Beyond Magic Bullets:
Addressing Social Determinants and Structural Racism in the Opioid Crisis

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Overdose Death Rates Involving Opioids, by Type, United States, 2000-2017

- **Any Opioid**
- **Other Synthetic Opioids** (e.g., fentanyl, tramadol)
- **Commonly Prescribed Opioids** (Natural & Semi-Synthetic Opioids and Methadone)
- **Heroin**
Buprenorphine Treatment and Opioid Overdose in France

RAMÈNE TON VIEUX MATOS ET TU AURAS UN KIT NEUF!

INFO IMPORTANTE
Nous retenons depuis quelques temps beaucoup de matériel usagé aux alentours de Passe Diabolo et dans les poubelles publiques.

La rue n’est pas un container !

Pour le bien de tous, veuillez ramener votre matériel à Passe Diabolo.

Vos droits et obligations en matière d’élimination de la déchetterie dangereuse et de la collecte des déchets dangereux sont abordés dans ce document.

Consultez les conditions de décharge et le mode d’élimination approprié pour votre matériel.

Dans certaines pharmacies ( Lyonnes, srue ),

TU VOS C’EST PAS COMPLIQUE, IL SUFFIT QUE TU TROUVE LA PHARMACIE PARFAITE !
Lessons from the Opioid Crisis: Integrating Social Determinants of Health Into Clinical Care

Authors (in alphabetical order):

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Proportional Contribution to Premature Death

- Genetic predisposition: 30%
- Social circumstances: 15%
- Environmental exposure: 5%
- Health care: 10%
- Behavioral patterns: 40%

What Makes Us Healthy

- Genetics 20%
- Environment 20%
- Healthy Behaviors 50%
- Access to Care 10%

What We Spend On Being Healthy

- 88% Medical Services
- Healthy Behaviors 4%
- Other 8%

Source: 2012 Bipartisan Policy Center Report: Lots to Lose: How America’s Health and Obesity Crisis Threatens our Economic Future
Economic and social opportunities and resources

Living and working conditions in homes and communities

Medical care

Personal behavior

Policies to promote economic development, reduce poverty, and reduce racial segregation

Policies to promote child and youth development and education, infancy through college

Policies to promote healthier homes, neighborhoods, schools, and workplaces

Full length article

Bowling alone, dying together: The role of social capital in mitigating the drug overdose epidemic in the United States

Michael J. Zoorob, Jason L. Salemi

STOP!
HIV Criminalization is racist homophobia!

ACT UP
The hub and spoke model

HUB
- Assessment
- Care coordination
- Methadone
- Complex addictions
- Consultation

SPOKES
- Nurse-counselor teams w/ prescribing MD
- Corrections probation & parole
- Residential services
- Inpatient services
- Pain management clinics
- Medical homes
- Substance abuse outpatient treatment
- Mental health services
- Family services

SOURCE: American Society of Addiction Medicine
MEDICATION ASSISTED TREATMENT (MAT) IS A SAFE TOOL TO HELP YOU STOP USING OPIOIDS LIKE PRESCRIPTION PAIN MEDICATIONS AND HEROIN.

AMERICAN INDIANS AND ALASKA NATIVES CAN USE MAT IN COMBINATION WITH CULTURAL ACTIVITIES AND COUNSELING TO HEAL FROM OPIOID USE DISORDER. TALK TO YOUR HEALTH PROFESSIONAL TODAY.

TREATMENT IS AVAILABLE AND RECOVERY IS POSSIBLE.

FOR INFORMATION ABOUT CARRYING NALOXONE OR ABOUT OPIOID USE DISORDER TREATMENT OPTIONS, TALK TO YOUR PRIMARY CARE PROVIDER OR CONTACT: California Consortium
“Deaths of Despair” and Racial Inequality in the Opioid Crisis: Implications for Health Policy

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Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century

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Contributed by Angus Deaton, September 17, 2015 (sent for review August 22, 2015; reviewed by David Cutler, Jon Skinner, and David Weir)

This paper documents a marked increase in the all-cause mortality of middle-aged white non-Hispanic men and women in the United States between 1999 and 2013. This change reversed decades of progress in mortality and was unique to the United States; no other rich country saw a similar turnaround. The midlife mortality reversal was confined to white non-Hispanics; black non-Hispanics and Hispanics at midlife, and those aged 65 and above in every racial and ethnic group, continued to see mortality rates fall. This increase for whites was largely accounted for by increasing death rates from drug and alcohol poisonings, suicide, and chronic liver diseases and cirrhosis. Although all education groups saw increases in mortality from suicide and poisonings, and an overall increase in external cause mortality, those with less education saw the most marked increases. Rising midlife mortality was also seen in the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE). The comparison is similar for other Organisation for Economic Co-operation and Development countries.

Fig. 1 shows a cessation and reversal of the decline in midlife mortality for US white non-Hispanics after 1998. From 1978 to 1998, the mortality rate for US whites aged 45–54 fell by 2% per year on average, which matched the average rate of decline in the six countries shown, and the average over all other industrialized countries. After 1998, other rich countries’ mortality rates continued to decline by 2% a year. In contrast, US white non-Hispanic mortality rose by half a percent a year. No other rich country saw a similar turnaround. The mortality reversal was confined to white non-Hispanics; Hispanic
After being prescribed powerful opiate drugs to manage chronic pain, I gradually descended into full-blown dependency. Here is my story.
War on drugs is a war on us!
Social Conditions as Fundamental Causes of Disease*

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Over the last several decades, epidemiological studies have been enormously successful in identifying risk factors for major diseases. However, most of this research has focused attention on risk factors that are relatively proximal causes of disease such as diet, cholesterol level, exercise and the like. We question the emphasis on such individually-based risk factors and argue that greater attention must be paid to basic social conditions if health reform is to have its maximum effect in the time ahead. There are two reasons for this claim. First we argue that individually-based risk factors must be contextualized, by examining what puts...
OxyContin
Now approved for children
11 to 17 years old
OUR COMMITMENT TO RACIAL JUSTICE

The ACLU SoCal views much of its work as directly connected to racial justice. Our work is integral to dismantling racism and white supremacy and creating equitable opportunities and outcomes for all.

Though our work is often grounded in the language, principles, or values of the U.S. Constitution, we recognize that for the first 78 years after it was ratified, the Constitution protected slavery, legalized racial subordination, and proved no obstacle to the virtual genocide of native populations and expropriation of their land. All told, our nation did not outlaw racial discrimination in employment, housing, public accommodations and voting until more than 175 years after the Constitution was written.

While the law promises equal opportunity in theory, the law too often denies it in fact—profound racial disparities persist in health, education, employment, and income across the United States, and these outcomes reflect a combination of structural inequality, overt and covert discrimination, and implicit biases.

For this reason, we are committed to consciously taking racial equity into account and assessing the impact of all our policies and practices. As part of our commitment, we seek to strengthen relationships with impacted communities and organizational partners and identify shared goals and opportunities to advance these goals together.