

# The Context: Racial and other Disparities in the Opioid Crisis

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According to the CDC<sup>1</sup>, there are significant racial, ethnic, and other disparities in overdose outcomes and access to relevant services.

There are many examples of disparities in overdose outcomes highlighted by the CDC:

- **“In 2020, the overdose death rate among Black males 65 years and older was nearly seven times that of White males 65 years and older.**
- **Black people 15–24 years old experienced the largest rate increase (86 percent) compared with changes seen in other age/race groups during 2019–2020.**
- **Overdose death rates for AI/AN women 25–44 years of age were nearly two times that of White women 25–44 years of age.**

A CDC report also analyzed drug overdose death rates by treatment access and income inequality, which continue to show concerning trends and widening disparities between different population groups:

- A history of substance use was common, but a history of receiving substance use treatment was not. **Only about 1 in every 10 AI/AN and Hispanic people had reportedly received substance use treatment; evidence of treatment was even lower for Black people (1 in every 12).**
- **Opioid overdose rates in 2020 were higher in areas with higher availability of opioid treatment programs compared with areas with lower treatment availability, particularly among Black (34 vs. 17) and AI/AN (33 vs. 16) people per 100,000.** Higher availability of treatment services does not mean improved access to care. The known differences in access, barriers to care, and healthcare mistrust could play a role in exacerbating inequities even when treatment is available in the community.
- **In counties with more income inequality, there were greater disparities in overdose deaths, particularly among Black people, where the rate was more than two times as high in areas with more income inequality versus those with less income inequality.**
- **In counties with lowest income inequality, rates were highest among AI/AN people.”<sup>2</sup>**

## THE CONTEXT: THE OPIOID SETTLEMENTS

More than 50 billion and counting have been awarded to states, counties, municipalities, and tribal entities to address the overdose crisis and other outcomes of the opioid crisis. These funds will be paid over nearly two decades and have stringent requirements in their respective settlement agreements that guide the use of these funds. Given the racial and other disparities related to the opioid crisis, it is important that settlement funds are used to address inequities. One vehicle to accomplish this is through the decision-making bodies that advise on or determine how settlement dollars are spent. These committees have a variety of structures, membership demographics, and structural support. Members may have varying experience in or knowledge of operationalizing equity, and may need additional training and resources to be best equipped to be leaders in driving equity.

To assist these public bodies in recommending or developing policies and spending approaches that ensure that settlement resources address opioid-related disparities and health inequities, the scholar developed a draft model Equity Expectations Policy (see [www.expedition-consulting.com](http://www.expedition-consulting.com)) (EEP). The EEP may be used by the governments and/or community boards nationwide that are responsible to advise on or determine the use settlement funds as a springboard for equitable distribution of funds.

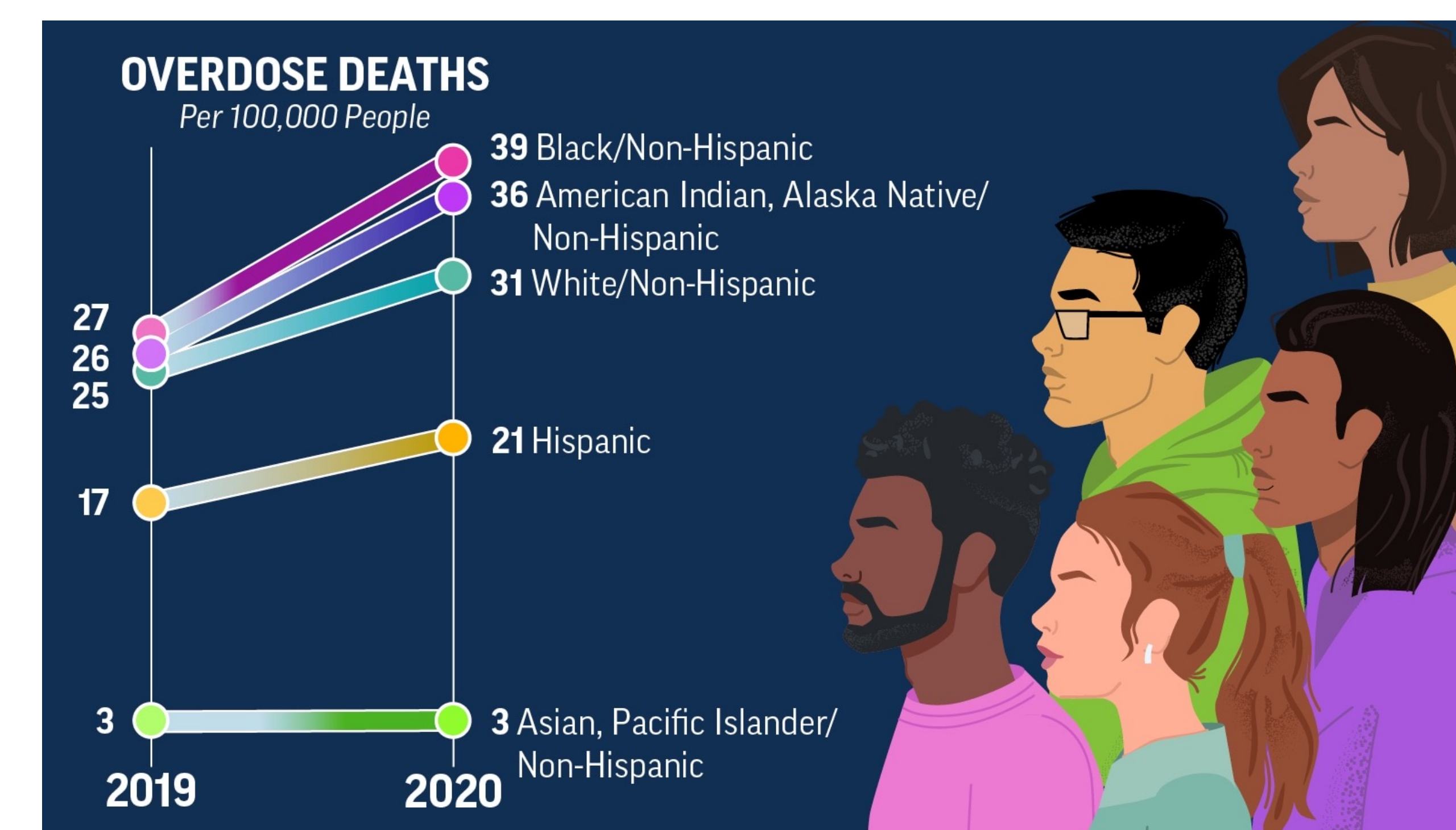
## THE OPPORTUNITY AND PROGRESS TO DATE

Opioid Settlement decision-making bodies and funders provide a unique opportunity to drive equity in the response to the opioid crisis. Their unique role combined with membership requirements that may lead to these bodies being more reflective of those most impacted by these issues can be leveraged to increase focus on equity. Johns Hopkins University Bloomberg School of Public Health highlights a focus on racial equity as one of five best practice guiding principals in opioid settlement funding.<sup>3</sup>

Some communities have made significant strides in this area. For example, Rhode Island’s Overdose Settlement Advisory Committee (OSAC) submitted recommendations on equity with their funding recommendations for FY25 spending.<sup>4</sup> Recommendations included ensuring all procurements include a racial equity statement acknowledging structural racism, and requiring all grant proposals to include a plan to address inequities.

The Kentucky Opioid Response Effort (KORE) has also published a “Commitment to Equity”<sup>5</sup> statement with detailed actions they will take to ensure an equitable response. One example is requiring providers to report access to treatment and outcomes by race and ethnicity.

However, many communities have yet to focus on equity. In some cases, this may be due to lack of the capacity, resources, skills, or expertise to develop such a policy recommendation without support or a model to use as a springboard.



Source: Centers for Disease Control and Prevention (CDC)

## THE PROJECT

The scholar’s project focused on identifying and developing evidence-informed best practices related to operationalizing an equity framework through settlement spending. This included developing and disseminating concrete recommendations and tools to policy makers.

One such tool is the Equity Expectation Policy (EEP). The EEP may be used as a starting point to advance equity in settlement spending for any community or government settlement advisory or decision making body in the country.

The EEP is heavily based on the work of the Overdose Settlement Advisory Committee in Rhode Island. The EEP is designed to be modified based on the structure and role of the public body in any local area.

Any community that uses the draft EEP should seek community feedback, especially from communities of color and people with lived or living experience prior to adoption and implementation to ensure the plan is responsive to unique community dynamics. As recommended by the EEP, on-going training and technical assistance for the decision-making body on general topics related to disparities and health equity, with emphasis on local opioid-related disparities is also important to successfully operationalizing equity through the settlements.

The EEP highlights six areas opioid settlement decision makers can focus on to drive equity:

1. **Transparency**, examples include: multiple pathways to meaningful community engagement; settlement-related information made accessible in multiple languages reflective of the community.
2. **Equity Focused Decision Making**, examples include: using disparities data to drive decision making; prioritizing interventions that address social determinants of health.
3. **Equitable Procurement**, examples include: using the most accessible legally allowable procurement method; allowing adequate and appropriate in-direct rates regardless of federally negotiated rates that adequately support smaller organization and do not advantage larger organizations as allowable by law.
4. **Capacity Building and Technical Assistance**, examples include: ongoing training for grantees in relevant topics such as the Culturally and Linguistically Accessible Services (CLAS) standards, and the Americans with Disabilities Act, and collecting data to identify disparities.
5. **Equitable Communications and Operations**, examples include: develop equity standards for all events and operations; require all settlement-related activities are conducted in compliance with the CLAS standards and the ADA.
6. **Strong Implementation and Evaluation**, examples include: annual planning; public reporting on progress of the EEP.

## FUTURE WORK

While opioid settlement-related public bodies provide a unique opportunity to make an impact on the procurement of billions of dollars in funding, there are also traditional government funders and large philanthropic funders that can be harnessed to drive more equitable outcomes in the overdose and opioid crisis through implementing policies to center and drive equity. The scholar is working to adapt these recommendations to be relevant to other funders in the coming months.

## Contact

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## References

1. <https://www.cdc.gov/media/releases/2022/s0719-overdose-rates-vs.html#:~:text=Opioid%20overdose%20rates%20in%202020,mean%20improved%20access%20to%20care.>
2. <https://www.cdc.gov/media/releases/2022/s0719-overdose-rates-vs.html#:~:text=Opioid%20overdose%20rates%20in%202020,mean%20improved%20access%20to%20care.>
3. See <https://opioidprinciples.jhsph.edu/the-principles/>
4. See <https://eohhs.ri.gov/Opioid-Settlement-Advisory-Committee-meeting-minutes-from-6.23.2023>
5. <https://opioidprinciples.jhsph.edu/kentuckys-commitment-to-address-equity/>

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