

Improving Access to Harm Reduction Services for Black and Latinx people in Boston: Perspectives from Professional and Clinical Key Informants

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BACKGROUND

- Black and Latinx individuals are experiencing rising opioid overdose rates but are less likely than White residents to receive substance use treatment.and naloxone⁽¹⁾
- To guide programatic and policy development, we explored key informant perspectives on overdose disparities

METHODS

- Boston Overdose Linkage to Treatment Study (BOLTS): qualitative research study examining equity in access to care following overdose
- Sept 2020-Sept 2021: Qualitative interviews and demographic survey with **28 key informants** with roles related to overdose prevention, response, harm reduction, and substance use disorder (SUD) treatment
- Team coding and framework analysis to summarize data and identify themes

RESULTS

Key Informant Characteristics (n=27, one excluded due to no mention of harm reduction services):
9 (32%) Black, 6 (21%) Latinx, 12 (43%) White
Roles: advocates, clinicians, licensed and unlicensed service providers, program managers, first responders, policy makers

Historical Impact of Racist Drug Policy

I've had people of color scream at me in community meetings, to say, "Well, now that this is about white people, you guys are calling it a disease and people are sick, and yada, yada, yada. But when this was in the 90s, it was like, just let's lock these people up. Let's whatever." That reality, it wasn't right then, it's not right today, to get “these people” out of here. [...] I do think there's that historical nature of this work and historical nature of how we've treated drug and addiction in black and brown communities that we can't pretend doesn't exist.
- Policy Maker, Latinx

We can't technically give out crack pipes because they're illegal, right? It is a racial inequity. Not to say that white people don't smoke crack because they do. But there are large swaths of populations of color like - that is like one of the only harm reduction tools we're able to offer them. And so, we just started buying crack pipes with private funding and going out and starting to engaging people. And that led to much better relationships with people, and they'll be like “You got pipes. That's awesome. That's great.” And they sort of talk to us a little bit more. Before, we didn't have a whole lot offer.
- Harm Reduction Service Provider, White

“And me, there's nothing I can do down there to not look like a cop. I would have a stethoscope around my neck and people would still be like, "Is this guy a cop?”
- Physician on doing outreach in Nubian Square, Race Unknown

- The “War on Drugs” has engendered a lack of trust and resentment in harm reduction services among Black and Latinx people
- Continued criminalization of safer smoking supplies limits how harm reduction service providers can facilitate connection
- Association of clinicians and first responders with police is a barrier to building trust through harm reduction programs

Strategies & Barriers to Reach Black & Latinx Communities

[...] so I think you know, having not just in the inner city, but maybe even in the suburbs, that some of these programs don't have enough diversity, or they don't have any at all. And so, it makes it very limited to where a client is going to feel comfortable [...]
- Service Provider, Black/African American

Let's say if you don't speak English, and you come to our Central Square location, I don't know if we have any bilingual people on staff there. [...] But if you can't communicate with people, are you gonna get your message across?
- Service Provider, White

I think people go where they trust the people who work there. Even as far as treatment and care, we refer a lot of our clients to Project Trust because they have doctors there that specifically work with our population. [...] Having workers that are well versed in working with the population makes a huge difference because they already kind of know what to expect.
- Program Manager, Black/African American

- Crucial to have staff of color and staff with lived experiences of SUD to build trust with Black and Latinx people who use drugs
- Some programs have built trust over time through word of mouth
- Need more bilingual staff

Decentralization & Harm Reduction Access

I think one gap is that the harm reduction is not as widespread as it should be. I think some of our hospitals have great providers and great clinicians, but I don't think the hospitals themselves all have a firm handle on how to serve certain populations. I think our health centers are the same way. There's four or five that can definitely serve folks that are dealing with substance use disorder, and then there's others who are like, "That's not what we do here." I got news for you, if you're in the city of Boston, it is what you do.
- Policy Maker, Latinx

“It's really about access to care. Again, even as far as syringe services, they don't exist. Again, without us here, the only place that they can really get them to my knowledge is down at AHOPE or Project Trust, which are basically in the same area. There's not very many services.”
- Harm Reduction Service Provider, Black/African American

- Clustering of services in one area was described as a barrier to accessing harm reduction services, particularly for Black and Latinx communities
- Need for integration of harm reduction services into the general medical and primary care system
- Lack of transportation and financial insecurity was noted as a barrier to traveling for harm reduction services

CONCLUSIONS

- The legacy of racist drug policies engenders a lack of trust in harm reduction services
- Decentralizing harm reduction services and providing culturally responsive services such as safer smoking supplies are important strategies to increase access in Black & Latinx communities
- Dedicated efforts are needed a program and policy level to make harm reduction programs welcoming to Black and Latinx people

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