

## Between the Lines: Understanding Our Country's Racialized Response to the Opioid Epidemic

The Center for Law and Social Policy's (CLASP's) mental health work focuses on how race and ethnicity affect how a person approaches the health system, receives services, and, more broadly, how systems and policies are designed in the first place. The increase in opioid use and overdose has been a hot topic of conversation, playing out in different ways—often with the top-line narrative that policymakers aren't doing enough. CLASP recognizes this and wants to highlight how the level and type of response corresponds with who is reported to be using drugs. Now that the current opioid overdose epidemic is impacting mostly white, rural populations, there is significant political and social pressure to do something about it. The opioid overdose and general substance use responses are not reaching communities of color.

This report will provide an overview of how history plays a part in opioid usage rates. Unless we figure out how to make significant upstream economic changes, inequities in prescriptions and treatment will continue to occur, which will increase racial disparities in opioid use and overdose.

The report is divided into six sections:

1. **Defining the Context:** Why drug overdose deaths for communities of color in poverty are increasing, and how implicit bias impacted opioid prescriptions in the first place.
2. **How the Racial Wealth Gap and Poverty Contribute to the Epidemic:** Racist policies, economic disparity, and the flooding of drugs to communities of color living in poverty are all connected.
3. **Historical Racial Bias Impacts on Drug Enforcement:** Laws criminalizing communities of color because of the association with drugs can be tracked from the 1800s, and communities continue to feel the effects of the War on Drugs and related laws to this day.
4. **Differences in Response, Access to Treatment:** Access to treatment is based on insurance, one's proximity to services, and how willing people are to receive treatment.
5. **The Federal Response:** Policymakers have increased funding to address opioid overdoses, giving priority to areas where rates are high and in areas with existing health infrastructures. Resource-poor communities of color have a much harder time getting funding and resources.
6. **Recommendations, Strategies:** Addressing the opioid overdose epidemic for communities of color involves major policy and system changes.

### **Policy Recommendations in economic justice to address the opioid overdose crisis:**

We will not achieve a sustainable solution to the opioid overdose crisis unless we work toward economic justice, which will ultimately lead to health equity. To that end, we offer these essential recommendations, which are not a comprehensive list:

- **Provide reparations** to rectify the damage done to communities of color in the United States, particularly for African Americans and Native communities. This could manifest in a number of different ways, but conversations need to change not only the differential opioid response, but also make substantial changes to rectify the damage done over decades to communities of color.
- **Increase the minimum wage** to support communities, and **bolster access** to federal benefits.<sup>1</sup>
- **Invest in quality postsecondary and workforce training opportunities**, prioritizing the federally-defined career pathway model, and removing barriers for those who were formally incarcerated.
- Identify effective strategies, reduce obstacles, and support advocates and policymakers to understand and **take full advantage of reimbursement opportunities and levers** that allow treatment to be affordable and accessible.
- **Ensure funding mechanisms** include supports for individuals living with low incomes **for programs such as transportation benefits and other supportive services** (e.g. language accessibility, health education, case management) for people who need treatment.
- Increase funding to **help community-based organizations respond to the opioid crisis happening in their neighborhoods**, whether they have an opioid focus or not, by making the federal application process easier and increasing outreach so communities know about the services available.

### **Policy Recommendations related to health equity to address the opioid overdose crisis:**

- **Prioritize Medicaid expansion and reject changes to Medicaid programs** that create additional barriers to care.
- Commit to **full implementation and enforcement of the mental health parity and prevention provisions** of the Affordable Care Act, the Mental Health and Substance Use Disorder Parity Action Plan, and the Mental Health Parity and Addiction Equity Act.
- Provide adequate **paid family and medical leave** for all Americans.
- Diversify the behavioral health workforce by **working towards debt-free college and strengthening and expanding loan repayment strategies** for individuals coming from communities and neighborhoods impacted by any of the substance use disorder epidemics.
- Ensure a diverse workforce **by integrating providers** credentialed at multiple levels in mental and behavioral health systems, from multiple backgrounds/identities, while ensuring that there is adequate racial and ethnic representation at the medical professional level.
- **Increase the number of culturally responsive and linguistically concordant practices** accepted and provided so communities of color feel comfortable entering the health system and continuing to receive treatment.

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<sup>1</sup> Institute on Assets and Social Policy. Not Only Unequal Paychecks: Occupational Segregation, Benefits, and the Racial Wealth Gap. Brandeis University, April 2019.

- **Focus on promising and evidence informed practices** alongside evidence-based practices to find effective and reliable community solutions from community members.
- **Take advantage of lesser-known provisions of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act** to address mental health needs and community trauma more broadly, i.e., move beyond buprenorphine and methadone clinics to peer support and prevention resources.
- **Modify existing regulations** to ensure methadone and other treatment centers can be co-located where people already seek care, rather than in a separate location.

**CLASP publications on mental and behavioral health, including strategies on how to address challenges through policy and systems change:**

- *Looking at Life Different: Equitable Mental Health Support for Young Adult Parents*, Nia West-Bey, 2019
- *Behind the Asterisk\*: Perspectives on Young Adult Mental Health from “Small and Hard-to-Reach” Communities*, Nia West-Bey and Marlén Mendoza, 2019
- *Policy for Transformed Lives*, Nia West-Bey, Shiva Sethi, and Paige Shortsleeves, 2018
- *Steps Towards Health Equity in Opioid Response Legislation*, Isha Weerasinghe, 2018
- *Unjustice: Overcoming Trump’s Rollbacks on Youth Justice*, Kisha Bird and Duy Pham, 2018
- *Maternal Depression and Young Adult Mental Health*, Nia West-Bey, Ruth Cosse, and Stephanie Schmit, 2018
- *Everybody Got Their Go-Throughs: Young Adults on the Frontlines of Mental Health*, Nia West-Bey and Stephanie Flores, 2017