



## OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE

Marc Elrich  
County Executive

Tiffany Ward  
Director and Chief Equity Officer

### MEMORANDUM

February 1, 2024

To: Jennifer Bryant, Director  
Office of Management and Budget

From: Tiffany Ward, Director  
Office of Racial Equity and Social Justice

Re: Racial Equity Impact Assessment (REIA) Supplemental Appropriation (SA) #24-22  
Opioid Abatement Funds

- I. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) finds that *Supplemental Appropriation #24-22 Opioid Abatement Funds* is likely to advance racial equity and social justice in Montgomery County, assuming effective utilization of disaggregated data, continuation of multi-tiered, targeted approaches, and the prioritization of harm reduction and diversion. Given the information that accompanied this request, requirements of the State law identified racial disparities associated with opioid overdose rates and existing coordinated response efforts; it is possible that funding involved with Supplemental Appropriation #24-22 will help to shrink racial disparities in opioid overdoses, particularly those affecting youth.
- II. **BACKGROUND:** The purpose of Supplemental Appropriation #24-22 Opioid Abatement Funds is to allocate \$3,088,862 in State Opioid Abatement Funds to the Department of Health and Human Services to support personnel and operating expenditures related to the County's Opioid response efforts. Personnel expenditures include five new positions for prevention, harm reduction services, and evidence-based practices proven to reduce overdoses. Operating expenditures are related to initiatives that focus on substance use disorders, peer support, treatment for youth with substance use disorders, and ongoing community awareness campaigns. Part of the funding (\$280,000) will be specifically used for

a new contract with Identity, Inc. to provide targeted emergency substance use intervention services.

Each of the proposed expenditures in this supplemental appropriation follows the parameters laid out in MD Code Ann., *Finance and Procurement*, §7-331(f)<sup>1</sup>. The Office of the County Attorney (OCA) has confirmed that this special appropriation’s proposed uses comply with the State requirements. In our review of the relevant code, we observed that strategies for targeting resources are not prescribed, which suggests that the way each jurisdiction targets resources is up to them. In Montgomery County, the RESJ Act introduces a framework for considering such resource allocations using a racial equity and social justice lens.

### *National perspective*

The history of opioid use in the US dates back more than three decades, with key public policy decisions—most notably the Anti-Drug Abuse Act of 1986 and the War on Drugs<sup>2</sup> that ensued—leading to disproportionate criminalization of Black people and other people of color who use drugs as well as racial disparities in access to high-quality treatment and recovery support services<sup>3</sup>. The impacts of the War on Drugs persist today, including within the narratives that shape current resource and policy decisions. Scholars have noted, for example, that “When white people started getting addicted and dying from opioids, the narrative shifted. Those abusing heroin and prescription painkillers were routinely depicted in the media as sympathetic victims”<sup>4</sup>. These compassionate and humanizing views of White people led to three-quarters of Congress’ 2018 Opioid Epidemic funding going to research, treatment, and prevention rather than police and prisons<sup>5</sup>. While a full accounting of the impacts of the War on Drugs is beyond the scope of this racial equity impact assessment, it is important to recognize the power of narrative (and the racial disparities that stem from the policies that are created by dehumanizing and racist narratives). Situating current resource decisions within this broader context (and recognition of structural inequities in healthcare systems) will increase the chances that interventions are reparative and support the reduction of racial disparities. Additional ORESJ Racial Equity Impact Assessments (REIAs) on related health disparities:

- 1) Racial Equity Impact Assessment (REIA) for Supplemental Appropriation #22-36 SAMHSA Community Block Grant  
<https://www.montgomerycountymd.gov/ore/Resources/Files/22-36.pdf>
- 2) Racial Equity Impact Assessment (REIA) for Supplemental Appropriation #22-43 Crisis 2 Connection  
<https://www.montgomerycountymd.gov/ore/Resources/Files/22-43.pdf>

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<sup>1</sup> <https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=gsf&section=7-331&enactments=False&archived=False>

<sup>2</sup> <https://www.nacdl.org/Content/Race-and-the-War-on-Drugs>

<sup>3</sup> <https://opioidprinciples.jhsph.edu/focus-on-racial-equity/>

<sup>4</sup> <https://ejournal.org/news/racial-double-standard-in-drug-laws-persists-today/>

<sup>5</sup> <https://ejournal.org/news/racial-double-standard-in-drug-laws-persists-today/>

Since 2012, opioid overdose deaths related to synthetic opioids, such as fentanyl, rose sharply<sup>6</sup>. By one estimate, in 2017, synthetic opioids made up 60% of opioid overdoses<sup>7</sup>. The rise in Fentanyl-related deaths is attributed to a number of causes, with many stemming from the War on Drugs, the criminalization of people who use drugs, and the resultant lack of knowledge about the exact chemical makeup and potency of the drugs being consumed<sup>8</sup>. According to the Centers for Disease Control and Prevention (CDC), more than 100,000 people in the US died from drug overdoses from April 2020-2021—amounting to a 28.5% increase from the prior year<sup>9</sup>.

As with other issues involving public health and the criminal legal system, all racial and ethnic groups are not experiencing the same rates of opioid-related overdoses despite similar usage rates. A CDC study looking at the geographic, racial, and ethnic differences in opioid-involved overdoses between 2015 and 2017 showed that while opioid overdose deaths increased among all racial and ethnic groups, the largest percentage increases for large central metros, large fringe metros, and medium and small metros were among the following groups:

Urbanization level	Racial/ethnic group with the largest percentage increase in opioid-involved overdose deaths	% increase between 2015-2017
Large central metro	Hispanic, age 18-24	230% increase
Large fringe metro	Hispanic, age 45-54	158% increase
Medium and small metro	Hispanic, age 25-34	217% increase

**Data source:** TABLE 2. Percentage of opioid-involved overdose deaths\* involving synthetic opioids among adults aged ≥18 years, by urbanization level, age group, and race/ethnicity, — National Vital Statistics System, United States, 2015–2017. Available at: <https://www.cdc.gov/mmwr/volumes/68/wr/mm6843a3.htm#T2> [down](#)

Looking specifically at the use of synthetic opioids, the trends are somewhat different. In 2017, the highest level of synthetic opioid involvement in opioid-related overdose deaths was among Black people, regardless of metro area, followed by White and Hispanic people, with the following distribution:

Black		Hispanic		White	
Medium/small metro area	Large fringe metro areas	Medium/small metro areas	Large fringe metro areas	Large central metro areas	Large fringe metro areas
67.4%	74.8%	47.9%	67.2%	56%	65.4%

<sup>6</sup> <https://harmreduction.org/issues/fentanyl/fentanyl-use-overdose-prevention-tips/>

<sup>7</sup> <https://www.cdc.gov/mmwr/volumes/68/wr/mm6843a3.htm>

<sup>8</sup> <https://harmreduction.org/issues/fentanyl/fentanyl-use-overdose-prevention-tips/>

<sup>9</sup> <https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/opioid-overdose>

# Racial Equity Impact Assessment (REIA) Supplemental Appropriation (SA) #24-22 Opioid Abatement Funds

February 1, 2024

Page 4 of 6

**Data source:** Authors configuration of data from Racial/Ethnic and Age Group Differences in Opioid and Synthetic Opioid–Involved Overdose Deaths Among Adults Aged ≥18 Years in Metropolitan Areas — United States, 2015–2017 <https://www.cdc.gov/mmwr/volumes/68/wr/mm6843a3.htm>

As is evident from these data, trends by race, ethnicity, and geography vary. But what is consistent is that although communities of color experience substance use disorders at similar rates as other groups, the rate of opioid overdose deaths has been increasing more rapidly in Black populations compared to White<sup>10</sup>. Researchers observe: “The changing patterns of the opioid overdose epidemic necessitate a rapid, culturally tailored, and multifaceted public health response that appropriately targets and incorporates the needs of evolving populations at risk, including minority populations that historically have been regarded as having low opioid-involved overdose death rates.”

## *State perspective*

In Maryland, the number of opioid-related deaths has steadily increased starting in 2008, except for in 2019, when the number dipped below 1,600 before rebounding in 2020 to 1,865 deaths<sup>11</sup>. Between September 2022 and 2023, there was a 1.4% decrease in the total number of fatal overdoses. Similar to national trends, the number of fentanyl-involved deaths rose sharply between 2015 and 2016 and has steadily increased since then to a total of 1,731 fentanyl deaths in 2020<sup>12</sup>. In the 12 months ending in September 2023, fentanyl was involved in 2,037 fatal overdoses (or 81.1% of all fatal overdoses)<sup>13</sup>. A notable limitation in publicly available data from the State is a lack of incident rates (instead of absolute incident numbers). This means that although disaggregated data is available on the State’s opioid overdose demographic dashboard<sup>14</sup>, it obscures disproportionalities, the identification of which is key to effective and equitable resource targeting. The dashboard does note that despite making up about 31% of Maryland's population, Non-Hispanic Black Marylanders accounted for 48% of all overdose deaths in the state in 2022, highlighting growing racial disparities in overdose outcomes<sup>15</sup>.

## *Local perspective*

In Montgomery County, between 2020 and 2021, the number of opioid intoxication deaths rose from 80 to 92, while fentanyl intoxication deaths rose from 73 to 88<sup>16</sup>. According to the Maryland Overdose dashboard, the percent change in fatal overdoses (all substances) in

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<sup>10</sup> <https://opioidprinciples.jhsph.edu/focus-on-racial-equity/>

<sup>11</sup>

[https://www.montgomerycountymd.gov/opioids/Resources/Files/Quarterly%20Drug\\_Alcohol\\_Intoxication\\_Report\\_2021\\_Q3.pdf](https://www.montgomerycountymd.gov/opioids/Resources/Files/Quarterly%20Drug_Alcohol_Intoxication_Report_2021_Q3.pdf)

<sup>12</sup>

[https://www.montgomerycountymd.gov/opioids/Resources/Files/Quarterly%20Drug\\_Alcohol\\_Intoxication\\_Report\\_2021\\_Q3.pdf](https://www.montgomerycountymd.gov/opioids/Resources/Files/Quarterly%20Drug_Alcohol_Intoxication_Report_2021_Q3.pdf)

<sup>13</sup> <https://www.arcgis.com/apps/dashboards/799cc6c21cf94e89a174fa06532febd9>

<sup>14</sup> <https://www.arcgis.com/apps/dashboards/a35e515d3db843b1bb07ef2b6b94824d>

<sup>15</sup> <https://www.arcgis.com/apps/dashboards/a35e515d3db843b1bb07ef2b6b94824d>

<sup>16</sup>

[https://www.montgomerycountymd.gov/opioids/Resources/Files/Quarterly%20Drug\\_Alcohol\\_Intoxication\\_Report\\_2021\\_Q3.pdf](https://www.montgomerycountymd.gov/opioids/Resources/Files/Quarterly%20Drug_Alcohol_Intoxication_Report_2021_Q3.pdf)

Racial Equity Impact Assessment (REIA) Supplemental Appropriation (SA) #24-22 Opioid Abatement Funds

February 1, 2024

Page 5 of 6

Montgomery County was 17.3%<sup>17</sup>. Information that accompanied this request echoed national statistics. Based on data shared in a Montgomery County Council February 2023 memorandum titled “Opioid and Fentanyl Crisis with our Youth”, the incidence of opioid poisoning and opioid-related ER visits accelerated in FY23<sup>18</sup>. Notably, Hispanic youth made up 42% of the total opioid overdose-related ER visits by ten 10-21 year-olds, followed by African American youth at 26%, and White youth at 18%<sup>19</sup>. Moving forward, it will be critical to monitor progress in addressing identified disparities by disaggregating outcomes data by race, ethnicity, and/or geography. For example, it would be helpful to review Narcan distribution efforts and outcomes by geography, race, and ethnicity to determine whether further targeting strategies are needed. To bring greater transparency to the county’s strategies and their effectiveness, a single landing page devoted to Opioid interventions that brings together the efforts and data from various county stakeholders would be helpful. As of this REIA, the weblink to the FY2019 and FY202 Response Plan was not available on the “What We Do” page of DHHS’ website<sup>20</sup>.

In addition to racial disparities in the prevalence of opioid-related overdose deaths, there is evidence that racial disparities also exist in access to prevention, treatment, and harm reduction interventions. A 2023 New York City study found disproportionately low access to naloxone<sup>21</sup> during opioid use among Black people, particularly among Black women<sup>22</sup>. Ensuring naloxone utilization hinges upon both possession of the medicine and training on how to use it. Data suggest that possession of naloxone and training on its use were higher among white users compared to Latinx and Black participants in the study<sup>23</sup>. According to the study (and the sources cited), barriers to access and uptake of naloxone use include:

- financial barriers
- higher rates of naloxone availability in pharmacies in neighborhoods with higher proportions of white residents compared to Black residents<sup>24</sup>
- mistrust of medical systems
- fear generated by disproportionate police contact

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<sup>17</sup> <https://www.arcgis.com/apps/dashboards/799cc6c21cf94e89a174fa06532febd9>

<sup>18</sup>

[https://montgomerycountymd.granicus.com/player/clip/17057?view\\_id=169&redirect=true&h=c47cc662f875263f2e094dd96bd0aca1](https://montgomerycountymd.granicus.com/player/clip/17057?view_id=169&redirect=true&h=c47cc662f875263f2e094dd96bd0aca1)

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[https://montgomerycountymd.granicus.com/player/clip/17057?view\\_id=169&redirect=true&h=c47cc662f875263f2e094dd96bd0aca1](https://montgomerycountymd.granicus.com/player/clip/17057?view_id=169&redirect=true&h=c47cc662f875263f2e094dd96bd0aca1)

<sup>20</sup> <https://www.montgomerycountymd.gov/opioids/what-we-do.html>

<sup>21</sup> “Naloxone is a medicine that rapidly reverses an opioid overdose. It is an opioid antagonist. This means that it attaches to opioid receptors and reverses and blocks the effects of other opioids.” Available at:

<https://nida.nih.gov/publications/drugfacts/naloxone>

<sup>22</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9959933/>

<sup>23</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9959933/>

<sup>24</sup> Abbas B, Marotta PL, Goddard-Eckrich D, et al. Socio-ecological and pharmacy-level factors associated with naloxone stocking at standing-order naloxone pharmacies in New York City. *Drug Alcohol Depend.* 2021; 218:108388. doi: 10.1016/j.drugalcdep.2020.108388. [PubMed]

Racial Equity Impact Assessment (REIA) Supplemental Appropriation (SA) #24-22 Opioid  
Abatement Funds

February 1, 2024

Page 6 of 6

- stigma from family and friends

These barriers all exist within the context of systemic racism, social determinants of health, and racist stereotyping of people who use drugs,<sup>25</sup> as well as the decades of trauma associated with the “War on Drugs.” The Director of the National Institute of Drug Abuse (NIDA), Dr. Nora D. Volkow, echoed this point in a 2021 news release about the need for racially inclusive approaches to addressing the opioid crisis: “We must explicitly examine and address how structural racism affects health and leads to drug use and overdose deaths. Systemic racism fuels the opioid crisis, just as it contributes mightily to other areas of health disparities and inequity, especially for Black people. We must ensure that evidence-based interventions, tailored to communities, are able to cut through the economic and social factors that drive disparities in substance use and addiction to reach all people in need of services.”<sup>26</sup>

cc: Ken Hartman, Director, Office of Strategic Partnerships, Office of the County Executive  
Dr. James Bridgers, Director, Department of Health and Human Services

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<sup>25</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9959933/>

<sup>26</sup> <https://nida.nih.gov/news-events/news-releases/2021/09/disparities-in-opioid-overdose-deaths-continue-to-worsen-for-black-people-study-suggests>