

**CLASP**

**Isha Weerasinghe**  
**Senior Policy Analyst**  
**and Dr. Kimá Taylor**  
**Principal, Anka Consulting**

# **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

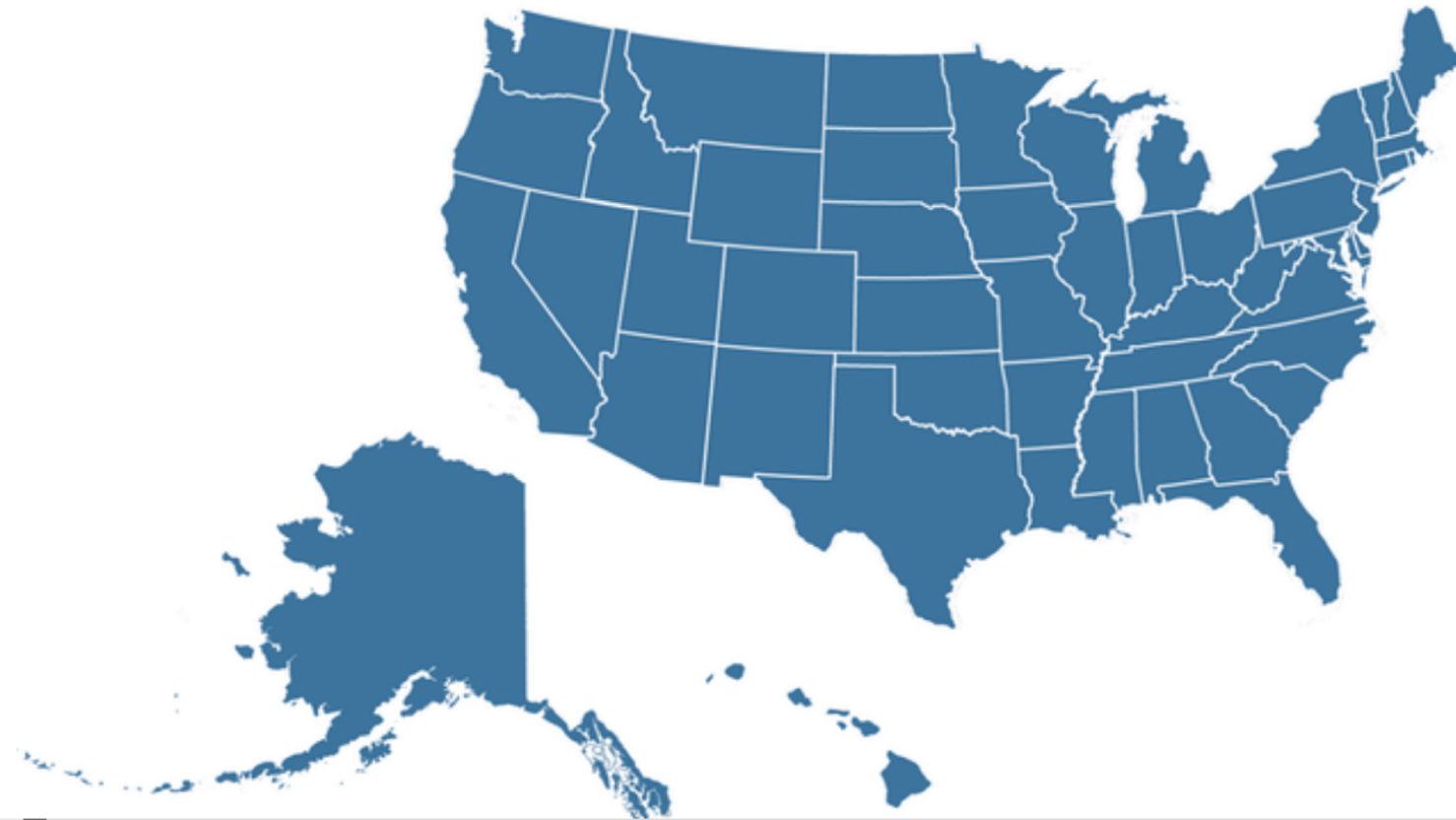
# CLASP's mental health work

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?



Start the presentation to see live content. For screen share software, share the entire screen. Get help at [pollev.com/app](https://pollev.com/app)

🖥️ When poll is active, respond at **Pollev.com/youthteam426**

💬 Text **YOUTHTEAM426** to **22333** once to join

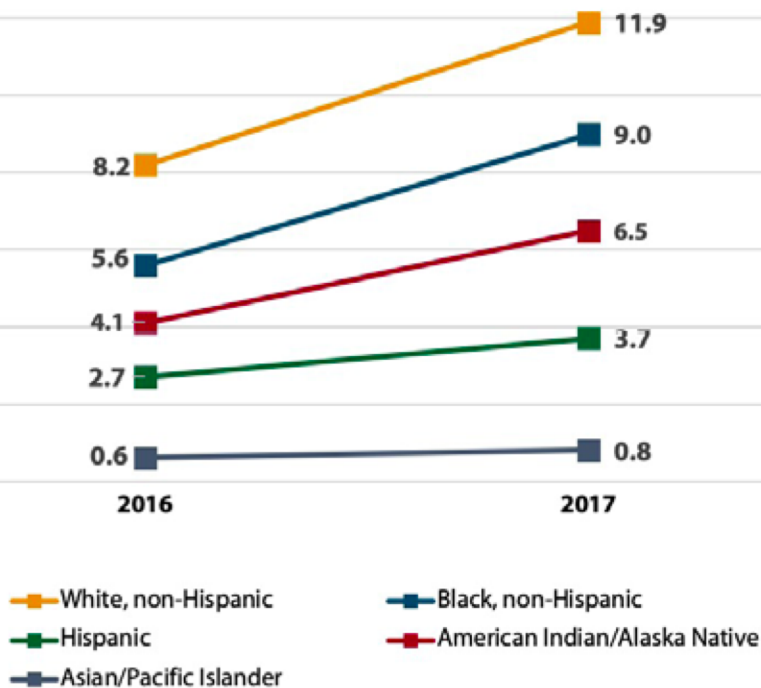
# What are you hoping to gain from this webinar?



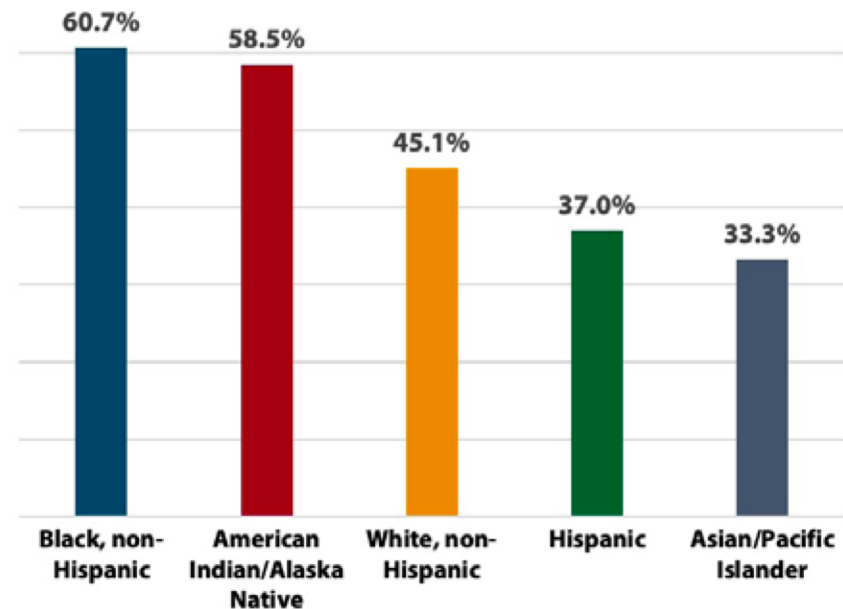
Start the presentation to see live content. For screen share software, share the entire screen. Get help at [pollev.com/app](https://pollev.com/app)

# Overdose deaths due to opioids, by race

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



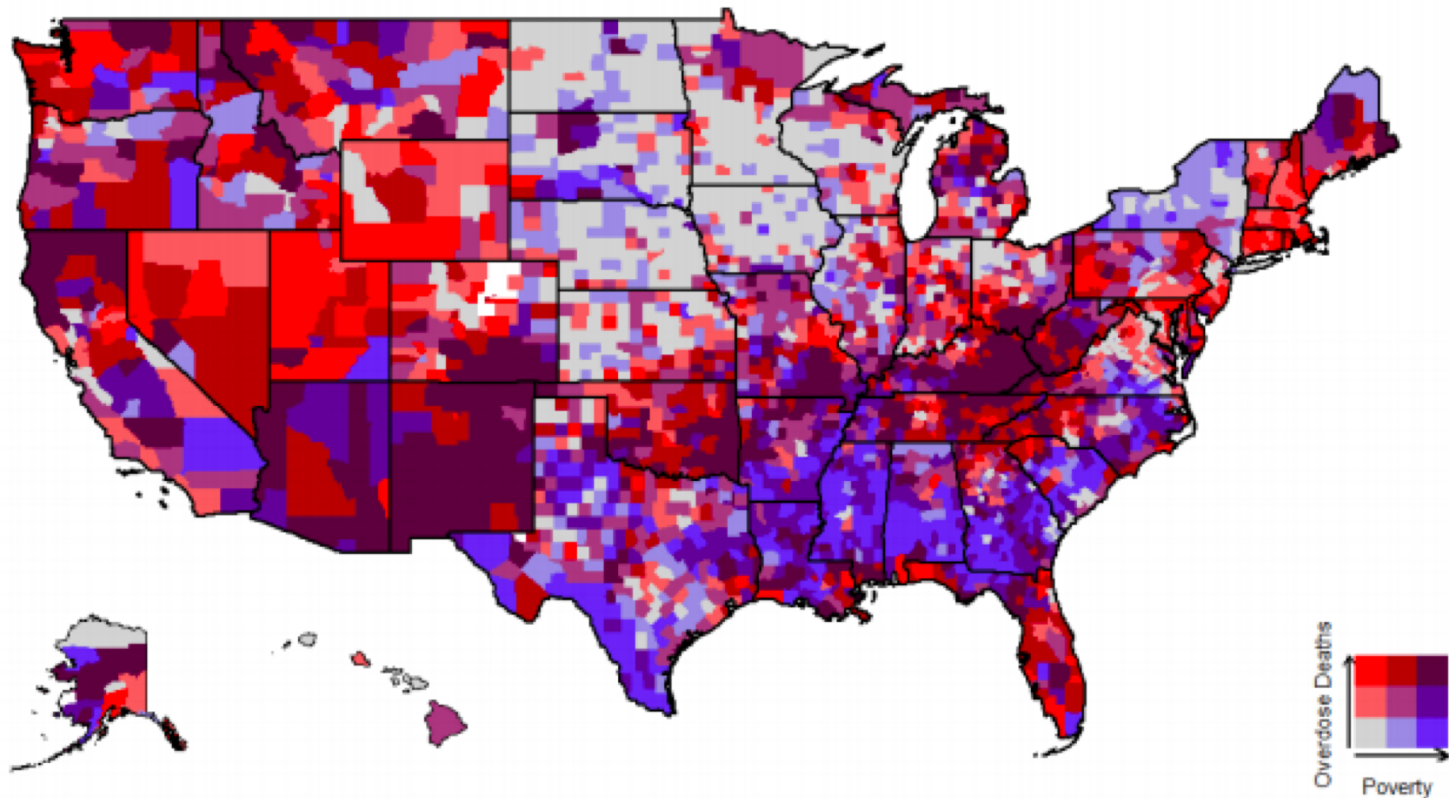
Percent change in overdose deaths due to synthetic opioid use (not methadone) by race, 2016 — 2017



Source: Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths—United States, 2013-2017. Centers for Disease Control and Prevention, Morbidity and Mortality Report. 4 January 2019. 67(51&52): 1419-1427.

\*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.

Office of the Assistant Secretary for Planning and Evaluation. The Opioid Crisis and Economic Opportunity: Geographic and Economic Trends. 2018.



# 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.**"

## 1875

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

## 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.

## 1880-1920

First cocaine epidemic

## 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

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

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

1980s

State and local syringe exchanges begin

1986-88

**Anti-Drug Abuse Act**

**1989**

**Anti Drug-Abuse Supplemental Appropriations Act**

enacted by President HW Bush to increase funding to treatment, law enforcement, education, and prisons.

**1988**

The **White House Office of National Drug Control Policy** was established.

**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**

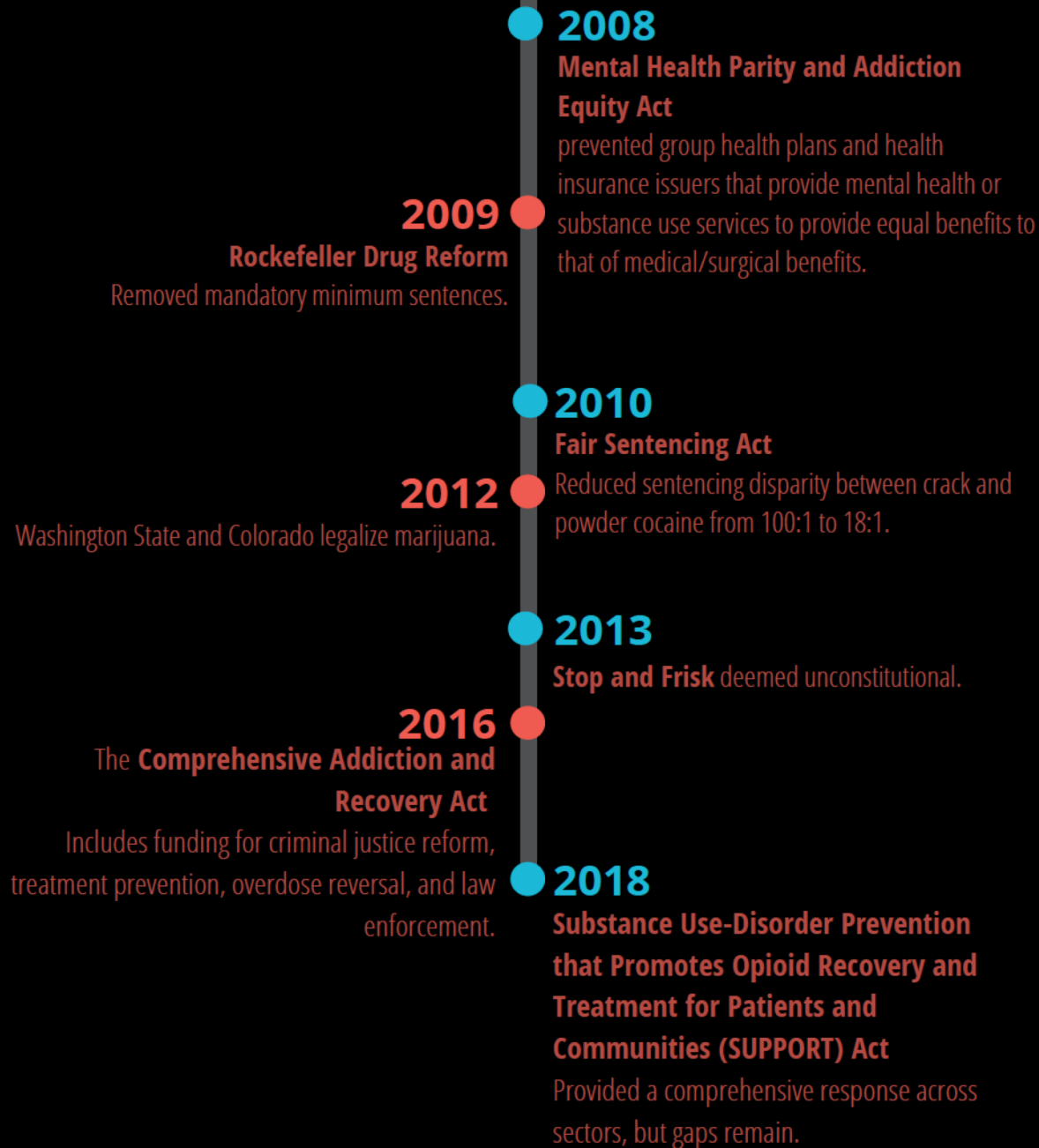
**Drug Addiction Treatment Act**

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*.



# 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

When poll is active, respond at **PollEv.com/youthteam426**

Text **YOUTHTEAM426** to **22333** once to join

## How does this topic show up in your work?



Start the presentation to see live content. For screen share software, share the entire screen. Get help at [pollev.com/app](https://pollev.com/app)

# Questions & Reflections

---



# Contact Information

---

Isha Weerasinghe, Senior Policy Analyst,  
[iweerasinghe@clasp.org](mailto:iweerasinghe@clasp.org)

Dr. Kimá Taylor, Principal at Anka Consulting,  
[kimataylor@ankaconsultingllc.com](mailto:kimataylor@ankaconsultingllc.com)