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**Overdose deaths have increased among Black Americans. Congress can act now.**

## Overview

- The United States has seen a sharp increase in the number of overdoses since the start of the COVID-19 pandemic. In 2021, [more than 100,000 people in the U.S. died from drug overdoses](#).
- [Among those hit hardest by the overdose crisis are Black Americans](#). Until recently, the rate of death from overdose among Black Americans was less than that of white Americans. But in 2020, the rate of drug deaths among Black people surpassed the rate in the white population for the first time in more than 20 years.
- The ‘War on Drugs’ contributed to a legacy of structural racism that results in uneven access to evidence-based treatment for substance use disorder in Black communities. Certain policy advances can foster more equitable approaches to addiction treatment and recovery for Black Americans, while other systems need to be restructured to achieve parity.

## Recent data paint a troubling picture.

- [Overdoses among Black Americans have doubled in the past four years](#), and Black Americans have the second-highest overdose death rate of any population in the United States, second only to the Native American/Alaskan Native population.
- Buprenorphine is an at-home treatment for opioid use disorder backed by scientific evidence, but it is not often offered to Black people with addiction. [Researchers from the University of Michigan](#) found that buprenorphine was most often prescribed to white people, despite similar rates in opioid use disorder between the two populations.
- [Methadone is the opioid treatment most likely to be available to Black communities](#). But methadone remains highly regulated by law enforcement and presents significant logistical challenges and barriers.
- People released from incarceration are at higher risk of fatal overdoses, and [Black Americans have higher rates of arrest due to drug-related offenses](#). In the two weeks after release from prison, [formerly incarcerated individuals are more than 120 times more likely to die from an overdose](#) than the general population.

## Policies to address the crisis have already been introduced.

- **MAT ACT:** Medications for opioid use disorder (MOUD) reduce mortality from overdose by more than half. Yet outdated and unnecessary Federal regulations make those medications difficult to access. The bipartisan Mainstreaming Addiction Treatment Act (MAT Act, H.R. 1384, S. 445) would eliminate the X-waiver — a needless requirement imposed by the DEA before healthcare providers can prescribe buprenorphine for opioid use disorder. Removing the waiver requirement would increase access to a more convenient treatment option for Black people with opioid use disorder. The MAT Act is co-sponsored by 94% of the Congressional Black Caucus.
- **MEDICAID REENTRY:** The Medicaid Reentry Act (H.R. 955, S. 285) is another bipartisan bill that would expand access to addiction treatment in the time before an incarcerated individual is released from prison. Currently, there is a dangerous gap in treatment coverage for people with addiction who are incarcerated. The Medicaid Reentry Act would reduce the risk of overdose and save the lives of formerly incarcerated people as they are released.

- **HARM REDUCTION:** The dramatic increase of overdose deaths among Black Americans can be largely attributed to the rise of fentanyl. Fentanyl contamination of the drug supply makes Federal support for funding harm reduction programs, such as naloxone and fentanyl test strip distribution, even more critical.

### **Methadone restrictions need an overhaul.**

- The current system of opioid treatment programs (OTPs) was established by Federal laws and regulations passed under the guise of reducing crime in Black communities. Fifty years later, OTPs are the only settings that can legally dispense methadone.
- OTPs remain heavily regulated by law enforcement and contain significant barriers to maintenance, such as frequent urine screening and supervised dosing requirements. [Yet, for many in Black communities, OTPs are the only source of MOUD.](#) Highly segregated Black and Hispanic/Latino communities have more OTPs per capita than other counties and have fewer buprenorphine providers than predominantly White communities.
- During the COVID-19 pandemic, restrictions on methadone have been relaxed to allow at-home dosing — [this has not shown to increase methadone overdoses.](#) Continuing to allow at-home methadone dosing is a first step our government can take to reform an outdated system of treatment.

### **Congress must stay focused.**

- In recent weeks, opponents of harm reduction have capitalized on common misunderstandings. They have stoked the myth that standard harm reduction practices promote drug use. We know this to be false, but these myths and misunderstandings lead to dangerous legislation that set our country back in the fight against overdose and addiction and risk the lives of Black people with substance use disorder.
- Two recent bills, the PIPES Act and the CRACK Act, not only perpetuate racist stereotypes about drug use, but would have a disastrous impact on the already devastatingly high death toll from overdose. These bills target the tools used by harm reduction programs by labelling them as drug “paraphernalia.” This legislation would have the deadly consequence of prohibiting access to life-saving practices like naloxone and fentanyl test strip distribution.

**THE TIME TO ACT IS NOW. Congress should advance and prioritize policies that protect Black Americans with addiction and promote recovery.**