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To date, the United States has lost over one million lives to drug overdose during this crisis. Drug overdoses have affected all communities in all regions across the United States. Yet there are notable racial and ethnic disparities that have emerged over the past 25 years, even though people of all races and ethnicities use drugs at similar rates. At different points in the overdose crisis, certain groups experienced more loss than others.

Recognizing racial disparities in overdose deaths can help develop effective policy solutions. This fact sheet describes overdose death trends among the Latinx community. It also provides policy recommendations and strategies for how we can save lives.

THE FOUR WAVES OF THE OVERDOSE CRISIS

First Wave- Early 2000s. Prescription Opioids.

When the crisis began in the early 2000s, Native American and white people had the highest rates of overdoses compared to other groups. Initially, these deaths were driven by prescription opioids, and it marked the "first wave" of the overdose crisis.¹

"Second Wave" - 2010- 2014. Opioid prescribing

reduced; people turn to heroin. As opioid prescribing and dispensing was reduced, many people transitioned to buying street heroin. The "second wave" of the crisis began in 2010 when heroin overdose deaths increased among all groups.

Third Wave- Started in 2014. Fentanyl is introduced to east coast drug supply.

Fentanyl, a highly potent opioid, entered the east coast drug supplies after 2014 in response to heroin supply disruptions. Underground drug suppliers saw it was cheaper and easier to produce fentanyl and bring it into the country than heroin. However, people who use drugs were unprepared for the highly potent drug and people began to die of overdose at higher rates. This began the "third wave" of the overdose crisis and overdose deaths rose among all racial and ethnic groups.²

Fourth Wave- 2017 to present. Polysubstance overdose deaths from stimulant drugs, often in combination with fentanyl, increase.

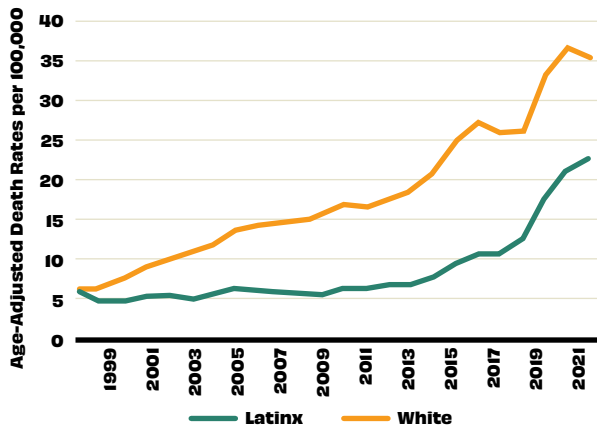
Overdose deaths involving stimulant drugs such as cocaine and methamphetamine started to increase nationally in 2017. Cocaine-involved overdoses increased on the east coast, while methamphetamine-involved overdoses increased on the west coast. Many of these deaths involve both stimulants and fentanyl.³ Mixing drugs or using multiple drugs together can increase overdose risk because it places more stress on the body. A small portion of deaths involve stimulants with no opioids.

We are currently still in the "fourth wave" of the crisis.

BETWEEN 1999 AND 2022, THE LATINX OVERDOSE DEATH RATE MORE THAN QUADRUPLED, ESPECIALLY IN RECENT YEARS DUE TO FENTANYL.

According to data from the Centers for Disease Control, **the Latinx overdose death rate was 5.4 per 100,000 in 1999 but increased to 22.7 per 100,000 by 2022.**⁴ In 2022, the majority of overdose deaths among the Latinx community involved fentanyl.

NATIONAL DRUG OVERDOSE DEATH RATES, BY RACE

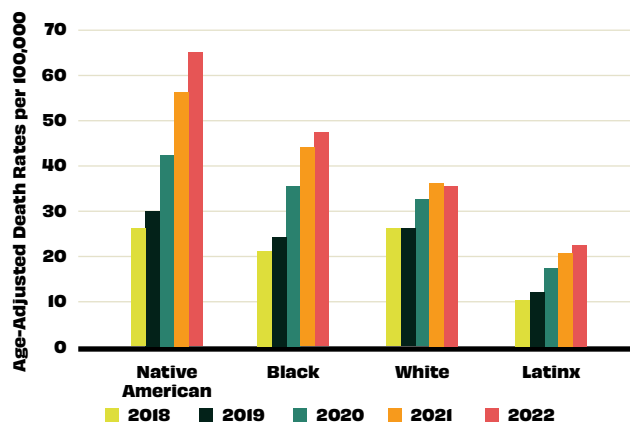


Source: CDC WONDER, 2024

Latinx overdose deaths were stable and relatively low during the first two waves of the crisis. But Latinx overdose death rates steeply increased after fentanyl entered the drug supply during the third wave of the crisis. Latinx overdose death rates continued to increase during the fourth wave of the crisis and since the COVID-19 pandemic in 2020.

Similar to Native American and Black people, overdose death rates among Latinx people have continued to increase, even during years when death rates among white people decreased. The first notable example was between 2017 and 2018, and again between 2021 and 2022.⁵⁶

NATIONAL DRUG OVERDOSE DEATH RATES SINCE 2018, BY RACE



Source: CDC WONDER, 2024

PUERTO RICANS HAVE THE HIGHEST OVERDOSE RATES OF ALL LATINX HERITAGE GROUPS.

It is important to note that the Latinx community is diverse, including those with different heritages, and those who may have been born outside of the US or in US territories. Research suggests there are differences in overdose death rates among these subgroups.

Puerto Ricans have the highest overdose death rates of all Latinx heritage groups in the US.⁷ In fact, Puerto Ricans had higher overdose death rates than white people from 2017 to 2019.⁸

Puerto Ricans born on the island have higher overdose death rates than those born on the mainland.⁹ Among the other Latinx subgroups, those who were born abroad had lower overdose death rates than those who were born in the US.

There are also important regional variations. The highest rates of Latinx overdose deaths are in the Northeast, followed by the Midwest.

WHY OVERDOSE DEATHS ARE INCREASING IN THE LATINX COMMUNITY

DIFFICULTY ACCESSING MEDICATIONS FOR OPIOID USE DISORDER (MOUD)

There are two lifesaving MOUD: methadone and buprenorphine. Research shows that they can cut the risk of overdose in half for people with opioid use disorder (OUD).¹⁰ However, both medications are very difficult to access. Patients can only get methadone at an Opioid Treatment Program (OTP). OTPs often require daily or near-daily pick-ups and observed dosing of medication. Strict attendance requirements, random drug testing, and other restrictive policies discourage or make it very difficult for patients to enroll or stay enrolled in OTPs.

Due to recent policy changes, buprenorphine can be prescribed by many healthcare providers. Insurance issues, out-of-pocket costs, and difficulty filling prescriptions at pharmacies also make it difficult to get buprenorphine.

For Latinx people who are uninsured and/or non-citizens, MOUD may be unaffordable. For those who do not speak English, they may struggle to find a suitable MOUD provider.

LIMITED ACCESS TO CULTURALLY AND LINGUISTICALLY SENSITIVE OVERDOSE PREVENTION AND HARM REDUCTION EDUCATION, TOOLS, AND SUPPLIES.

There are still many states where access to overdose prevention and harm reduction supplies such as syringes, smoking equipment, and/or drug checking equipment is criminalized. In states where programs can distribute these supplies, programs are often English-only or may not do culturally specific outreach or engagement with Latinx communities. In addition, non-citizens may be concerned about confidentiality if they seek out and use overdose prevention or harm reduction programs.

LATINX PEOPLE EXPERIENCE HIGH RATES OF CRIMINALIZATION DUE TO TARGETED ENFORCEMENT.

Latinx people, particularly non-citizens, have been unfairly depicted in the media and by policymakers as bringing drugs into the U.S. They are disproportionately arrested by police for drug use, even though they use drugs at similar rates to other groups. Tougher fentanyl penalties at the state and federal level have disproportionately targeted Latinx people.

Alcohol and drug overdose deaths are high in jails and prisons because treatment is often unavailable. It is estimated that MOUD is unavailable in over half of all jails and in 90% of state prisons.¹¹ Overdose risk is also highest in the first two weeks of release from incarceration.¹² This is because drug tolerance goes down after abstinence or without treatment. It is also challenging to find treatment after release, especially for those without insurance. For those on probation, parole, and in drug courts, access to

MOUD can be limited. In addition, having a criminal record can create barriers and obstacles in people's lives. It can affect one's health by limiting job options, housing options, and other social determinants of health.

Social determinants of health refer to the non-medical factors that impact health outcomes (i.e. job opportunities, immigration status, housing, food security etc.)

MISTREATMENT AND STIGMA IN HEALTHCARE SETTINGS DUE TO RACISM AND NEGATIVE ATTITUDES TOWARDS PEOPLE WHO USE DRUGS.

Many Latinx people face discrimination in medical settings, especially Latinx people who use drugs. They are less likely to have high-coverage health insurance and less access to quality services from providers and local healthcare facilities.¹³ And few healthcare providers or staff speak Spanish. This can mean that Latinx people may not seek or finish treatment for mental health, addiction, or other medical issues. When people have untreated medical needs, they are more vulnerable to experiencing drug harms.

WHAT WE NEED TO DO TO SAVE LIVES

Decriminalize drug possession, overdose prevention and harm reduction tools. Drug use is a health issue and should not be treated as a criminal issue. If drugs were no longer criminalized, people who use drugs would not face arrest and incarceration for personal possession. People who use drugs would not get a criminal record that would create future obstacles in life. It is important to decriminalize syringes, smoking equipment, and drug checking tools in all states. When supplies are decriminalized, harm reduction programs can distribute them in the community.

Improve access to medications for opioid use disorder (MOUD). In other countries, people can access methadone in pharmacies. We must explore options beyond the Opioid Treatment Program (OTP) model to make methadone easier to access for people with OUD. We must provide access to

methadone and buprenorphine in jails and prisons. We must also make it easier to start patients on MOUD while in the emergency room and in other medical settings. Treatment should be available with few requirements and restrictions.

Expand and fund more culturally sensitive and bilingual overdose prevention, harm reduction and other health services. Overdose prevention and harm reduction services must be available in all communities and be able to engage with Spanish-speaking people. This means programs should be available in diverse formats, including brick-and-mortar programs, but also mail-order and mobile outreach programs. And all materials should be available in languages that participants can read. Drug checking, including fentanyl test strips and more advanced methods, is an important tool to save lives. Overdose prevention centers are needed in communities across the nation. They provide life-saving services that can reverse or stop an overdose and help connect people to other services too such as treatment, housing, or employment programs

Latinx people who use drugs need services that are culturally sensitive to their needs and acknowledge their histories of mistreatment. We also need more Latinx and Spanish-speaking overdose prevention, harm reduction, treatment, and medical providers in communities.

Invest in more data collection and research. Unfortunately, race and ethnicity data is not consistently collected in all settings, particularly criminal legal settings. This means that Latinx people are often undercounted or misrepresented in most data sets. Criminal legal settings and other healthcare settings should clearly collect ethnicity data. Without this data, it is difficult to understand the extent of disparities in criminal legal and other settings.

END NOTES

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