
Year in Review and Looking Ahead

On October 24, 2022, AIR presented “Year in Review and Looking Ahead,” the final webinar in an AIR CARES webinar series focusing on the social determinants of addiction. This brief provides a summary of the framing discussion and question-and-answer portion of the webinar. Watch the webinar recording here: <https://www.air.org/webinar-series-social-determinants-addiction#web7>



Framing the Conversation: Overcoming Inaction to Address the Overdose Crisis

To begin the webinar, Dr. Amanda Latimore, director of AIR’s Center for Addiction Research and Effective Solutions (CARES), posed the question: Why are we struggling with **a lack of action and impact** on addressing the overdose crisis despite having evidence for strategies that save lives?

- Dr. Latimore shared **two reasons for inaction**: (1) a need for insights on how to translate evidence into action and (2) the complexity of the issues.
 1. Dr. Latimore shared that one reason for inaction is that people are not sure how to act on the evidence. We may all be on board with the social determinants of health, but what does it mean operationally to apply this framework to address the overdose crisis? To start, it might look like elevating discussions around the root causes of addiction and ending drug scapegoating.
 2. Another reason for inaction is that punitive and stigmatizing policies are often put in place based on little or no evidence but then require substantial evidence to remove or replace. To move against that inertia, you have to start with the right conversation, namely, root causes and the social determinants of health. However, Dr. Latimore described that policies and practices related to the social determinants of health can be complicated to implement and require the stars to align to enact change. Policymakers and constituents need to be on board, and funding must be available. The hope for the webinar series was to simplify the conversation. The webinar series sought to make each social determinant more accessible for decisionmakers and demonstrate that alignment across social determinants does exist.
- Finally, Dr. Latimore discussed how, even when there is action, it may have **limited or inequitable impact**. Limited impact may result from interventions that were not

designed to address the right needs, are too narrowly scoped, or are based on an inadequate understanding of the realities for people who use drugs. For interventions to be equitably implemented, a good understanding of the implementation context is needed. Accountability is needed to ensure that all—particularly those who are marginalized—receive the benefits of interventions. Equitable intervention research, design, and implementation would help to improve impact by acknowledging the unique challenges faced by people who use drugs or are in recovery.



Panelists Respond to Audience Questions

- The remainder of the webinar featured a discussion among four experts spanning addiction policy, practice, people, and programs. The panelists responded to questions from the audience and other unanswered questions from across the webinar series.
- Dr. Latimore moderated the conversation with the following panelists:
 - **Sheila Vakharia, PhD**
Deputy Director of Research and Academic Engagement, Drug Policy Alliance
 - **Ayana Jordan, MD, PhD**
Associate Professor of Psychiatry, NYU Langone Health’s Department of Psychiatry; Pillar Lead for Community Engagement, Institute for Excellence in Health Equity, NYU Langone Health’s Department of Population Health
 - **Kimberly Sue, MD, PhD**
Assistant Professor of Medicine, Yale University School of Medicine
 - **Shelly Weizman, JD**
Project Director, Addiction and Public Policy Initiative, O’Neill Institute for National & Global Health Law, Georgetown University Law Center; and person in long-term recovery.

Q. Where do we start to address the overdose crisis? How do we integrate the social determinants of health in practice? What is the most pressing need you see in your work?

- **Economic opportunity.** Dr. Latimore shared that, based on recent reviews of the literature, employment is a particularly important factor that shapes substance use outcomes—because of the income it provides and the access to services, productive routines, and the prosocial connections it fosters. Importantly, economic opportunity is a structural factor, in which the community a person lives in may shape access to employment and impact substance use outcomes.

- **Universal access to health care.** Dr. Jordan responded that a single-payer health care system is necessary to address the overdose crisis, mentioning that the U.S. spends more money on health care than any other industrialized country yet has worse health outcomes. A single-payer health system would help everyone, not just people with substance use disorders, to access health care and provide the most bang for our buck today. But beyond improving the health care system, we need to reframe substance use as an avenue for accessing joy rather than demonizing all drug use. Substance use can be, and often is, a safe part of how we access joy (e.g., alcohol is a socially accepted part of celebration in the United States). We can also have discussions around problematic substance use—these ideas are not at odds. Our leaders and those in the public health field need to be willing to have nuanced discussions about substance use and acknowledge that not all drug use is problematic.
- **Decriminalization of drugs.** Dr. Vakharia responded that, in line with the vision of the Drug Policy Alliance, ending the drug war and decriminalizing drugs is step 1 for addressing the overdose crisis. The criminalization of drugs equates people who use drugs with criminals and makes it impossible to advance a health approach to drug use. The drug war has wrapped its tentacles around all the systems our communities need to be safe and healthy, including housing, employment, child welfare, immigration, and education. We cannot have conversations about how to improve health until we stop treating drug use as a crime.

Q. How can we increase access to methadone in the face of NIMBY (“not in my backyard”) beliefs and stigma?

- **Provide over-the-counter methadone.** Dr. Jordan shared that, at the very least, methadone could be offered over the counter like buprenorphine so that people do not have to rely exclusively on opioid treatment programs. A review of papers that came out during the COVID-19 pandemic indicates that providing 2- and 4-week supplies of take-home methadone did not increase fatal overdose or medication trafficking and helped people feel empowerment over their medication use. Other countries have more relaxed methadone policies than we have in the United States, so we know it’s possible. The [Opioid Treatment Access Act](#) is a good start—although it needs to go further. Addressing misinformation around methadone treatment will help to eliminate barriers to recovery.
- **Address stigma and medical gatekeeping.** Dr. Sue responded that increasing awareness around methadone is important, and that barriers to methadone treatment are related to structural racism. Communities can [work together](#) to address NIMBY beliefs that are harmful and reduce access to methadone. Despite a shortage of addiction specialists, medical gatekeeping limits access to methadone and prevents regular physicians, nurse practitioners, and physician assistants from providing medications for opioid use

disorder. The Urban Survivor's Union calls methadone their safe supply, so increasing methadone access in the face of an increasingly toxic drug supply is crucial.

- **Take policy and provider actions to remove stringent requirements.** Ms. Weizman answered that stringent requirements for methadone create barriers and cause harm. For instance, waiting in line to access methadone makes it difficult to hold a job or raise a kid. In many places, there are no clinics that offer methadone. A lot of the changes that need to occur are statutory changes that require congressional action, yet this congress is not amenable to some of the basic changes and shifts that need to occur. [Other changes](#) can be made today through administrative action, both at the federal and state level. The Department of Justice is beginning to take enforcement action under the Americans with Disabilities Act to increase access to medications for opioid use disorder.
- **Recognize the role of racism in barriers to methadone access.** Dr. Vakharia shared that race and class are at the core of methadone policy. These policies started when the face of heroin addiction was a person from a low-income, inner-city background, and the belief was that they could not be trusted to comply with medication. Drs. Helena Hansen and Jules Netherland have written about the contrast between methadone and buprenorphine policy—there are no disparities in methadone access between Black and white people, but Black people are 70% less likely to receive buprenorphine. These policies are entrenched in the belief that Black bodies must be policed and surveilled while white bodies can be trusted and afforded flexibility.

Q. How can you change people's minds when they have faulty, stigmatizing understandings of substance use?

- **Counteract racist narratives.** Dr. Jordan responded that the government needs to be more deliberate and proactive in sharing the message that the overdose crisis affects everyone, including Black people, rather than white people alone. The media inundated us with the idea that the face of opioid addiction was white, but this narrative is incomplete. For instance, there has not been sufficient education around methadone, including the role of Black physicians in establishing clinics. There needs to be some rebranding to change people's minds and address stigma toward people with substance use disorders and addiction treatment. Dr. Latimore shared that one such communication strategy could be decriminalization, which could challenge the message that people who use drugs are criminals.
- **Reframe narratives for policymakers and hold them accountable.** Ms. Weizman answered that, unfortunately, many in the government are far from accepting that we need to end the stigmatization of substance use. We know what works, but often there is no bridge from research to policy. Making these arguments more palatable to policymakers may require us to pair it with a narrative they can connect to, and financial arguments can compel lawmakers toward reform. Litigation and using the press to

expose the harmful narratives of public figures may be two strategies for accelerating policy reform.

- **Discard the binary (i.e., “soft” vs “hard”) view of drugs.** Dr. Sue shared that reform advocates are losing the battle right now—people who use drugs are being blamed for their overdoses even as reforms for certain drugs like cannabis and psychedelics are gaining steam. The imagined binary between “soft” and “hard” drugs, which is often racialized, is becoming concretized rather than uprooted, and the government, particularly law enforcement, has played an active role in perpetuating this binary view.
- **Elevate the evidence.** Dr. Vakharia responded that it is important for health experts to reclaim their knowledge and expertise from law enforcement officials who are not scientifically or medically trained. How we label the crisis—whether it’s an overdose, opioid, or poisoning crisis—shapes how we respond. With novel drugs and stimulant use driving overdose death, a hyperfocus on opioids and poisoning can lead to a punishment mentality and detract from the broader picture: that addressing the social determinants of health will prevent all overdose. It is important to understand that part of the issue is the lack of a safe drug supply, but also that people are working long hours, have no housing, do not have stable access to food, and face other challenges that contribute to substance use.

Q. What gives you hope for 2023?

- **Fresh perspectives and new energy.** Ms. Weizman shared that the next generation, including her students taking up the mantle on these issues, is what gives her hope.
- **Opportunities to change the narrative.** Dr. Jordan responded that she remains forever hopeful. The work of the other panelists to change the narrative around substance use and the activism of young people who are serious about revolution are reasons for hope.
- **Mobilization of people with lived experience.** Dr. Sue answered that the groundswell of organizing from drug user unions—as well as working and learning from them and paying them for their expertise—is a bright light ahead for 2023.
- **The promise of policy reform.** Dr. Vakharia shared that decriminalization and safe supply are on the horizon and bring hope.