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OPIOID EPIDEMIC: The Disparate Impact on Black and White Communities

MARKIDA ROPER
markidam@siu.edu

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OPIOID EPIDEMIC: THE DISPARATE IMPACT ON BLACK AND WHITE COMMUNITIES

by

Markida Roper

BSW, Southern Illinois University Edwardsville, 1998

MSW, Southern Illinois University, 2005

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the

Master of Science

Department of Rehabilitation
in the Graduate School
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RESEARCH PAPER APPROVAL

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A Research Paper Submitted in Partial

Fulfillment of the Requirements

for the Degree of

Master of Science

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Approved by:

Dr. Thomas D. Upton, Chair

Graduate School
Southern Illinois University Carbondale
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TITLE: OPIOID EPIDEMIC: THE DISPARATE IMPACT ON BLACK AND WHITE COMMUNITIES

MAJOR PROFESSOR: Dr. Thomas Upton

The Opioid Epidemic is a trending topic in the United States. Due to the skyrocketing numbers of deaths and overdoses of all races, society has stepped up and identified that there is a problem and something must be done. There is much research being conducted to determine what can be done to resolve what has been defined as a public health concern. Current research tends to be focused on how the drug is entering our country and the role that fentanyl plays in causing death and addiction. However, a somewhat overlooked issue is how individuals in the black community are treated differently and what results occur in relationship to these differences. As a disproportionately high number of Blacks die as a result of opioid addiction despite the lower addiction rates, it is important to consider what factors contribute to the higher number of Black deaths. In this study, I will consider how the disparate treatment of Blacks with opioid addiction by the medical community and the criminal justice system contribute to the disproportionately high ratio of deaths in the black community.

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DEDICATION

I would like to acknowledge my parents, Joe and Arlinda Morgan, for their support; Marcellus Roper, my husband, for his unwavering love and motivation to keep me going; and my children, Makari and Malyia, for being my biggest fans and believing in me even when consumed with lots of work and homework. Also, the BIG FINALE my brother and sister Marlon and Kandice. This one is for ALL of you!!

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CHAPTER 1

INTRODUCTION

Opioids have been around dating back to BC. In the civil war, opioids were used to treat injured soldiers. Early in its use in the Civil War, doctors recognized a propensity for soldiers to form an addiction to opioids; at this early onset, opioid-based prescriptions became a rarer commodity as a result. Opioids are particularly successful in reducing pain. However, there are concerns about doctors overprescribing opioids, and patients abusing them. The types of abuse can consist of increased usage, a patient taking more than they are prescribed, or patients selling their pills to others.

There are various drugs that fall under the category of Opioids; some that are frequently abused are listed and defined below:

- Heroin- "is an opioid drug made from morphine, a natural substance taken from the seed pod of the various opium poppy plants. Heroin can be a white or brown powder, or a black sticky substance known as black tar heroin. Other common names for heroin include *big H*, *horse*, *hell dust*, and *smack*" (NIDA 2019).
- Fentanyl- "is a powerful synthetic opioid that is similar to morphine but is 50 to 100 times more potent. It is a prescription drug that is also made and used illegally" (NIDA 2019).
- Oxycodone- a prescription drug that is used to treat chronic pain. "These drugs act by attaching to opioid receptors in the brain and spinal cord, and blocking the transmission of pain messages to the brain" (NIDA 2019).
- Vicodin- "a fixed-dose combination analgesic containing acetaminophen, or *N*-acetyl-*p*-aminophenol, (APAP) and hydrocodone, is the most frequently recommended opioid

pain reliever prescribed by US oral surgeons after the extraction of third molars" (Moore et al. 2016).

- Oxycontin – “A prescription used to manage severe pain. It has been used for cancer patients. There have been studies to indicate that this is the best medicine to prescribe for cancer patients and has reduced depression” (Di & Xu 2018).

Significance of Study

The recent opioid epidemic can be viewed differently in the black and white communities. Historically, various factors demonstrate a difference in how the black community is affected in comparison to the white community. One of the factors is the preconceived notion that if an individual is black, they can withstand more pain. So, they are less likely to obtain a prescription or recommendation for pain. Another misconception is that if a black was to receive a prescription for pain, they are more likely to sell the medication. These kinds of negative stereotypes play a part in blacks being criminalized following an arrest for their use/abuse of a substance versus being allowed the option of substance abuse treatment. If treatment for Blacks is to occur as a result of an arrest, it is highly likely that it will occur while incarcerated and not part of a recovery program outside of the justice system. Treatment while incarcerated can serve as a means to get out of prison more expeditiously. So, then the question arises, is an incarcerated individual seeking substance abuse treatment for help or to reduce his or her sentence? "It is no secret that African Americans have historically been incarcerated at far greater rates than whites for drug dealing and trafficking. Although African Americans and White Americans use illicit drugs at similar rates, the former are ten times more likely to be incarcerated for drug crimes; African Americans constitute roughly 12% of drug users, but 38% of those arrested for drug offenses" (Om, 2018). One could question the amount of

concern that is being placed on the current trend of opioids versus the initial trend in 1979 to the mid-90's where blacks were the prominent face during that era.

The rapid increase in overdoses and deaths are what has led society to reach the conclusion that the use of Opioids is becoming an epidemic. In its most common use, pain reduction is what Opioids are prescribed for. There are short term and long-term effects of Opioids. Some of the short-term effects consist of an uncontrollable itch, vomiting, and xerostomia (dry mouth). There are also long-term effects, such as insomnia, sweating, painful withdrawals, and death. Tolerance is usually built amongst individuals that use regularly, and an increase occurs in the amount of usage. After continued use, once an individual attempt to quit their drug use, they can experience withdrawals. This was often described in the treatment world years ago as "dope sick". Two common types of drugs used to curve the overdose effects are methadone and Naloxone. Methadone is in pill form, and Naloxone is similar to a nasal spray. Naloxone can be administered in two ways, injection or intranasal. Once administered, it reverses the effects of an opioid overdose. It works by rapidly binding to opioid receptors and blocking the effects of opioid drugs.

According to the US Department of Health and Human Services, it was not until 2017 that the US Government declared a public health emergency to address the opioid crisis. In 2015, 52,404 Americans died from drug overdoses, and preliminary numbers indicate at least 64,000 died in 2016 (HHS 2017). Combatting the opioid problem became a priority as a result of the recent statistics of numerous Americans losing their lives to this particular drug. Below there is a five-point strategy created by HHS to combat addiction.

1. Access: Better Prevention, Treatment, and Recovery Services

HHS issued over \$800 million in grants in 2017 to support treatment, prevention, and recovery

while making it easier for states to receive waivers to cover treatment through their Medicaid programs. (Issued five such SUD waivers since PHE declaration.)

2. Data: Better Data on the Epidemic

HHS is improving our understanding of the crisis by supporting the gathering of timely, specific public health data and reporting, including through accelerating CDC's reporting of drug overdose data.

3. Pain: Better Pain Management

HHS wants to ensure everything we do — payments, prescribing guidelines, and more — promotes healthy, evidence-based methods of pain management.

4. Overdoses: Better Targeting of Overdose-Reversing Drugs

HHS works to better target the availability of lifesaving overdose-reversing drugs. The President's 2019 Budget includes \$74 million in new investments to support this goal.

5. Research: Better Research on Pain and Addiction

HHS supports cutting edge research on pain and addiction, including through a new NIH public-private partnership (HHS 2017).

CHAPTER 2

LITERATURE REVIEW

In the article, Higher doses of Naloxone are needed in the synthetic opioid era the authors discussed a study completed on animals to determine the need and effects of the Naloxone (Moss & Carlo, 2019). It was initially concluded that based on the quantity and quality of Opioids that a person was ingesting, the amount of Naloxone provided was not being reversed. The amount of Naloxone administered was too low. It was found that more Naloxone was needed to effectively reverse the drug fentanyl because it is so powerful. This is sometimes a result of the additives of other drugs, which can consist of heroin, methamphetamines, cocaine, or MDMA.

As the US experienced the rise of Opioid use, it was noted that from 2015 to 2016 that overdose and mortality rates in Baltimore increased by 249% from 120 to 419 (Park et al. 2018). This study focused on the non-fatal overdose of the Baltimore Syringe Services Program (SSP). This group consists of clients who primarily inject heroin. A non-experimental survey was used. The target population and sampling frame eligibility criteria included being a registered SSP client and being at least 18 years of age. The treatments and methods of collecting data consisted of a brief screening that took place with eligible clients taking a 30-minute interviewer-administered computer-assisted personal interview survey. About half (54%) of participants were ages 45 and over, the majority (65%) were male, 52% were non-Hispanic black, 41% were non-Hispanic white, and 62% had graduated from high school/GED (Park et al. 2018).

In this study, significant factors were identified as playing a part in the mortality rate of individuals who injected various drugs. The availability of Naloxone and drug treatment played a role in significantly increasing the numbers of non-fatal overdoses. In the homeless population,

where less educational literature and help existed, the number of fatal overdoses was significantly higher. Many of the overdoses that occurred were related to the drug fentanyl. The high potency of this drug, unfortunately, is what kills and attracts users. As the users continue to look for the ultimate high in most cases are very close to death if not death.

As a result of the rising numbers of drug overdoses in the US, some communities are taking a look at their own problems. Identifying Unreported Opioid Deaths Through Toxicology Data and Vital Records Linkage: Case Study in Marion County, Indiana, 2011-2016 an area that in "over a 6-year period, 57.7% of accidental overdose deaths were unspecified and 34.2% involved opioids. Toxicology data showed that 86.8% of unspecified cases tested positive for an opioid" (Lowder et al. 2018). The focus is the inaccuracy of coroner's reports, leading readers to conclude that many overdoses are reported but there is not always a specified drug associated with the overdose.

This study of specific overdose cases and toxicology reports from the Marion County Coroner's Office (MCCO) in Marion County, Indiana proceeded to determine how many deaths were related to opioids. The toxicology reports were examined and broken down to look at the various drugs that could be found within Opioids. This allowed the examiners to see if there were derivatives of Opioids and, if so, what particular type. It was determined that the number of Opioid cases doubled over four years.

I would have to agree with some of the discussion in this article about educating the necessary individuals involved with reporting deaths. It mainly goes back to the coroner and what is determined from toxicology reports. In the unspecified drug cases, there should be more done about such cases. I look at the other side of being a loved one who suddenly loses a family member, and I would want to know the exact cause of death. This is also misconstruing

the data if someone is trying to report on the amount of specified opioid cases. There is a known problem with Opioids in the US, but it is indeterminable if the issue existed before now and simply went unreported. It very well could have been; this is not the first we have heard of significant numbers of Heroin overdoses. Also, think of the many deaths where an autopsy was never completed. For some populations, such as our homeless populations and poor communities, the numbers of autopsies are few.

Medical Management of Opioids

Opioid use and manufacturing are currently managed more carefully. Due to opioids being a pain reliever, the drug is given to relieve chronic pain and long-term illnesses. There are situations in which the prescribed medication is abused by the patient who does not take the medication regularly as prescribed. There are also circumstances where prescribed medications are sold to opioid users. "Physicians' prescriptions became the major source of opioid abuse over the past two decades, as prescription opioid sales rose 300%, with more than 50% designated for chronic noncancer pain. This shift in practice norms created a risk for diversion, use disorder, and overdose deaths. This change was fueled by the acceptance of low-quality evidence that opioids are an effective, relatively benign remedy for managing chronic pain" (Madras, 2017, p.441).

Treatment for Opioid addiction can consist of various levels of care, depending on the severity of the addiction. A person's eligibility for treatment services can be determined during the intake process. At intake, an individual is given an assessment and interviewed to learn what level of care is deemed appropriate. This process can take anywhere from two to three hours. Families can be involved in this portion of the intake process. There is a time during the intake when the family may be asked to step out in hopes that the patient will provide an honest

drug history. Based on my past experiences as a substance abuse counselor, when family members are involved in recovery, patients have better support and the best chance for lasting recovery. After the intake, it is then determined what level of care the client meets at the time of service.

In accordance to American Society of Addiction Medicine (ASAM) criteria the first level of care is outpatient; this allows a substance user to come into a treatment setting for sessions to gain insight about addiction with other addicts. The sessions can vary based on how many days and hours are recommended. The next level of care is Level Two, Intensive Outpatient. At this level, the days and hours of treatment sessions may increase with some partial hospitalization. Level three is residential inpatient care, which allows the person to be away from the environment that contributed to use. Patients are usually amongst others going through the same type of treatment. At this level, patients can have visits with staff approval. Arrangements are often made for family therapy or sessions at this time, depending on the facility. The final level of care is Intensive Residential, which consists of detox or medical management of some sort. This allows the person to withdraw from their drug of choice in a safe environment while being monitored by staff.

Each level of care is individualized based on a treatment plan designed with objectives and goals to accomplish. The personalized treatment plans integrate an individual's substance abuse and mental health problems as well as lifestyle and daily commitments. These treatment plans are followed during the stay of the client and reviewed to note progress or regress in an individual's treatment. Once the goals are met this allows an individual to move down a level in treatment. The cost of drug treatment often poses a problem for those who cannot afford services. Most insurances are accepted for those who have it. Medicaid has

been used for opioid agonist therapy (OAT) (Saloner, Stoller, and Barry 2016). There are sliding fee skills that often can determine the cost of treatment. Some insurances limit the amount of service that are covered in a year. It is up to the treatment agency to call and report treatment sessions as directed by the insurance company.

The observation that Canada and the United States have the highest per capita opioid analgesic consumption is central to the belief that these medicines are overprescribed, leading to the unrealistic expectation that curtailing dispensing will automatically reduce overdose. In practice, overprescribing is an amalgamation of prescribing behaviors encompassing starting dose, number of units in a prescription, dosing schedules, potency, and other factors (Dagupusta et al. 2018).

It was not until within the last few years that a strong presence has hovered around the need for curing this epidemic. One of the suggested antagonists used to reverse the opioid overdose is Narcan (Naloxone). Narcan is administered like a nose spray. It is simply put in the addict's nose and released. Although the use of Narcan is the start to assist with this problem, it definitely is not the definitive answer. It is saving lives, but many continue to lose this battle. One of the current Opioids that appear to be affecting individuals is fentanyl. Fentanyl is a synthetic opioid and is prescribed for severe pain. The medication can ultimately be deadly depending on the amount and form of administering. This drug can be prepared in various ways to attract a user. It is the various additives that dealers add to their supply to make the demand high. People continue to abuse this drug that can ultimately lead to death. As a result of this increased drug abuse and deaths, the US began to focus on ways to combat this opioid epidemic.

Physical, Psychological, Social Challenges of Opioids

In this particular section, I decided to focus on a close friend, who experienced 22 years of addiction, 24 years of county jail/prison, and 32 years of sobriety. He currently has a MSW, CADC, and owns his business, which is the success of his journey. It was not a journey that he thought would end so successfully. At a young age, drugs became a first love for a young man growing up in Chicago. His drug of choice ultimately became heroin using daily intravenously. This drug took over the daily lifestyle and ultimately his life. He no longer had a joy for anything in life but heroin. He would do what he could to obtain it, and eventually, this addiction led to incarceration. It was not until this prison sentence that he began to realize the life he had chosen to live as a result of drugs. It was in prison that he obtained some accomplishments -- a certificate of culinary arts, a certificate in building maintenance, an EMT certificate, a GED, and an Associate's Degree. By receiving such accolades, he began to make himself and loved ones proud again.

The accolades only continued after completing twenty-four years incarcerated. He went on to receive a Bachelor's degree and a Master's Degree in social work. He landed jobs in treatment settings encouraging youth especially not to go down the path he chose and that it was not too late to turn their lives around. He became a (CADC) certified alcohol and drug counselor. In the meantime, he did work on the side by selling items to the community. Initially, he began by selling CDs and t-shirts. He went on to complete a program through the incubator to gain insight on owning his own business. The opportunity landed him the chance to open his own store which remains open to this day and his supply of items has manifested to much more. He still is often reminded that he is in recovery, and as the 12-step saying goes "1 day at a time". He has been invited back into treatment settings to share his story and knowledge of recovery. Telling his story to others struggling with addiction is something that keeps him going and

focused on daily recovery efforts.

CHAPTER 3

CONCLUSION

Are we headed towards change with this Opioid epidemic? Yes, but there is much more that can be researched. It is a step towards change when a problem has been acknowledged. As we know, history repeats itself. Although there should be better and effective ways to combat this epidemic before it gets any worse, it is hard to say if society has a better grip on diminishing this problem because the numbers were so large to begin with. It is safe to say that some of the treatment methods are being implemented and are working. There are programs like MAT Medication-Assisted Treatment that are proving to be effective with incarcerated individuals. According to (Bone et al. 2018) the absence of MAT in prisons and jails results in poor outcomes for individuals and poses a public health threat to communities.

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VITA

Graduate School
Southern Illinois University

Markida Roper

Kida1913@hotmail.com

Southern Illinois University Edwardsville
Bachelor of Science, Social Work, December 1998

Southern Illinois University Carbondale
Master of Science, Social Work, May 2005

Research Paper Title:

OPIOID EPIDEMIC: The Disparate Impact on Black and White Communities

Major Professor: Thomas D. Upton