

The Impact of the Overdose Crisis on the Latino Community in California

March 2021



California has one of the largest Latino¹ populations in the US, and they comprise 39% of the state's population. The Drug Policy Alliance collaborated with independent researchers² to examine the impact of the overdose crisis on Latinos in California. This factsheet provides a brief overview of overdose trends among Latinos in the United States and compares those to California-specific trends. Policy recommendations are identified that can help address the impact of opioid use and overdose risk within the Latino community.

Latino Overdose Trends in the United States

While overall overdose deaths are relatively low among Latino communities compared to other racial and ethnic groups in the United States, these rates have increased dramatically in recent years. In 2017, the Latino overall drug overdose rate was roughly half of the national rate (10.6 vs. 21.7 per 100,000), yet this rate increased by 158% from 2014 to 2017.ⁱ

On a national scale, illicit opioids are driving overdose deaths among Latinos. In 2017, fentanyl was the most commonly involved drug in overdose deaths among Latinos (40.2% of overdose deaths), followed by heroin (31.2%), and cocaine (26.8%).ⁱⁱ

Latino Overdose Trends in California

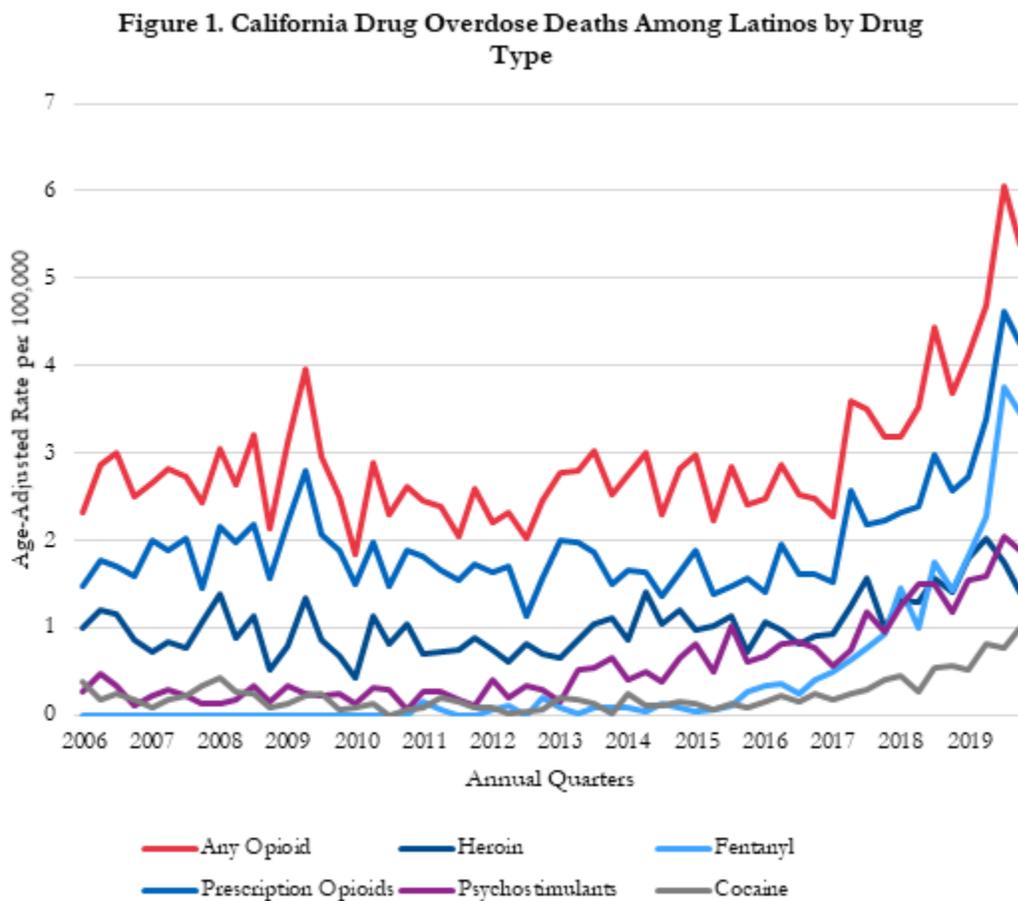
Overdose deaths among Latinos are significantly lower in California compared to the Latino national average and are lower than other racial and ethnic groups in the state. However, it is noteworthy that overdose death rates among the Latino community in California have increased significantly in recent years. The opioid-involved overdose death rate for Latinos in California nearly doubled between 2016 and 2019 (2.59 to 5.07 per 100,000). This includes an increase among psychostimulant drugs like cocaine and methamphetamine, as well as prescribed therapeutic drugs such as amphetamine, methylphenidate, and other closely related drugs successfully used in the treatment of a variety of disorders, including ADHD.

¹ The term Latino will be used throughout this factsheet to refer to people from Latin American descent residing in the United States regardless of their language.

² DPA would like to thank Dr. Avelardo Valdez, VALDEZ Social Research and research associates for all their work in conducting research, the first of its kind on Opioids and the Latino Population in California.

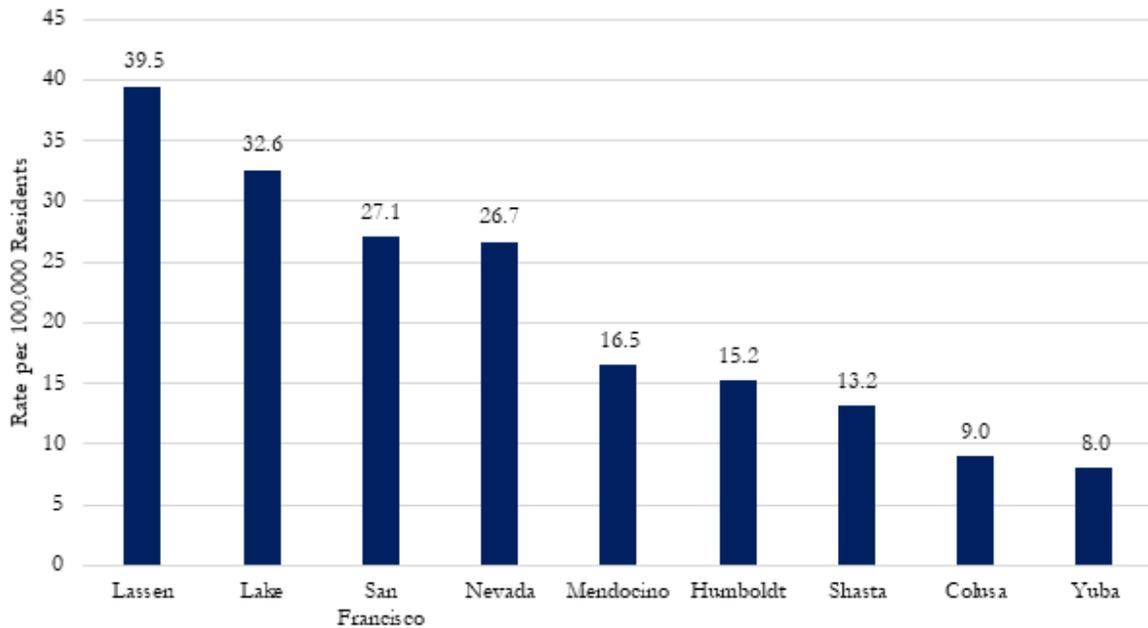
A different combination of drugs is driving overdose deaths in the state compared to national trends (Figure 1):

- Prescription opioids have contributed to the majority of Latino overdose deaths in California since at least 2006. While the rate was stable for a decade, it increased by 138% between 2015 and 2019 (1.57 to 3.75 per 100,000).
- Fentanyl-involved overdose deaths increased 35-fold between 2013 and 2019 (from 0.08 to 2.82 per 100,000), and fentanyl replaced heroin as the second most-involved drug in overdose deaths in 2018.
- Methamphetamine-involved overdoses appear to be increasing and may overtake heroin in coming years.
- Heroin-involved overdoses had been relatively stable since 2006 but have increased recently and may be plateauing.



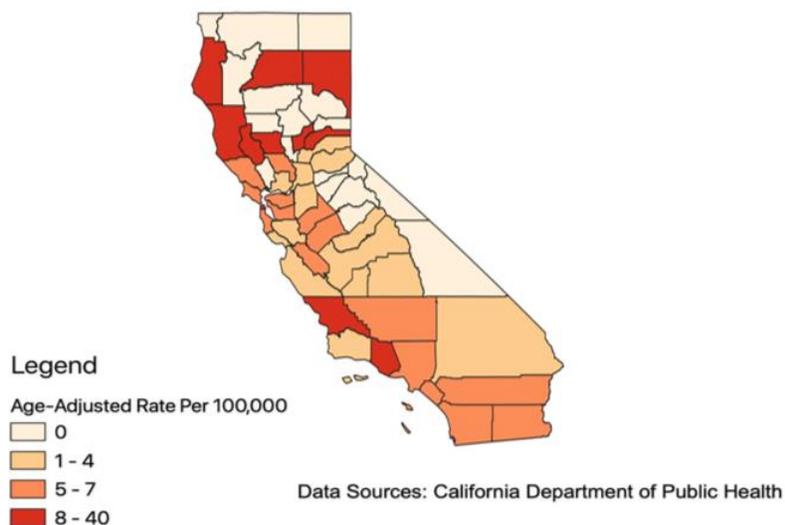
County-level trends

Figure 2. Counties with the Highest Latino Opioid Overdose Death Rates in 2019



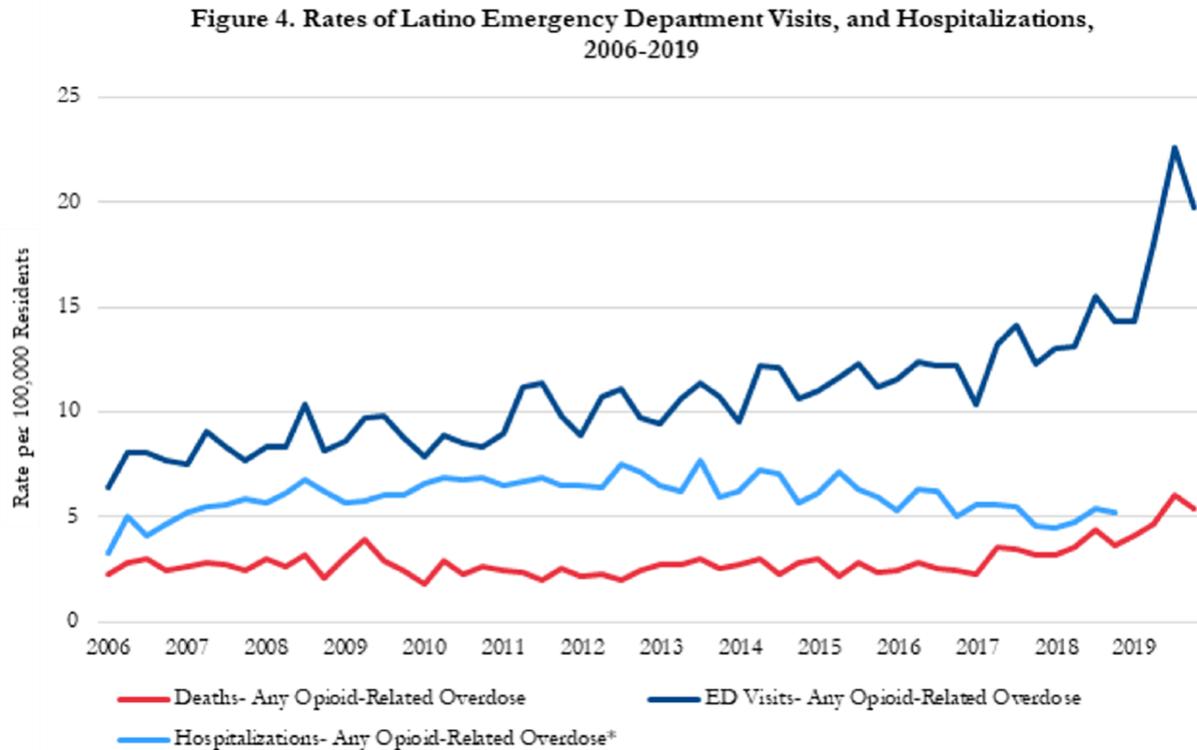
Opioid-involved overdose death rates among Latinos vary greatly in counties across the state of California. While most counties have relatively low rates, there are several key counties where rates are significantly higher than the state or national average. These include Lassen, Lake, San Francisco, Nevada, and Mendocino Counties.

Opioid-related Fatal Overdose Rates in California among Latinos, 2019



Opioid-related Emergency Department Visits and Hospitalizations

Emergency department and hospitalization data are important additional indicators of drug-related harm among Latinos. Emergency department visits for opioid-involved overdose peaked in 2019 in parallel with opioid-involved overdose deaths. Meanwhile opioid-involved hospitalizations remained stable and relatively unchanged between 2006 and 2018.



*2019 Opioid-related hospitalization data not yet available.

Recommendations to address Opioid Use and Related Harms in Latino Communities.

Data has shown that opioid-involved overdose rates among Latinos in California have remained relatively low and stable historically; however, there has been a dramatic rise in fentanyl- and prescription-opioid related overdoses in recent years. Policy makers should consider the following public health interventions to help mitigate the consequences of the overdose crisis and its impact on Latinos in California.

1. Policy

- Authorize Overdose Prevention Programs in California at the state and local level, especially where the overdose rates are high such as Lassen, Lake, San Francisco, Nevada, and Mendocino Counties and other vulnerable communities;
- Promote federal, state, and local legislation to decriminalize personal possession of small amounts of drugs while expanding access to substance use and health services which serves to remove stigma and negative implications of drug use among Latinos;
- Support federal action to make Medication for Addictive Treatment for opioid use disorders (MAT), especially methadone and buprenorphine, more accessible by removing the X waiver requirements for prescribing buprenorphine;
- Increase access to naloxone and MAT through private insurance and the State's Drug Medi-Cal program, including requiring both doctors to co-prescribe and pharmacists to co-dispense naloxone to Latino patients with opioid prescriptions;
- Increase access to Medication for Addictive Treatment (MAT) in jails by incentivizing access to Drug Medi-Cal at the county level for this population.³ At the State level, California should at a minimum cover drug treatment 30-days prior to release to mirror Federal Reentry policy on MAT,⁴ and ensure continuity of care upon release.
- Increase local funding and prioritization of community-based health services and mobile naloxone distribution for people at risk of opioid-related harms, especially in Latino vulnerable communities and in high-risk counties;
- Establish alternatives to emergency departments for people experiencing drug-related harms, including behavioral health urgent care centers, prioritizing jurisdictions where emergency room use is on the rise.
- Lift local bans on marijuana business in California since findings suggest that marijuana is a viable substitute to opioids for pain^{5,6,7} and currently only half of the nine counties with the

³ California is seeking a waiver to allow our Drug Medi-Cal program to fund MAT access. This would provide access to funding for counties to provide MAT services to those recently released from jail or on probation.

⁴ Eliminating the "inmate coverage gap" in Medi-Cal coverage ensures that those released have access to MAT services. Rhode Island provides access to three federally approved medications such as Methadone, Buprenorphine and Naltrexone.

⁵ "From Prohibition to Progress: A Status Report on Marijuana Legalization." Drug Policy Alliance, January 2018. <https://drugpolicy.org/legalization-status-report>.

⁶ [1] "Rationale for cannabis-based interventions in the opioid overdose crisis," Harm Reduction Journal. Philippe Lucas (2017). Available at: <https://doi.org/10.1186/s12954-017-0183-9>

⁷ "Rationale for cannabis-based interventions in the opioid overdose crisis," Harm Reduction Journal. Philippe Lucas (2017). Available at: <https://doi.org/10.1186/s12954-017-0183-9>

- highest Latino overdose rates provide retail access to cannabis;
- Increase access to healthcare for Latinos⁸ to reduce the reliance on emergency room to treat drug related harms, regardless of immigration status, and adopt community education campaigns to address concerns about “public charge” and fear of deportation.⁹

2. Harm Reduction Service Delivery

- Expand availability of MAT initiation in emergency departments for people experiencing or at risk of opioid-related harm, especially in Latino communities.¹⁰ Models to consider include the California Bridge Program which utilizes the ER at Highland Hospital,¹¹ for example, as a bridge to MAT services and California’s Hub and Spoke program¹²;
- Expand state, county and city authorized syringe service programs, which are vital access points for naloxone, and fentanyl testing strips with a special focus in Lassen, Lake, San Francisco, Nevada and Mendocino Counties;
- Support the implementation of MAT services in different settings, such as outpatient clinics and jails;
- Expand education for people who use drugs to develop a “slow” approach to reduce the onset of an overdose and explain implications of drug mixing.

3. Culturally Competent Approaches

- Increase Spanish-speaking¹³ staff, including front-line personnel, in harm reduction and syringe exchange programs that are able to connect directly with community members and increase trust within the Latino community for harm reduction organizations;
- Adopt Promotoras model or “community health workers” to promote opioid education, prevention, harm reduction, and increased engagement with Latinos on substance use treatment at the state and local level;
- Consider expanding peer to peer models and substance treatment liaisons to ensure warm

⁸ According to the 2016 California Health Information Survey or CHIS, despite coverage gains through the ACA, Latinos have the highest rates of un- insurance in California at 13.7% Latinos who are Legal Permanent Residents or undocumented are four times more likely to not have insurance (44.7%) and about a third of Latinos lack access to employer-based insurance (31.6 %).

⁹ For non-citizens “public charge” serves as a barrier to accessing any type of public benefit including access to medical care. Unfortunately, this concern has increased with the current Presidential Administration making more categories of public benefits be considered “public charge” for immigration purposes including access to health care. Although a final rule on “public charge” has been stayed pending litigation, the fear for non-citizens still remains as a pervasive barrier.

¹⁰ Look at potential models currently being implemented in the state of California such as the CA Bridge where Medication Assisted Treatment (MAT) is offered in emergency and other hospital departments as well as similar efforts by the California Hub and Spoke Project to improve access to MAT services and establish treatment networks.

¹¹ California Bridge program works to serve individuals with a substance use disorder, who visits the ER to provide timely medication access, improve care effectiveness and expand a low threshold models in over 150 hospitals and ERs statewide.

¹² California’s Hub and Spoke Program is a MAT expansion project to improve and increase access to MAT across the state with the aid of the Department of Public Health and community based health providers.

¹³ Consider adding indigenous languages as well depending on the specific population and region that is being targeted.

hand offs from one program to the next that provide seamless access to treatment with peers who can provide both linguistic and culturally appropriate services for Latinos and indigenous individuals at the state level;

- Partner with existing and new efforts to relaunch a Latino-centric approach and community education campaign on the safe use of opioids¹⁴ and overdose training programming, including the use of naloxone at the county and state level.

4. Research Recommendations

- Identify and address other medical barriers that prevent Latinos, especially immigrants, from seeking opioid-related medical, social, and treatment services at the state and national level;
 - Develop research in the area of methamphetamine use and impact on the Latino community at the state level.
-

¹⁴ Community education efforts must include safe opioid use among Latinos including information about overdose use disorder (OUD), safe storage of opioids in Latino households, and the increased health risks and harms of sharing opioids with family members and friends as well as information on recognizing the early signs of OUD.