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Racism and Addiction

People of color are disproportionately burdened by the effects of substance-use disorders (SUD) in the U.S.

5x

Indigenous youth have an opioid mortality rate that is five times greater than the general population.



In California, American Indian and Alaskan Natives suffer from the highest rates of drug- and alcohol-related overdoses.



In addition to substance-related mortality, people of color are more likely to experience comorbidities of drug use such as contracting HIV or Hepatitis C from contaminated equipment. They are also less likely to have access to screenings for these illnesses.



Latinx communities faced worse outcomes and greater mortality from alcoholic cirrhosis compared to other racial groups, controlling for the number of drinks per month.



THE WAR ON DRUGS Rather than addressing substance-use disorders (SUD) as a public health issue, the U.S. for decades tried to solve drug use through criminal policies.



By the early 1970s, the U.S. had begun the War on Drugs, a period marred by harsh drug policies like Nixon's overcriminalization of marijuana, the Rockefeller Drug Laws that restricted the ability to address drug use through treatment and rehabilitation, and the Anti-Drug Abuse Act of 1986, which imposed mandatory sentences for drug crimes and more harshly punished primarily Black users of crack cocaine over primarily white users of powder cocaine despite the substances being chemically identical. These policies intentionally and overtly targeted people of color for punishment.



During this period, prisons were flooded with Black and Latinx people convicted of low-level drug crimes despite the facilities being ill-equipped to address SUD.

The Harrison Narcotics Tax Act of 1915 was a significant turning point in how SUD was understood and addressed. The Act effectively de-medicalized substance-use disorder in the eyes of the legal system when it prevented physicians from prescribing opiates to treat SUD.



The War on Drugs also worsened the stigma surrounding SUD by associating people of color with drug use and violent crime, and by discouraging those with SUDs from seeking treatment for fear of punishment.



Between 2014 and 2017, Black residents of metropolitan areas experienced the greatest increase in substance-related deaths, rising by 818%.

818%

Accessing Medical Treatment

Racism hinders the ability of people of color to access medical treatment for SUD.

Counties with a higher percentage of residents who were Latinx were less likely to have access to an outpatient SUD treatment facility and less likely to have a facility that accepts Medicaid.

People of color in medication-assisted treatment for opioid-use disorder were more likely to be prescribed methadone, which is more strictly regulated and requires daily pick-ups, instead of buprenorphine, which can be prescribed as a take-home medication. In a national study, it was found that 92% of buprenorphine patients were white.

Physicians are more likely to underestimate Black patients' pain or believe they are less sensitive to pain.



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What's the Solution?

Decriminalize

Criminal drug policies have unfairly targeted people of color resulting in over-policing, mass-incarceration, and stigmatizing substance use. Drug decriminalizing is a first step toward repairing these harms and will reduce the punitive barriers that discourage treatment-seeking.



Destigmatize

Work toward changing public perceptions to view addiction as a disease and not as a criminal or a moral failing.

Save Lives

Prevent deaths from overdose in high-risk neighborhoods through community-based harm-reduction programs and drug-use prevention programs. Syringe exchanges can prevent the spread of infectious diseases through contaminated equipment, and fentanyl testing strips can identify the presence of fentanyl and prevent overdoses.

Make Treatment Fair and Accessible

Ensure that communities of color have equal access to affordable SUD treatment facilities and medications.



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More information on systemic racism and substance-use disorders is [available here](#).



Who's Most at Risk?

People of color are most at risk of adverse SUD outcomes related to racism. Groups that have been historically targeted for drug use, excluded or unfairly treated in the healthcare system, or otherwise bear the added stress of daily encounters with racism are at greater risk of developing SUD. They are also at risk of being mistreated or criminally punished for the disorder, or experiencing a poor health outcome. Given these risks, it is important to keep in mind that racism, not race, is the cause of disparities in SUD outcomes.

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