

Opioid Addiction among the Black Community

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Abstract

This paper provides a detailed discussion of the effects caused by opioid addiction among Black Americans. Since the onset of the opiate effects crisis, the United States has reached the highest rates ever reported in its history. Drug overdose, which began as a problem for Caucasians entered urban settings affecting more members of Black ethnicity than any other ethnic group. Black communities suffer various effects from opioid addiction ranging from mental health, economic and social life. Since Black communities remain out of discussion the regarding treatment of opiate addiction, they end up dying in high rates. Opioid dependence has increased risks of liver and kidney failure conditions which are conditions already predisposition for Blacks. Instead of helping them recover, the government often has led Blacks to prison, separating them from their loved ones.

Keywords: Opioid addiction; Black community; Drug overdose

Introduction

The United States grapples with one of its worst drug crises; the country loses more than 800 people each week from opioid-related overdoses. Drug overdose by race increased among Blacks in the urban settings by 41% in 2016, which outpaced any other race or ethnic group.¹ Drug overdose is a critical health issue in the country exceeding heart diseases in causing deaths among different races of the American population.² Opioid disorders have resulted in the recent advances such as rehabilitation programs, public health interventions, and treatment programs. Policymakers have designed various approaches to the opioid crisis in efforts to increase war on drugs and crackdowns on crime. The anti-drug trafficking programs emerged to address the new opioid addiction rates, which are growing among the Black Communities.³ Widespread drug use has dumped the country into deaths attributed to pharmaceutical opioids such as heroin that accounted for 19 per cent of overdose deaths in 2013.³ According to the New England Journal of Medicine, opioid addiction leads to public health risks.³ Volkow and McLellan's research reflects on the scope of the epidemic among the Caucasian which exceeded Blacks' because minority races received under treatment for years. A similar study by JAMA in 2008 found that minority races are not likely to receive opioids for pain in an emergency department compared to the majority.² As a result, it is possible

that pills would be sold on the streets to Black patients. Despite stepped efforts to address the crisis, health experts say that overdose deaths keep climbing each year, especially among the Black race. Moreover, the office of Medical Examiner in Washington D.C reported that opioid overdose deaths among men aged 40 to 69 moved up in the period between 2014 and 2017.⁴ Whereas previous data show that the drug addiction crisis started in rural America among the Caucasians, the overall opioid overdose death has increased among the Black community leading to a high number of deaths.⁴

Methodology

This chapter provides details of the secondary methods used in effects of opioids research on the Black Community. The study obtained information from various sources such as libraries, local bodies, and Literature review and government websites. The Secondary research was vital for this study since existing information was highly useful in determining results.

Methods

The study utilised a secondary analysis of existing data, with research “question driven” and “data-driven” approaches.⁵ The two methods are significant in this paper as they focused on already existing data. The existing data used scholarly resources consisting of private and public information. There is an array of existing public data that address specific topics on effects of opioid addiction on health-related databases. Specifically, the research targeted existing data, and county and regional levels in the United States. The government websites provide up to date information related to opioid addiction in the US with the latest being 2016 statistics (Figure 1).⁴ Variety of US-based government agencies offer online data with well-analysed frequencies and cross-tabulations. As a result, websites offer technical support that aided identification of potential data sources in the systems. The specific data provided current statistics on mortality and an array of health conditions related to opioid addiction.

While employing both questions-driven and data-driven methods for analysing existing data, the research considered possible variables for the research question. It implies that a comprehensive understanding of the credibility of data sources was employed to design quality control measures to assess information.⁵ The chosen documents contained sufficient information with meaningful estimates about opioid addiction among members of the Black community. Before conducting the analysis, it was possible to generate outcome and confounding variables which were used during the review. The methods helped the research to recode original variables to meet the assumptions in the research question. Moreover, the secondary data research focused on the opioid addiction conditions.

Discussion

Death rates of opioids according to race

The number of Blacks dying from opioid has reached an extended rate higher than the general population in numerous states such as Missouri, Illinois, Minnesota, Wisconsin, West Virginia and Washington, D.C.⁶ For instance, death rates in the states of Virginia and Wisconsin have numbers of Blacks with fatal overdose rate nearly double that of Caucasians. On the other hand, Illinois is the best example of effects of opioid epidemic among the Blacks. According to data from the Illinois Department of Public Health, all opioid deaths in the state doubled among Blacks than any other racial group during the

period from 2013 to 2016 with a 132% increase.⁴ Despite making up to 15% of the Illinois population, Blacks account for about one-quarter of opioid overdose deaths. While the country focuses on rural areas for opioid addicts, the trend has shifted to urban areas which currently experience the crisis from day-to-day.⁷ Chicago alone has had an extreme increase in a fatal opioid overdose, which sharply increased to 75%. In Chicago, Blacks make approximately 32% of the population, but they account for about half of all opioid deaths which are 48.4%. In 2016, the rate of African American deaths was 56% which was higher than Caucasians' death rate from opioids. Consequently, CDC data reveals that the 2016 Black's death in Chicago was almost four times higher than the national average rate in 2015.

The most affected states with opioid addiction

Majority of the Blacks with opioid addiction come from the low-income families and rarely receive treatment, unlike the Caucasians who share these characteristics but end up enrolled to private insurances.⁷ With little access to evidence-based treatment, the Black community has more people dying from opioid addiction epidemic. In fact, data show that the majority of Blacks live in Chicago however; the state has the lowest treatment capacity for buprenorphine. That is, Chicago is the third most depressed cities in the national rank such capacity rate makes services less available for Blacks in need of treatment.

The data presented in Table 1 shows that the states with more opioid-related cases have the highest numbers of Blacks living in the respective cities. It is a clear that Blacks are dying at a higher rate impacted by the epidemic which is a higher proportion than the general US population.⁷ The top ten most affected States with the opioid crisis are in Midwest; they include Missouri, Wisconsin, Illinois, and Minnesota among others (Table 2). For example, Illinois alone has an opioid death rate for Blacks of 11.6 per 100,000 in 2015, compared to 10.4 for the general population. In some cases, some states had Blacks' opioid overdose rate exceeding other races. For example, Missouri and Wisconsin have 14.8 per 100,000 and 21.9 per 100,000 respectively.⁶ Besides, other areas such as West Virginia have Black's overdose rates that doubled that of the Caucasian. Most Blacks face significant barriers that hinder them from accessing care; these issues include living in racially concentrated areas, lack of insurance, childcare, transportation issues and other issues. However, these issue not only do they affect the Blacks' living in poverty but also the Caucasians. The main contributors to lower life expectancies are the health disparities among Blacks.⁴

Comparison between Chicago and Illinois in opioid addiction

Illinois: Table 3 presents excellent examples of how overdose rates related to opioids hit Black populations.⁶ For instance, these cases increased in Illinois by 82% which corresponds to data from the Illinois Department for Public health that shows opioid deaths (heroin and pain pills) escalated faster among the Blacks more than any other race from 2013 to 2016.⁶ Similarly, the period saw Black deaths from pain pills increasing to about three times the increase in the Caucasian fatalities. In other words, the Black community around the country have been stricken by the effects of opioid addiction, and continue to suffer.

Chicago: Chicago has had higher overdose rates in Black communities involving heroin, Fentanyl, and other opioids.⁸ The effects of addiction are prevalent in the South and West sides, but Austin suffers the highest death rate than all the community areas. Chicago suffers from the high addiction of fentanyl-adulterated heroin, whose deaths represent 58% of opioid deaths in 2016, thrice deaths accounted for in 2015.⁸ Some of the highest overdose regions include North Lawndale, East, and West Garfield Park, Austin, Fuller

Park, Humboldt and Englewood. All listed areas are made up of poverty concentrated areas, which are located in the South and West zones of Chicago.⁸

Challenges of opioid addiction on the black community

The opioid epidemic has a social effect that leaves communities with visible impacts. Firstly, the problem has led to family disintegration especially with the massive rise in cracking down for drug addiction. It has emerged that the US government and judicial systems display matters of racial stereotypes as they try to fight drug use crisis.⁹ Numerous data show the opiate issues have irreparably harmed the Black American youth. The opiate crisis has continuously pushed the Black community into devastation and crisis of incarceration, separating them from the rest of family members.⁷ Notably, war on drugs policies is misused by the law enforcement authorities that target Black neighborhood. Initially, war on drugs declaration aimed at taking a stand on corrupt government members and criminal organizations that can deter the country from lucrative drug market.² In reality, these wars target Black communities, whereby law enforcement disproportionately focuses on people of color for drug violations. Previous studies show that despite drug use being similar between Caucasian and Blacks, Blacks have 13 times more chances to be arrested for buying, and using drugs.⁴ However, in some states, rates are higher. For instance, Black and Hispanic population in 2013 represented 29 per cent of the US population however; they dominated in numbers of prisoners for drug offenses.¹⁰ The US Sentencing Commission revealed that Blacks received longer prison sentences for drug-related offenses than other races in the country despite being convicted for crimes of similar weight. Bureau of Justice Statistics proves that in 2012, state prisons had 225,242 inmates for drug-related offenses.¹⁰ However, 45% of inmates were Black and 30% Caucasian. Such statistics is an attribution of how often police were likely to arrest addicts in low-income ethnic minority neighborhoods. As stated earlier, Cooks County Illinois has 5.24 million residents, while a quarter of the population are Blacks. However, Black population represent more than 70% of the county's incarcerated population.¹⁰ Consequently, those arrested are from low-income families, with low levels of education and have negligible job prospects. Most of these victims have a mental problem and might have had a history of childhood abuse and trauma. Besides, opioid addicts rarely have a stable family or social network on which they can rely but have offspring to support.

Another consequence of Black American addiction is lack of adequate representation to argue for reduced charges compared to other races.⁹ As a result, Black Americans quickly get arrested and convicted due to the little resources to secure competent legal defense. Previous studies have proved that the United States is a race-based institution where only the Black Americans are arrested more often than Caucasian Americans for the same characteristics of drug-related offenses.⁶ In 2000, New York City had arrested more addicts among Black Americans than Caucasians in four other states. Usually, police stopped and frisked young Black males, and when arrested, Blacks have to endure long waits in prisons before they receive a trial. Detailed investigation of the criminal justice system indicated that a high profile killing of the Black youth was made by police officers from other ethnic backgrounds.¹¹ For instance, the 2014 and 2015 report revealed that most lawyers and police officers in the US are of Caucasian origin. According to American Bar Associations reports, 88% of its lawyers are white while 4.8% are Blacks.¹¹ It indicates that Black Americans are exposed to more risks than Caucasian, which leads them to 10 times chances of arrest higher than those among the Caucasian.

Government actions to help opioid addicted people

In a report prepared by Roster of commissioners, the Federal government has programs directed towards prevention and treatment of the drug-related activities.¹¹ The Federal government has a recommendable history in developing evidence-based programs and policies that aim at reducing the number of people affected by opioids nationwide. Besides, the national government has launched prevention campaigns to address the use and abuse of illicit drugs as an alternative to prevent premature and preventable deaths or disabilities. There are national campaigns focused on opioids' risks and consequences, educating families on the warning signs, and channelling the message to specific populations such as elderly, college students, adolescent and pregnant women. Furthermore, the government has also reviewed the medical school's curricula to ensure that practitioners are trained to conduct proper prescription as a vital strategy to address the opioid epidemic.¹¹ Therefore, the government has set aside budgetary allocations to support Drug-Impaired Driving program, Anti-doping activities and Prevention research among others.¹²

Limitations

Generally, secondary analysis of the existing data in its nature fails to address the particular research question. As viewed in the discussion, the data was not collected for the entire population subgroups for all regions in the United States. There is a probability that most crucial information on the zip codes and names if the primary sampling responded were omitted. Another major limitation of analysing the existing data is that the researcher is not the same person who conducted the primary data collection process. Therefore, it is probably right that the data may have specific glitches in the data collection process which may hinder the interpretation of the particular variables in the data. It is therefore hard to provide succinct documentation of valuable information presented in the document because the user may not show relevance in the submitted data.

Conclusion

Drug overdose by race is a recent issue among the Black Community. These rates have escalated sharply among the Blacks in urban settings. For instance, some related opioid effects rose among the Blacks by 41% in 2016 outpacing any other race or ethnic group. As a result, drug overdose has become a significant health issue in the country surpassing heart illnesses as the leading cause of deaths among the different races of the American population. Opioid disorders have resulted in the recent advances in rehabilitation programs, public health interventions, and treatments programs. Numerous data show that opiate issues have irreparably harmed the Black American youth. The opiate crisis has continuously pushed them into devastation and crisis of incarceration, separating them from the rest of family members. Besides, there were wars on drug use policies that are misused by the law enforcement authorities, who target Black neighbourhoods.

Consequently, the number of Blacks dying from opioid has reached an extended rate higher than the general population in numerous states such as Missouri, Illinois, Minnesota, Wisconsin, West Virginia and Washington, D.C. For example, these rates in the States of Virginia and Wisconsin have the number of Blacks with fatal overdose nearly double that of Caucasian. The discussion provides more data in Chicago and Illinois which are the most affected cities. Despite making up to 15% of the Illinois population, Blacks account for about one-quarter of opioid overdose deaths.

On the other hand, Chicago alone has had an extreme increase in a fatal opioid overdose that rose up to 75%. Besides, Chicago has got approximately 32% of the population made of Black people but they account for about half of all opioid deaths which are 48.4%. Moreover, in 2016 Chicago that rate of Blacks' deaths was 56% which was higher than the white death rate from opioids. Consequently, the CDC data reveals that African American deaths in Chicago in 2016 were almost four times more elevated than the national average rate in 2015.

References

1. American Addiction Centers. Race and Addiction. 2018.
2. Johnson RS. The racial divide in the opioid epidemic. Modern Healthcare. 2016.
3. Volkow ND and McLellan TA. Opioid Abuse in Chronic Pain-Misconceptions and Mitigation Strategies. N Engl J Med. 2016; 374: 1253-1263.
4. Confronting the Opioid crisis in the United States. Opioids.gov. 2018.
5. Cheng HG and Phillips MR. Secondary analysis of existing data: opportunities and implementation. Shanghai Archives of Psychiatry. 2014; 26: 371-375.
6. Bechteler SS and Kane-Willis K. The African American Opioid Epidemic. Chicago Urban League. 2017.
7. Squires LE, Palfai TP, Allensworth-Davies D, Cheng DM, Bernstein J, et al. Perceived discrimination, racial identity, and health behaviors among black primary-care patients who use drugs. J Ethn Subst Abuse. 2017; 1-18.
8. Chicago department of public health. Epidemiology report: Increase in overdose deaths involving opioids-Chicago, 2015-2016. 2017.
9. Hansen H and Netherland J. Is the Prescription Opioid Epidemic a White Problem? American Journal of Public Health. 2016; 106: 2127-2129.
10. Escamilla J and Gatens A. Illinois opioid Prescription data. Criminal Justice data. 2018.
11. Roster of commissioners. The president's commission on combating drug addiction and the Opioid crisis. Whitehouse.gov. 2017.
12. Peteet BJ. Psychosocial risks of prescription drug misuse among U.S. racial/ethnic minorities: A systematic review. J Ethn Subst Abuse. 2017; 1-33.

Table 1. Major United States cities and corresponding countries by Buprenorphine treatment capacity, 2015.

Rank	City	County	County population	Treatment capacity (n)	Capacity (Rate/100,000)
1	Philadelphia, PA	Philadelphia	1,526,006	12,570	824
2	New York, NY	Multiple	8,175,133	63,840	781
3	San Diego, CA	San Diego	3,095, 313	15,970	516

4	Phoenix, AZ	Maricopa	3,817,117	15,040	394
5	San Jose, CA	Santa Clara	1,781,642	6,630	372
6	Los Angeles, CA	Los Angeles	9,818,605	33,510	341
7	Houston, TX	Harris	4,092,459	12,780	312
8	Chicago, IL	Cook	5,194,675	15,360	296
9	Dallas, TX	Dallas	2,368,139	6,820	288
10	San Antonio, TX	Bexar	1,714,773	4,810	281

Data source: Illinois Department of Public Health, Cook County Medical Examiner's Office, US Census Bureau.

Table 2. Top 10 States with the highest rate of opioid overdose deaths 2015. Data Source: Cook County Medical Examiner's Office, US Census Bureau.

State	White	African American	General Population
Western Virginia	36.2	55.5	36
District of Columbia	NR	22.8	14.5
Wisconsin	11.3	21.9	11.2
Ohio	27.7	15.2	24.7
Maryland	25	14.8	17.7
Missouri	11.9	14.8	17.7
Massachusetts	27.1	13.2	23.3
Michigan	14.7	12.4	13.6
Illinois	13.1	11.6	10.7
Minnesota	6	10	6.2
United States	13.9	6.6	10.4

Data source: Cook County Medical Examiner's Office, US Census Bureau.

Table 3. Illinois fatal overdoses from any opioid from 2013-2016.

Racial Group	2013	2014	2015	2016	% Change
White	758	876	1,029	1,230	62%
African American	198	229	235	459	132%
Other	12	7	8	24	100%
Latino	104	91	110	204	96%
Total	1,072	1,203	1,382	1,946	82%

Data source: Cook County Medical Examiner's Office, US Census Bureau.

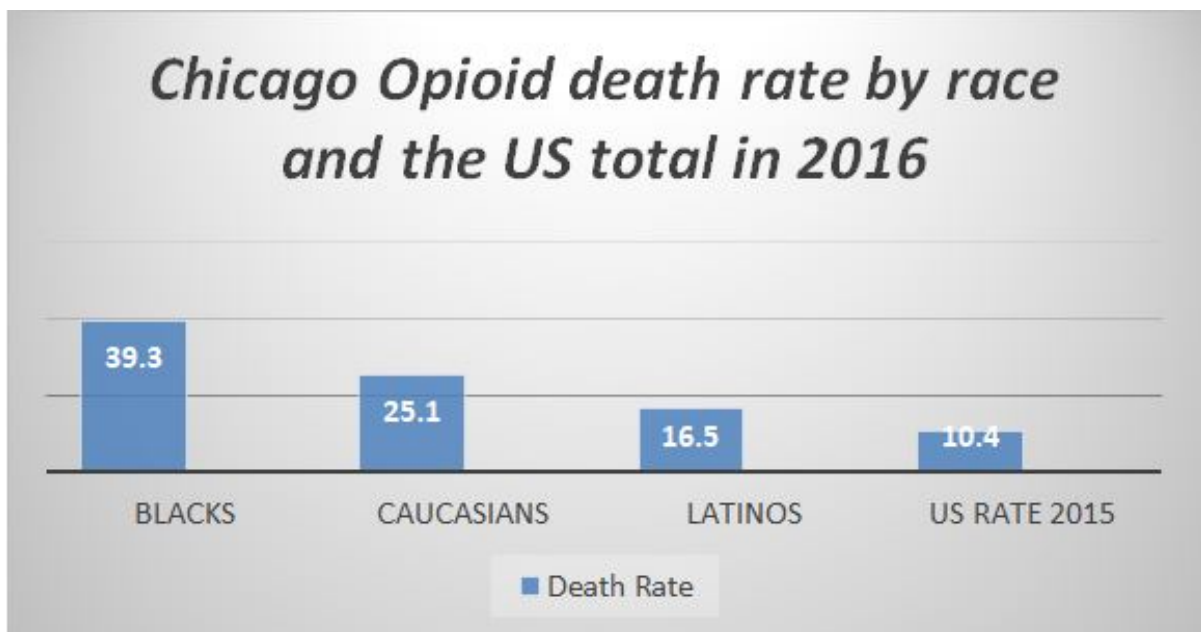


Figure 1. Chicago opioid death rate by race and the US total in 2016 (Data source: Cook County Medical Examiner).