How the History of Racism is Negatively Affecting Our Response to the Opioid Overdose Epidemic in All Communities

May 2020
Overview of webinar

• Your perspective
• Between the Lines: Understanding our Country’s Racialized Response to the Opioid Overdose Epidemic
• Historical timeline of unjust and racist policies that brought us here today
• What have we learned?
• Opioid overdose epidemic and COVID-19
• Q&A
Today’s Presenters

• Setting the Context
  – Isha Weerasinghe, CLASP

• Looking Forward
  – Dr. Kimá Taylor, Anka Consulting/CLASP Mental Health Advisory Board
Logistics

• Share questions and comments in the chat box
  – We’ll come back to them at the end
• Have your phones ready for text/online polls
  – We’ll also drop the poll links in the chat box
• We will send out the recording and slides
  – Will include live links to report and citations
Who is CLASP?

CLASP is a national, nonpartisan, anti-poverty nonprofit advancing policy solutions for people living in low-income households. We develop practical yet visionary strategies for reducing poverty, promoting economic opportunity, and advancing racial equity.
CLASP’s Mental Health Work

Youth and Young Adult Mental Health
Maternal Mental Health

- Federal, State Policy Analysis and Advocacy
- State Technical Assistance
- State Learning Communities
- Advisory Board
Mental Health Awareness Month

• **New Resources**
• **Instagram Profiles**
• **Webinars**
CLASP’s mental health work

Focuses on:
• design of systems and policies in the health system
• how race and ethnicity affect the way a person interacts with the health system and receives services

Unless we figure out how to make significant upstream economic and social policy changes, we will continue to see inequities in prevention, screening, and treatment, resulting in greater racial disparities in opioid overdose and substance use disorders (SUD) overall.
Where are you joining us from?
What are you hoping to gain from this webinar?
Overdose deaths due to opioids, by race

**Rate of overdose deaths due to synthetic opioid use (not methadone) by race, 2016 — 2017**

<table>
<thead>
<tr>
<th>Race</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>0.6</td>
<td>0.8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2.7</td>
<td>3.7</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>5.6</td>
<td>6.5</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>8.2</td>
<td>9.0</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>11.9</td>
<td>11.9</td>
</tr>
</tbody>
</table>

**Percent change in overdose deaths due to synthetic opioid use (not methadone) by race, 2016 — 2017**

- Black, non-Hispanic: 60.7%
- American Indian/Alaska Native: 58.5%
- White, non-Hispanic: 45.1%
- Hispanic: 37.0%
- Asian/Pacific Islander: 33.3%


*Rates are calculated per 100,000.
Poverty rates and Drug Overdose Death Rates, 2016

Sources: U.S. Census Bureau Small Area Income and Poverty Estimates, CDC Small Area Estimates of Drug Mortality.
Note: Each variable is split into tertiles.

How poverty and race contribute to the epidemic

Racism and systemic oppression
Exclusionary policies

Access to jobs, mortgages, affordable housing, appropriate health care facilities
Policies Impacting the Opioid Overdose Epidemic

A number of policies, including and beyond drug policy, have impacted the overdose epidemic in the United States. The effects are evident in communities of color. Here's a timeline of why.

- 1696, 1705...
  Laws were put in place to dehumanize African Americans and sanctify their white slave owners.
  In 1696, South Carolina included language in the law that slaves had "barbarous, wild, savage natures."
  In 1705, Virginia passed a law to ensure that white people would not be criminalized for killing a slave.

- 1875
  A San Francisco ordinance criminalized the "smoking of opium in smoking-houses or dens", mainly owned by Chinese immigrants.

- 1880-1920
  First cocaine epidemic

- 1914
  Harrison Narcotics Tax Act was the first congressional action countering the United States drug trade, limiting opiate production, sale, and distribution, even by physicians, imposing taxes and the police as enforcement mechanisms.

- 1930
  16 states banned marijuana, with the intent of the law being race-based against Mexicans.

- 1934
  National Housing Act established the Federal Housing Administration, solidifying and exacerbating redlining.
1969
President Nixon called a **War on Drugs**, creating first methadone program. Funding focused on treatment and on law enforcement intended to negatively affect Black communities, creating justice inequities. "We knew we couldn’t make it illegal to be either against the war or black [people], but by getting the public to associate the hippies with marijuana and black [people] with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course, we did." -John Ehrlichman, Nixon’s domestic policy chief.

1970
**Controlled Substance Act**
Replaced over fifty pieces of drug legislation, establishing system of control for narcotics and psychotropic substances.

**Comprehensive Drug Abuse Prevention and Control Act**

**Civil Asset Forfeiture Laws**

1973
**Drug Enforcement Agency** established

1973
**Rockefeller Drug Laws** in New York passed, penalizing heroin, morphine, cocaine, cannabis possession with minimum of 15 years to life in prison.

1982
**The second War on Drugs**
Increased money to law enforcement while decreasing money for treatment

1980s
State and local syringe exchanges begin

1986-88
**Anti-Drug Abuse Act**
1988
The White House Office of National Drug Control Policy was established.

1989
Anti Drug-Abuse Supplemental Appropriations Act
enacted by President HW Bush to increase funding to treatment, law enforcement, education, and prisons.

1990s
Washington state was first to enact "Three Strikes" laws, which are now in more than half of all U.S. states.

1998
Amendments to Higher Education Act of 1965 denied financial aid to students with drug convictions.

1996
Mental Health Parity Act
Regulated that funding used for mental health benefits be no less than annual/lifetime funding used for physical health.

2000
Drug Addiction Treatment Act
amended the Controlled Substances Act allowing providers to prescribe narcotic treatment in their offices, rather than offsite.

2002
Unequal Treatment
The Institute of Medicine released a seminal report entitled Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.
2008
Mental Health Parity and Addiction Equity Act
prevented group health plans and health insurance issuers that provide mental health or substance use services to provide equal benefits to that of medical/surgical benefits.

2009
Rockefeller Drug Reform
Removed mandatory minimum sentences.

2010
Fair Sentencing Act
Reduced sentencing disparity between crack and powder cocaine from 100:1 to 18:1.

2012
Washington State and Colorado legalize marijuana.

2013
Stop and Frisk deemed unconstitutional.

2016
The Comprehensive Addiction and Recovery Act
Includes funding for criminal justice reform, treatment prevention, overdose reversal, and law enforcement.

2018
Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act
Provided a comprehensive response across sectors, but gaps remain.
What Does the Timeline Tell Us?

• Are we, truly uncomfortable with the past system?
• We seem to keep repeating it, over and over; drug by drug
What Does the Timeline Tell Us?

• The system was built and reinforced with a racist frame-on purpose. To change inequitable outcomes, we have to change the systems that are producing them- not add small fixes. Simply adding to ineffective programming perpetuates the disparities

  – If the “new remedies” put in place show disparities; we have to rethink the “remedies”
What Does the Timeline Tell Us?

• IT CANNOT JUST BE OPIOIDS
• Substance Use Disorders have been identified as health concerns for decades; they must be treated as such requiring society to not solely focus on opioids (much less just prescribing)
• We cannot afford a 2-tier response of treatment for some and prison for others - even if jail and prison offer treatment; it is not equitable and is harmful across financial, health, economic and equity measures
What Does the Timeline Tell Us?

• We cannot have a standalone treatment conversation
• As with other health concerns, we have to provide a **continuum** of integrated evidence informed, culturally effective, easily accessible community-based services.
• Society must invest in new research while also identifying effective community-based solutions put in place when government and health systems ignored drug users
What Does the Timeline Tell Us?

- Many systems and policies must change, not just health and public health
  - Taxation
  - Child Welfare
  - Justice System-Adult and Juvenile
  - Education etc.
- These systems also have massive racial and ethnic disparities built in; partnering must include change in these as well
What Does the Timeline Tell Us?

• Using punitive laws to hide economic scapegoating does not lead to equitable health outcomes
What Does the Timeline Tell Us?

• Ultimately comes down to philosophy and financing.
• SU is a health concern which requires health and social service not a justice led response
• Change will require leadership, funding, community engagement and development of resources and a proactive decision to leave racism behind
How does this topic show up in your work?
Questions & Reflections
Contact Information

Isha Weerasinghe, Senior Policy Analyst,

iweerasinghe@clasp.org

Dr. Kimá Taylor, Principal at Anka Consulting,

kimataylor@ankaconsultingllc.com