

Racial Disparities in United States Overdose Rates

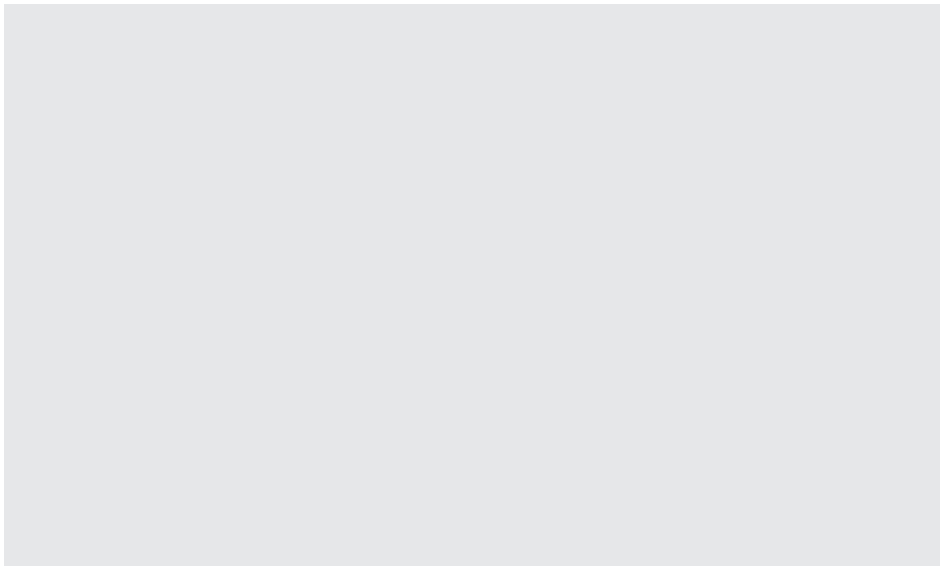
Black, Indigenous, Latinx and other BIPOC communities are disproportionately impacted by the drug overdose crisis. Opioid overdose mortality rates steadily increased in the Black community since 1999, and doubled in the five-year period ending 2019. Since the beginning of the COVID-19 pandemic, the percentage of fatal overdose in Black and Latinx communities has risen sharply.

Though there is an urgent need to expand access to evidence-based services to prevent overdose in BIPOC communities, stigma and systemic racism create extensive barriers to care. Black, Indigenous, and Latinx people who use drugs are often denied access to lifesaving harm reduction interventions, such as medications for opioid use disorders (MOUDs).

Research conclusively finds that racial disparities in healthcare settings have worsened the overdose crisis in Black, Indigenous, Latinx, and other BIPOC communities.

Rates of overdose death in Black, Latinx, and Indigenous populations have risen dramatically:

- Before the COVID-19 pandemic, overdose deaths continued to increase in the Black population, while leveling off in the white population at the same time, indicating a clear need for services focused on racial equity. Under the COVID-19 pandemic, racial disparities in overdose deaths have since worsened dramatically, with rates of fatal overdose among Black people exceeding rates among white people for the first time in 20 years.
- Fatal overdose deaths rose 144 percent among Black women between 2015 and 2020. Among women who use drugs, American Indian or Alaska Native women have the highest rates of fatal overdose.
- Black and American Indian/Alaska Native men are most likely to die of a preventable drug overdose, and the rates of fatal overdose among Black men has risen 213% since 2015.
- From 2004 to 2019, stimulant-involved overdose deaths were highest among the Black persons.



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Black, Indigenous, Latinx, and other BIPOC people with opioid use disorder are more likely to encounter discriminatory prescribing practices, negatively impacting access to medications for opioid use disorders (MOUDs):

- Black patients are significantly [less likely to receive a prescription for buprenorphine](#) than white patients.
- Black, Indigenous, and other BIPOC who are receiving treatment with methadone for opioid dependence are more likely to experience [racial discrimination in healthcare settings](#).

- Structural racism in healthcare and provider bias are common barriers that [prevent Black people from accessing MOUDs](#) in general.
- Black and Latinx people with an opioid use disorder are [more likely to live near treatment providers prescribing methadone therapy](#), which involves a strict regimen due to historically racialized drug treatment policies and practices, while white people with opioid use disorder are more likely to live near providers prescribing buprenorphine.

Black people and other BIPOC people with an opioid use disorder have less access to evidence-based harm reduction strategies:

- In one city, Black patients were [49% less likely than white patients](#) to receive referrals for outpatient services following a hospital stay for opioid use disorder.
- Though rates of fatal overdose deaths have skyrocketed in Black communities, Black people who inject drugs are [less likely to receive naloxone](#) than their white counterparts.
- While the total number of people accessing syringe services programs in the U.S. has not changed significantly, the number of [Black SSP participants has decreased](#) substantially in recent years.

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A world where everyone is protected by equitable and effective public health systems.

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We work in partnership to reimagine evidence-based, locally driven policies and practices to advance public health.