

Testimony

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The Overdose Crisis and the Forgotten Population

My name is Lauren Manning and the Assistant Director at the Center for Law and Justice. Every day I work with people returning from a period of incarceration, people living in poverty, people experiencing hardship trying to navigate these systems that are designed to fail them. This is especially true for black and brown people as these systems were not created with us in mind and I am here to bring our collective voices to the table so we are not left out of these conversations.

To start: This is not an opioid crisis. This is an overdose crisis and black people and people of color are being undertreated, over punished and ignored. Framing addiction and overdose deaths as an opioid crisis frames the issues as a white issue and perpetuates systemic racism, and investment in building mores systems that are designed to fail us. The number of older black New Yorkers dying of cocaine-involved overdose deaths has tripled in recent years. A majority of the deaths involving cocaine last year among older black New Yorkers did not involve heroin or fentanyl, yet there is no cocaine crisis.¹ This is not to imply that opioids are not effecting the black and brown community as well.

Anyone paying attention knows that opioid deaths of black people have been and continue to increase more quickly than opioid deaths among white people but listening to the current discourse one wouldn't know it. Racism and racial bias in the medical community was thought to have somehow shielded or protected the black community from the crisis; however, data shows "from 2016-2017, the mortality rate among Black, non-Hispanic individuals rose by 25 percent, compared to the 11 percent increase among white, non-Hispanic individuals."² Yet as overdose deaths are rising faster for the black people prescriptions for suboxone to black people have not increased, but remain the dominant treatment for white people. In fact Suboxone is prescribed for white people at almost 35 times the rate it is prescribed for black people, with Medicaid covering only 25% of those prescriptions. The other 75% of those prescriptions were self pay or private insurance.³ Not 2 times, 5 time or even 10 times the rate but 35 times the rate. This data is unconscionable and Yet here we are, preparing for the year 2020, globally connected by the internet, with more access to information than ever before,

¹ <https://thecity.nyc/2019/09/cocaine-related-deaths-rise-for-citys-aging-black-residents.html>

² <https://www.communitycatalyst.org/blog/the-opioid-crisis-in-black-communities-who-is-paying-attention#.Xc6sKG5Fy00>

³ <https://khn.org/news/addiction-medicine-mostly-prescribed-to-whites-even-as-opioid-deaths-rose-among-blacks/>

aware of our collective history as a country, both good and bad but we continue to operate as if it is 1956 Jim Crow, “at best” when it comes to legislating within the bounds of the racist systems that we have all inherited. “Doing things the way they have always been done cannot be status quo if we want to save lives, including and especially black lives. Black people cannot continue to be addicts while white people are victims.

We know the failed policies of the drug war were disproportionately felt in black and brown communities, so to continue to legislate different iterations of those same failed policies speaks volumes of us as a government, community and society. Punitive approaches to overdose deaths will not prevent deaths or treat addiction, especially when our state prisons are not mandated to provide medication assisted treatment, something proven to save lives, to all people being detained who need it. Punitive approaches will not make us safer. Decades of data show “no statistically significant relationship between state drug imprisonment rates of...self-reported drug use, drug overdose deaths, and drug arrests;”⁴ However, poverty is a significant predictor of crime and violence yet almost 3 million people in New York live below the federal poverty line while millions more live in actual poverty but we have not declared a poverty crisis or a war on poverty.⁵ Punitive measures only serve to fuel mass incarceration and cause more harm to black and brown people, within the criminal justice and health care system.

It is well known that black people and people of color have a difficult time accessing effective treatment for pain, due to the systemic and institutional racism of the healthcare system, however many of the legislative responses since declaring an “opioid” crisis have made it even more difficult for black and brown people in real need of treatment to access it. Legislators must ensure that their efforts to help are not causing more harm and do not further discourage health care providers from providing necessary treatment. A recent CDC commentary notes the misapplication of their guidelines including abrupt tapering or sudden discontinuation of opioids, that can result in severe opioid withdrawal symptoms including pain and psychological distress, [which may cause] some patients to seek other sources of opioids.⁶

Solutions to addiction and overdose deaths must be based in evidence and not fear and stereotypes. The fix must include universal access to treatment in state prisons and primary care settings, and an end to the criminalization of drug dependence. Incentivizing certification of Health care providers to provide suboxone can increase access to effective medication treatment for all but especially for black and brown people. Several states already do this including New Jersey. Also prescriber training would be more effective if mandated as a part of

⁴ <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems>

⁵ <https://nytruthcommission.org/statistics>

⁶ <https://www.cdc.gov/media/releases/2019/s0424-advises-misapplication-guideline-prescribing-opioids.html>

graduate school education, similar to training commonly incorporated for other medications with complicated dosing and offered as a part of continuing medical education⁷

Our communities need culturally relevant treatment that acknowledges the stress of systemic racism and the role it plays in black health outcomes. Black communities need to purposefully be brought to the table when discussing solutions to the overdose crisis so we don't continue to promote policies that harm entire communities of color. Including racial impact statements with proposed policies and legislation could also help minimize the unintended harm caused by policies that fail to understand their impact on black and brown communities regardless to the intention. We need equitable access to harm reduction strategies and treatment programs not only for opioids but for all addiction. We need safe consumption spaces for all users not only opioid users and we need to move forward with knowledge and purpose so that we do not re-create the same failed policies of the past that directly harm black and brown people and wreak havoc on entire communities.

⁷ <https://www.sciencedirect.com/science/article/pii/S0749379718300746>