



Mel & Enid Zuckerman College of Public Health

Murphy, Career Development Award (CDA)

2023-2025

Annotated Bibliography: Pain & Addiction

December 2025

Center for Rural Health

Comprehensive Center
for Pain & Addiction

Annotated Bibliography

Overview and Purpose. As part of Murphy's career development award (CDA), she engaged in a monthly learning activity by using the *Office of Minority Health's Knowledge Center New Acquisitions database*. The purpose was to learn cultural and linguistically responsive research, practice, and scholarship specifically in the areas of pain and addiction. This purpose was essential for developing implementation manuals, manuscripts, presentations, and grant applications as part of the CDA.

Method. Each month, Murphy visited the *Office of Minority Health's Knowledge Center New Acquisitions database* and downloaded references to newly listed articles. She used the search terms: opioids, opioid stewardship programs, naloxone, strength-based, culture, substance use, drugs, drug interventions, pain and addiction. Included articles were in the years 2023-2025. References were downloaded into an Excel file. Articles were reviewed and key points synthesized here.

Key Learning.

- The search terms "opioids" and "naloxone" appeared to return the most articles.
- The search term "strength-based" appeared to return the least number of articles.
- Studies that examined prescriptions for opioids did not seem to indicate if the prescription was offered and/or declined.
- Studies looked at cumulative number of opioid prescriptions as an outcome measure.
- People of culturally and linguistically diverse backgrounds may have different beliefs and concerns about taking opioids or other prescribed medications due to variety of historical and systemic reasons.

Organization.

The bibliography is organized by first author's last name. Only letters of last names are included (e.g., not all letters are included in this document).

Akiba CF, Patel SV, Wenger LD, et al. Systems analysis and improvement approach to improve naloxone distribution within syringe service programs: Study protocol of a randomized controlled trial. *Implement Sci.* 2023; 18(1): 33. doi: 10.1186/s13012-023-01288-x.

This was a protocol paper for the implementation of a randomized controlled trial using system analysis and improvement to test difference in naloxone distribution. It plans to use 32 syringe service programs (SSPs) in California. They will randomly assign 16 SSPs to the systems analysis and improvement approach to naloxone distribution (SAIA-Naloxone) and 16 sites to implementation as usual.

Allen B, Basaraba C, Corbeil T, Rivera BD, Levin FR, Martinez DM. Racial differences in COVID-19 severity associated with history of substance use disorders and overdose: Findings from multi-site electronic health records in New York City. *Prev Med.* 2023; 172(2023): 107533. doi: 10.1016/j.ypmed.2023.107533

This study examined people who had COVID-19 and risks for other health conditions if they also had a substance use disorder (SUD). They examined multiple types of SUD. History of overdose had the greatest odds for hospitalization, sepsis, kidney failure, ventilation, and death from COVID-19. OUD and history of drug overdose had the greatest odds with COVID-19 death. While OUD and drug overdose were the strongest risk factor for mortality, there were no significant differences by race/ethnicity. The authors questioned whether people with OUD or past overdose may have complex medical histories and/or other social determinants of health which means they don't have access to or other barriers to care (e.g., stigma).

Ali MM, Creedon T, Bagalman E, et. al. *Substance Use and Substance Use Disorders by Race and Ethnicity, 2015-2018 (Issue Brief)*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. 2023. Accessed August 28, 2025.

<https://aspe.hhs.gov/sites/default/files/documents/784266c8155778feca25050ab9d50996/substance-use-sud-race-ethnicity-2015-2019.pdf>

This issue brief examined the racial and ethnic differences in substance use and substance use disorder. The study compared use rates between race/ethnicity by determining the group median for each substance. The median group for marijuana, cocaine, and methamphetamine use were among adults who were White. Regarding marijuana, Black/African American and American Indian/Alaska Native had significantly higher rates than people who were White while Asian and Hispanic/Latino had significantly lower rates. Regarding cocaine, only people of two or more races indicated significantly higher rates than the median group and people who are Asian had significantly lower rates. Regarding methamphetamine, people who are AI/AN or identify as 2 or more races had significantly higher rates than the median group and people who are Black/African American or Asian races had significantly lower rates. The authors discuss that while there were statistical differences between groups there were, overall, similar rates across groups. They also called for additional research and clinical guidance to address culturally responsive and effective treatments.

Banks DE, Duello A, Paschke ME, Grigsby SR, Winograd RP. Identifying drivers of increasing opioid overdose deaths among Black individuals: A qualitative model drawing on experience of peers and community health workers. *Harm Reduct J.* 2023; 20(1): 5. doi: 10.1186/s12954-023-00734-9

The authors conducted focus groups with people who provide substance use prevention services specifically around overdose. They examined factors that drive disproportionate rates of overdose among people who are Black. They found common themes including structural, healthcare, and social service barriers based on systemic racism. The themes of unmet needs included safety, security, stability, and survival. The authors called for culturally congruent outreach efforts that address these themes such as cultural brokers, strategies to increase resilience, and harm reduction.

Bhondoeckhan F, Marshall BDL, Shireman TI, Trivedi AN, Merlin JS, Moyo P. Racial and ethnic differences in receipt of nonpharmacologic care for chronic low back pain among Medicare beneficiaries with OUD. *JAMA Network Open.* 2023; 6(9): e2333251. doi: 10.1001/jamanetworkopen.2023.33251

Using Medicare claims data, the investigators tested the racial and ethnic differences in receiving physical therapy (PT) or chiropractic care for patients with chronic lower back pain and opioid use disorder (OUD). There were more people identified as women in this study as compared to men. They found people who are Black and Latiné had lower odds of receiving PT or chiropractic care as compared to people who are White. They also found only 1 in 10 beneficiaries received these services within 3 months of diagnosis. The authors discussed access to care, biases in care, and discrepancies in evidence-based strategies and practice.

Barry CM, Jagtiani A, Livingston MD. et al. Anxiety and depressive symptoms as predictors of substance use initiation among adolescents living on and near a Tribal Reservation in the Great Plains Region of the U.S. *Front Child Adolesc Psychiatry.* 2024; 3:1390793. doi: 10.3389/frcha.2024.1390793

This study examined anxiety/depression as a predictor for initiation of cannabis, alcohol, and opioids. Participants were students in the 10th grade in the fall of 2021. The researchers followed the students through the 11th grade to the spring 2023. Students came from 20 high schools in counties overlapping with the Tribal Nation's reservation. The area consisted of populations with 3,000 or fewer people and the class sizes ranged from 30 to 100 students. In all but one of the models they found for every 5-point increase in anxiety or depression symptoms it increased the odds of substance use initiation across all substances. Females reported higher anxiety and depressive symptoms. The authors argued that these findings support the "symptom-induced" pathway for substance use (e.g., self-medication). They called for additional studies on trauma and strength-based/resiliency factors.

Barsky BA, Dunn D, Erdman EA, Jolin JR, Rosenthal MB. Rates of opioid overdose among racial and ethnic minority individuals released from prison. *JAMA Health Forum.* 2023; 4(12): e234455. doi:10.1001/jamahealthforum.2023.4455

They examined non-fatal and fatal overdose among populations released from prison in

Massachusetts. Results were examined by race/ethnicity. The year 2016 recorded the highest fatal overdose with 2019 (last year reviewed) coming in second highest. The highest rates of non-fatal overdose were evidenced in the years 2017 and 2018. The highest governing offense among people who had non-fatal and fatal overdoses was property offenses followed by drug offenses. They found overdoses were highest for people who are White. Yet, the mean annual rate of increase were highest among people who are Black or Latiné.

Britz JB, O'Loughlin KM, Henry TL, et al. Rising racial disparities in opioid mortality and undertreatment of opioid use disorder and mental health comorbidities in Virginia. *AJPM Focus*. 2023; 2(3): 100102. doi: 10.1016/j.focus.2023.100102

Higher rates of overdose in urban/suburban areas. The authors presented a social ecological fatal overdose model that detailed the individual, community, community, healthcare and emergency factors that may contribute to fatal overdose. Virginia made a concerted effort to engage people in insurance and substance use disorder treatment. They found communities with one or more people who overdose, they had higher proportions of residents who are Black/Latiné. They found positive and negative associations in the relationship between mental health diagnosis and outcome factors. For example, they found many correlations with fatal opioid overdose and mental health and outcome factors but not in the rate of opioid overdose or diagnosis of OUD. The authors called attention that people who overdose may not be getting adequate mental health care.

Brown E, Ogundare S, Howe K, et al. Evaluation of racial and ethnic disparities of naloxone uptake among harm reduction clients in Rhode Island. *R I Med J*. 2023; 106(9): 53-55. <https://pubmed.ncbi.nlm.nih.gov/37768164/>

This article examined the distribution of naloxone, safer injection and smoking kits by people who smoke drugs and historically marginalized racial/ethnic groups. They found a lower uptake for naloxone among those who took the smoking kits and racial and ethnic differences in those who took naloxone. The authors cited that Black, Indigenous, and People of Color in this community were more likely to use stimulants; therefore, may not think they need naloxone. Authors called for educating people about the presence of opioids in the drug supply and that all people who use drugs should have access to and understand the importance of having naloxone. They called for innovative harm reduction efforts to engage culturally and linguistically diverse populations.

Brunson DC, Miller KA, Matheson LW, Carrillo E. Race and ethnicity and prehospital use of opioid or ketamine analgesia in acute traumatic injury. *JAMA Network Open*. 2023; 6(10): e2338070. doi: 10.1001/jamanetworkopen.2023.38070

This study included a large sample of patients with traumatic injuries who were transported to the hospital by emergency medicine services. The study timeframe was between 2019-2021. People who were White had higher pain scores as compared to other races/ethnicities. Largest disparity was evidenced in pain treatment for people who were American Indian/Alaska Native. Among people with a pain score of 7 or higher only 36.8% received an opioid or ketamine across all races/ethnicities but Black, Indigenous, and People of Color were less likely to receive pain medication as compared to Whites. Scientists discuss the limitation regarding the significant amount of missing data.

Collins G, Andrews HS, McKelvey B, Rice C, Allen JD, Stewart MD. An evaluation of novel oncology approvals with a PMR/C for assessing data in racial and ethnic populations underrepresented in premarket clinical trials. *Clin Cancer Res.* 2024; 30(16): 3388–3394. doi: 10.1158/1078-0432.CCR-24-0852

In 2022, the FDA explicitly requested post market requirements and commitments to be representative of the patient population receiving oncology drugs (e.g., race/ethnicity). Most drugs that included race/ethnicity were on the accelerated approval track and were single-arm studies as compared to the traditional track. Race/ethnicity primarily included was White, Black/African American and Asian – with Black/African American and Latiné populations underrepresented. The authors indicated it may be necessary to examine if the sample sizes of subgroups to ensure they enough statistical power to understand safety and efficacy.

Cooke A, Castellanos S, Koenders S, et al. The intersection of drug use discrimination and racial discrimination in the management of chronic non-cancer pain in United States primary care safety-net clinics: Implications for healthcare system and clinic-level changes. *Drug Alcohol Depend.* 2023; 250: 1-7. <https://doi.org/10.1016/j.drugalcdep.2023.110893>

This article is about structural racism/discrimination intersecting with bias and stigma and associated with pain and substance use. Qualitative interviews demonstrate systematic bias in prescribing practices among Black, Indigenous and People of Color (mostly patients who are Black). They examined the use of the 2016 Centers for Disease Control and Prevention’s Clinical Practice Guideline for prescribing opioids for pain. Clinicians felt the Guideline was helpful for standardization, yet patients felt it infused great disparities in care. Differences in prescribing based on race/ethnicity with patients who were Black noticing care assumptions based on race. Clinicians discussed evidence of discrimination in prescribing practices and racialized stereotypes.

Cruz-Vespa I, Dembling SJ, Han BH, Inagaki TK. Associations between vicarious racism and psychoactive substance use depend on strength of ethnic identity. *Sci Rep.* 2024; 14: 17217. doi: 10.1038/s41598-024-67202-7

This cross-sectional study of 504 Black and Latiné participants. The plurality had some college (35.9%) or 4-year degree (28.5%). This study examined vicarious racism or “second hand” racism in terms of frequency and the perceived emotional impact. Vicarious racism is hearing about or witnessing racism against others in their ethnic/racial group. They found vicarious racism frequency did not influence alcohol use but there was an association between alcohol use and perceived emotional impact. The emotional impact of racism was also related to more tobacco use. They also found a negative association between the emotional impact of vicarious racism, low ethnic identity, and marijuana use. This may suggest that those with lower ethnic identity may be at greater risk for marijuana use when experiencing vicarious racism. This study offers some important public health recommendations for addressing not only vicarious racism but the emotional response to these experiences and substance use.

D'Orsogna MR, Böttcher L, Chou T. Fentanyl-driven acceleration of racial, gender and geographical disparities in drug overdose deaths in the United States. *PLOS Glob. Public Health*. 2023; 3(3): e0000769. doi: 10.1371/journal.pgph.0000769

The authors examined drug overdose rates by race, gender, and geography. They used data from the National Vital Statistics System between 2013 and 2020. They examined four drug types of psychostimulants, heroin, natural and semi-synthetic opioids, and synthetic opioids. They found statistically significant increases in overdose deaths in all drug categories except heroin. People who are Black - of both genders - had higher crude rates of overdose by fentanyl and psychostimulants as compared to people who are White. People who are Black in the District of Columbia had a record overdose rate of 134 per 100,000 deaths due to fentanyl. The authors provide detailed racial, gender, and geographical charts on overdose trends over time.

Gallo LC, Fortmann AL, Clark TL, et al. Mi Puente (My Bridge) care transitions program for Hispanic/Latino Adults with multimorbidity: Results of a randomized controlled trial. *JGIM*. 2023; 38(9): 2098-2106. doi: 10.1007/s11606-022-08006-1

Participants were adults who identified as Hispanic/Latino with multiple chronic cardio metabolic conditions as at least one behavioral health concern. The mean age of participants was 60+. They used a nurse and mentor to help the patient transition for care in the community. The intervention group did not show any advantage over the usual care. The authors found higher returns of readmissions among the intervention group versus usual care. They offered some ideas why the results were unexpected. First, connecting people to designated Federally Qualified Health Center had practical challenges such as differences in insurance, lack of primary care providers, or patient preference. Second, the research did not have structured monitoring system. Third, there were many Mexico born participants in lower income brackets which had insufficient housing, food or transportation. The authors also recognized that patients were attuned to health issues and were already proactive in seeking care and therefore may not have prioritized the additional services.

Gibbons JB, Harris SJ, Sugarman OK, et al. Piloting racial bias training for hospital emergency department providers treating patients with opioid use disorder. *Health Aff Sch*. 2024; 2(5): qxae049. doi: 10.1093/haschl/qxae049

Study conducted to reduce racial bias an emergency department in Michigan. It was three-part survey used to assess the training curriculum. The curriculum was delivered to emergency medicine providers and examined patient-provider relationships, comfort in talking about race, lived experience of people who are Black with opioid use disorder, and disparities. There were 25 health care providers who participated and they were reimbursed \$1,200 for their participation with a 100% completion rate. Key findings indicated the learning environment felt safe, discussions promoted healing, and increased awareness. Few statistically significant changes were found but positive improvements were found from pre/post survey. The authors discussed needing larger sample size. They argued the curriculum was feasible and acceptable for conducting the training and led to better understanding of implicit bias in healthcare.

Giraldo A, Shah P, Zerbo E, Nyaku AN. The role of recovery peer navigators in retention in outpatient buprenorphine treatment: A retrospective cohort study. *Ann Med*. 2024; 56(1): 2355566. doi: 10.1080/07853890.2024.2355566

This study used recovery peer navigators (RPN) in New Jersey to increase continuous retention in care. They measured lack of retention as any gap greater than 30-days. They used a low barrier model of treatment that included same-day prescribing, walk-in availability, no treatment termination for urinalysis drug screening, and it was not necessary for receiving psychotherapy services. They found RPNs increased continuous retention in care overall and across racial/ethnic groups. For people who identified as Black, significant changes in retention was found for both sexes, people on public health insurance, those who reported other substance use, and those with medical comorbidities and those experiencing unstable housing. People who were Black and uninsured remained at risk for not being retained in care. Interestingly, people who

were White were an average age of 38-39 while people who are Black were 54-55 which may suggest people who are White have access to treatment at younger ages.

Gomez Pomar E, Berryhill J, Bhattacharyya S. Evaluating maternal drug use disparities, risk factors and outcomes in Northeast Arkansas: A pre, during, and post-COVID-19 pandemic analysis. *BMC Public Health*. 2025; 25: 509. doi: 10.1186/s12889-025-21636-4

They examined 957 mother/infant dyads based on meconium drug screening (MDS) which detects in utero exposure to substance use. MDS is qualitative, in that, it just detects positive or negative results for seven drugs. They found 64%, 11% and 7% were positive for THC, amphetamines, and opioids, respectively. They found significant differences in hospital stays, birth weight, height and head circumference between MDS+ and MDS- babies. As screening rates increased, so did detection of MDS+. Rates of THC increased throughout the pre-pandemic, pandemic, and post pandemic period. The authors called for greater focus on enhanced prenatal and postnatal substance use care.

Graves BD, Fendrich M. Community-based substance use treatment programs for reentering justice-involved adults: A scoping review. *Drug Alcohol Depend Rep*. 2024; 10: 100221. doi: 10.1016/j.dadr.2024.100221

This review examined 58 articles related to re-entry services for justice involved populations. Only two studies examined the results based on race/ethnicity and the authors called for greater research in this area. Most studies found positive impacts of program/intervention impact but less about criminal justice impact. Interventions included: medications for opioid use disorder, peer support, enhancing engagement and retention, and community connections. Cost effectiveness studies were not available and few studies specifically examined issues of rurality.

Hayes JM, Punch LJ, Mueller KL. Care of bullet-related injuries: A cross-sectional study of instructions and prescriptions provided on discharge from the emergency department. *West J Emerg Med.* 2023; 24(2): 363-367. doi: 10.5811/westjem.2022.11.57574

The authors examined emergency department discharge procedures among patients with non-fatal bullet related injuries. This was a cross-section study in a Level 1 trauma center. Most of the 100 patients were young, male, Black, and uninsured. Most patients did not receive wound care instructions, and more than half received an opioid prescription with a significantly higher proportion of White patients receiving an opioid prescription as compared to Black patients. The authors discuss differences in discharge planning including post discharge care and prescriptions for patients and call for greater standardization in patient care.

Hoffman KA, Graves C, Rowe K, et al. Engaging the Great Circle: A qualitative study of the confederated Tribes of Grand Ronde's mobile medication unit. *Ann Med.* 2024; 56(1): 2306492. doi: 10.1080/07853890.2024.2306492

A mobile dedication unit for opioid use disorder treatment is being used in rural Oregon. The services use an American Indian cultural model. This includes both Tribal and non-Tribal patients. The authors describe the implementation steps. They connected with patients who were American Indians/Alaska Natives who were living on or around Tribal Lands and were registered with an opioid treatment program. They identified a physician who was able to do an assessment and start induction of the methadone or buprenorphine. The authors mentioned reduced costs for Medicaid related transportation costs by bringing the mobile service to the members. The participants requested more accessibility in the van – wheelchair ramp, awning for the van when rain and other environmental elements. They found the treatment environment to be professional, caring, and accessible. Staff noted greater access for patients and reduced stigma, and establishing community networks. The treatment combined Western and Indigenous approaches such as take-home doses of medicine, family and elder involvement, and drumming.

Joshi M, Prasad PA, Hubbard CC, et al. Racial, ethnic, and language-based inequities in inpatient opioid prescribing by diagnosis from internal medicine services, a retrospective cohort study. *Pain Res Manag*. 2023; 2023: 1658413. doi: 10.1155/2023/1658413

Overall patients who were American Indian/Alaska Native (AI/AN) patients received more daily average of opioids as compared to patients who are White. Patients who are Asian, Latiné and multi-racial who received fewer opioids as compared to people who are White. People with limited English proficiency received fewer opioids. One limitation to the study is the researchers did not measure the use of other analgesics (NSAIDs). Yet, the large sample size, collected over multiple years, is a strength of the study. It was argued that disparities in prescribing persist and people of color and those with limited English may have poorly managed pain.

Khan MR, Hoff L, Elliott L, et al., Racial/ethnic disparities in opioid overdose prevention: Comparison of the naloxone care cascade in White, Latinx, and Black people who use opioids in New York City. *Harm Reduct J.* 2023; 20(1): 24. doi: 10.1186/s12954-023-00736-7

The authors examined the naloxone cascade which includes naloxone training, possessing naloxone, universal access, and a person always present when using drugs. Differences were found in these cascade steps among people of color, age, and frequency of use. Only 1 in 10 participants had complete protection with gaps found between people who are White and People of Color. People who were 51 years or older or Black race had a strong association with not being trained in naloxone use. The authors called for using the buddy system for people who use drugs if they do not have access to overdose prevention sites.

Kim DD, Chiang E, Volio A, et al. Reducing inpatient opioid consumption after caesarean delivery: Effects of an opioid stewardship programme and racial impact in a community hospital. *BMJ Open Quality.* 2024; 13(2): e002265. doi:10.1136/bmjopen-2023-002265

This was a quality improvement study aimed at reducing opioids after cesarean by 50%. They used an opioid stewardship model of training and multimodal analgesia that included prescription order sets of acetaminophen and non-steroidal anti-inflammatory drug administered alternatively every 3 hours while the patient was awake. They used 3 Plan-Do-Study-Act (PDSA) cycles to achieve the goal. The first two cycles demonstrated provider reluctance to use the prescription order set until they were educated. This was particularly relevant for personnel whose shifts or schedules made them less likely to know about the change. Results showed an 80% reduction in inpatient opioid consumption following cesarean surgery. They found people who are Black “required” more opioids as compared to people who White but did not examine other factors (e.g., pain scores; co-occurring issues).

Lee HY, Song J, Choi EY. Childhood abuse and opioid prescription use in adulthood: Differences between non-Hispanic Whites and non-Hispanic Blacks in the United States. *PLoS One*. 2023; 18(9): e0291752. doi: 10.1371/journal.pone.0291752

The authors examine opioid prescriptions and early life adversity and specifically childhood abuse. They studied the association between childhood abuse and increased risk of opioid prescription and if this varied by race. Age parameters were 35-84 years old. They found race was significant for being prescribed opioids for patients who are White and experienced physical abuse - even after adjusting for other factors (SES). Physical pain from physical abuse may persist over time. Rates for opioid prescribing were low for people who are Black.

Levy RA, Kay AH, Hills N, Chen LM, Chapman JS. Exploring the relationship between language, postoperative pain, and opioid use. *AJOG Glob Rep*. 2024; 4,(2): 100342. doi: 10.1016/j.xagr.2024.100342

This study examined analgesia control after gynecological oncology surgery. The investigators examined patients who were English and non-English speaking patients. Non-English patients were screened for pain fewer times in the post operative period as compared to English speaking patients and prescribed fewer opioids. They discussed possible explanations including patient-provider communication, systematic bias. They also discussed that language serves as a proxy for race. That is, Non-English speaking patients may serve as a proxy for "Non-Whiteness" despite 13% of the Non-English speaking patients in this study identified as White.

Lindenfeld Z, Silver D, Pagán JA, Zhang DS, Chang JE. Examining the Relationship between social determinants of health, measures of structural racism and county-level overdose deaths from 2017–2020. *PLoS One*. 2024; 19(5): e0304256. <https://doi.org/10.1371/journal.pone.0304256>

This article used publicly available data to examine county level fines and forfeitures as a measure of structural racism to determine the association with overdose rates. Previous studies have found communities that comprise people who are Black have higher levels of fines and forfeitures which in turn are related to financial instability, homelessness, and justice involvement. They posited that counties with higher rates of fines and forfeitures would have higher overdose rates. They found higher per capita fines and forfeiture revenue was reliably related to overdose. Also, there were higher percentages of households receiving food stamps, residents that were veterans, being in the South vs. Northeast and the number of substance use disorder treatment facilities with medications to treat opioid use disorders. The authors discussed the issue of "poverty traps" where people are already struggling with financial issues and then given additional fines.

Markatou M, Kennedy O, Brachmann M, Mukhopadhyay R, Dharia A, Talal AH. Social determinants of health derived from people with opioid use disorder: Improving data collection, integration and use with cross-domain collaboration and reproducible, data-centric, notebook-style workflows. *Front Med.* 2023; 10: 1076794. doi: 10.3389/fmed.2023.1076794

The authors describe a method for extracting and analyzing social determinants of health data. They combined medical, statistical, and computer/data science expertise. They argued that data sharing is necessary for examining healthcare utilization and forecasting for future growth. They indicated that health literacy and culturally relevant data should be used to help clinicians make decisions about care. They considered that responding to disproportionality in care requires prioritization of data collection.

McHenry N, Gulati S, Shah I, Sheth SG. Racial and ethnic disparities in opioid prescriptions for patients with abdominal pain: Analysis of the National Ambulatory Medical Care Survey. *J Clin Med.* 2023; 12(5): 5030. doi: 10.3390/jcm12155030

Examined opioid prescribing for patients with abdominal pain. People who were Latiné were less likely to receive opioids as compared to people who are White or Black even though people who are White had higher prevalence of mental health prescriptions and alcohol use. The authors suggested a bias towards opioid prescribing for people who are Latiné. The authors recognized that there may be broader social, environmental and economic factors that explain these issues. The authors also discussed the issue of language and how this may be relevant for patient-provider relationships.

Nishijima DK, Tancredi DJ, Adelgais KM, et al. Impact of race and ethnicity on emergency medical services administration of opioid pain medications for injured children. *Harm Reduct J.* 2023; 20(1): 5. doi: 10.1016/j.jemermed.2022.10.011

The authors examined prehospital utilization of opioids based on race for injured children. Using a prospective approach, they used medical chart of injured children transported to 1 of 10 emergency department and surveyed emergency medical services providers about prehospital interventions during transport. Race or ethnicity was not associated with opioid use. However, there was an association between opioids and EMS experience, child's age and/or injury type.

Nolen S, Trinidad AJ, Jordan AE, et al. Racial/ethnic differences in receipt of naloxone distribution by opioid overdose prevention programs in New York City. *Harm Reduct J.* 2023; 20(1): 152. doi: 10.1186/s12954-023-00891-x.

The authors found higher rates of naloxone distribution for Black versus White residents. There was variation by neighborhoods with lower distribution for some Black and Latiné residents. They concluded that (a) the way organizations are situated within neighborhoods may influence distribution efforts and (b) there are organizational barriers around cultural and linguistic responsiveness, particularly in areas with high concentrations of people who are "foreign born." They called for interventions to address the geographical and structural barriers associated with naloxone distribution.

Nolen S, Wilson T, Jacka BP, Li Y, Beaudoin FL, Marshall BDL. Prevalence and correlates of experiencing drug-related discrimination among people who use drugs presenting at emergency department at high risk of opioid overdose. *Addict Behav Rep.* 2023; 17: 100496. doi: 10.1016/j.abrep.2023.100496

The authors examined the issue of discrimination in an emergency department for patients experiencing an overdose. They used patients self-reported feelings of discrimination by the medical community. Patients who identified as women and lesbian, gay, bisexual, queer, intersex, asexual (LGBQIA+) were more likely to report discrimination as compared to the other groups. People of diverse racial/ethnically populations were less likely than people who are White to report discrimination.

Nguyen KH, Suarez P, Sales C, Fernandez A, Ward DT, Manual SP. Patients who have limited English proficiency have decreased utilization of revision surgeries after hip and knee arthroplasty. *J Arthroplasty.* 2023; 38(8): 1429-1433. doi: 10.1016/j.arth.2023.02.024

Retrospective study of patients undergoing hip or knee arthroplasties. Most common languages speaking other than English was Spanish and Chinese. They found patients with limited English proficiency were less likely to return for revision surgery within two years as compared to English proficient patients. They argued that language may be one of the issues for disparity due to decreased access to post-operative care, less frequent assessments of their pain and symptoms, or less likely to be considered for revision surgery. Yet, they acknowledged they were unable to determine if they had revision surgery at another institution or have data to determine the reasons for needing revision surgery.

Oloruntoba O, Bergeron CD, Zhong L, et al. Pharmacological prescribing and satisfaction with pain treatment among Non-Hispanic Black men with chronic pain. *Patient Prefer Adherence*. 2024; 18: 187-195. doi: 10.2147/PPA.S435652

The authors examined socio-demographic characteristics among Black men with chronic pain. They were interested in what, if any, characteristics lead to opioid prescribing and satisfaction with pain care. They found patients with more frequent pain and higher education engaged in more shared decision making and were prescribed more opioids. Patients with more chronic conditions were less likely to receive opioids. Men with more frequent pain and pain problems were less satisfied with treatment whereas men who participated shared decision making were more satisfied. The authors discussed issues of health literacy, shared decision making, and complementary services (Tai Chi; meditation).

Qeadan F, Ross S, Barbeau WA, Madden EF, English K. Suicidal ideation, suicide attempt, and self-injury among American Indian, Alaskan Native, and Native Hawaiian college students in the United States from 2015 to 2019. *Health Sci Rep.* 2024; 7(7): e2139. doi: 10.1002/hsr2.2139

The authors found associations between opioid misuse and suicide ideation, attempts, and intentional self harm among American Indian/Alaskan Native college students. The authors found higher suicidal risk among those who experienced violence, abuse, discrimination and other trauma. They called for suicide prevention and early intervention efforts to assess for substance use concerns. They also called for culturally responsive services and support specifically for American Indian, Alaskan Native, and Native Hawaiian students that address underlying issues of systemic oppression and trauma.

Richardson M, Hirschak K, Bajet K, et al. Provider perspectives on the impact of COVID-19 on treatment of substance use and opioid use disorders among American Indian and Alaska Native Adults. *Front Public Health*. 2024; 12:1356033. doi: 10.3389/fpubh.2024.1356033.

The authors examined substance use disorder treatment providers who work with American Indian/Alaska Native adults. Providers were from six programs in the states of Minnesota, Utah, and Washington. The focus was to gather the providers perspectives of opioid poisonings and care during the COVID-19 pandemic. The investigators used the term “client-relative” to describe the people receiving substance use disorder treatment. They used this terminology “to uplift the Indigenous worldviews of clients as relatives.” They also included a positionality statement about the identities and backgrounds of the researchers. The main themes from the research were in the areas of access, co-occurring mental health, social determinants of health, substance use coping and harm reduction strategies, and community strengths. They discussed the relevance of trauma with COVID 19 and how it may have exacerbated historical traumas and changes in drug use during the pandemic. They also discussed housing, jobs and other SDOHs but recognized the strengths in traditional and cultural connections and practices in healing.

Romero R, Friedman JR, Goodman-Meza D, Shover CL US drug overdose mortality rose faster among Hispanics than non-Hispanics from 2010 to 2021. *Drug Alcohol Depend*. 2023; (246): 109859. doi: 10.1016/j.drugalcdep.2023.109859

The authors examined overdose mortality rates in states with the highest populations of Latiné’s. The authors argued that prevalence data typically shows Latiné’s have lower rates of overdose as compared to non-Latiné’s. The authors found overdose rates rose 288% for Latiné’s compared to 160% among non-Latiné’s. They found overdose rates were higher in New Mexico, Colorado, Massachusetts, and Pennsylvania in 2020 for Latiné’s.

Rawy M, Abdalla G, Look, K. Polysubstance mortality trends in White and Black Americans during the opioid epidemic, 1999-2018. *BMC Public Health*. 2024; 24(1): 112. doi: 10.1186/s12889-023-17563-x.

Opioids and benzodiazepine had the highest co-involvement in benzodiazepine deaths during the entire study period. The authors discussed the relevance of keeping this potentially fatal combination on our radar, particularly due to greater use of synthetic opioids. Increases in opioids and stimulants begin in 2013. They found people who are Black dying faster than people who are White for all drugs they investigated. Authors argue possible reasons include (a) structural discrimination, racism, and other social determinants of health (b) lack of access to treatment, (c) more prescribing of methadone versus buprenorphine which carries greater regulation and stigmatization, and (d) limited access to naloxone. The authors also discussed legal repercussions for drug use which may make people reluctant to get emergency care. They discussed the issue that the DSM-V does not acknowledge polysubstance use which may influence receipt of evidence based practices.

Roldós MI, Jones J, Rajaballey J. The first steps to building research collaborative using strength-based assessments and GIS maps with a sample of community-based organizations in the Bronx, NY. *Health Equity*. 2024; 8(1): 66-75.
doi: 10.1089/heq.2023.0015

The authors examined the strengths and opportunities for improvement for conducting community-based participatory research (CBPR) in the Bronx. This qualitative study interviewed personnel working community-based organizations with most working in the Bronx for more than 5 years. They found community-based organizations provided primarily education, training, counseling and housing services. This study highlighted the strengths of the Bronx organizations which have typically been discussed by highlighting challenges and deficient. The participants reported that they are likely to use CBPR and partner with academic institutions and others skilled at community health to address inequities. The authors discussed where CBPR could be enhanced by using GIS mapping.

Schmidt IM, Shohet M, Serrano M, et al. Patients' perspectives on race and the use of race-based algorithms in clinical decision-making: A qualitative study. *J Gen Intern Med.* 2023; 38(9): 2045-2051. doi: 10.1007/s11606-023-08035-4.

The authors used qualitative semi-structured interviews to determine patients' perspectives of using race-based algorithms for specific health conditions (lung; kidney). Participants gave a wide range of responses related to what race means which included ancestry, physical traits, and social category. The participants, overall, did not know race-based algorithms were used and overwhelming indicated they should not be used as it precipitates racism and inequalities in care.

Schneider KE, Allen ST, O'Rourke A, et. al. Examining naloxone access and interest in secondary naloxone distribution on an American Indian Reservation in the northern Midwest of the United States. *Drug Alcohol Depend Rep.* 2024; 13:100285. doi: 10.1016/j.dadr.2024.100285

The authors examined naloxone access within a mid-west Tribal community. They collected data from a community sample that included people who had "ever used drugs." They kept the variable "ever used drugs" vague as they were collecting information during a community event and did not want to unintentionally breach privacy. They found less than 40% of the sample indicated they had access to naloxone and this included (a) people who use drugs, (b) people who do not use drugs, and (c) those who had witnessed or experienced an overdose. They recommended public health strategies to increase access such as naloxone such as harm reduction vending machines and integrating stigma reduction campaigns in concert with cultural events and values.

Shetty C, Oshman L, Costa A, et al. Structural racism in newborn drug testing: Perspectives of health care and child protective services professionals. *Ann Fam Med.* 2024; 22(4): 271-278. doi: 10.1370/afm.3139

This was a qualitative study with 30 participants who were physicians, midwives, nurses, social workers, and Child Protective Services (CPS) workers. It examined their perspectives about structural and individual racism associated with substance use toxicology screening and CPS reporting in healthcare. There was a specific emphasis on people who are White vs Black. Results showed differential responses to toxicology and reporting based on race. The authors argued historical racism and the way laws, policies, and regulatory agencies provide guidance, or lack of, influences organizational and individual decision making. They concluded that systematic shifts from strictly biological testing to shared decision making to support the best interests of the parent(s) and child through family centered substance use treatment.

Soriano J, Prebil LA, Hannah H, Mhatre P, Santora L, Willis M. Life expectancy and causes of premature death by subgroup for community-based action in Marin County, California, 2017-2021. *Cureus.* 2023; 15(12): e51300. doi: 10.7759/cureus.51300.

Took numerous health conditions associated with premature death and analyzed them based on geography and race/ethnicity. People who are Black had lower life expectancy in comparison to other groups. They highlighted the need to address racist systems that

increase disparities. The authors acknowledge the challenge of small populations for people who are American Indian/Indigenous. One of the top 10 causes of death was accidental overdoses with a median age of 50 and African American/Black having the highest per 100,000 rates.

Sprague JE, Freiermuth CE, Lambert J, et al. Opioid use disorder risk alleles in self-reported assigned African American/Afro-Caribbean and European biogeographical genetic ancestry groups and in males and females. *Pharmacogenomics J.* 2024; 24(4): 23. doi: 10.1038/s41397-024-00337-y

This study looked at the genetic influence of six variants associated with OUD specifically for African American/Caribbean people. The sample size was derived from 1,301 adults visiting one of three emergency departments in Ohio. Race and sex did not influence the relationship between genetics and OUD. One variant was related to poor pain control in both men and women.

Substance Abuse and Mental Health Services Administration (SAMHSA). Evidence-Based, Whole-Person Care for Pregnant People Who Have Opioid Use Disorder. 2024. Link no longer active.

This SAMSHA Advisory provided information about caring for people who are pregnant. It provides action steps such as universal screening, pharmacological treatments, person-centered care, overdose prevention, and details screening and assessment. The Advisory discussed considerations for toxicology screening. Provides detailed information about prescribing medications to treat opioid use disorder.

Wakhlu N, Soto C, Duncan M, Titman A, Turner BJ. Wellness tour for Tribal communities during the COVID-19 pandemic: Uniting sacred space with western medicine to prevent substance use. *J. Community Health*. 2024; 49(2): 248-256. doi: 10.1007/s10900-023-01295-5.

The article details the process of connecting with people who are American Indian/Alaska Native (AI/AN) to provide education on substance use disorder/opioid use disorder (SUD/OD) in California. They used traditional, blended, and western methods to connect with communities through the Native Dad's Network (NDN). Then NDN delivered a wellness tour. The results show high ratings that it was culturally relevant, and they understand how to use naloxone. Interestingly, there was a lower rating about seeing more NDN events. The authors didn't discuss reasons for this, but it may be because it was an emotionally difficult event. While the cultural components may have been helpful/important, there wasn't a lot about caring for oneself, processing grief/loss, or caring for someone who has overdosed.

Yang C, Favaro J, Meacham MC. NEXT Harm Reduction: An Online, Mail-Based Naloxone Distribution and Harm-Reduction Program. *Am J Public Health*. 2021; 111(4): 667-671. doi: 10.2105/AJPH.2020.306124

The authors discussed the Needle EXchange Technology (NEXT) online education and mail-based harm reduction program. It provides naloxone kits, sterile syringes and supplies to people who use drugs and/or their loved ones in all 50 states. People may be unable to access these harm reduction services in their states due to a lack of local resources, stigma, or other reasons. If the request comes from an area that NEXT has a formal partner affiliate - the affiliate fills the request. If there isn't a partner affiliate, NEXT fills the request. The mailed supplies include handwritten notes, resources, and referral sources in their area. The paper presents results from program efforts from 2017 to 2019 with more than 3500 individuals receiving naloxone kits and 1200 receiving sterile syringes. Authors discuss issues for people without an address or stable living arrangement and reaching people of color.

Yu Z, Peng C, Yang X, et. al. Identifying social determinants of health from clinical narratives: A study of performance, documentation ratio, and potential bias. *J Biomed Inform*. 2024; 153: 104642. doi: 10.1016/j.jbi.2024.104642.

This was a paper that described technology used to extract social determinants of health (SDOH) data from narrative charts. The aim was to test artificial intelligence technology and determine if the technology is biased and unfair. They noticed small performance gaps for males and females and large performance gaps by race. Using this technology, they found documenting social determinants in health needs to be improved in electronic health records (EHRs) as only 19 of the 38 SDOH categories from the World Health Organization - Health People 2030, and Centers for Disease Control and Prevention (CDC) were identified in random sample of 629 notes.



Ethics Review. An Institutional Review Board responsible for human subjects research at The University of Arizona reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Disclaimer/Disclosures/Acknowledgements. Funding for this work was provided by the University of Arizona's Health Sciences Administration (UAHS) and Zuckerman College of Public Health (COPH) through a career development award (CDA) granted to Bridget Murphy, DBH (she, her, ella). Content is the authors and does not represent UAHS/COPH. The author has no financial disclosures. This work was conducted on the lands of the O'odham and Yaqui peoples in Tucson, Arizona. Thank you to the CDA mentoring team.

Suggested citation. Murphy B. Pain and addiction annotated bibliography. The University of Arizona, Zuckerman College of Public Health, 2025.