Opioid Knows No Color or Economic Status: Crossing Over to Drug Addictions

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Opioid crisis continues to gain ground in the United States with little regards to color or economic status. More than 800 people die weekly from opioid-related overdose totally well over 42,000 deaths in 2016, and the number is rising. Surprisingly, the opioid overdose deaths involved an estimated 40% prescription opioid abuse. As reported by the National Drug Institute (2017), opioid addiction is often described as an “equal opportunity” problem that can afflict people from all races and walks of life. Unlike the crack crises of the past, the present opioid epidemic has extremely impacted White Americans not only the rural and poor, but also suburban and middle class or affluent. Further, current opioid overdoses deaths have increased for Whites, Blacks, and Hispanics, they have increased to a far greater degree for White Americans. Efforts to battle the increasing opioid epidemic have moved from incarceration to using legislation to limit the prescriptions being distributed. State and federal laws are being enacted to placing limitations on opioid prescriptions.

Keywords: Opioids, Drug Addiction, Opioid Drug Abuse, War on Drugs, Opioid epidemic

Introduction

The opioid crisis received much attention in the United States because more people than ever are dying from opioid overdose. In 2016, more than 42,000 people were killed by opioids (Centers for Disease Control and Prevention, 2017). President Trump declared the opioid crisis a public health emergency in October 2017. Opioid overdoses increased by 30% from July 2016 through September 2017 in 45 states. According to Addiction Center (2018), the United States is contending with one of its worst drug crises from opioid related overdoses. In fact, there are more than 800 death weekly linked to opioid. The National Academy of Medicine (2018) reports that since 1999 the number of opioid-related deaths from both prescription opioids and illegal drugs including heroin and fentanyl increased fourfold. Today, driven in part large by the opioid epidemic, drug overdose is the leading cause of accidental death in the United States (Overdose Lifeline, 2019). Opioid drug abuse affects people of all ages, race, gender and economic status.
Opioid Drug Abuse Affect People All Ages

Data has been collected on adolescents, young adults and older adults with findings that show illicit drug use at some point among all groups (Johnston, Miech, O’Malley, et al., 2019). In 2016, the Center for Disease and Prevention reported 3.6% of children ages 12 to 17 abuse opioids and other prescription drugs; the percentage doubled with young adults ages 18 to 25 who abused the same type drugs (Substance Abuse and Mental Health Services Administration, 2017). About 25% of eighth graders and 50% of all high school seniors in the United States have used an illicit drug at some point in their lives (Johnston, Miech, O’Malley, et al., 2019). According to Taylor (2015), middle and high schoolers between the ages of 12 to 17 tend to abuse federally controlled drugs, marijuana and drugs prescribed for hypertension. Whereas, young adults tend to abuse prescription opioid drugs, ADHD stimulants, and anti-anxiety drugs (Center for Disease Control and Prevention, 2018). In 2014, more than 1,700 young adults died from prescription drug (mainly opioid) overdoses which was more than four times the number of deaths in 1999. In 2015, 4,235 youth ages 15-24 died from a drug-related overdose with more than 50% of the death were attributable to opioids based on an analysis conducted by the Kaiser Family Foundation (Centers for Disease Control and Prevention, 2018). Opioids drug abuse is among the fastest growing drug problems in the United States with no regards to age.

Over the past 10 years, opioid and marijuana abuse have greatly affected middle age and older Americans. Studies with the National Institute on Drug Abuse (NIDA) found that 15% of middle age adults 50 to 64 and 23% of seniors 65 and older reported that they had used the drug with a doctor’s recommendation, thus highlighting the importance of screening older adults for consequences of drug abuse (Perlman, 2019). Researchers revealed an increase in marijuana use among middle-aged and older Americans, and prescription opioid abuse and heroin use among older Americans. For the first-time treatment of primary opioid use disorder, the numbers have doubled since 2007 for adults 55 and older. According to the Johns Hopkins School of Medicine report, the number has increased for 55 and older about 8% percent annually from 2004 to 2012, then rose 25% each year from 2013 to 2015 (Huhn, Tompkins, & Dunn, 2017). Substance abuse is one of the fastest growing health problems in the United States and just as it affects people of all ages, it is just as rapid among people of all ethnicities.

Opioid Rises Based on Race

Drug abuse affects people of all races and colors. While the drug choice changes as the type most abused, use and abuse continue to be pervasive from one race to another with the death toll rising due to the deteriorating effects of substances. Most drug epidemics in the United States have disproportionately affected nonwhite communities (Friedman, Kim, Schneberk, et al., 2018). Notably, the current opioid epidemic is heavily concentrated among low-income White communities, and the roots of this racial/ethnic phenomenon have not been adequately explained. Overall, the number of deaths attributed to opioid overdose was 37,113 White, 5,513 Black, and 3,932 for Hispanics (Centers for Disease Control and Prevention, 2017).

Based on information from Center for Behavioral Health Statistics and Quality (2014), Black American substance abuse patterns during the 2002-2012 decade were consistently higher than those of Whites. However, specific to opioid abuse, data from the National Survey on Drug Use and Health (2017) reported most opioid users were predominantly White males and young adults. In 2017, more than 77% of the nearly two million
non-elderly users of opioids were White, 10% were Black, 7% were Hispanic, and 6% were classified as Other. The fight to eradicated opioid abuse has concerned Americans where reports of rising death rates of White Americans have struck like a flash of lightning. For nearly 20 years, more than 350,000 Americans with the majority White Americans in the Rust Belt of northern states have died of opioid related drugs (Siemaszko, 2018). James and Jordan (2018) maintained that although the most dramatic increase in opioid-related deaths occurred in White Americans, the opioid epidemic has also greatly affected communities of color.

Griffith, La France, Bacchus, and Ortega (2018) stated that drug overdose, which began as a problem for Whites, has entered urban settings affecting more Blacks than any other ethnic group. Based on information from the American Addiction Center (2018), drug overdose by race increased among Blacks in the urban settings by 41% in 2016. Kennedy (2018) states that the national opioid overdose death rate has been increasing more rapidly among Black populations than among White ones thus emphasizing that the crisis is not limited to the white populations. Based on information from the Center for Disease Control and Prevention (2018), there was a 25% increase in Black Americans in opioid involved deaths from 2016 to 2017. As reported by Kennedy (2018), the opioid overdose death rates in 2017 were higher for Black, non-Hispanic individuals than for White individuals in Illinois, Iowa, Michigan, Minnesota, Missouri, Washington, and West Virginia, Wisconsin, and the District of Columbia. Even more troubling is the crisis in Chicago where Blacks make up about a third of the population but account for almost half of the opioid-related deaths (Bechteker & Kane-Willis, 2017). From the perspective of James and Jordan (2018), to attribute this lack of discussion entirely to the low relative frequency of non-white deaths offers a partial explanation at best and a solely erroneous one at worst. Rather the marginalization of Black people is extremely consistent with a pattern of framing addiction affecting people of color as a pathological shortcoming to be answered by militarized policing and involvement of the criminal justice system, in lieu of treatment. Much like the elderly population, studies have link deaths from the opioid addiction epidemic in the Black community to limited access to evidence-based treatment (Griffith, Lafrance, Bacchus, et al., 2018).

During the War on Drugs, because the majority of people using drugs as reported by the media was Black Americans, the inclination was that it was their fault they were using drugs and should be held accountable for their use or punished. As alleged by Netherland and Hansen (2017), a very different system for responding to the drug use of whites has emerged. According to James and Jordan (2018), more emphasis is being placed on the disease model of substance use disorders, thus saying that individuals who misuse opioids should receive medical treatment. The response to white Americans addiction, differs greatly from the past approach to the crack/cocaine drug use when used mostly by Black Americans.

Quartlbau (2019) declares that as the rate of Blacks dying from opioid use increases, they are excluded from the narrative. He further emphasizes that if you watch the news, you would think this is exclusively a rural white problem. However, cities like Chicago and New York have seen more opioid overdoses than entire states. As reported by Kennedy (2018), centering public attention and policy about the opioid crisis on White Americans is another example of how structural and systemic racism has diffused our answers to addictions. James and Jordan (2018), emphasizes that if racial segregations are not clearly acknowledged, they run the risk of being repeated in all areas where opioids play a role. Therefore, people of color will continue to suffer in an epidemic that ignores their experiences. Kennedy (2018) further asserts that opioids deaths in white communities are devastating. However, by continuing to uplift the pain of white Americans over other races and ethnicities will only
worsen health disparities, thus jeopardizing the lives of people of color. As stated by Kennedy (2018), this country needs an anti-racist agenda that will truly ensure progress and improve health concerns for everyone.

**Opioids Drug Abuse High Among Men and Women**

Both women and men are suffering from addiction to opioids across the United States. For decades, limited studies have been conducted on women addiction research. Therefore, in the 1990s, several U.S. organizations instituted requirements for the inclusion of women as study participants (Addiction Center, 2019). While studies continue to focus more on males, more and more studies have included men and women, with men more likely than women to use almost all types of illicit drugs (Center for Behavioral Health Statistics and Quality, 2014). Federal law defines illicit to use of illegal drugs, including marijuana and misuse of prescription drugs. Specific to prescription drug abuse, 40% are tied to opioid use and abuse among women.

The experiences of women and men differ in respect to use and abuse of illicit drugs. Research has shown that women have differing affects to drugs particularly as it relates to use, response, and treatment particularly as it relates to opioids (Becker & Mazure, 2019). Data has shown that the opioid epidemic in the United States has become increasingly White and female, according to the Centers for Disease Control and Prevention (CDC: 2017), between 1990 and 2010, the death toll increased among men by 265%, while the number grew by 400% among women.

**Opioid Abuse Affects All Incomes**

The realities of the wealthy, middle income or those well into the throws of poverty, opioid use and abuse have affect people’s vulnerability to and capacity for effectively dealing with drug-related harms. As opioid abuse rises, the conditions of life are connected to outcomes, especially when it comes to the treatment among socio-economic (SES) class. Socioeconomic disparities in access, utilization and quality of mental health care services are well-noted (Steele, Dewa, & Lee, 2007). One study conducted by Humensky (2010) reported higher SES was associated with increases in adolescent use of alcohol, marijuana and cocaine, but only among Whites. Opioid addiction is often described as an “equal opportunity” problem with afflictions connected to people of all races and social status. However, the opioid crisis has particularly affected some of the poorest regions of the country, such as inner cities and Appalachia. Further, people living in poverty are especially at risk for addiction, overdosing, and increase rate of HIV. The CDC deems people in poverty or with low-income and people Medicaid to be at high risk for prescription drug overdose, including opioid.

The United States Department of Health and Human Services reported that people on Medicaid are more likely to be prescribed higher doses of opioids for longer periods, thus increasing the chances of addiction and death. Further, they are also less likely to have access to evidence-based addiction treatment. Blame for the opioid crisis now claiming nearly 100 lives daily is often attributed to highly prescribed opioid pain relievers and the invasion of cheap, high-quality heroin and fentanyl. Reversing the opioid crisis and preventing future drug crises of this scope will require addressing the economic disparities and lack of access to quality health care (including evidence-based treatment) that plague many of America’s disadvantaged individuals, families, and communities.
Conclusion

The opioid epidemic is a reality that has to continue to get the support necessary to decrease the use and abuse for Americans. Drug overdose is the leading cause of accidental death from drug overdoses in 2017. Populations of Americans who were least expected to use and abuse drugs are leading in this senseless race of opioid abuse. In particular, overdose is the leading cause of death for Americans under 50. More to the point, opioid drug abuse knows no color, age, gender or economic status. Middle class and White Americans are crossing over to drug addictions as a result of the opioid crisis. Opioid use disorders cross all economic and racial lines. It does not discriminate based on the color of your skin, education, the community where you reside, nor your economic status. As emphasized by James and Jordan (2018), much of the social and political attention surrounding the nationwide opioid crisis has been and continues to be focused on the sudden increase in overdose deaths among White Americans middle class, suburban, and rural users. While the media continues to focus on White Americans who have died from overdose, the epidemic is increasing affecting Black people for whom the overdose rates have more than doubled.

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