Abstract

The opioid epidemic has clearly had widespread impact on the United States as a whole. However, scholarship to date has largely centered on the impact that the opioid epidemic has had on white people, neglecting to analyze the rising impact in communities of color. The rate of opioid-related deaths in the Hispanic/Latinx community has been sharply on the rise over the last few years. Beyond rising deaths, there is also a significant gap in access to treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) is a branch of the U.S. Department of Health and Human Services (HHS). SAMHSA conducts annual reports on substance abuse rates and treatment options across the country. SAMHSA's 2018 National Survey on Drug Use and Health (NSDUH) indicated that 92% of Hispanic/Latinx youth with a substance use disorder did not receive treatment in a specialty facility. I seek to whether states with significant Spanish-speaking populations offer sufficient substance abuse treatment options in Spanish. To do so, I will combine my original data collection with results from SAMHSA's 2018 National Survey of Substance Abuse Treatment Services (N-SSATS). I will conclude that while states have prioritized treatment resources for English speakers dealing with opioid abuse, they are not providing equitable resources for Spanish speakers. This gap could provide one explanation for the recent increase in the rate of opioid overdoses in the Hispanic/Latinx community.



Hispanics, the rate of deaths in the United States among black and Hispanic people are on the rise. There has been a stark rise in Opioid-related deaths among Hispanics



Assessing the (lack of) Spanish-Language Opioid Abuse **Treatment Resources in the United States**

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Methods and Materials

- In my research design, I sought to answer whether language barriers in resources and treatment may partially explain the gap in access to treatment and rising rates of opioid related deaths in the Hispanic and Latinx community. I decided to search on the state website for all 50 states see if I could find resources for opioid abuse treatment options in English, and if those same resources were also available in Spanish. Furthermore, I wanted to identify if the Spanish language resources were identical or more limited to the scope of the English language resources.
- Once I had recorded my findings, I created graphics with which states had resources available on their websites in Spanish. I then compared my individual findings with SAMHSA's National Survey of Substance Abuse Treatment Services (N-SSATS), which surveyed 14,809 substance abuse treatment facilities across the country, with a 94.8% response rate overall. I focused on two survey questions, one asking generally whether services were offered in a language other than English, and a second asking if services were specifically offered in Spanish. I used R to parse through the raw data to isolate the responses that I was interested in on a state-by-state basis.



Results

- Across the board, I was impressed that 49 of the 50 states had webpages specifically containing resources for lay people struggling with opioid abuse; Arkansas was the only state without any resources online. About half of the states housed the opioid pages on their Department of Public Health's site, but they were all linked on the main state.gov site. As demonstrated in Figure 1, I coded states into four possible categories: "No Spanish Resources," "Google Translate, No Spanish PDFs," "Few Spanish PDFs," and "Identical Spanish & English Resources." Figure 1 contains my findings on states with online opioid substance abuse resources.
- Turning to SAMHSA's 2018 National Survey of Substance Abuse Treatment Service (N-SSATS), the survey asks respondents if their facility offers substance abuse treatment in a language other than English. Of the 14,809 facilities surveyed across the country, the language question saw a response rate of 99.9% (N-SSATS 2018, SAMHSA). 51.1% of respondents affirmed that their facilities did offer treatment in a foreign language, while 48.9% of respondents solely offer treatment in English (N-SSATS 2018, SAMHDA). These responses are broken down on a state-by-state basis in Figure 2.
- Of the respondents who do offer services in languages other than English, only 23.9% offer services in Spanish. This statistic is particularly jarring when considering that 40.5 million people in the United States speak Spanish at home

Discussion

Similar to my findings regarding the Spanish-language resources available on state websites, there is not a strong correlation between states with high quantities of Hispanics and those with higher proportions of Spanish-language treatment options. While there are predictably higher proportions of treatment facilities in states with higher urban populations, such as California, Texas, Florida, New York, and Illinois, the concentration of Spanish speaking facilities is not remarkably higher in the southwestern states than it is elsewhere in the country. Further studies could examine this SAMHSA data in comparison with census data on the population of individuals who speak Spanish at home, in order to determine the number of Spanish-speaking service providers available per Spanish-speaking capita in each state, even delving into the size of each treatment facility. Given the COVID-19 pandemic and loss of university resources, this level of analysis was not feasible at this time.

Conclusions

Even though this study was significantly impacted by the COVID-19 pandemic, the conclusion that the United States is insufficiently prioritizing equitable access to opioid abuse treatment resources to Spanish speakers holds. With 40.5 million Spanish speakers in the United States, the largest minority language spoken by far, the fact that there are relatively few online resource options and healthcare providers for Spanish speakers is egregiously low. This topic could provide fodder for the national language debate and encourage the U.S. government to acknowledge the quantity of Spanish-speaking residents in need of equitable access to government services. Further research could utilize SAMHSA data sets and U.S. census data to explore the impact of inequitable access to language-tailored health care options in a more multi-dimensional manner.

