



Achieving Racial & Ethnic Equity in Response to the Opioid Epidemic

June 25, 2026

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Other members of the care team will receive a certificate of participation.

Additional Continuing Education Credit

EMT

This webinar has been approved by NJ OEMS for 1 EMT Elective CEU.

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 - **The chat at the end of the program**
 - **The follow-up email you will receive tomorrow**
- The poll at the end of today's webinar **IS NOT** the evaluation for continuing education credit. The evaluation will be available through the link mentioned above.
- The links will be active for 30 days after today's event.

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Featured Presenter



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06/25/2026

Objectives

1

Discuss the evolution of the opioid epidemic in racial/ethnic minoritized communities

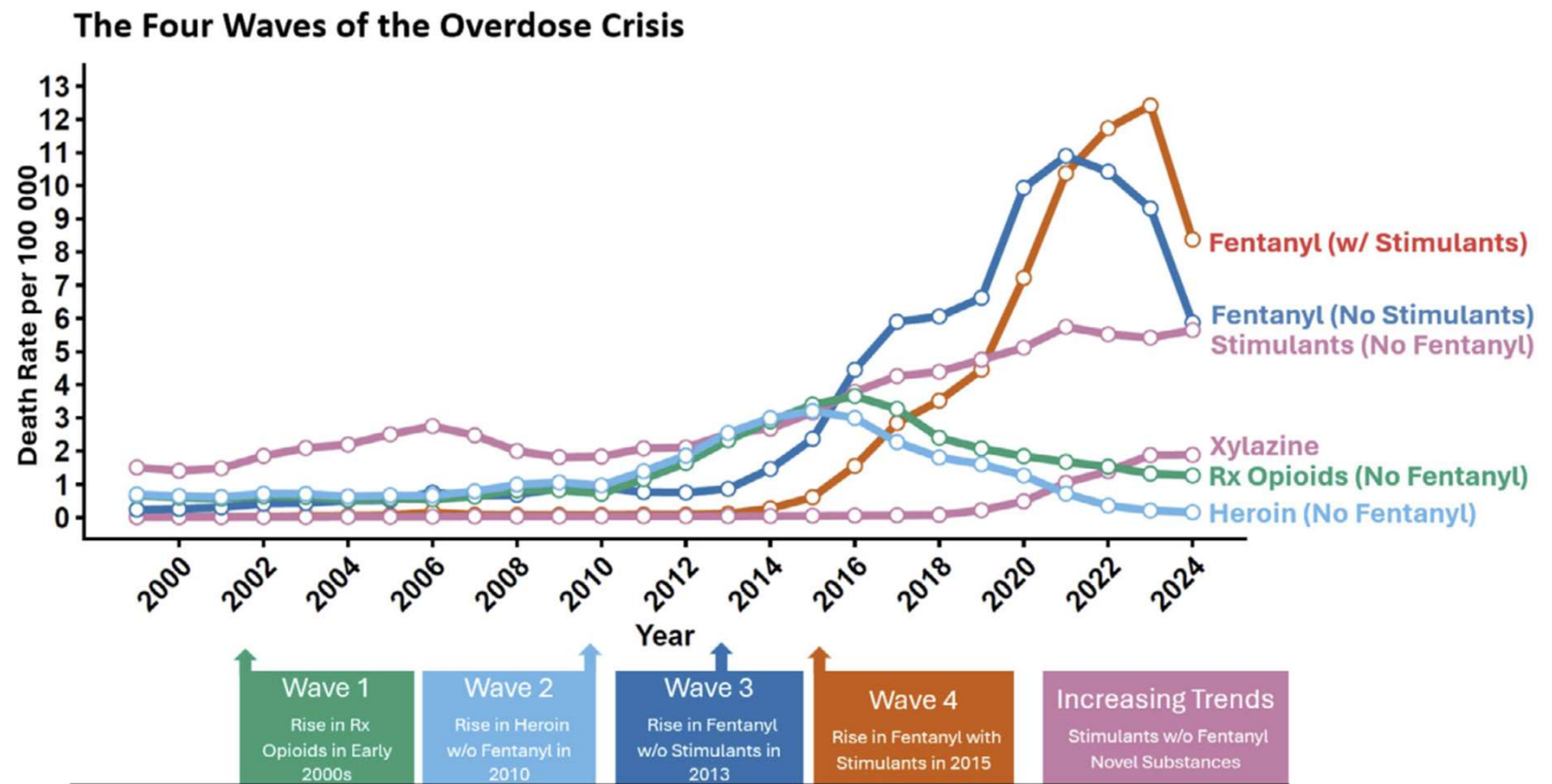
2

Describe the growing role of stimulants in opioid overdose deaths disproportionately impacting Black and Native Americans.

3

Explain disparities associated with opioid prevention and treatment and how structural racism impacts health in specific ways

Evolution of the Opioid Epidemic

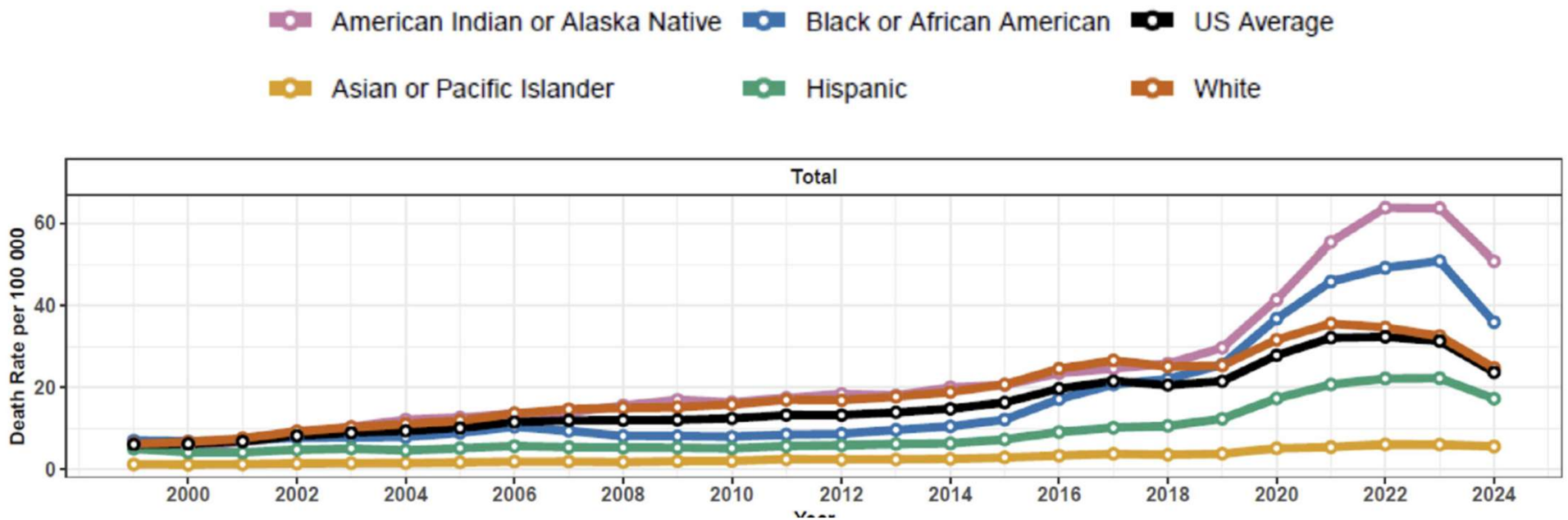


Friedman JR, Palamar JJ, Ciccarone D, Gaines TL, Borquez A, Shover CL, et al. Charting the decline of the fourth wave: US overdose deaths by race, ethnicity and substance involvement. *Addiction*. 2026. <https://doi.org/10.1111/add.70472>

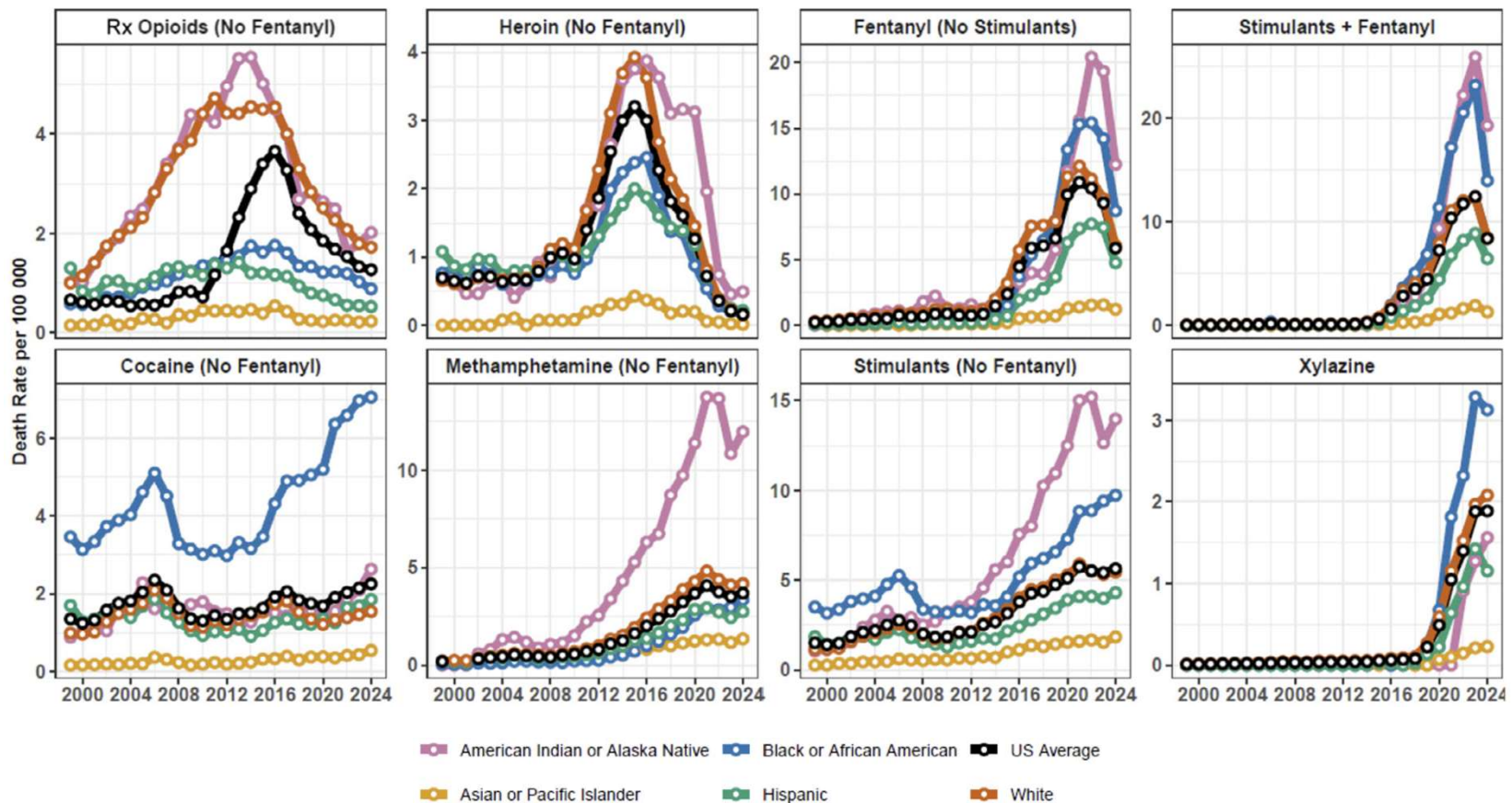
Evolution of the Opioid Epidemic- Take Home Points

- Wave 4 of the crisis (fentanyl + stimulants) is decreasing in magnitude.
- Large-scale reduction in deaths involving fentanyl accounts for the overall national decline in drug overdose deaths
- Not all segments of the US OD crisis are shrinking → *There is a persistent increase in OD involving stimulants without fentanyl*

Overdose deaths by race/ethnicity, 1999–2024



Overdose deaths by **substance** and race/ethnicity, 1999–2024

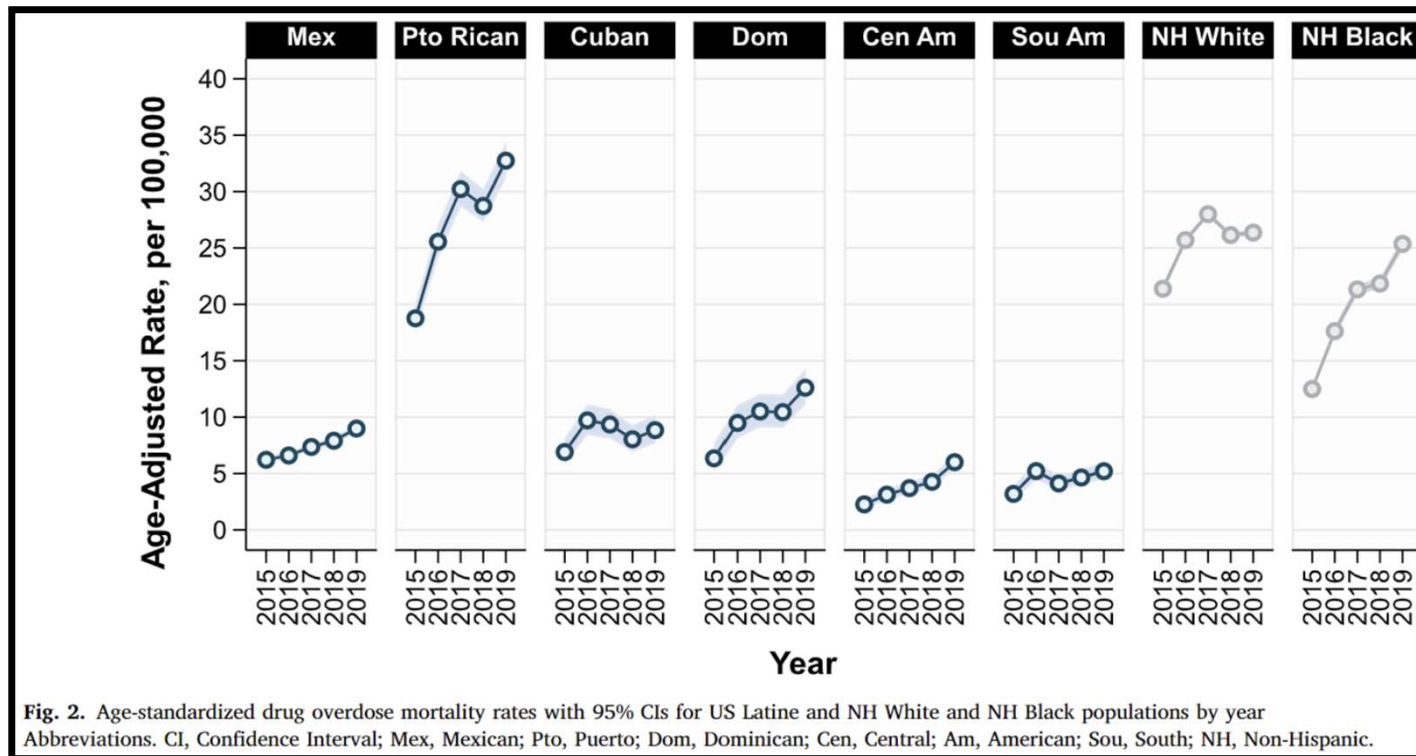


Overdose deaths by race/ethnicity-

Take Home Points

- Although all groups saw progress in OD deaths, decrease in rates varied by race/ethnicity
 - ✓ Blacks with 1.51 times higher death rate than national average
 - ✓ AI/AN with 2.15 times higher death rate than national average
- **Fentanyl-involved** OD (with and without stimulants) continued to disproportionately affect Black and AI/AN
- **Cocaine-involved** OD (with fentanyl deleted) disproportionately affected Blacks for all years assessed, with this disparity rising to 3.13 times the national average by 2024
- **Methamphetamine-involved OD** (with fentanyl deleted) disproportionately affected AI/AN, with this disparity rising to 3.24 times the national average by 2024
- **Xylazine-involved** OD disproportionately affected Blacks and AI/AN in 2024, with this disparity rising to 1.66 times the national average by 2024

US Drug Overdose Mortality Rates within Latinx Subgroups



Growing role of stimulants in opioid overdose deaths

- Unintentional and intentional use of fentanyl combined with stimulants/heroin
- Ongoing rise in stimulant use and related OD deaths
 - ✓ 3x increase cocaine-related mortality
 - ✓ 5x increase methamphetamine-related mortality
- Methamphetamine supply, purity, and potency have increased nationally
- Ongoing in disparities in access, initiation, and retention of MOUD & limited options for medication Tx for stimulant
- Still...Not adequately addressing vulnerability to SDoH (economic disenfranchisement, criminal justice involvement, unstable housing, racism, class-based despair, deindustrialization, etc.) → risk factors for OD

Structural Determinants of Addiction

Social, cultural, economic, and physical environments

- Development of addiction
- Determines one's ability to receive tx

"Deaths of Despair"

- Declining economic opportunity, eroding social cohesion, class and racial disadvantage

Healthcare

- Uninsured rates are worse in communities of color & low-income households

Housing

- SUD-related deaths contributes to high mortality in people experiencing homelessness

Racism

- Poor MH and physical health. Racist economic/housing/employment/law enforcement policies lead to disenfranchisement & disinvestment in communities of color → increased poverty and risk of harm from substances

Trauma

- Increased risk for trauma exposure from incarceration to partner violence, sexual exploitation and assault, witnessed OD deaths and family separation

Why we need to talk about MAT as a Tool for Health Equity?

- Only **17%** of those with past year OUD received FDA-approved MAT (NSDUH, 2025)

✓ *Black, AI/AN and Latine individuals with OUD experience EVEN MORE unequal access to and receipt of MAT*

- MAT works and saves lives

For OUD

Reduces all-cause mortality by 50-70%

Decrease risk of OD

Increase opioid use remission

Decrease risk of transmission of infectious disease

Disparities in opioid prevention and treatment

MOUD disparities could be conceptualized as differences in:

1) acceptability of treatment (wanting to take MOUD)

2) initiating treatment (starting MOUD)

3) retention on treatment (staying in MOUD).

Why we need to talk about MAT as a Tool for Health Equity?

- There are inequities in ACCESS

Data from the 2024 National Survey of Drug Use and Health (NSDUH) show that only **2.5%** of individuals with past year AUD and **17%** of those with past year OUD received FDA-approved MAT.

- There are inequities in RETENTION

4–6-month retention rates of 57% for buprenorphine and 65% for methadone

- There are inequities in QUALITY

Black and Latine individuals receive lower doses of Buprenorphine and shorter treatment duration

- There are inequities in COMPLETION

Latines and Black less likely to complete Tx for substance use BUT Completion disparities were largely explained by differences in socioeconomic (housing & employment) status

AND

- Minoritized communities have been made VULNERABLE to SDoH → worse treatment outcomes → worse health

Key Components of Equitable Addiction Treatment

- Needs to be readily available
 - Minimal demands on patients
 - Incorporate harm reduction strategies
 - Going to the community
- Must attend to multiple needs of the individual and not just substance use
 - Targeting social determinants (housing and food insecurity, education and job opportunities)
- Should be of adequate duration
 - Strategic approaches to treatment engagement
 - Discuss with patient how long treatment should be
(As long as they need to!)
- Include effective medications with culturally informed counseling and therapies
 - E.g., For OUD, MAT should be offered first
 - Culturally tailored to values of the community
 - Linguistically-tailored services

Summary

- Opioid overdose deaths are decreasing nationally, **BUT** rate of decrease vary by race/ethnicity
- There is a persistent increase in OD deaths involving stimulants **without** fentanyl
- Changes in drug supply over time is an important driver of racial/ethnic disparities in OD mortality, but it is not the only cause → structural racism is a root cause of disparities
- Equitable addiction treatment must include MAT (especially for OUD)

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