overdose. One study by Langabeer (2021) found that 33% of

opioid overdose survivors were re-engaged in substance use treatment through increased outreach. Outreaching and engagement with opioid overdose survivors are essential.

Purpose of the Study

This study aims to gain an in-depth understanding of the lived experiences of opioid overdose survivors of people of color and their experiences during their ED and post-ED visits. For this current study, a qualitative phenomenological approach was used. The results of this study are intended to improve interventions and strategies for Black and Latinx individuals to mitigate their risk of an opioid overdose, thus, improving the quality of care. The study seeks to answer the following research question: What are the substance use experiences of people of color who have experienced an opioid overdose?

Methods

Research Design and Setting

A phenomenological inquiry collects data for individuals experiencing the same phenomenon, such as an opioid overdose, creating themes and descriptions (Creswell & Poth, 2018). This study used a qualitative phenomenological approach to interview study participants of color (e.g., Black or Latinx), who have experienced an opioid overdose, and who resided in NYC. The current study is comprised using a semi-structured interview. The semi-structured interview consisted of open-ended questions (Appendix A). A qualitative phenomenological approach was best suited to highlight the study participants' voices and further understand the problem (Creswell & Poth, 2018). This study was approved by Yeshiva University's Institutional Review Board (IRB) (Appendix B).

Selection of Study Participants

Purposive and snowball sampling was utilized to recruit study participants of color who have experienced an opioid overdose (Creswell & Poth, 2018). To be eligible for the study, the

participants had to be English-speaking, 18 years and older; identify as Black and/or Latinx; reside in NYC; have access to a smartphone or computer and internet, and previously or currently a recipient of substance abuse use related treatment. A flyer was distributed to outpatient New York State Office of Addiction Services and Supports (OASAS) licensed outpatient substance use clinics, harm reduction centers, and opioid overdose prevention centers in NYC to recruit study participants. Professional sites (e.g., LinkedIn and professional groups) were also used to distribute the study flyer. Interviewed study participants were also asked to refer additional potential study participants within their social networks who might be interested in the study.

A recruitment email with the attached flyer was sent to program directors and administrators of the targeted agencies within the NYC area. A total of sixteen (16) syringe service programs (SSPs)/harm reduction centers were emailed, and two of the sites serve as NYC's Opioid Prevention Centers. There were some recruitment challenges given that this is a hard-to-reach population and a highly stigmatized topic. Initially, the study sought to interview 18-24 participants; however, 11 participants were interviewed. Yet, interviewing as few as 5 participants are methodologically sound in a phenomenological study (Creswell & Poth, 2018).

Data Collection and Interview Procedures

Eligible study participants were asked to call the researcher on the number provided on the recruitment flyer. The researcher asked a couple of demographic questions to ensure they met the study's eligibility to protect the participant's confidentiality. All of the participants who responded were asked the same screening questions, meeting the purposeful criteria: each participant was asked about their age, race/ethnicity, where they lived in NYC, and if they had experienced an opioid overdose in the past. Once the participant met the study's eligibility, a link

to the Qualtrics survey was sent to the participant (Qualtrics, 2020). They were asked to fill out the consent and basic demographic questions (e.g., age, gender, race, ethnicity, residence in NYC, income, sexual orientation, marital status, level of education, and housing status). As part of the consent process, study participants were informed that all questions were voluntary, and they could withdraw or drop out of the interview at any time. Once the survey was completed, an appointment was made with the study participants to conduct the qualitative interview. A semi-structured interview guide was used to ask open-ended questions. Each participant was asked the same semi-structured interview questions in an open-ended format, aligning with the study's purpose and research question. Study participants received a small honorarium of a \$25 gift card at the end of the interview.

Data Analysis and Coding

Descriptive statistics were calculated using STATA version 17.0 (Statacorp, 2021). The qualitative data were analyzed using ATLAS.ti (Creswell & Poth, 2018). The data were analyzed using a phenomenological approach that best describes and focuses on the participant's lived experience with a phenomenon, such as an opioid overdose. Creswell & Poth (2018) proposes several steps to analyze a phenomenological study. First, this researcher will describe their experiences with the phenomenon to reduce bias. Secondly, the data was transcribed using significant themes, grouping them into more prominent themes. Lastly, a structural description was written, reflecting on the setting and the social context.

All participants were given pseudonyms to protect their confidentiality. The thematic analysis used a process of horizontalization. Each transcript was independently coded with 'open coding.' A preliminary list of themes was developed using open coding. The list of themes was later segmented into 'axial coding' to further develop major themes and categories from the study

participants who have experienced the same phenomenon of an opioid overdose. A codebook (Appendix E) was developed to increase the validity and reliability of the data. The transcripts were analyzed a second time with the established themes to identify the data further. Initially, four themes were developed, and through the second analysis of the data, an additional two themes emerged for a total of six themes. The final codebook consisted of 27 codes across the six major themes. Two theoretical models were used to assist in the development of the themes: (1) theory of reasoned action and (2) critical race theory (CRT). The theory of reasoned action looks at beliefs which predicts intention of substance use behavior (Morrison et al., 2002). While, critical race theory provides a lens of intersectionality, interweaving race, discrimination and oppression and its impact on people of color (Huggins, 2012).

In the process of analyzing the data in phenomenology, the researcher also engaged in the process of self-reflection and bracketed his reactions to reduce the likelihood of bias. To minimize the risk of bias between the participant and researcher, the researcher had no supervisory or authority over the agencies distributing the study flyer. The data analysis and the study findings are reflective of the participant's perspectives.

My Personal Perspective

This researcher has a personal connection to the study. First, the researcher identifies with the Latinx community. Secondly, the researcher has worked with the substance use and mental health populations for a number of years providing clinical social work services. Lastly, the researcher has a family lived experience with substance use addiction.

Results

Participant Characteristics

The study participants were interviewed from January to March 2022. A total of eleven (n=11) study participants met the study criteria and agreed to participate in the study. Descriptive

statistics were analyzed using STATA. A total of 11 respondents reported living in New York City. The vast majority of the sample was male (63.64%), Hispanic or Latinx (54.55%), and heterosexual (90.91%). One-third of the sample identified having a bachelor's degree (36.36%) as their highest level of education. The mean age of respondents was 40.54 (SD=13.84), and the majority of the sample reported living in their own apartment (54.55%), having an income of less than \$20,000 (54.55%), being single (72.73%) and living in the borough of Manhattan (36.36%).

Most of the participants reported heroin as their drug of choice (7/11), while others reported an opioid analgesic (4/11). Participants described factors that contributed to their overdose, including using it for pain management (n=3), experiencing a period of abstinence (n=3), and using substances for mental health reasons (i.e., anxiety, stress) (n=3). Mixing drugs were also identified as a risk factor (i.e., heroin with cocaine, an opioid with alcohol) (n=2). Lastly, participants also reported experiencing withdrawal symptoms as a risk factor for their overdose (n=2). Although not mutually exclusive, all participants reported substance use before their overdose. Most participants indicated a need to stop using substances; however, they were unsuccessful. Table 1 displays the full demographic of the sample.

INSERT TABLE 1 HERE

Themes

Six major themes emerged from the analysis: (1) volition and control; (2) substance use experience; (3) risk factors for an opioid overdose; (4) ER and treatment experiences; (5) risk reduction, services, and interventions; and (6) systematic barriers and needs.

Theme 1: Volition and Control

Figure 1 presents the first theme that emerged from the data: participants' experience and perceptions of volition and control over their substance use. All ten participants (n=10) reported feeling like they had no control over their substance use. Participants also reported feeling like they had control and then lost control as the addiction progressed. Findings within these themes are reflective of perceived behavioral control within the theory of reasoned action (Morrison et al., 2002).

Participant 1: *"Initially, I thought I had control because I was in school. Then I felt like I could take control of my academics and my social life. It seemed like I was balancing, and no one barely noticed any changes in me."*

Participant 2: *"I think I realized that it was becoming a problem for me that was beyond my control. I needed someone to talk to."*

Participant 3: *"I think it has control over me."*

Lastly, many participants discussed a desire or need to stop using substances. Participants discussed many attempts to stop using; however, they were unsuccessful. Readiness of change to stop or not to stop was also addressed:

Participant 2: *"No treatment worked. Only when I decided that I wanted to stop. I wasn't ready."*

Participant 9: *"But that's all they could. You couldn't make me go to a detox, and I didn't go."*

Participant 10: *"I did accept help. I did it for myself. I'm trying to change some ways; you know, little by little, I'm changing."*

One participant discussed their lack of control once they had been physically dependent on the substance, indicating symptoms of withdrawal:

Participant 5: *"At first, yeah. But then when you're sick, no."*

Another participant discussed society's perceptions and expectations of the person's ability to stop using:

Participant 10: *"But people that, you know, that have never used drugs before, they wouldn't understand what we go through every day. They say, why don't you stop? It if it is just that easy. Of course, we will stop, but man, it's hard. It's been hard to be in this position. It's not easy."*

INSERT FIGURE 1 HERE

Theme 2: Substance Use Experience

Most participants discussed their prior substance use misuse before their opioid overdose. The other experience is their exposure to substance use in their homes or social circles. Overall, they expressed that their use and substance use progressed over time. Although most of the sample reported heroin use before their overdose, some have discussed using less potent drugs before trying more potent substances. For example, from marijuana use to heroin use. The study

participants reported seeking an increased euphoric feeling. The results within this theme are reflective of beliefs regarding behavior and control in the theory of reasoned action (Morrison et al., 2002). Figure 2 displays the coding map for theme 2.

Participant 7: *"I started smoking weed when I was like 16. I tried heroin the first time in prison in 1992."*

Participant 11: *"I started with cocaine. From there, I started doing different things. Then I started trying different things like coke, meth (Methamphetamine), and dope (heroin)."*

Another participant discussed using opioid analgesic and benzodiazepines pills that were non prescribed prior to their heroin use:

Participant 8: *"Before heroin, it was Percocet. It all started with the Percocet and Xanax, of course."*

Study participants also reported having a familial history of substance use addiction, highlighting the medical model of addiction as a disease process. Attributing their substance use addiction, rendering themselves powerless over their substance use:

Participant 4: *"I mean, addiction runs in my family, so I always understood it. I never looked down upon it, you know, the disease."*

Participant 7: *"But to give probably you came from a family that has been using opioids, and you two have been on the dependency level. At times It's not your fault."*

INSERT FIGURE 2 HERE

Theme 3: Risk Factors for an Opioid Overdose

Risk factors for an opioid overdose were discussed among many study participants. Many participants reported using substances to manage their pain or stress and mental health symptoms such as anxiety. The findings within this theme are related to control beliefs within the theory of reasoned action (Morrison et al., 2002). These risk factors led them to use substances and subsequently experience an opioid overdose:

Participant 1: *"That day (of the overdose), I was in total pain. I was tempted to take the medication to relieve my pain because it was chronic back pain. It was persistent. And like. I just took more than the normal dose."*

Participant 3: *"It's because I had started (substance use) way back. So now it was at a point in time on I was into this like job. This job was so stressful to wake up very early and go back to sleep very late. So, I had to be using some substances to be awake and control the pain that I usually felt from time to time."*

Participant 4: *"Okay, no, so actually, someone forced it. My first boyfriend forced it in my nose because I have endometriosis, a painful condition. He didn't want to hear me crying and in pain." "My father passed away, and I fell into a massive depression, and then I remembered the feeling of the first time that it (heroin) did that to me, and you know, I was like whoa, I can't feel anything, there's no pain and you are just numb. So, I started to sneak it again."*

Participant 9: *"Like, I was doing it, I like it a little bit, but not too much, and I suffer from anxiety. So, I notice it will calm my anxiety a lot faster than the medication they were giving me, like Prozac, Zoloft stuff like that. So, I continue using."*

Participants discussed their use as an attempt to relieve heroin and opioid withdrawal symptoms.

They tried to restrict their use; however, they suffered physical withdrawal symptoms.

Withdrawal symptoms were also a risk factor that contributed to their overdose.

Participant 5: *"I couldn't take the withdrawals. When I went out in the street, I shot the heroin. I wake up in the hospital (for an opioid overdose)."*

Participant 6: *"Obviously like, after 3, 4, 5 days, like it's a need that I must have to function, physically."*

Tolerance changes and a period of incarceration were also risk factors for an opioid overdose.

After not using through incarceration, tolerance levels change, increasing their risk of an opioid overdose. Thus, this indicates that the user believes they can use the same number of drugs used previously, which causes a dangerous situation, such as an opioid overdose.

Participant 2: *"Right, that's what happens, but um, I had come home from Riker's Island, and I was in there for about; I think I did like six months or something. You know how it says you shouldn't go back to what you used to do because you don't have that same tolerance."*

Participant 5: *"I committed a big felony that led me into prison. Finally, I was released, and I was free. Then I found out what it was, being what they call dope sick."*

Mixing drugs and fentanyl adulteration were identified as additional risk factors for an opioid overdose. Many participants discussed mixing other depressant class drugs such as alcohol in addition to heroin. Participants mixed drugs to increase their euphoric effects. Others believed

that their drugs were adulterated with fentanyl, a synthetic opioid; however, none of the participants reported intentionally seeking fentanyl.

Participant 2: *"Maybe a couple of bags (heroin). I didn't have the tolerance; I didn't have the tolerance like before. Plus, I have been drinking, playing pool, and it was just a combination."*

Participant 3: *"I was just an opioid, and I'll take some alcohol, so it was a mixture of certain things."*

Participant 10: *"The second time (overdosing), it was a bundle (10 bags of heroin). It was fentanyl."*

INSERT FIGURE 3 HERE

Theme 4: ER and Treatment Experiences

Study participants had a variety of positive and negative experiences with stigma, discrimination, and racism while engaging with ED or outside provider staff after an opioid overdose. This results below are indicative of the behavioral and normative beliefs within the theory of reasoned action (Morrison et al., 2002). In addition, the experiences of stigma, racism and discussion can be viewed from the lens of critical race theory (Huggins, 2012).

Participant 2: *"They would be just curt. The way most people look at it, you are just a drug addict." "I would have liked to be given (treatment) alternatives."*

Participant 4: *"Well, they didn't do anything but tell me that you will die and walk away if you do this again (overdose). You know, like to tell you the severity of what happened."*

Participant 5: *"I believe if they have someone there with a little bit of knowledge of addiction, even when they wake you up, it will be better."*

Participant 6: *"What worked was the staff and the nurse. The staff was so compassionate."*

Participant 7: *"What didn't work was the nurses. At times, I felt like they had judgment and an attitude."*

Some participants described their experiences with treatment outside the hospital setting. They have used a variety of services, including inpatient, outpatient, 12 step programs/mutual aid, MOUD, and harm reduction services:

Participant 2: *"I'm involved with the church, and we don't have narcotics anonymous we call it overcomers. So, it's the same 12 steps, but instead of a higher power, we say Jesus Christ, so I have very active friends who attend."*

Participant 5: *"Many outpatient treatment centers are really good too. If you are a worker and you got a job, you can do an outpatient treatment and work."*

Participant 3: *"A peer support group which worked."*

Participant 4: *"Well, I go to an outpatient program, and the meetings that they have there don't work because pretty much all of them, I see them using (program participants) right before the meeting outside." "What did work was finding NA, you know, sober, clean people that you can notice, you know that it's noticeable."*

Participant 6: *"I think that's a great hazard for anyone going to detox and go right back out to their streets, especially if you want to stop."*

Several study participants experienced MOUD treatment post an opioid overdose. Engagement in MOUD treatment after an opioid overdose is vital:

Participant 3: *"Mainly psychological help and being on methadone."*

Participant 4: *"So I went on Vivitrol, and I mean it's a miracle that they have that."*

Participant 10: *"I mean, I joined the methadone program."*

Some participants discussed some concerns regarding MOUD treatment:

Participant 4: *"I was on methadone, and I was like, well, this is just a substitute, you know like this isn't going to work."*

Participant 6: *"But I'm, and I was sharing with them (the program). If I take this, I don't want to be leaning (nodding out). Like when I see how people nod out. I don't want them to overmedicate me."*

When engaging in treatment at the ED or outside of the ED, participants discussed their experiences with stigma, racism, and discrimination related to their race and ethnicity, which impact their view on seeking treatment:

Participant 1: *"Being black is one step behind when compared to whites. For example, when taken to a hospital, someone prioritizes speaking to a white person over me. There should be equality – they should be no gap between whites and blacks."*

Participant 4: *"Absolutely (race) had everything to do with it. If I were a white person who walked into that hospital, I would have been treated better."*

INSERT FIGURE 4 HERE

Theme 5: Risk Reduction Strategies

Several study participants implemented risk reduction strategies to reduce their risk of an opioid overdose. In the theory of reasoned action, behavioral beliefs such as attitudes are related to the intention of the behavior, which the results illuminate this belief within the theory (Morrison et al., 2002). Through the opioid overdose experience, participants made some behavioral changes:

Participant 1: *"I take drugs prescribed."*

Participant 3: *"It went like reducing. So, once I reduce, and then I realized this is something that I can manage, I can stop; I need to seek help." "Now, I am not using myself; I am using with other people, and I am aware of what's going on." "I do the fentanyl test strips." "Just being mindful and doing different batches from different individuals."*

Other participants discussed avoiding triggers to their substance use to mitigate their risk. They often avoid people, places, and things:

Participant 2: *"You know, just talking about it, the strategies that I use is I pick up the phone. I don't go to my parents' house like I used to; I don't go to talk to my brother because they're all still active."*

Participant 3: *"He has made me realize that it starts with something minimal, like the first time you do it a lot of fun, you do to friends, you will combine using other drugs for the heroin or cocaine. Depending on the company that you are in, it sometimes gets out of hand, without you knowing like it's something that you get hooked to." "I don't hang out with friends I used to hang out with and try as much as possible to be busy."*

INSERT FIGURE 5 HERE

Theme 6: Systematic Barriers and Needs

There were systematic barriers for participants to access treatment, including insurance restrictions to access MOUD. The results underscore the background social factors that impact behavior within the theory of reasoned action (Morrison et al., 2002). Many of the study participants identified a need for mental health treatment after their overdose, underscoring the need to treat the individual for mental health and substance use dually:

Participant 9: *“I tried to sign up (for methadone), but my insurance is messed up. They have me restricted to Brooklyn and upper Manhattan. So I got a call Medicaid and have it updated and get back on methadone.” “Not right now (mental health treatment) because of my insurance. I suffer from depression and anxiety and slightly PTSD cause of the years in prison.”*

The experience of an opioid overdose was described as traumatic and scary for many program participants. During and after an opioid overdose, participants shared that interpersonal and peer support would be helpful:

Participant 1: *“I needed someone to talk to and go back to normal.” She stayed (mother) with me until the ambulance arrived.”*

Participant 5: *“You know, yeah, I believe if they even when they wake you up they have someone there with a little bit of knowledge of addiction (peer support), it will be better.”*

Participant 11: *“Knowing someone (family and friend) is in my corner (after an overdose) helps a lot.”*

INSERT FIGURE 6 HERE

Discussion

This study has highlighted the experiences of Black and Latinx individuals when seeking treatment for their overdose. The significant themes include the lack of control, overall substance use experiences, factors and mediators for an opioid overdose, treatment experiences in the ER and outside treatment providers, and barriers and needs. The findings are supportive of both theoretical frameworks used for this study. Participants' beliefs are illuminated using the theory of reasoned action, which predicts risky behaviors, such as opioid use (Morrison et al., 2002). While this study looked at Black and Latinx individuals and their experience with stigma, racism, and discrimination, critical race theory highlights how racism plays a role in the population (Huggins, 2012).

The study highlights the need to reduce the gap of inequitable treatment experiences, increasing access to services and interventions for the Black and Latinx population. The ED presents an opportunity for health and behavioral health providers to engage individuals who have experienced an opioid overdose. Increasing knowledge of risk factors, mediators, and facilitators is essential to tailor the interventions to this population further. Further training in addiction theory and improving evidence-based treatment (i.e., methadone, suboxone, etc.) have been identified for ED staff (Elliot, Bennet, Wolfson-Stofko, 2019).

Theme 1: Volition and Control

The first theme that emerged from the collected data identified that many study participants identified the desire to stop or need to stop using substances. Many participants discussed their desire to seek control over their substance use which necessitates a rapid response after an opioid overdose. A similar finding highlighted that linkage to care to services should occur within a few

days after an opioid overdose (Hawk et al., 2020). This finding implies that an opioid overdose is a critical period; the hasty initiation and induction into buprenorphine treatment within the ED have been effective, increasing patient engagement in MOUD (Kaucher et al., 2020).

Theme 2: Substance Use Experience

The second theme that emerged in the research, substance use experience, underscored that participants had a prior substance use history before their overdose experience. In addition, the data identified that participants reported a progression of substances from less potent to more potent drugs. This is due to the chemical brain changes resulting from repeated substance use over time, tolerance changes, and changes within the brain reward system (Hayes, 2020). In this theme, this finding alluded to that some overdose participants had a family history of substance use, although this study did not ask specifically about their family history. A family history of substance use is associated with higher rates of substance use and other adverse behavioral health outcomes (Grant & Chamberlain, 2020). Current literature confirms that familial history of substance use is a risk factor for substance use disorder (Bolton et al., 2017; Webster, 2017). Identifying a family history of substance use and opioid use disorder can indicate an opportunity for intervention (Crystal et al., 2022).

Theme 3: Risk factors for an Opioid Overdose

Opioid overdose survivors of color reported risk factors that contributed to their overdose. Several participants discussed using an opioid to manage their pain. Notably, other participants discussed stress and mental health symptoms as other risk factors for their opioid overdose. This finding is consistent with other studies which revealed that unmet mental health needs and psychological pain were associated risk factors for a non-fatal opioid overdose (Tomko et al., 2022). Other provisional data underscored the potential effects of mental health stress on harms

related to drug use (CDC, 2021). There is a need to prioritize the provision of mental health services among opioid overdose survivors or individuals with an opioid use disorder.

Other participants discussed withdrawal symptoms, tolerance changes, and being recently released from incarceration as risk factors for their overdose. Incarceration creates a decreased tolerance due to a lack of access to illicit substances. A study found by Elizabeth et al. (2020) found that opioid overdose mortality was significantly higher among the incarcerated population. In terms of withdrawal symptoms, Bluthenthal et al. (2020) found that withdrawal symptoms were associated with a non-fatal opioid overdose. Addressing withdrawal symptoms and tolerance changes during incarceration and increasing linkage to MOUD care and other supportive services reduces overdose risk.

The combination of opioids with other legal and illicit substances has been identified as a risk factor for an overdose (American Psychological Association, 2018). Mixing drugs were also reported as a risk factor for an overdose. Fentanyl adulteration within the drug supply is the most common drug involved in an opioid overdose. A study found that most participants were aware of the fentanyl risk involved; however, no risk reduction strategies were implemented (Stein et al., 2019). This study found that participants did not indicate their intentions to seek fentanyl; however, it is unclear if the study participants were knowledgeable about the fentanyl risk. This should be explored further. There are implications for implementing and increasing education on opioid overdose prevention strategies.

Theme 4: ED and Treatment Experiences

Study participants discussed negative adverse treatment experiences with ED and outside providers. They often felt judged and stigmatized when receiving care which can impact engagement in treatment. This finding was consistent with another study, which found that many

overdose survivors engaging with ED staff have negative experiences during their engagement (Elliot et al., 2019). Opposing views and attitudes of healthcare staff towards the substance use population also have implications for providing adequate care (van Boekel et al., 2013).

Study participants also reported experiencing racism and discrimination. One study found that weekly experience with stigma increased the odds of an overdose by 60% (Couto e Cruz et al., 2018). Racism fuels opioid overdose rates, creating inequities in treatment and generating health disparities (NIDA, 2021). It is further compounded for those experiencing an opioid overdose. Further training is needed to address negative stigmatizing views, racism, and discrimination towards Black and Latinx individuals.

Theme 5: Risk Reduction Strategies

Study participants discussed implementing risk reduction strategies to help lower their risk of an overdose. After experiencing an opioid overdose, study participants changed some risk behaviors, employing risk reduction strategies. Experiencing an overdose provoked some behavior change, perhaps due to fear of a fatal overdose. Elliot et al. (2019) found that study participants implemented some behavioral changes to reduce their risk post an overdose. Given the risk factors of an opioid overdose, it necessitates implementing methods to minimize harm through abstinence, harm reduction, risk reduction, and induction into MOUD is essential given the rise of adulteration of fentanyl.

Theme 6: Systematic Barriers, and Needs

Barriers to systems of care are prevalent. Study participants discussed barriers and needs after an overdose. One participant addressed an insurance barrier to accessing MOUD as their public health insurance was restricted. Due to this barrier in accessing care, the participant used substances to relieve withdrawal symptoms; therefore, they suffered an opioid overdose.

Although the Affordable Care Act has prompted swift changes to expand insurance for those uninsured or underinsured, Medicaid restrictions and other punitive policies regarding utilization were associated with a decreased enrollment into substance use treatment (Andrews et al., 2019).

Social support post an opioid overdose was also identified. Study participants discussed that they would like family support or support from someone with some knowledge of addiction after an overdose. Another study found that family and social support maintained an individual's recovery (Dekkers et al., 2021). Several peer support interventions are being implemented within various EDs to help individuals after an overdose, including harm reduction services. Several studies have accentuated the value of peer support post an opioid overdose (Jacka et al., 2021; Parera, 2022; Kaur, 2021).

Implications

Implications for Practice

ED social workers are best suited to facilitate linkage to psychosocial services since social workers have an in-depth understanding of the person in environment and systems perspectives. The study findings suggest that increasing access to services, MOUD, naloxone, and supportive services are crucial to combat the social problem. Many of the study participants made behavioral changes after the overdose. This study finding alludes to the need to increase connection to MOUD treatment concurrently with psychosocial interventions increases the likelihood of recovery (Snell-Rood et al., 2021). Although not stated directly, study participants experienced many racial and health disparities. This study finding suggests that social workers may fulfill many roles in the interdisciplinary effort to address the social welfare problem, including addressing racial disparities and opioid overdoses at multiple levels.

Study participants identified reasons and risk factors that contributed to their opioid overdose. Thus, conducting an in-depth screening/assessment of opioid use behavior will identify risk factors for an opioid overdose. Social workers can tailor a person-centered overdose risk reduction intervention to prevent a subsequent overdose. Several study participants indicated risk factors for an opioid overdose, such as pain, decreased tolerance, a recent release from incarceration, and stress and mental health symptoms. When conducting substance use screening and bio-psycho-social assessments, specific interventions should target these risk factors during social work's treatment planning and intervention phases. Black and Latinx individuals indicated some helpful risk reduction and harm reduction strategies for those who continued to use substances. Some of the strategies include: not using alone, buying from the same dealer, taking a test shot, and using fentanyl test strips to test for the presence of fentanyl. These strategies, as suggested by the study findings, can be included in social work's psycho-educational tool.

Opioid overdose survivors arrive in the ED with various degrees of readiness to change their behavior. This finding suggests that social workers should continue implementing and providing brief interventions (i.e., brief motivational intervention, motivational interviewing, etc.) after the opioid overdose event. As seen within the study results, implementing a brief intervention, namely, Screening, Brief Intervention, and Referral to Treatment (SBIRT) within a medical setting, which has elements of motivational interviewing, has been found to increase engagement in MOUD (Bogan et al., 2020). Implementing brief interventions will increase motivation to either reduce their risk or change their substance use behavior if they are ready, thus, highlighting a person-centered approach.

Support after an opioid overdose is helpful to the individual. Often, overdose survivors felt scared and alone, describing the overdose experience as a traumatizing event. The data

illuminate that a supportive person is crucial following an opioid overdose, assisting them to return to a state of equilibrium. Social work often engages with the family system to support the individual. The data reveals that efforts should be made to target the family with harm reduction interventions. Interventions with the family and caregivers should focus on providing education about naloxone and overdose prevention strategies (Uzwiak, 2021).

The study findings also pointed to the need for peer support after experiencing an opioid overdose. Two of the participants discussed the need for peer support, a person "who has been there before." Peer support workers, individuals with lived experience, are being more formalized and implemented within various settings (Fogleson et al., 2021; Serrano & Conley, 2021). This finding has been confirmed, highlighting that increasing peer support workers within the ED settings aid in linking opioid overdose survivors to other needed services (Patel et al., 2022; McGuire et al., 2020).

Systematic barriers both on the micro and macro level, including the role of stigma, racism, and discrimination, impact the interpersonal relationships between the provider and the individual seeking services. Study participants reported negative adverse experiences when engaging with health care providers. To decrease the role of stigma, productive narratives of substance users should occur. Healthcare workers need primary education on addiction and evidence-based treatment (Pederson & Sayette, 2020). Increased training to expand the knowledge of addiction and change attitudes toward the population will combat the stigmatization when working with diverse people (Bascou et al., 2022).

Racism and discrimination have a deleterious impact on the substance use population. Social workers are ethically bound to address racism and discrimination, challenging policies, institutions, and social injustices (NASW Code of Ethics, 2017). There is a need to implement an

antiracist framework within institutions. Some ways to address racism and discrimination are raising racial consciousness/self-awareness and incorporating antiracist training among staff. There are additional recommendations to implement an antiracist framework when conducting assessments and to intervene with the substance use population (Matsuzaka & Knapp, 2019). Social workers use their advocacy skills to address social injustice, microaggressions, and racist actions at the individual and institutional levels.

Implications for Social Work Education

The study findings have implications for social work education. Study participants experience adverse experiences with providers, thus, highlighting the need for additional substance use disorder training. It is estimated that 87% of social workers have worked with clients with a substance use disorder during their work (Kourgiantakis et al., 2022). Although the landscape is changing rapidly, social workers are often undertrained to address substance use disorders (Mekonnen & Lee, 2021). Social work education is one avenue to increase harm reduction and risk reduction training within the addiction curriculum. Incorporating specialized education within the social work curriculum to treat co-occurring disorders is necessary (Kourgiantakis et al., 2022). Preparing trained social workers to address the opioid crisis is vital. Incorporating harm reduction within social work education will be critical to combat the situation.

In addition to the lack of substance use disorder training in social work, there is a scarcity of implementing an anti-racist framework both within the curriculum and experiential learning within social work education. Although not highlighted in the study findings, study participants continued to experience negative interactions with providers, thus, highlighting the need to train social work providers in antiracism further. Integrating anti-racist practice within the social work

curriculum creates opportunities to have productive dialogues regarding race and discrimination (Singh, 2019).

Implications for Research

This study provides foundational knowledge to increase future qualitative and quantitative research. Future studies are needed to explore the effectiveness of risk reduction and harm reduction methods and their impact on opioid overdose deaths. There is a limited representation of various racial/ethnic groups in testing standardized instruments within research (Burlew et al., 2021). Recruiting an adequate number of Black and Latinx individuals in research is suggested. The phenomenon of opioid overdose needs to focus on creating effective methods that can be generalized to racial and ethnic minorities impacted mainly by the condition.

Limitations

There are limitations to this study. Due to the small sample size, broad generalizations could not be made to the larger population. The study was conducted in English and with individuals who had access to a phone, internet, or tablet, posing another study limitation. The data is representative of the study participants themselves and are not larger reflections of all opioid overdose survivors or the substance use population in general. The study was also limited to the New York City area; incorporating other substance use and harm reduction centers across New York State presents an opportunity to diversify the sample. As with all qualitative research, the compensation and social desirability bias can impact the study participant's responses to the interview questions. Societal stigma regarding substance use may have affected the participant's reactions to a behavioral change since they were perhaps more likely to answer more positively. Lastly, there are some recruitment challenges that should be indicated. This research study

proposed to interview anywhere between 18-24 participants. Consequently, 11 study participants were interviewed, which is methodologically sound within a phenomenological qualitative study (Creswell & Poth, 2018).

Conclusions

The findings from this study highlight the need for swift interventions within the ED and outside the ED. Connecting opioid overdose survivors with peer support, MOUD, and other supportive services impacts a person's ability to reduce their risk of a subsequent overdose. Many opioid overdose survivors continue to experience adverse treatment experiences from staff when receiving services. There is a need to train both medical and social work providers in addiction theory, overdose risk reduction, and evidence-based treatment to implement important intervention targets. It is also essential to address the role of stigma, racism, and discrimination and their impact on this population. The alignment of these interventions will improve and help tailor the interventions to alleviate the disparate rates of opioid overdose deaths in this population within the US.

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A Qualitative Study: Harm Reduction and Opioid Overdose Strategies for Black and Latinx
Opioid Overdose Survivors

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Dissertation Paper #2

Abstract

Background: The United States (US) is amidst an opioid epidemic. In New York City (NYC), there are desperate rates of opioid overdoses among Black and Latinx communities. Many harm reduction methods are being implemented to curb the opioid crisis. Little is known about which strategies people of color use to reduce their risk of a subsequent overdose. **Purpose:** This qualitative phenomenological approach highlights the lived experiences of NYC Black and Latinx opioid overdose survivors and their strategies to reduce the likelihood of another overdose. **Methods:** A qualitative phenomenological approach with open-ended questions was used to interview 11 NYC participants between January and March of 2022. A thematic analysis was used to identify significant themes. **Results:** The sample's mean (\pm SD) age was 40.54 (\pm 13.84); 54.55% identified as Latinx and 45.45% identified as Black. Most of the sample reported heroin as their drug of choice. More than half (54.55%) of the sample reported having an income of <\$20,000 per year. Three themes were discussed: volition and control; risk factors for overdose; and risk reduction, services, and interventions. **Conclusions:** Continued education and training are needed to increase education about harm reduction methods and strategies among social workers and other health professionals. Implications for social work practice, education, and policy are delineated.

Keywords: opioid overdose; people of color; harm reduction; risk reduction

Introduction

Rates of opioid overdose deaths adversely impact the US populace. For the first time, the US has reached over 100,000 overdose deaths in 12 month period, ending in September 2021 (Ahmad et al., 2020). Fentanyl adulteration has further escalated the crisis, attributing many deaths across the nation (CDC, 2019). Across the US, there is a surge in opioid overdose deaths among communities of color (Drake et al., 2020). Black and Latinx communities carry the burden of disparate rates of opioid overdose deaths in New York City (NYC). In 2020, Black New Yorkers had the highest rate of opioid overdose deaths, followed by Latinx New Yorkers (Nolan et al., 2020). A previous non-fatal opioid overdose is a risk factor for a subsequent overdose (Caudarella et al., 2017). Innovative services and strategies are being implemented to combat the rising numbers of opioid-related deaths and reduce future overdoses.

To combat the opioid crisis, many programs provide education and tips to those who have experience an overdose to reduce the risk of a subsequent opioid overdose to combat the opioid crisis. Toolkits are provided to communities, first responders, providers, friends, and family members that suggest strategies to help alleviate and prevent overdose deaths (see SAMHSA, 2018 for more information). Many principles of these strategies and tips are grounded in the facets of harm reduction. Overdose prevention tips can include education about fentanyl adulteration, not mixing drugs, and never using alone (OASAS, 2021). Further research is being conducted on using fentanyl test strips as a harm reduction method due to the increased adulteration within the illicit drug supply (CDC, 2021).

Literature Review

A literature review was conducted to harm reduction methods for opioid overdose survivors. A discovery was used to search multiple libraries and journals. It allows to search the

journal libraries through a single search box (Hanneke & O'Brien, 2016). The following keywords were used in the search: harm reduction, opioid overdose strategies, syringe exchange, risk reduction strategies. Articles from the last ten years from (2002-2022) were included. Exclusion criteria included: articles that were written other than English; and studies conducted outside of the United States. The major themes that emerged are: harm reduction, medications for opioid use disorder, naloxone, and safer injection facilities.

Harm Reduction

In the US, harm reduction and syringe exchange programs were developed as a novel approach to the HIV epidemic, attempting to reduce the harm associated with substance use (Vearrier, 2019). The integration of harm reduction education is beneficial for programs where other forms of methods of treatment fail to meet the needs of those who continue to use substances (Perera et al., 2022). Overall, harm reduction strategies yielded significant cost savings compared to no interventions (Iijoma et al., 2021). Harm reduction meets people “where they are.” It is a practical strategy that reduces the consequences of substance use, ranging from safer use to abstinence (National Harm Reduction Coalition, 2021). Harm reduction services can range from opioid overdose prevention centers, syringe service programs, distribution of safer supplies, and education to reduce the consequences for people who use drugs (Perera et al., 2022). Evidence supports that harm reduction reduces overdose deaths, HIV/HCV infections, and unsterilized injection drug use (SAMHSA, 2022a).

Medications for Opioid Use Disorder

Medications for Opioid Use Disorder (MOUD) (i.e., methadone, buprenorphine, naltrexone) are utilized as a harm reduction method to treat an opioid use disorder. MOUD can help sustain recovery, prevent or reduce opioid use, and help relieve physiological withdrawal

symptoms (SAMHSA, 2022b). It has also been effective in reducing overdose risk and mortality (Sordo et al., 2017). Offering MOUD such as buprenorphine within harm reduction services has been proven to decrease fatal opioid overdoses, improve treatment engagement, and create significant cost savings (Adams et al., 2021). Other studies have presented similar findings (Guo et al., 2021; Koyawala et al., 2019; Larochelle et al., 2018; Victor et al., 2021).

Despite its usefulness, MOUD is often underutilized since there are common negative views and beliefs about MOUD (Hoffman, 2021). For example, individuals may perceive that MOUD is “replacing one addiction for another” (Woods & Joseph, 2018, p. 326). Another reason for the underutilization of MOUD is disparities in accessing treatment. MOUD treatment disparities continue to exist based on race/ethnicity and income. Black Americans were less likely to receive buprenorphine treatment than their White counterparts (SAMHSA, 2020; Lagisetty et al., 2019). Hospitals in predominately Black and Latinx communities had lower odds of offering programs to address opioid use disorder (Chang et al., 2022). Targeted interventions are needed to reduce the racial disparities in treatment, specifically buprenorphine (Hansen et al., 2016). A further investigation is necessary to understand the underutilization of MOUD for people of color.

Naloxone

In 2018, the US Surgeon General urged the expansion of naloxone as a tool to prevent opioid overdoses (Rubin, 2018). Initiatives to increase access and distribution of naloxone, an opioid antagonist that reverses opioid overdoses, are included within the harm reduction continuum (Parkin et al., 2020). Naloxone is a strategy to reduce opioid overdose deaths, and it is found to be effective in overdose prevention programs (Dolatshahi et al., 2019; Lim et al., 2016). A significant study by Jones et al. (2021) found that Black individuals, who did not have access

to a harm reduction program, were less likely to have take-home naloxone, highlighting the importance of outreach to connect high-risk individuals to harm reduction programs. People of color were also less likely to receive a prescription for naloxone compared to their White counterparts (Madden & Qeadan, 2020; Kinnard et al., 2021). Increasing access and equitable distribution of naloxone in communities with a higher proportion of opioid overdose events is critical.

Safer Injection Facilities

Evidence of the effectiveness of safer injection facilities (SIFs) is growing. Although there is political controversy regarding SIFs, it is a harm reduction intervention that allows individuals to use substances under medical supervision (Levenwood et al., 2021). Harm reductionists continue to advocate for implementing SIFs, which have been employed in countries across Europe. Recently, US cities, including New York City (NYC), are implementing SIFs as a harm reduction method to address the growing opioid crisis. So far, NYC's SIFs have "averted over 230 overdoses" (NYC DOHMH, 2021). Levenwood et al. (2021) conducted a systematic review of previous studies. They found that SIFs reduced overdose mortality and morbidity, improved injection drug use behaviors, and increased access to substance use treatment. Most of the study samples (80%) were White respondents, while 19.9% identified as non-White individuals. The effectiveness of this intervention is unknown for Black and Latinx, who are currently experiencing the burden of the opioid crisis in the US. This gap of knowledge needs to be addressed further.

Furthering our understanding of treatment disparities is essential to addressing the opioid crisis for people of color. Many strategies to reduce the risk of overdose are widely available for people who use drugs; however, little is known of the Black and Latinx experiences with harm

reduction and opioid overdose prevention strategies. Increasing the body of knowledge regarding “what works” for Black and Latinx individuals will be vital to curbing the disparate rates of opioid overdoses among the population. Targeting the population with specifically tailored interventions will also be helpful to many institutions and behavioral health providers working with them. This study aims to investigate further the experiences of Black and Latinx individuals and their use of harm reduction and strategies used to reduce their risk of an opioid overdose.

Purpose of the Study

There is a gap of knowledge surrounding which strategies and harm reduction methods people of color are using to mitigate their risk of an opioid overdose. Building on the already existing knowledge of interventions that are effective for the general population, this investigation aims to further the understanding of the lived experiences of Black and Latinx opioid overdose survivors and the strategies they currently use to mitigate their risk of a subsequent overdose. Using a qualitative phenomenological inquiry, the research question for this study is as follows: What are the strategies used by Black and Latinx individuals to help lower the risk of experiencing a subsequent overdose?

Methods

Research Design and Setting

A qualitative phenomenological inquiry was used to understand further the shared experiences of Black and Latinx individuals with an opioid overdose (Creswell & Poth, 2018). The study conducted a recorded virtual qualitative interview using a semi-structured interview guide (Appendix A) with adult participants who resided in New York City, identified as Black and Latinx and experienced an opioid overdose. Data is collected from individuals who share a similar phenomenon. This study was approved by the Institutional Review Board (IRB) at Yeshiva University (Appendix B).

Selection of Study Participants

Study participants were eligible for the study if they: (1) were English-speaking; (2) were 18 years and older; (3) identified as Black and/or Latinx, (4) resided in NYC; (5) had access to a smartphone or computer and internet, (6) previously received or currently receiving substance use related treatment; and (7) they were able to provide informed consent. Purposive and snowball sampling methods were used to recruit study participants (Creswell & Poth, 2018).

A recruitment flyer (Appendix C) was distributed among the New York state Office of Addiction Services and Supports (OASAS) outpatient NYC substance use clinics and harm reduction centers to recruit the study participants. Two of the harm reduction centers serve as NYC's SIFs. A recruitment email (Appendix D) was sent to program administrators to distribute the flyer among their clientele. A total of sixteen (16) syringe service programs (SSPs)/harm reduction centers were emailed. The flyer was also distributed on LinkedIn and professional groups. Previous interviewed study participants could refer to other potential participants for the study that were within their social networks.

Some recruitment challenges should be noted. This study proposed interviewing 18-24 participants; however, 11 study participants were interviewed. According to Creswell & Poth (2018), the interviewing standard within a phenomenological qualitative study is anywhere between 5-25 participants. The number of interviewed participants fits into the phenomenological qualitative interviewing standard.

Data Collection and Interview Procedures

The distributed research flyer contained a phone number that participants were asked to call to screen for eligibility. Upon screening, the researcher asked basic demographic (age, residence in New York City, etc.) questions to determine study eligibility while protecting the

participants' confidentiality. Once eligible, the researcher sent an electronic link to a Qualtrics survey to the study participants. The survey collected the study participant's consent (Appendix E) to participate and consent to be audio or video recorded. It also asked basic demographic questions (i.e., age, gender, race, ethnicity, residence in NYC, income, sexual orientation, marital status, level of education, and housing status). Study participants were informed that the study was voluntary and could withdraw their consent at any moment. Once the study participants consented to the study, an appointment was made to conduct the virtual qualitative interview through Zoom. A semi-structured interview guide was used for this study (Appendix A). Study participants were given a \$25 gift card honorarium for their participation.

Data Analysis and Coding

STATA version 17.0 was used to calculate descriptive statistics of the sample (Statacorp, 2021). All interviews were audio-recorded and transcribed. All of the transcriptions were deidentified. The study participants were given alias names. ATLAS TI was used for the qualitative data analysis (Creswell & Poth, 2018). Through horizontalization, the common themes were organized into significantly more prominent themes. First, 'open coding' was used to develop a list of initial themes. 'Axial coding' was used to reduce the initial themes into more prominent significant themes and patterns. After the completion of developing more prominent themes, a codebook was developed. The codebook consists of major themes, the description of the themes, and an example of a quote related to that theme. Using the codebook, secondary data analysis was conducted to increase the validity and reliability of the data. To assist with the analyzation of the data, two theoretical frameworks were used. First, the theory of reasoned action explains beliefs regarding substance use behavior (Morrison et al., 2002). The second theoretical model used was critical race theory. Critical race theory provides a framework for the

intersectional nature of racism, microaggressions, and discrimination and its impact on Black and Latinx individuals (Huggins, 2012). To reduce bias, the researcher used memos, self-reflection, and bracketing. Lastly, descriptions were written to depict the common phenomenon further.

My Personal Perspective

The researcher has a personal connection to the topic of this study. The researcher identified with a person with lived experience with a family history of substance use addiction. Also, the researcher identifies as Latinx. Lastly, the researcher has worked with the substance use disordered population providing psychotherapy and counseling.

Results

Participant Characteristics

All 11 study participants were interviewed between January through March of 2022, and all reported living in New York City. More than one-third of the sample reported living in the borough of Manhattan (36.36%). The mean age of the sample was 40.54 (SD=13.84). The study participants primarily identified as male (63.64%). The majority identified as Hispanic or Latinx (54.55%). In comparison, 90.91% of the study participants identified as heterosexual. About one-third (36.36%) of the participants reported having a bachelor's degree as the highest level of education. The vast majority reported having an annual income of less than \$20,000 (54.55%), living in their own apartment (54.55%), and identified as being single (72.73%). Table 1 displays the full demographic of the sample.

The drug of choice reported by study participants was heroin (7/11), followed by other opioid analgesics (4/11). Participants identified several risk factors/reasons for overdosing, including pain (n=3), using after a period of abstinence as another risk factor (n=3), and using for relieving anxiety, stress, and mental health symptoms (n=3). Participants also reported experiencing withdrawal symptoms as a reason for using substances (n=2). Many study

participants reported mixing drugs that caused them to overdose, such as mixing heroin and cocaine and heroin and alcohol (n=2). Previously to their overdose, all the participants reported prior substance use.

Themes

The results below are organized by the study's participant perspectives discussing volition and control, the overdose experience, identified risk factors and overdose experience and risk reduction strategies, and views of behavioral change.

Volition and Control

The accounts of ten (n=10) participants discussed their perception of the lack of control over their substance use. Despite their number of years using substances, study participants discussed using less potent drugs (marijuana, etc.) at first before committing to using more powerful drugs (e.g., heroin, etc.). Several participants discussed their need or desire to stop using drugs; however, they were unsuccessful. The results from this theme highlights control beliefs within theory of reasoned action (Morrison et al., 2002). For example, Eddie (Latino male, 40 years) recounted the progression of their substance use addiction and their lack of ability to control their use.

"I started smoking weed when I was like 16. I tried heroin for the first time in prison in 1992. I tried it for the first time as an adolescent, and then I tried it again [heroin] in 1996. I didn't get addicted to it [heroin]. I did a lot of time in prison. I did the first four years. Then 16 years, and then two more years, but I didn't get hooked [addicted to heroin] until I was 38 when I came back from prison."

When Eddie was asked about their ability to control their substance use, he said,

"No, people say that all they want, but you don't have control, not even over weed."

The experience of withdrawal symptoms impacted some of the study participant's ability to stop or decrease their use. It became a challenge for study participants; therefore, some stories discussed that they continued to use, despite their desire to cut down or stop. One participant, John (Latino Male, 30 years), discussed using heroin to relieve withdrawal symptoms and his desire to stop using. On the day he experienced an opioid overdose, John used about 5 to 6 bags of heroin to alleviate his withdrawal symptoms. John describes his withdrawal symptoms:

"That's what prevented me; I just really wanted to stop. I don't like waking up feeling incredibly tired because I am a little sick or my nose is running, yawning, my tears are coming out, and I feel exhausted."

Eddie's and John's experiences suggest that individuals lacked control over their substance use, where withdrawal symptoms, pain, and other mental health symptoms were barriers to abstinence and reducing their use. It speaks to the need for other pharmacological and psychosocial interventions.

Risk Factors

Study participants identified many risk factors as a precursor to the opioid overdose event. Results from this theme illuminate behavioral beliefs and attitudes towards the behavior within the theory of reasoned action (Morrison et al., 2002). One risk factor identified was a period of abstinence while incarcerated. Ana (Latina female, 40 years) discussed many risk factors, including a period of incarceration, using alone, a family history of addiction, and triggers such as being around people actively using.

Ana has experienced several overdoses; however, the events have not changed her viewpoint or attitude towards substance treatment. The first time she overdosed, she was recently released from incarceration. After her release, she used the same amount of substances before her incarceration, causing them to overdose due to tolerance changes. When she overdosed, she was using alone, which is another risk factor for a fatal opioid overdose. A friend found her unconscious and called EMS, where they administered Naloxone and, therefore, was revived. Ana discusses her viewpoint on tolerance:

“Right, that's what happens, but um, I had come home from Rikers Island, and I was in there for about; I think I did like six months or something. You know how it says that you shouldn't go back to what you used to do because you don't have that same [tolerance].”

The experience of pain was another risk factor identified for many study participants. One participant discussed experiencing physical pain due to a chronic health condition; therefore, using heroin to relieve the pain. Jade (A black female, 30 years) told her story about her chronic back pain. She was previously prescribed opioids to relieve her chronic condition. The day she unintentionally overdosed, she took more opioid pills than prescribed. She reported ingesting a total of 6 tablets. Jade's mother found her unresponsive, attempted to perform CPR, and immediately called 911. Emergency responders revived Jade with the administration of Naloxone, and she was taken to a nearby hospital. Jade explained her story when she overdosed:

"That day, I was in really total pain. I took the medication to relieve my pain because it was chronic back pain. It was persistent. I just took more than the usual dose."

A second participant told their story about using heroin to relieve a chronic health condition. Rachel (Latina Female, 30 years) described that addiction runs in her family. One day, her boyfriend was concerned about her crying due to the chronic pain. To relieve her pain, she used heroin and then overdosed. Rachel described experiencing two overdoses in her lifetime. Rachel indicated that depression and mental health were why she was using heroin. She attempted to relieve mental health symptoms with the use of heroin.

In comparison, her last opioid overdose was the most impactful for Rachel. Rachel indicated that she mixed Xanax and injected heroin for the previous overdose. She then passed out. Her boyfriend found her unconscious in the bathroom, administered Naloxone, and called 911. Rachel recalls her story about using it to relieve pain:

"Okay, no, so actually, someone forced it. My first boyfriend forced it in my nose because I have endometriosis, a painful condition. He didn't want to hear me crying and pain."

As with Rachel, participants also reported that they mixed drugs during their overdose event.

Another participant indicated:

"So we bought heroin, we bought cocaine, and I don't know if the heroin product probably was a little more strong because I used to have the habit of buying from the same person."

The identified risk factors such as a period of incarceration, pain, mental health stress, and symptoms expressed by Ana, Rachel, Jade, and many other participants underscore the value of identifying these factors for early intervention to tailor specific risk reduction messaging.

Risk Reduction, Services and Intervention

After experiencing an opioid overdose, many study participants incorporated strategies to reduce their overdose risk. They have made some behavioral changes to their use and enrolled in services post the event. Normative, control and behavioral beliefs within the theory of reasoned action helps to explain this theme (Morrison et al., 2002). Robert (Black male, 30 years) expressed the story of his first opioid overdose. He used heroin in a public bathroom of a coffee shop. The next thing that Robert remembers is "blacking out" and then waking up in the hospital. Although Robert did not express a desire to stop using, he incorporated some strategies to reduce his use. Robert describes some overdose risk reduction strategies:

"Now, I am not using by myself; I am using with other people, and I am aware of what's going on. Someone else is aware of my surroundings and what I am doing. I am doing it with other people. And like I said, only paying attention to taking a test hit, versus going out and just taking a hit like that straightforward without testing it. I do the fentanyl test strips."

Another participant, Jose (Latino, 30 years), discussed that after his second overdose, he decreased his use and carried Naloxone with him. Jose now doesn't use it by himself to stay safe. Jose expressed a desire to reduce his use and contemplated using a different method to use his drugs.

"I'm using less than before. And yeah, I'm using less than before and still shooting up [injecting]. Hopefully, I could stop shooting up and sniff instead. I'm always, always, always have someone around just in case. I have somebody around, you know, either a friend or whatever the case may be somebody around just in case. So I don't like, I don't like doing drugs on my own."

Several participants expressed joining MOUD after the overdose. As seen previously, Jose (Latino, 30 years) wanted to curtail his use. After this overdose, he joined a methadone maintenance program to assist him in meeting his goals:

“I mean, I joined the methadone program after [the overdose]. I wanted to stop, man, I wanted to stop. I wanted to stop right after my first overdose, and I tried to, you know, it was still hard.”

While Rachel (Latina Female, 30 years) after her overdose, enrolled in Vivitrol treatment, another option for MOUD:

“So I went on Vivitrol, and I mean, it's a miracle that they have that.”

Many participants discussed avoiding triggers to substance use, including avoiding people, places, and things that remind them of the substance use. So many other participants use a variety of substance use services, including outpatient and inpatient substance use treatment, mutual aid groups (i.e., narcotics anonymous), and mental health treatment. There was a mixture of negative and positive experiences with the various treatments. This tells us that individuals are figuring out the best course of treatment to alleviate the problem, which has implications for education and linkage to services post the overdose event.

Discussion

This qualitative study aimed to examine the experiences of Black and Latinx opioid overdose survivors and the strategies used to reduce their overdose risk. Findings from this study

are congruent with the theory of reasoned action and the critical race theory, two theoretical models used for the study. Utilizing the lens from the theory of reasoned action, explains control, normative and control beliefs related to the intention or no intention to use opioids. This study found that participants used many methods and behavioral changes to reduce their risk of a subsequent opioid overdose. It was found that individuals who experienced an overdose initiated some behavioral change, incorporating practical strategies to mitigate factors for a future opioid overdose. Behavioral changes were made post the overdose event. Given that opioid overdose survivors were given naloxone, thus, increasing precipitated withdrawal, they are more at risk of an opioid overdose. It is essential to illustrate further that an opioid overdose is a critical intervention point to engage the population within their most vulnerable time.

Volition and Control

Opioid overdose survivors of color discussed their desire to cease or decrease their substance use. At the same time, some participants indicated that they wanted to continue to use substances. Many individuals reported being on the spectrum regarding their readiness to change from a pre-contemplative to a contemplative space to modify their substance use behaviors (Prochaska & Velicer, 1997). Albeit from their willingness to change, the study finding suggests that identifying an opioid overdose is an opportunity to engage the population. Often, after experiencing an overdose, emergency responders initially engage the survivor to stabilize them. Early identification of overdose risk by emergency responders creates an opportunity for intervention with the population (Barefoot et al., 2020). Emergency responders are uniquely positioned to prevent overdoses in the future. In addition, this theme further suggests that rapid linkage to care to services is needed following an opioid overdose (Hawk et al. 2020).

Overdose Experience and Risk Factors

Many participants discussed their experience with an opioid overdose, while many others reported using alone, which is a risk factor for a fatal opioid overdose. This finding suggests that the identification of risk factors for an opioid overdose can assist with tailoring a specific person-centered approach among many healthcare practitioners. Participants discussed using substances with friends and family members, which presents a lifesaving opportunity if the friend/family is trained and has naloxone on hand to revive the individual. This illuminates to the need to continue to increase the expansion of the provision of naloxone distribution is urgently needed throughout the communities impacted by the opioid crisis (Wood et al., 2021).

This study also found that overdose survivors use substances to manage many physical and mental health symptoms. Mental health symptoms and pain increase the risk of an opioid overdose (Tomko et al., 2022). The lack of ability to manage pain and mental health stress was identified as a risk factor for study participants since they had to use substances to alleviate it. The study findings illuminate the need for additional screening to identify these risk factors further to address individuals with an opioid use disorder (Peck et al., 2021).

Results indicated that overdose survivors identified other risk factors for their overdose, such as experiencing changes in drug tolerance, experiencing withdrawal symptoms, and being recently released from incarceration. The risk for an overdose increases after an individual is released from incarceration as withdrawal symptoms increase overdose risk (Bluthenthal et al., 2020). A study conducted by Mital et al. (2020) called for the implementation of prevention strategies for the population, increasing access to evidence-based treatment (e.g., MOUD), and substance use services post-incarceration to reduce the overdose burden (Mital et al., 2020).

Connection to MOUD treatment benefits the criminal justice population in mitigating withdrawal symptoms.

Combining substances can increase the risk of an opioid overdose. This study found that study participants mixed drugs before suffering an overdose. Fentanyl, a synthetic opioid, is 50-100 times more potent than morphine, the main culprit contributing to opioid overdose deaths (NIDA, 2021). Findings from this study suggest that some participants were aware of the overdose risk; however, many others did not mention fentanyl. This does not indicate that they were not aware of the risks, yet, this is a limitation of the current study, which failed to assess their knowledge of fentanyl risk. Further research is needed to understand further how people who use drugs have adapted to the adulteration of fentanyl within the drug supply (Blachman-Forshay et al., 2018).

Risk Reduction Strategies

This study found that participants implemented some behavioral changes, including enrolling in MOUD treatment and mental health services. Individuals who were not ready to stop using implemented practical risk reduction strategies to reduce consequences aligned with harm reduction. Not all participants discussed being connected to some harm reduction services. This is perhaps due to stigmatizing views and attitudes towards harm reduction centers. Stigma regarding harm reduction is a barrier to accessing services (Reynolds et al., 2022). Notwithstanding, this current study suggests that many opioid overdose survivors of color are implementing risk reduction strategies; however, education regarding the techniques should increase.

Implications

Implications for Social Work Practice

There are several practical strategies that the social work profession can implement to address the opioid epidemic. Study participants expressed implementing practical strategies to reduce their risk. There are interventions available to help individuals stay safe even though they have a low level of motivation or cannot stop using drugs. First, social workers can implement brief interventions during their engagement with opioid overdose survivors. This study's findings further illustrate that participants had a desire and willingness to change their substance use, indicating that they were in a contemplative phase of change (Prochaska & Velicer, 1997). Other participants were not seeking to change their behavior. Despite their readiness for change, enhanced patient brief intervention will be beneficial to building motivation and increasing linkage to services (Hawk et al., 2020). Embedded ED social work practitioners could continue to deliver brief interventions (i.e., motivational interviewing, SBIRT) as a direct practice tool to enhance motivation for change. Although studies support those brief motivational interventions for alcohol use with ED patients are efficacious; however, future research is needed to investigate the effectiveness of brief interventions with opioid use (Bucker et al., 2021).

Secondly, social workers can implement risk reduction strategies while providing treatment to the population. Although some participants engaged in some risk reduction strategies, it is unknown if all participants had knowledge of harm reduction. Harm reduction has gradually entered the clinical practice arena, enhancing the approach to treating the substance use population (Vakharia & Little, 2016). Many study participants used practical strategies to reduce overdose risk (i.e., not using alone, carrying Naloxone, buying from the same dealer, using fentanyl test strips, and using in public places). Other tips are available such as using slow, using

less, snorting, smoking their drugs instead of injecting, spacing out doses, taking turns using, and providing fentanyl education (Harm Reduction Coalition, 2021).

Various other participants discussed only inpatient and outpatient treatment programs to reduce their risk; however, it is unknown if they have received education about nontraditional harm reduction methods. However, another study found that people who use drugs have employed many strategies to reduce their risk (i.e., using less of the substance, abstaining, using slowly, and taking a test shot) (Rouhani, 2019). One way to increase risk reduction strategies among the opioid use disordered population is to include these strategies within the social work intervention by providing psychoeducation. This will increase the adoption of risk reduction methods for opioid overdose survivors to reduce their risk of a subsequent overdose.

Lastly, another method to address the problem is to assist the population by increasing and facilitating access to MOUD and other psychosocial services (Lister, 2019). Study participants expressed the desire to enroll into services following an opioid overdose. Social workers are keenly aware of the available systems and resources for individuals, communities, and families. They can utilize their facilitation skills to aid in connecting the population to needed services. Study participants reported many physical and mental health stressors contributing to their substance use. Concurrent treatment of mental health, and substance use, while addressing psychosocial problems increases and sustains the recovery process (Snell-Rood et al., 2021).

Implications of Social Work Education

The social work profession works with some individuals affected by an opioid use disorder, particularly individuals affected by opioid overdoses. Findings from this study suggests that participants needed a supportive person available after an opioid overdose. A prepared and

adequately trained social workforce will play a vital role in addressing the opioid crisis. Nonetheless, social work education programs are not fully equipped to meet the behavioral health care needs of the population. It is estimated that by 2025, there will be a deficiency of 17,000 behavioral health social workers (HHS, 2020). Although this is increasing, only 14.3% of the Master of Social Work (MSW) programs offer a concentration on substance use addiction, while 4.7% of the MSW programs have one or more elective courses (Halmo et al., 2021).

Encompassing opioid overdose education within the social work curriculum plays a pivotal role in increasing expertise and shifting attitudes towards the population (Taylor et al., 2018). Incorporating a robust substance use curriculum will increase the number of social work students graduating with the necessary skills and knowledge to address the opioid crisis.

Targeted education and training will assist in providing services given to individuals who have an opioid use disorder.

Implications for Policy

This study's results suggest policy implications for training, hospitals, and changes to the public health response. Additional training and education are crucial to providing treatment. The study participants discussed needing MOUD and enrolled in MOUD post their overdose event. Experiencing an overdose event motivated behavioral change by enrolling in MOUD treatment. The study findings suggest that novel approaches to increase MOUD induction within the ED should be incorporated (Herring et al., 2021). Implementing best practices regarding education and training for clinical staff to provide opioid use disorder treatment and care has been well documented (Bogan et al., 2020; Im et al., 2020). Increasing training on addiction theory and evidence-based treatment is needed for clinical and behavioral health staff.

Increasing linkage to care to services immediately after an opioid overdose is critical. Individuals present within the ED for an overdose are often given some level of treatment and information, while post-care guidelines are limited within hospital institutions (Crisanti & Earheart, 2021). Some study participants expressed the need to be given treatment alternatives after an opioid overdose. Establishing clear hospital discharge guidelines and policies is suggested to provide opioid overdose survivors with Naloxone, case management, and peer workers to connect survivors to substance treatment and harm reduction services (Vivolo-Kanter et al., 2018). The increase of peer support workers within the EDs is on the rise.

Studies have suggested that individuals are more likely to engage in treatment when MOUD is initiated in the ED (NIDA, 2020). Study participants enrolled into MOUD treatment following the opioid overdose. A further increase in funding is needed to implement peer programs within the ED that will help engage the population. Peer support workers have been identified as an evidenced based practice and are integrated into various behavioral health settings (Fogleson et al., 2021). In conjunction with other multidisciplinary team members, engagement is maximized by the integration of peer support workers within the EDs to provide warm handoffs to MOUD and other services (Patel et al., 2022). The development of ‘handoff to care’ procedures programs for overdose survivors from the ED to various other treatment services should be widely implemented (High et al., 2020). The majority of the staff working in the handoff to care programs are peer support workers, individuals with lived experience (Elliot, Bennet, Wolfson-Stofko, 2019). Thus, the adoption of peer support workers will improve the connection to services for overdose survivors within hospital settings.

The expansion of fentanyl test strips as a harm reduction tool should be widely available. One participant reported using fentanyl test strips as a harm reduction method. Though, in some

states, current paraphilia laws prohibit the use of test strips. Approving and implementing this harm reduction method will benefit the population. Fentanyl test strips detect the fentanyl in the drug supply, and health departments and states should continue to consider this a viable option (Reed et al., 2022). Research points out that using fentanyl test strips has changed substance use behaviors; identifying fentanyl in the drug supply provoked individuals to use less of the substance (Park et al., 2021). A current effort is being made to expand fentanyl test strips to curb the epidemic (SAMHSA, 2021c).

There is limited implementation of SIFs within the US. The study findings have shown that study participants were engaged in harm reduction services. Further expansion of SIFs merits consideration to reduce overdose mortality. A federal judge in 2020 ruled that SIFs do not violate federal law, which allows states and cities to begin the operation of this needed harm reduction center (Wares et al., 2021). Although the implementation of SIFs in the US has been largely controversial politically, there is an increased willingness to utilize SIFs, as one study has found (Bouvier et al., 2017). SIFs improved health outcomes, prevented overdoses and increased cost savings (Irvin et al., 2017). Therefore, the enactment of SIFs has benefits for the substance use population. Linking opioid overdose survivors to SIFs is another method to support the individual further.

Implications for Research

There is a dearth of knowledge regarding the effectiveness of existing interventions in communities of color. This research study intentionally recruited and sought out the Black and Latinx populations, who are mainly underrepresented within research. The study provided a steppingstone to highlight the lived experiences of the study participants. Future research is

needed to investigate further the efficaciousness of interventions and strategies for the Black and Latinx population to tailor interventions and services to improve care.

Limitations

As with all research, there are several limitations to this study. First, it is vital to consider the generalizations that can be made due to the study's small sample size. Secondly, the study compensation and social desirability can impact the study participant's responses to the qualitative questions. Society's stigma regarding substance use disorders may affect a person's motivation to change. Thirdly, the study was conducted in English, thus, not capturing the non-English speaking populations. Lastly, the study recruited individuals who had access to a phone, internet, or tablet. Therefore, the study did not capture a population segment that lacked access. There were some sample recruitment challenges. This study initially aimed to interview anywhere between 18-24 individuals; however, 11 study participants were interviewed. Despite this, interviewing 11 study participants fits well into the interviewing standard in a phenomenological study (Creswell & Poth, 2018). Despite the limitations, this study's findings provide foundational knowledge of the opioid overdose experiences and the strategies used to mitigate the risk of a subsequent overdose. A greater understanding of what works for the Black and Latinx population can improve and tailor intervention and services, thus, improving the care.

Conclusion

This study explored the experiences of Black and Latinx opioid overdose survivors within NYC and their strategies to reduce their risk of another overdose. Incorporating harm reduction and opioid overdose strategies within social work academia will elevate social work's precedence to aid the most vulnerable and underserved population. Integrating harm reduction and opioid overdose prevention strategies within the social work substance use curriculum is

needed. Findings from this analysis also underscore the critical need to intervene with opioid overdose survivors of color. This study strongly suggests implementing future research to measure the efficaciousness of strategies and interventions for Black and Latinx opioid overdose survivors. For example, it is unknown if brief motivation interventions are effective for opioid substance users. Thus, this will increase our understanding of what works for them while addressing other psychosocial stressors. Implementing strategies and practical interventions will increase the provision of best practices for Black and Latinx overdose survivors.

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Implications of Stigma, Discrimination and Racism for Black and Latinx Opioid Overdose
Survivors

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Dissertation Paper #3

Abstract

Disparate rates of opioid overdoses are racially polarized. Black and Latinx communities face the brunt of the opioid epidemic in the USA. Stigma is proven to increase the likelihood of an opioid overdose. There is a dearth of knowledge surrounding those in communities of color who experience stigma and discrimination when seeking healthcare, including substance use treatment. Further understanding is needed to explore experiences of Black and Latinx facing stigma and discrimination following an opioid overdose. This conceptual paper highlights the literature on the role of drug-related stigma and oppressive forces and its impact on health and behavioral health inequities. Additionally, it will highlight with quotes the experiences of study participants participating in a qualitative study conducted among NYC opioid overdose survivors of color will be illustrated. Implications for social work practice, education, policy, and research will be further delineated.

Keywords: opioid overdose, people of color; disparities; stigma; racism

Introduction

Nationally within the United States, opioid overdose deaths have reached over 100,000 in the 12-month period ending in September 2021 (Ahmad et al., 2020). Communities of color are currently bracing the burden of opioid overdose deaths. Opioid overdose death rates have worsened among the population (Drake et al., 2020). Black and Latinx individuals have also experienced an increase of 26.55% for non-fatal opioid overdoses throughout 38 states (CDC, 2020). There is an estimated 40% increase in overdose deaths among non-Hispanic Black individuals compared to non-Hispanic Whites in 2019 (Laroche et al., 2021). Black and Latinx identified individuals are further impacted in large cities such as New York City, where Black New Yorkers have experienced a surge of overdose deaths, followed by Latinx New Yorkers in 2020 (Nolan et al., 2020). These disparities are exacerbated by stigma, racism, and discrimination impacting inequitable access to behavioral health care.

This article will discuss concepts of racism and stigma and their impact on Black and Latinx overdose survivors. Quotes and examples will be drawn from a qualitative dissertation study to illustrate study participants' negative experiences with providers when receiving care for their opioid overdose. Lastly, this article will discuss implications for social work practice, education, and policy.

What is Racism?

Racism profoundly affects society as it often marginalizes and excludes minority and ethnic groups (Ali et al., 2021). Braveman et al. (2022) describe racism as “the relegation of people of color to inferior status and treatment based on unfounded beliefs about innate inferiority, as well as unjust treatment and oppression of people of color, whether intended or not” (p. 171). Miller and Garran (2017) outline levels of racism as intrapersonal, interpersonal,

intergroup, and institutional (shown in Figure 1). Intrapersonal racism often referred to as internalized racism, is internalized messages received through the family upbringing, books, films, and the media. These internalized messages create feelings of superiority or inferiority. This can impact self-esteem and self-efficacy. For example, Black individuals get societal messages that they are inferior; therefore, they may have difficulty accepting their identity. These negative messages are then internalized into stereotypes and biases about oneself. At times, these stereotypes are conscious and unconscious. Interpersonal racism is expressed through the interaction between people through the expression of microaggressions and aversive acts toward marginalized groups.

On the other hand, intergroup racism is a level of racism resulting in the dominant group excluding and discriminating against the minority group. For example, Whites have more access, power, and the privilege to resources versus a minority group (e.g., Blacks, etc.). At the institutional level, racism occurs within society's legal, governmental, and other major societal institutions. It leads to unfair distribution of goods and services, including adequate health and behavioral health care (Miller and Garran, 2017). Racism is a complex and interactive process, and it has a deleterious effect on the health and behavioral health of people experiencing an opioid overdose. Figure 1 presents the spectrum of racism.

Racism and Disparities in Healthcare Systems

Racial inequities continue to exist in the US healthcare systems, including in the treatment of substance use disorders (Truong, Paradies, & Priest, 2014). Evidence shows that people of various races do not receive equitable treatment (Feagin & Bennefield, 2014). Black and Latinx communities experience systematic stressors that impact their ability to access and complete treatment. Socioeconomic and structural barriers such as discrimination, housing

instability, and the inability to afford adequate healthcare are directly related to drug use consequences (Biancarelli, 2019). People of color often experience bias and stereotyping when receiving healthcare (Santoro & Santoro, 2018). Black and Latinx individuals make up 40% of program admissions in substance use treatment, yet, they are less likely to complete substance use treatment than the White population (Soloner & Le Cook, 2013; Mennis et al., 2016). People of color “experience more barriers to treatment engagement, completion and satisfaction than their white counterparts” (Matsuzaka & Knapp, 2020, p. 1). Racism threatens people of color’s trust in the healthcare system (Nelson, 2002).

Other socioeconomic factors (e.g., income, education, employment, etc.) within marginalized communities have contributed to inequities in accessing treatment. For instance, Black and Latinx individuals had limited access to buprenorphine providers, yet White individuals were twice as likely to report prior prescriptions of buprenorphine (Gretner, 2019; Schiff et al., 2020). Disparities in treatment engagement and retention in methadone treatment have also been found. Black and Latinx individuals were less likely to remain in methadone treatment due to co-occurring disorders and experiences with structural racism and bias (Marsh et al., 2021). Previous research findings warrant improved access to buprenorphine and methadone, addressing structural and socioeconomic barriers. There is a need to address racism, discrimination, and stigma toward the substance use population, including those individuals who have experienced an opioid overdose.

Drug Related Stigma

Moralistic values that portray substance use as a personal failure have contributed to multiple crises, including the opioid crisis (Minhee et al., 2019). A form of discrimination, drug-related stigma has had a deleterious effect on the substance use population. Stigma is further

entrenched with negative media portrayals of opioid overdose survivors. A study found that individuals who viewed opioid overdose images reported a lower willingness to help the population (Parent, Carrigan & Pazda, 2021). Negative media portrayals have unintended consequences for people who use drugs, further perpetuating stigma. People who use drugs tend to internalize stigma, believing that substance use is a moral failure rather than a disease. Internalized stigma impacts self-esteem and low self-efficacy (Jacobi et al., 2022).

Stigma impacts opioid overdoses and has a profound effect on access to treatment. A study found that individuals who experienced weekly stigma had 60% higher odds of overdosing (Couto e Cruz et al., 2018). Similar studies have reported similar findings (Dovey, Fitzgerald & Choi, 2011; Latkin et al., 2019). Individuals involved in the treatment for Medication for Opioid Use Disorder (MOUD), such as methadone and buprenorphine, also experience stigma. MOUD has been outlined as the gold standard for treating an opioid use disorder and has been associated with reducing drug overdose and treatment retention (Bart, 2012). However, MOUD is highly stigmatized as it is often viewed as one drug substitution for another (Wakeman, 2017). Thus, this creates barriers to access to care. Drug-related and MOUD stigma continues to add to the social marginalization of the population (Madden, 2019). Addressing stigma is crucial to ameliorating overdose deaths within communities of color.

Provider Bias, Racism and Stigma

Perceptions of provider bias and stigma are off-putting for people who use drugs and those seeking health care (Heath et al., 2018). Stigma creates an atmosphere that people who use drugs want to avoid (Tuliao & Holyoak, 2020). One study found that implicit provider bias impacted the patient and provider relationship, which continues to intensify health disparities (Sim et al., 2021). Provider stigma towards many health disorders, including substance use

disorders, is associated with differential treatment (Charles & Bentley, 2018). A major study conducted by Brown et al. (2022) found that healthcare providers less familiar with substance use disorders and MOUD are more likely to have stigmatizing views. Findings from other studies are consistent with the study's conclusion (Brener et al., 2010; Pfitzner & Kapitány-Fövény, 2018). More studies are needed to explore further the experiences of Black and Latinx individuals experiencing bias and stigma post an opioid overdose.

The current literature explored the role of stigma, racism, and discrimination and their impact on the substance use population, contributing to many health inequities. The qualitative study conducted focused on the lived experiences of opioid overdoses among NYC Black and Latinx individuals. The findings from the study highlighted that many opioid overdose survivors expressed risk factors, strategies to mitigate their risk, and unmet needs. The results further highlight the need for earlier engagement in treatment, linkage to care, and increased training and education among social work and health care staff about harm reduction and risk reduction strategies. Although stigma, racism, and discrimination were not significant themes in the qualitative study, some participants expressed negative experiences with providers. It emphasizes that individuals of color continue to experience negative adverse experiences with providers when receiving healthcare. It underscores the value of addressing stigma and racism at the micro, mezzo, and macro level. Below are some of the study participants' experiences with negative adverse treatment, stigma, racism, and discrimination when receiving care after their opioid overdose.

Experiences of Opioid Overdose Survivors

The qualitative study collected the below responses, exploring Black and Latinx's experiences with an opioid overdose. Below are several participants' experiences with stigma,

racism, and discrimination, whether explicit or implicit. The experiences of Ana, Thalia, and John will be highlighted. To protect their confidentiality, they have been given alias names.

Experiences of Ana

Ana (Black female, 30 years old) shared her experience with an opioid overdose. Ana shared that she was using heroin and alcohol with friends. After using, Ana blacked out and fell unconscious, therefore suffering an opioid overdose. She was taken to the hospital for care. During her engagement with ED staff, Ana discussed that she experienced negative interactions with them. Ana said,

“I remember arriving at the hospital in the emergency room. I was hoping you could get to know the person and why I am there before judging me. And after I came out of it [waking up from an overdose], there was a rude nurse and racist, and she was already accusing me, saying like you want to kill yourself? It depends; sometimes, you get good nurses, and you get a bad nurse. People are very mean, but I think what works is get someone you can go to, someone you find comfortable talking to, someone who is not racist.”

Ana discussed the importance of engaging with supportive staff after an opioid overdose. She also pointed out that staff members assumed the reasons she overdosed. This underscores that perhaps, the staff person had a preconceived notion regarding Ana’s experience, which impacted the relationship negatively. Ana’s experience highlights that provider bias can impact the patient and client relationship. This further experience echoes that stigmatizing experiences in healthcare settings contribute to negative attitudes when seeking healthcare for people who

use drugs (Muncan, 2020). Negative provider experiences can contribute to poor health engagement in the future. Future training is needed among healthcare staff to mitigate stigma.

Experiences of Thalia

Another participant, Thalia (Latina Female, 30 years old), discussed her story regarding her overdose. Thalia started to mix heroin to relieve symptoms of mental health and pain. She was suffering from a chronic pain condition. At the time of her overdose, she used heroin to cope with her father's death. Thalia used substances alone in the bathroom, where she passed out. Her current boyfriend found her in the bathroom, called 911, and was taken to the emergency room department for treatment. While at the hospital, Thalia discussed that she felt stigmatized by the staff:

"At the hospital, they discriminate against you because, you know, you're a junkie, and they think you are a junkie. You could see it in their face and how they treated you. That's just the hospital; they'll put your cart next to the door and walk past you. They don't even check up on you. You could just be doing it [drugs] right in the open, and nobody would care. It is just the stigma of it all, you know. I feel like they don't have time for you. But some people need help, but they don't realize we need help, too."

Thalia's experience discusses her expectations of being maltreated due to her race/ethnicity and the stigma applied to substance users. Perhaps this has impacted her willingness to engage with the providers. This is another example where Thalia has experienced differential treatment, probably due to the stigma of an opioid overdose, coupled with identifying as a Latina female. The negative experience has instilled feelings that providers do not 'care' about opioid overdose survivors. The anticipation of drug-related stigma may delay accessing care for Thalia and many opioid overdose survivors. Delayed care produces a missed opportunity

to address health conditions (Liebling, 2017). Thus, increasing trust and access to substance use care will improve care. Strategies to improve provider empathy towards people who use drugs are associated with an improved patient experience within healthcare (Chaitoff et al., 2017).

Experiences of John

John is a Black male in his 40s. He has experienced multiple opioid overdoses throughout his life. John's most recent one used heroin intranasally while using it with his friends. He was revived with naloxone; however, his friends did not call 911. John stated that they were fearful of being incarcerated, even though there are Good Samaritan laws. This speaks to the racial criminalization of substance use. John has also expressed his dissatisfaction with stigma, racism, and discrimination. When asked if he has experienced discrimination when receiving services for substances use, John replied:

"Yeah, like as if it's to be expected. It is automatic. You're conditioned to get treated that way. Someone who was born White doesn't have a clue. How could they? They don't feel what it is like to be Black. You [whites] take everything for granted. Your privilege [white privilege] from the start is by design. We know it is a social construct, and it's not dismantled. It is still the institutions that we live in."

John's experiences illustrate how people of color expect to be treated poorly within institutions. He recognizes that discrimination is also embedded in social institutions, perpetuating stigma, racism, and substance use. Self-reported racism has been associated with increased illicit substance use (Caroliner, 2016). Increased substance use can be formed to cope with stressful events, such as experiencing racism and discrimination. Exposure to socially toxic

environments (e.g., racism and bigotry) creates social vulnerabilities for substance users and other health care consequences (Amaro et al., 2021).

The experiences of Ana, Thalia, and John highlight their experience with drug-related stigma and their experiences with racism and discrimination based on their race and ethnicity. These negative experiences with emergency room staff and other providers. Study participants from another study also experienced negative interactions with emergency responders (Elliot et al., 2019). The study participant's experience warrants increased training on cultural sensitivity, theories of addiction, and evidence-based interventions such as buprenorphine and methadone (National Center on Addiction and Substance Abuse, 2012). One way to address stigma among healthcare workers is to have productive conversations about stigma and ways to avoid burnout and stress (Clough, 2020). Racism and discrimination should be addressed on multiple levels and has implications for direct practice, education, and policy.

Implications

Implications for Social Work Practice and Education

Social workers are sensitive to various cultures and endeavor to end discriminatory practices. Social justice is embedded into social work's ethics, mission, and values to address discrimination and oppression (NASW Code of Ethics, 2017). It remains the primary focus of social work and social work education. Although most social work practitioners practice at the micro-level, the profession has faced challenges in committing to its social justice precedent (Association of Social Work Boards, 2017).

Social justice has been primarily seen as a macro practice within social work, yet literature supports that it is helpful in micro practice. Hence, there is a dearth of integration of social justice education within micro practice (Harrison et al., 2016). Social work education

broadly teaches social justice within the foundational and macro courses; however, integrating social justice with micro-level classes will continue to further social work competencies within the profession and its commitment to address racism and discrimination. It would help the profession continue challenging social injustices at the micro, mezzo, and macro level, including injustices due to stigma and racism.

Social work education will need to build its curriculum further to include antiracist practice to challenge discrimination and racism. The antiracist practice curriculum has been diluted into concepts of anti-oppressive practice and cultural competency, which have been deceptive (Ladhani & Sitter, 2020). Without embedding antiracist practice and discussing race in the social work curriculum, it is a missed opportunity for White students to have discussions about racism (Sigh, 2019). It is recommended that students and social work educators create dialogue about race, racism, microaggressions, and oppression and its impact on the communities of color (Ladhani & Sitter, 2020). Conscious raising and self-reflection will prepare future social workers to be ready to apply antiracist practice in their work.

Implications for Policy

Racial disparities in substance use treatment are well documented, indicating a robust policy response to reduce inequities. One way to address this is to require health and behavioral health staff working with the substance use disordered population to attend continuing education courses around racial bias (Entress, 2021). Increasing cultural competence training for healthcare professionals to combat implicit/explicit discrimination, increasing treatment retention among Black and Latinx communities (Matsuzaka & Knapp, 2020). Individuals of color also feel more connected if they engage with staff who match the same racial/ethnic identity to increase healthcare retention. Since there is a lack of diversity in the behavioral healthcare field,

initiatives and funding to increase the minority workforce working with people of color will combat the racial differences in healthcare settings (Guerrero, 2014; Salsberg et al., 2017).

Drug-related laws, and their enforcement, have disproportionately impacted communities of color (Davis et al., 2019). The eradication of punitive substance use policies at a state and federal level is needed to alleviate the opioid crisis. People of color are racially criminalized, creating barriers to accessing services where entrenched stigma, racism, and oppressive policies. For instance, people of color who use drugs are reluctant to call emergency responders after an overdose due to fear of being incarcerated (Wagner et al., 2021).

Progressive policy changes will provide equitable protections for people of color (Lopez et al., 2022). Drug paraphilia laws, which have mainly been discriminatory, prevent people who use drugs from utilizing services; repealing these laws is further needed on a larger scale. A multifaceted approach that addresses the structural failures of racism, discrimination, and other criminal and legal laws, will remove barriers to people who use drugs (Smart & Davis, 2021). Policies that address race and racial inequities in substance use treatment should be addressed (Howard & Navarro, 2016).

Policy changes have largely focused on controlling prescription drugs and managing prescription practices among providers. More recently, legislation has addressed barriers to treatment, and increasing naloxone distribution (Pauly et al., 2018). Increased policy legislation to reduce drug prescriptions has been effective to reduce prescription misuse of opioids (Abouk, Pacula & Powell, 2019). At the same time, these policies have had unintended consequences – substance users are now seeking more illicit substances. A multipronged approach is needed to further develop policies to address socioeconomic factors as contributors to opioid overdoses (Lee, Zhao, Yang, 2021).

Implications for Research

Future research should continue to explore the role of racism and discrimination and their impact on differential treatment and other opioid overdose outcomes. Little research has been conducted on the long-term impact of incorporating best practices on untethering racism and bias within healthcare systems (Ricks, Abbyad & Polinard, 2021). Therefore, further investigation is needed to explore changes in interventions, policies, and laws that address stigma, racism, and discrimination and their bearing on the population.

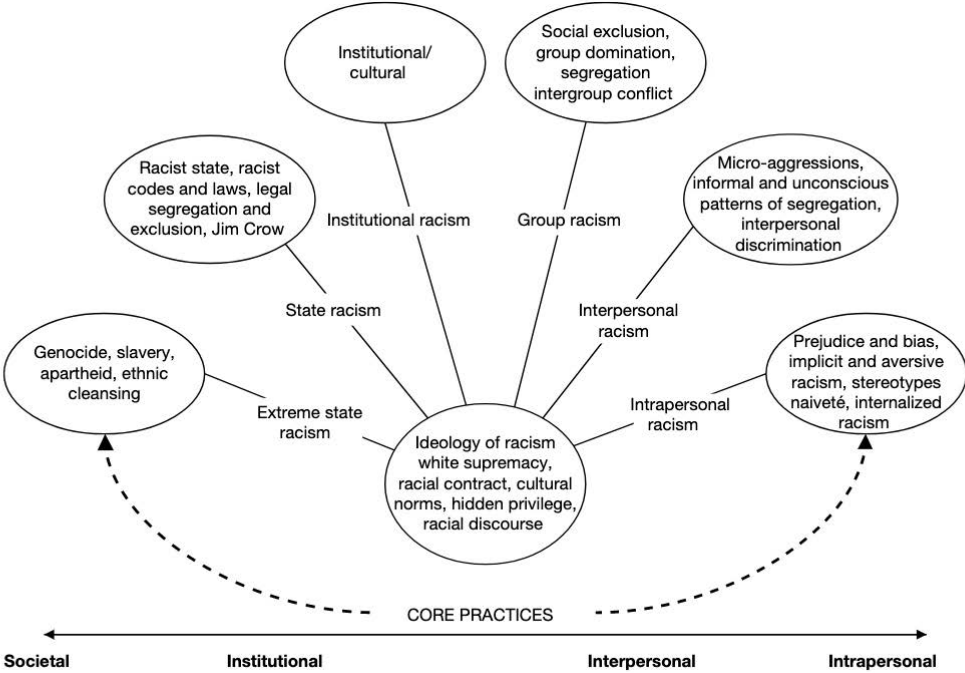
Conclusion

Ana, Thalia, and John's stories further underscore the point people of color continue to experience unfavorable stigma, racism, and discrimination in the healthcare system. Further training and education are needed for providers who deliver substance use-related care. Healthcare workers require additional instruction on theories of addiction to combat stigma. Social work has its place in addressing these oppressive forces from a direct practice standpoint. Academic and social work institutions must commit to regenerating the social work curriculum using an anti-racist framework when working with individuals and communities. An anti-racist framework should be adopted among many social work programs. There has been a movement to incorporate an anti-racist perspective in social work. Hence, this will dismantle the contributing forces that further perpetuate stigma, racism, and discrimination.

Progressive drug-related legislation is needed that centers on racial equity and people who use drugs. Historically, drug-related policies and laws have been punitive. Although some policies have gained momentum to disassemble barriers to access to care and increase substance use services, socioeconomic factors have not been addressed fully. Poverty, gaps in wealth, education, and education, to name a few, have impacted the discourse on opioid overdoses.

Social work will play a vital role in advocating for policy change and addressing unjust actions that affect the most vulnerable.

Figure 1: Spectrum of Racism



Note: This model was produced by Miller & Garran (2017)

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Dissertation Conclusion and Implications

This three-paper dissertation highlights the lived experiences of Black and Latinx opioid overdose survivors. There is limited knowledge of opioid overdose survivors of color and their experiences post overdose interventions and strategies. The three-paper dissertation provides knowledge surrounding the participant's mixed experiences with interventions and strategies to mitigate the risk of an opioid overdose. The study's findings and implications for social work practice, social work education, and policy are summarized in this chapter.

Post Overdose Treatment Experiences

The first dissertation paper explores the study participant's experiences with interventions and services post an opioid overdose. The study's findings indicate that participants engaged in a variety of services from outpatient, inpatient, mutual aid groups, and mental health services. However, while engaging with service providers, study participants reported negative adverse experiences with emergency department personnel and other service providers. The findings also indicated for a need for social and familial support post an opioid overdose from a family member or someone with lived experience. Unmet mental health needs were also indicated by many study participants.

Harm Reduction and Overdose Strategies

The second dissertation paper discussed the study participant's utilization of harm reduction and overdose risk reduction strategies. Findings from the study indicated that study participants experienced many risk factors, including experiencing pain, using alone, being recently released from incarceration, and using substances to relieve stress, anxiety, and mental health symptoms. Additionally, it was found that most participants desired to change their substance use behavior. After experiencing an opioid overdose, study participants made some

behavioral changes, including enrolling in MOUD, substance use treatment, and mental health treatment. Others incorporated risk reduction strategies such as not using alone, taking a test shot, buying from the same dealer, and testing their drugs for fentanyl. Conversely, it is unknown if all study participants received training and education on strategies to reduce their risk of subsequent overdose. Hence, it is an implication for future research.

Social Work Implications

The conclusions from the dissertation promote the incorporation of brief interventions within ER settings, increased training and education, and the adoption of overdose risk reduction education within social work. The findings from the dissertation study show there were risk factors contributing to the participant's overdose. The experience of an opioid overdose provokes behavioral change, such as enrolling in MOUD and other services. Individuals who were not ready to stop their use incorporated several risk reduction strategies to mitigate their risk. Findings highlighted that study participants had negative adverse experiences when receiving care as they reported experiencing stigmatization and discrimination. Implications for social work practice, education, and policy are outlined.

Implications for Social Work Practice

The findings of this study will increase social work's body of knowledge. Identifying risk factors and mediators improves the response to an opioid overdose. Unmet mental health needs and pain were associated as risk factors (Tomko et al., 2020). Other risk factors such as a decrease in tolerance, withdrawal symptoms, being recently released from incarceration, and fentanyl adulteration elevates the likelihood of an opioid overdose (Blumenthal et al., 2020; Elizabeth et al., 2020; Stein et al., 2019). Early screening and conducting a comprehensive assessment aid in formulating a targeted response to the risk factors for an opioid overdose.

This dissertation highlights the need for early intervention as the findings suggest that opioid overdose survivors had a desire to change their behavior. In addition, the near-death experience provoked some behavioral change, indicating a need to implement a brief intervention to enhance motivation (Hawk et al., 2020). A brief intervention, namely, Screening, Brief Intervention, and Referral to Treatment (SBIRT), can be implemented in various settings and has been associated with increased engagement in treatment (Bogan et al., 2020). SBIRT is mainly used for early detection, which identifies the severity of substance use, raises awareness and insight of change, and refers to treatment providers (SAMHSA, 2021a). Implementing brief interventions such as SBIRT will increase motivation to change substance use behaviors or adopt risk reduction strategies.

This study highlights the need to adopt social work's harm reduction and risk reduction strategies. It is shown that the tenets of harm reduction have entered the field of clinical social work (Vakharia & Little, 2016). Thus, this study's findings imply that further adoption of risk reduction strategies will be beneficial for opioid overdose survivors of color. People who use substances are shown to employ strategies to reduce their risk (e.g., using less, abstaining from the substance, taking turns to use, taking a test shot, etc.) (Rouhani, 2019). Adopting these strategies within social work's toolbox to provide psychoeducation surrounding these methods to those at risk of an opioid overdose will be invaluable.

Increasing access to resources and other psychosocial services for opioid overdose survivors is another method to benefit the population (Lister, 2019). For instance, the hasty initiation into MOUD treatment within the ED increases the likelihood that individuals are more engaged. Social workers play various roles, including linking and facilitating needed resources. Addressing the unmet needs of opioid overdose survivors increases their likelihood of recovery

(Snell-Rood et al., 2021). Social workers can connect opioid overdose survivors with other nontraditional treatments such as peer programs and patient navigators to further aid in recovery (Powell et al., 2019).

Implications for Social Work Education

Implications for social work education are summarized. The social work profession is the largest block of behavioral health providers in the nation, and yet, they are often undertrained to address people who have substance use disorders (Kourgiantakis, 2022; Lombardi et al., 2018; Mekennon & Lee, 2021). The social work profession is at risk of not meeting the behavioral health needs of the population. By 2025, due to the increased behavioral health demand, it is projected that the social work profession will lag by 17,000 social workers (HHS, 2020).

Graduating a prepared social work workforce to address the growing need will be necessary. One way to address the increasing demand is to increase the number of Master of Social Work (MSW) programs concentrating on substance use. Halmo et al. (2021) indicated that there are currently 14.3% of MSW programs that offer a concentration in substance use, and 4.7% of the programs offer one course in substance use. Smith-Osborne et al. (2008) also found that 65% of social work graduates did not receive formal substance use disorder training through the social work curriculum or field education. There is a current effort to expand to integrate of substance use training within the social work education (CSWE, 2019).

Creating a robust substance use curriculum within MSW programs will fully prepare to graduate social workers with the necessary skills to address the social problem of opioid overdoses. In addition to expanding social work training, social work education will incorporate harm reduction, and opioid overdose strategies within the substance use social work curriculum.

Developing opioid overdose education within the curriculum increases expertise in dealing with individuals who have an opioid use disorder (Taylor et al., 2018).

Implications for Policy

The findings from the dissertation study allude to implications for policy regarding increased training, discharge policies, incorporating peer support and fentanyl test strips programs and policies to address stigma, racism, and discrimination within institutions. Policy change is necessary to address opioid overdoses at a mezzo and macro level. To improve the provision of services to the population, training policies should be changed among health and behavioral health providers. Additional training among health and behavioral health staff will enhance best practices when working with the population. The findings from the dissertation support the incorporation of further training in addiction theory and evidence-based treatment such as MOUD. Previous literature has supported this finding (Bogan et al., 2020; Im et al., 2020; Herring et al., 2021).

There are a lack of clear policies and guidelines regarding post opioid overdose care. Establishing clear procedures to provide post opioid overdose care into services such as naloxone kits, connecting to care management programs, substance use treatment, and harm reduction will be critical to increasing linkage to care (Crisanti & Earheart, 2021; Vivolo-Kanter et al., 2018). This dissertation study illuminated the need for swift interventions post an opioid overdose, and therefore, establishing clear hospital guidelines for post-care treatment will be favorable for opioid overdose survivors.

Collaboration with social workers, increasing peer support programs, and staff with lived experiences with substance use aids in linkage to the care process (Elliot et al., 2019). Further funding and implementation are needed to assist the population, as it has been found that

individuals are more likely to engage in treatment (NIDA, 2020). The integration of peers is being implemented in formularized settings such as the ED, and they maximize warm handoffs (Fogleson et al., 2021; Patel et al., 2022). A collaborative model will address the challenges of those struggling with an addiction (Burton & Martin, 2020).

An increase in funding and programs for fentanyl test strips is needed. As fentanyl adulteration within the illicit drug supply is on the rise, which has been one of the main culprits of opioid overdose deaths, implementing the fentanyl test strips will make substance users aware there is a risk of fentanyl in their drugs (SAMHSA, 2021b). As seen in previous literature, the detection of fentanyl using this strategy has provoked behavioral changes. For instance, substance users were more likely to use less of the substance once fentanyl was detected (Park et al., 2021). It is recommended that health departments and states should make this harm reduction method widely available (Reed et al., 2022).

Addressing systemic barriers, including stigma, racism, and discrimination will be essential to dismantle its impact on opioid overdoses. This study found that opioid overdose of color continues to experience stigma and oppression while receiving care for their substance or overdose (Bascou et al., 2022). The findings from this study suggest that health and behavioral health practitioners should be required to take anti-racist training to address stigma and racism. It is recommended that institutions implement and apply an anti-racist framework when working with the population (Matsusaka & Knapp, 2019). Policies regarding training requirements will increase the utilization of anti-racist training among organizations.

Inequitable laws and policies targeting the substance use population have impacted the substance use disordered population. Discriminatory policies and regulations create barriers to care, and this study's findings suggest that swift progressive policy change dismantles racist and

oppressive policies (Wagner et al., 2021). Additional changes in legislation are needed to remove barriers to care, substance use treatment, and access to naloxone and MOUD (Abouk, Pacula & Powell, 2019). Removing these systematic barriers for people of color will address the rising number of opioid overdose deaths.

Implications for Research

Research that looks at the effectiveness of services and interventions and harm reduction methods targeted at people of color who have overdosed are underdeveloped. In general, the minority population is not adequately represented within the research or with the development of standardized tools (Burlew et al., 2021). A lack of research highlights Black and Latinx experiences with an opioid overdose and services post the event. This qualitative study aimed to recruit Black and Latinx individuals in the study sample purposively. Adequate representation of minority individuals within research is further required to demonstrate the efficaciousness of interventions and strategies that can be generalized to the minority population. Further research is needed in this area, focusing on understanding the effectiveness of interventions and services.

My scholarly interest is to continue to further social work's knowledge around the interventions and services that are most effective for opioid overdose survivors of color. Secondly, my work will continue to explore incorporating substance use training, including education about harm reduction and risk reduction strategies within social work education. The infusion of theory and harm reduction practice within social work education will increase the adaptation and implementation within social work practice. Education and training will be critical to preparing the largest block of behavioral health providers in the nation to combat the opioid crisis within the US.

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Appendices

Appendix A: Interview Questions

Demographic Questions:

- What is your age? (open ended)

- What is your gender? (categorical)
 - Male
 - Female
 - Non-binary/third gender
 - Transgender
 - Prefer not to say
 - Other _____

- What is your race and ethnicity? (categorical)
 - American Indian, Native, First Nations, or Alaska Native
 - Asian
 - Black or Black American
 - Hispanic or Latino or Latina or Latinx
 - Indigenous people of Mexico, Central and/or South American
 - Middle Eastern or North African
 - Native Hawaiian or other Pacific Islander
 - White
 - Don't know/Not Sure
 - Other _____
 - Two or more races

- Where borough do you currently live in? (categorical)
 - Manhattan
 - Queens
 - Brooklyn
 - Staten Island

- What is your sexual orientation? (categorical)
 - Gay or Lesbian
 - Straight or Heterosexual
 - Bisexual
 - Queer
 - Questioning or not sure
 - Other _____
 - Prefer not to answer

- What is your income? (categorical)
 - Less than \$20,000

- \$20,000- \$49,000
- \$50,000 – \$74,999
- \$75,000 – or more

- What is your marital status? (categorical)
 - Married
 - Widowed
 - Divorced or separated
 - Never been married

- What is the highest degree or level education you have completed? (categorical)
 - Some High School
 - High School
 - Bachelor's Degree
 - Master's Degree
 - Ph.D. or higher
 - Trade School
 - Prefer not to say

- What is your housing status (categorical)
 - Your own home/apartment
 - Shelter
 - Single Room Occupancy (SRO)
 - A family or friend's home (couch surfing)
 - Homeless/living on the streets
 - Transitional Housing
 - Residential drug treatment/halfway house or three-quarter house

Interview Questions:

RQ1: What are the lived experiences of individuals of color who have survived a non-fatal opioid overdose?	
1. Tell me about your substance use experience prior to your overdose?	8. Describe what support you needed after experiencing an overdose?
2. Can you discuss if you had control over your substance use? What is your attitude/beliefs towards using substances? Can you discuss where these attitudes and beliefs stem from?	What types of treatment have you received so far?

<p>3. What was your experience with a recent opioid overdose? Think about where, who was there, and the circumstances leading up to the overdose.</p>	<p>9. Tell me more about your experience with treatment at the hospital after experiencing an overdose? What worked? What didn't work?</p>
<p>4. Can you describe which substances and the circumstances that led up to the overdose? What and how much did you use?</p>	<p>10. Tell me more about your experience with treatment outside of the hospital after your overdose? What worked? What didn't work?</p>
<p>5. Can you describe why you were using during your recent opioid overdose?</p>	<p>11. Tell me more about your reasons you accepted help and didn't accept help.</p>
<p>6. If this is your first overdose, how did the overdose change your risk from having another overdose?</p>	<p>12. Which strategies you currently use to prevent you for having another overdose? What do you need to prevent you for having another overdose?</p>
<p>7. Have you had any other overdose? Tell me more about your experiences.</p>	<p>13. How do you think your race/ethnicity impact your experience with receiving services? Tell me about your experience with discrimination with receiving services at a hospital or treatment?</p>
<p>8. Tell me about more about your intentions to overdose? Were the overdoses intentional?</p>	<p>14. Have you ever received treatment for mental health and or substance use?</p>
<p>9. How has your overdose experience changed your viewpoint/attitude towards treatment? What has changed if at all?</p>	

Appendix B: IRB Approval

December 31, 2021

Michael Serrano, MSW
Yeshiva University
2495 Amsterdam Avenue, Belfer Hall
New York, New York 10033

Dear Mr. Serrano:

SUBJECT: IRB EXEMPTION—REGULATORY OPINION
Investigator: Michael Serrano, MSW
Protocol Title: A Qualitative Study of Opioid Overdose Survivors of Color

This is in response to your request for an exempt status determination for the above-referenced protocol. WCG IRB's IRB Affairs Department reviewed the study under the Common Rule and applicable guidance.

We believe the study is exempt under 45 CFR § 46.104(d)(2), because the research only includes interactions involving educational tests, survey procedures, interview procedures, or observations of public behavior; and the information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

This exemption determination can apply to multiple sites, but it does not apply to any institution that has an institutional policy of requiring an entity other than WCG IRB (such as an internal IRB) to make exemption determinations. WCG IRB cannot provide an exemption that overrides the jurisdiction of a local IRB or other institutional mechanism for determining exemptions. You are responsible for ensuring that each site to which this exemption applies can and will accept WCG IRB's exemption decision.

WCG IRB's determination of an Exemption only applies to US regulations; it does not apply to regulations or determinations for research conducted outside of the US. Please discuss with the local IRB authorities in the country where this activity is taking place to determine if local IRB review is required.

Please note that any future changes to the project may affect its exempt status, and you may want to contact WCG IRB about the effect these changes may have on the exemption status before implementing them. WCG IRB does not impose an expiration date on its IRB exemption determinations.

If you have any questions, or if we can be of further assistance, please contact Michelle Salmon, MPH, CIP at (619) 798-7965, or e-mail RegulatoryAffairs@wirb.com.

MS:dj
D2-Exemption-Serrano (12-31-2021)
cc: Edward Berliner, Yeshiva University
WCG IRB Accounting
WCG IRB Work Order #1-1505985

Appendix C: Recruitment Flyer



Yeshiva University
WURZWEILER SCHOOL OF SOCIAL WORK

Opioid Overdose Experiences Study

- Are you 18+ years old?
- Do you identify as Black and/or Latinx?
- Have you experienced an opioid overdose in the past?

To see if you are eligible for a confidential interview about your experience with an opioid overdose, please text or call Michael at (347) 450-3125 (cell) or email: mserran1@mail.yu.edu

Interviews will take about 60 minutes to complete and participants will receive a \$25 gift card honorarium for their time.

Research study
(347) 450-3125

Research study
(347) 450-3125

Research study
(347) 450-3125

Research study
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Research study
(347) 450-3125

Appendix D: Email Template to Agencies

Dear Colleagues,

My name is Michael Serrano, and I am a doctoral candidate at Yeshiva University, Wurzweiler School of Social Work. As you know, there are disparate rates of opioid overdoses among people of color. I am researching the experiences of opioid overdose survivors of color (Black and/or Latinx) and their experiences with services in the New York City area. I would be grateful if you would share information about this study, including the attached recruitment flyer, with your clients at your agency who may be interested in participating.

Participating in this research is voluntary and completely confidential. The study includes doing a recorded virtual one-to-one interview. It will take about 60 minutes to complete, and study participants will receive a \$25 gift card for their time. The study has been approved by Yeshiva University's Institutional Review Board (IRB).

This study hopes to get a deeper understanding of how people of color experience an opioid overdose. It is the hope that this study generates knowledge to change how services are implemented to reduce the risk of having another opioid overdose for people of color. Hopefully, it will help inform policies, increasing funding and services in the underserved community.

Potential study participants can text or call Michael at (347) 450-3125 to determine if they meet eligibility for the study.

If you have any questions, I can be reached at 347-450-3125 or mserran1@mail.yu.edu.

Thank you so much for your help. I appreciate your help.

Sincerely,
Michael Serrano, MSW, LCSW

Appendix E: Codebook

Theme	Code Name	Definition	Example of Text
Volition and Control	Lack of control	Descriptions of participants having losing control over their substance use.	“I think I realized that it was getting to be a problem for me that was beyond my control I needed someone to talk to.”
Substance Use Experience	Addiction	Descriptions of participants wanting to use more and addictive behaviors.	“Because an addict and its more than just the drug. It’s the behavior.”
	Tolerance Changes	Descriptions of participants experience with tolerance changes.	“When I left, being three days without heroin or cocaine with just the medication, they give you in the program, I went out in the street, I shot the heroin and next thing I know I wake up in the hospital”
	Family History of Addiction	Descriptions of participants’ report of having a family history of addiction.	“ Well, I mean addiction runs in my family, so I always understood it. I never looked down upon it you know, the disease. I never thought I was better than them.”
	Substances Used	Descriptions of substances used by study participants.	“I started with cocaine. From there, I started doing different things.”
Risk Factors for an Overdose	Managing pain	Descriptions of using substances to manage pain	“That day that I was in really total pain. I was tempted to take the medication in an attempt to relieve my pain, because it was the chronic back pain, it was really persistent.”
	Mixing Drugs	Descriptions of mixing drugs.	“And sniffing heroin just to come down from the cocaine/crack.”
	Period of incarceration	Descriptions of periods of incarceration.	“Right that's what happens, but I had come home from Rikers island and I was in there for about I think I did like a six months or something.”
	Withdrawal	Description of withdrawal symptoms	“Obviously like, after, like, 3, 4, 5 days, like it's a need that that I must have in order for me to really function, physically.”
	Using alone	Descriptions of using alone.	“I'm the type of person who uses alone.”
ED and Treatment Experiences	Helpful treatment experiences	Descriptions of helpful interactions with providers	“What worked was the staff and the nurse.”
	Negative experiences with staff	Descriptions of negative interactions with providers	“They are just curt. I mean the way, most people look at it, you are just a drug addict.”
	Stigma	Descriptions of perceived stigma	“I think it's just the stigma of it all, you know”
	Racism and Discrimination	Description of racism and discrimination	“I witnessed it for someone preferring a white person over a black person”

Risk Reduction, services and interventions	Change in risk behaviors	Descriptions of behavioral change.	"I take drugs prescribed."
	Harm reduction services	Descriptions of harm reduction services.	"It's a harm reduction place. They send you to detoxes, they give you everything basically."
	Detoxification	Descriptions of attending detoxification.	"I like I shared with you. I did a detox."
	Inpatient substance use treatment	Descriptions of attending inpatient substance use treatment.	"I did rehab multiple times."
	12 step programs	Descriptions of attending 12 step programs.	"In NA you know people who are actually sober clean that you can notice."
	MOUD	Descriptions of enrolling into MOUD treatment.	"medication assisted treatment. I took it and had me go to my normal life."
	Naloxone	Descriptions of naloxone	"I stay with my Narcan kits cause you never know."
	Outpatient treatment	Descriptions of outpatient treatment.	"Well I go to an outpatient program."
	Avoiding Triggers	Descriptions of avoiding triggers.	"I don't hang out with their friends I used to hang out with and try to much as possible to be busy."
Systematic Barriers and Needs	Insurance barriers	Descriptions of having insurance barriers.	"I try to sign up for my insurance is messed up right now."
	Treatment alternatives	Descriptions of needed treatment alternatives	"I would have liked to be given alternatives"
	Family and social support	Descriptions of needing family, social and peer support	"I needed that support."
	Mental health	Descriptions of needing mental health support	"I am in the look of some help because I know I need it."

Appendix F: Table 1: Demographics of the Sample

Demographic	N	Mean (sd)/ %
Age	11	40.54 (13.84)
Gender identity		
Female	4	36.36
Male	7	63.64
Race/ethnicity		
Black or Black American	5	45.45
Hispanic or Latinx	6	54.55
Education		
HS diploma or GED	2	18.18
Bachelor's degree	4	36.36
Master's degree	1	9.09
Some College	3	27.27
Trade School	1	9.09
Sexual Orientation		
Gay or Lesbian	1	9.09
Heterosexual	10	90.91
Marital Status		

Single	8	72.73
Married	2	18.18
Divorced or Separated	1	9.09

Income

<\$20,000	6	54.55
\$20,000-\$49,999	2	18.18
\$50,000-\$74,999	2	18.18
>\$75,000	1	9.09

Housing

A family or friend's home	2	18.18
Residential drug treatment/halfway house.	1	9.09
Your own home/apartment	6	54.55
Other	2	18.18

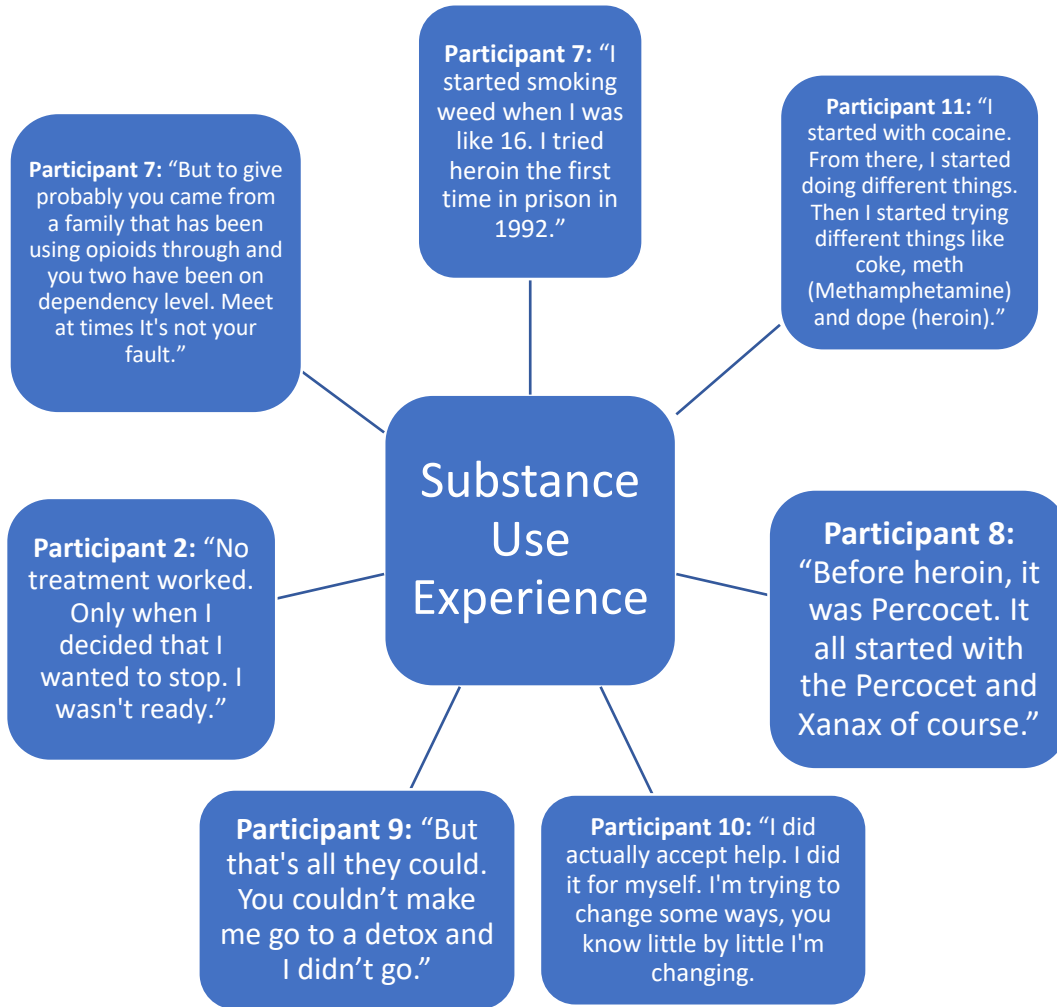
Borough of Residence

Bronx	2	18.18
Manhattan	4	81.82
Brooklyn	3	27.27
Queens	1	9.09
Staten Island	1	9.09

Appendix G: Coding Map Theme: Volition and Control



Appendix H: Coding Map Theme: Substance Use Experience



Appendix I: Coding Map Theme: Risk Factors for an Opioid Overdose



Appendix J: Coding Map Theme: ER and Treatment Experiences



Appendix K: Coding Map Theme: Risk Reduction Strategies



Appendix L: Coding Map Theme: Systematic Barriers and Needs

