

A Case Study on the Relationship Between a Multimodal Approach to Opioid Treatment and Opioid Cessation in Low-Income BIPOC Communities

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Background and Hypothesis

In the United States, the opioid crisis has been centered around white individuals in suburban and rural areas. However, communities of color who have a low socioeconomic status (SES) are facing an increasing amount of opioid overdose related deaths. Even with pharmacological opioid agonist therapy, this specific population still does not have the support to remain abstinent from opioids. We have conducted a case study with Mr.G, a 32 year old black male patient with opioid use disorder (OUD) who is from a low SES. Mr. G suffered from four overdoses over a six-month period (two of them occurring within 24 hours). He was treated for each overdose at three different large academic medical centers. The first three academic medical center offered him solely Buprenorphine-Naloxone, whereas the current medical center took a multimodal approach. We hypothesize that populations of color with opioid use disorder who are from a low socioeconomic class will benefit more from a multimodal approach to OUD treatment.

Methods

In this work, we conducted a literature review to construct a multitude of questions to assess Mr.G's experience at his previous academic medical centers versus his current academic center and why his current treatment has resulted in successful opioid cessation.

Results

Thus far, we have not received a response from Mr. G. However, since a multimodal approach was taken towards his treatment, he has enrolled in college courses, has gained employment, and has maintained sobriety.

Conclusion and Potential Impact

Patients like Mr. G who come from communities of color and lower socioeconomic status may benefit from a multimodal approach when treating their OUD. This study will potentially lead to more research focusing on how to address the holistic needs for communities of color with opioid use disorder who come from a lower socioeconomic status.