

White/Black: A tale of two epidemics

Historical Trauma and
Addiction in the Black
Community

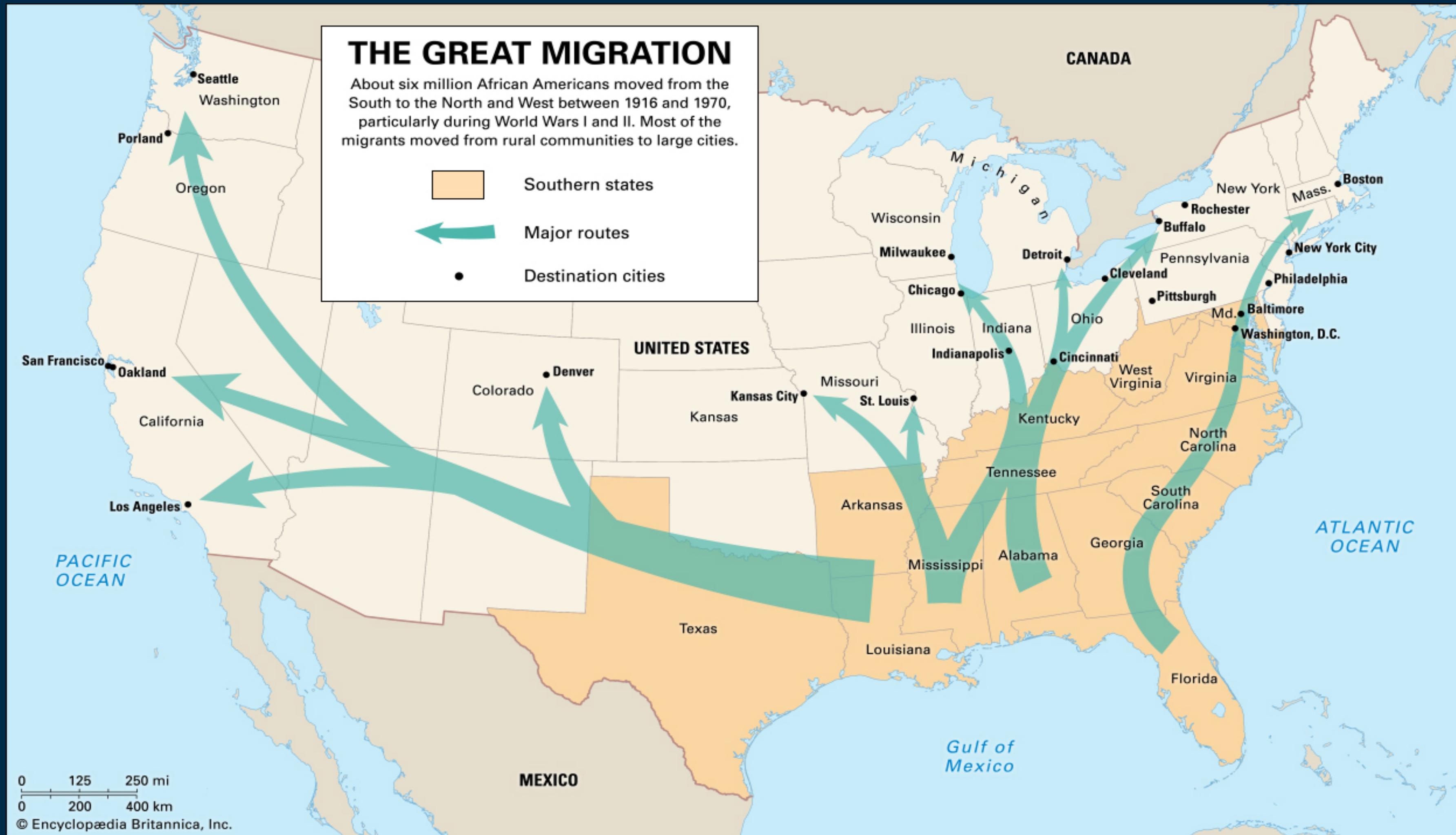
JOSEPH PHIPPS, BA &
IAN MCLOONE, LPCC, LADC
ST. PAUL, MN SEPTEMBER
11TH, 2020

Agenda

- 1 The Northern Migration
- 2 Complexity of Addiction in the Black Community
- 3 National Response to the Opioid Epidemic
- 4 Why the Black Community Missed the Initial Stages of Epidemic
- 5 Opioid Overdose Deaths in the Black Community-Nationally and MN
- 6 What's Next? Possible Harm Reduction Solution



Part One: The Northern Migration





www.smithsonianmag.com



www.Britannica.com

Real Estate and Land Discrimination

HOW SYSTEMIC AND INSTITUTIONAL RACISM
PERMEATES THROUGH FINANCIAL SECTORS

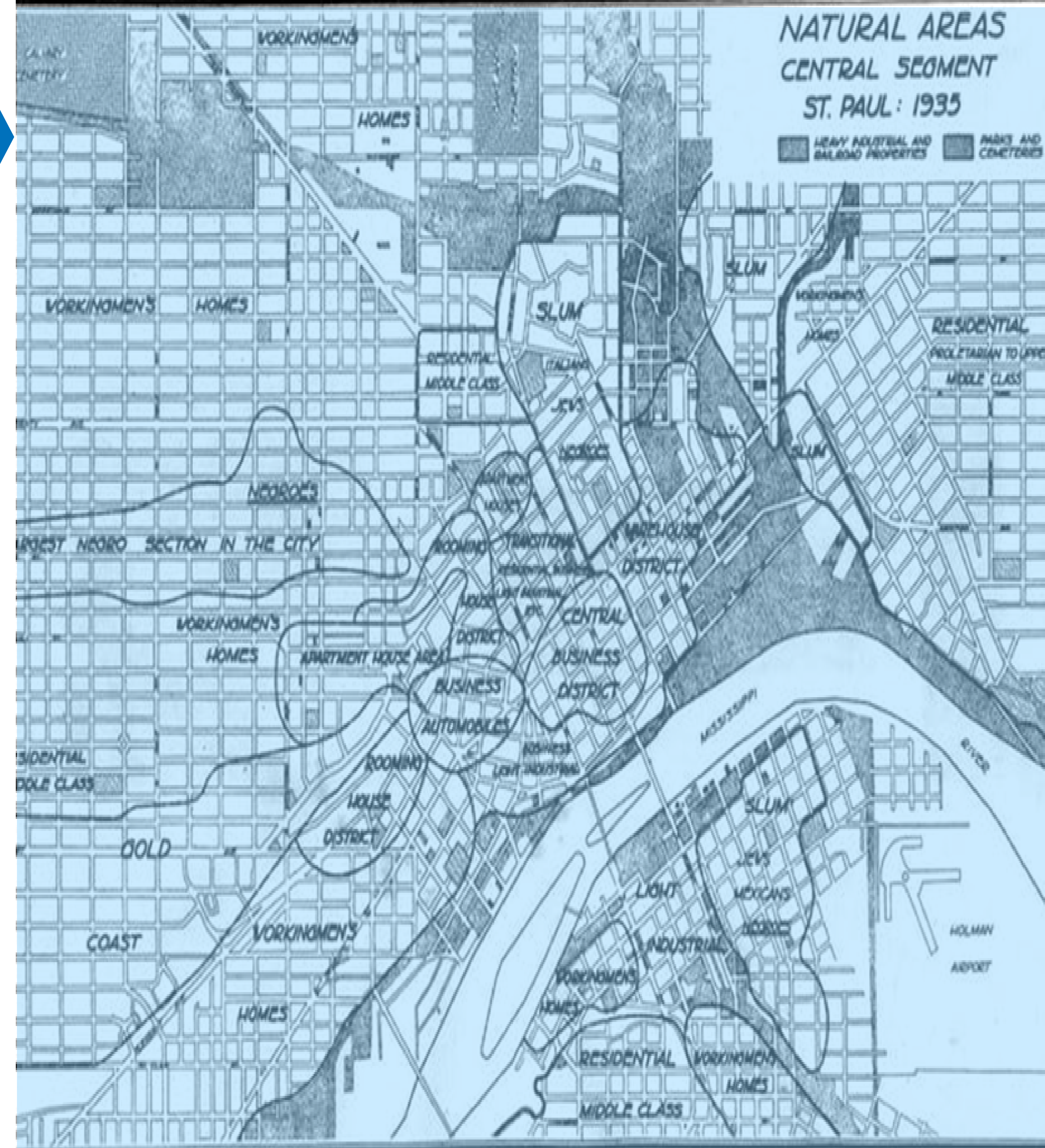
Exclusionary Zoning

Racial Covenants

Redlining

White Flight and Blockbusting

America's unwillingness to offer
admission of guilt, or compensation
through reparations



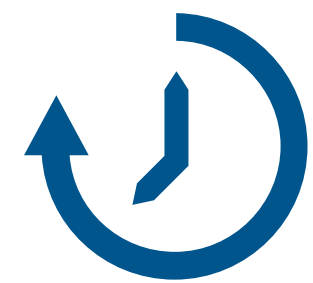




Part Two: Complexity of Addiction in the Black Community

Past Laws and Policies

IMPACT STILL SEEN IN TODAY'S SOCIETY



ANTI-DRUG
ABUSE ACTS OF
1986/1988



FRAMED AS CRIMINAL
JUSTICE ISSUE



THE WAR ON DRUGS



MEDIA PORTRAYAL OF CRACK
EPIDEMIC IN BLACK
COMMUNITY (I.E. CRACK BABIES,
SUPREMPREDATORS (HILLARY
CLINTON SPEECH))

Crack cocaine

1 1/4 teaspoons of sugar



Powder cocaine

2 1/2 cups of sugar



In 2010, the federal ratio was reduced to 18 to 1.

Crack cocaine

1 1/4 teaspoons of sugar



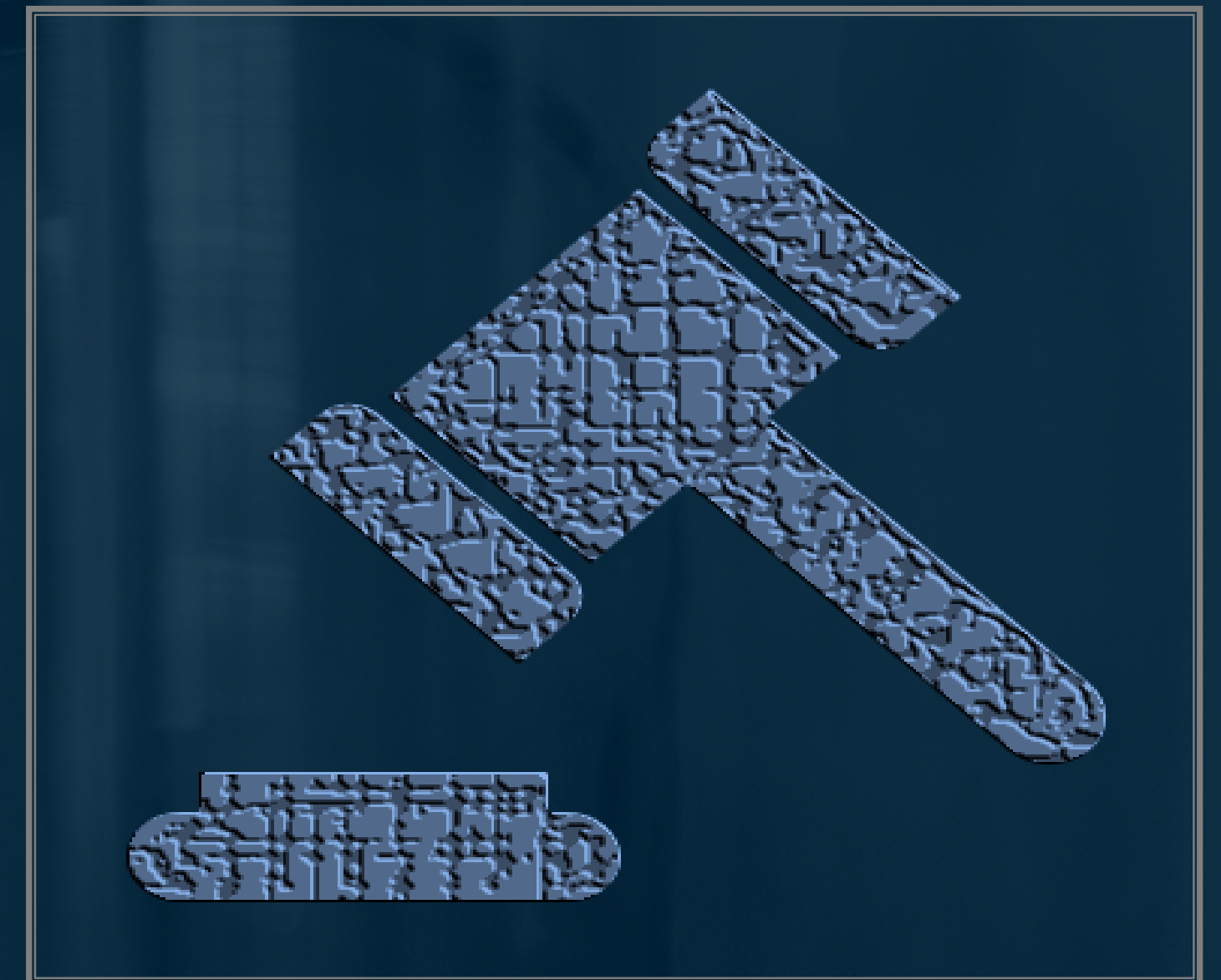
Powder cocaine

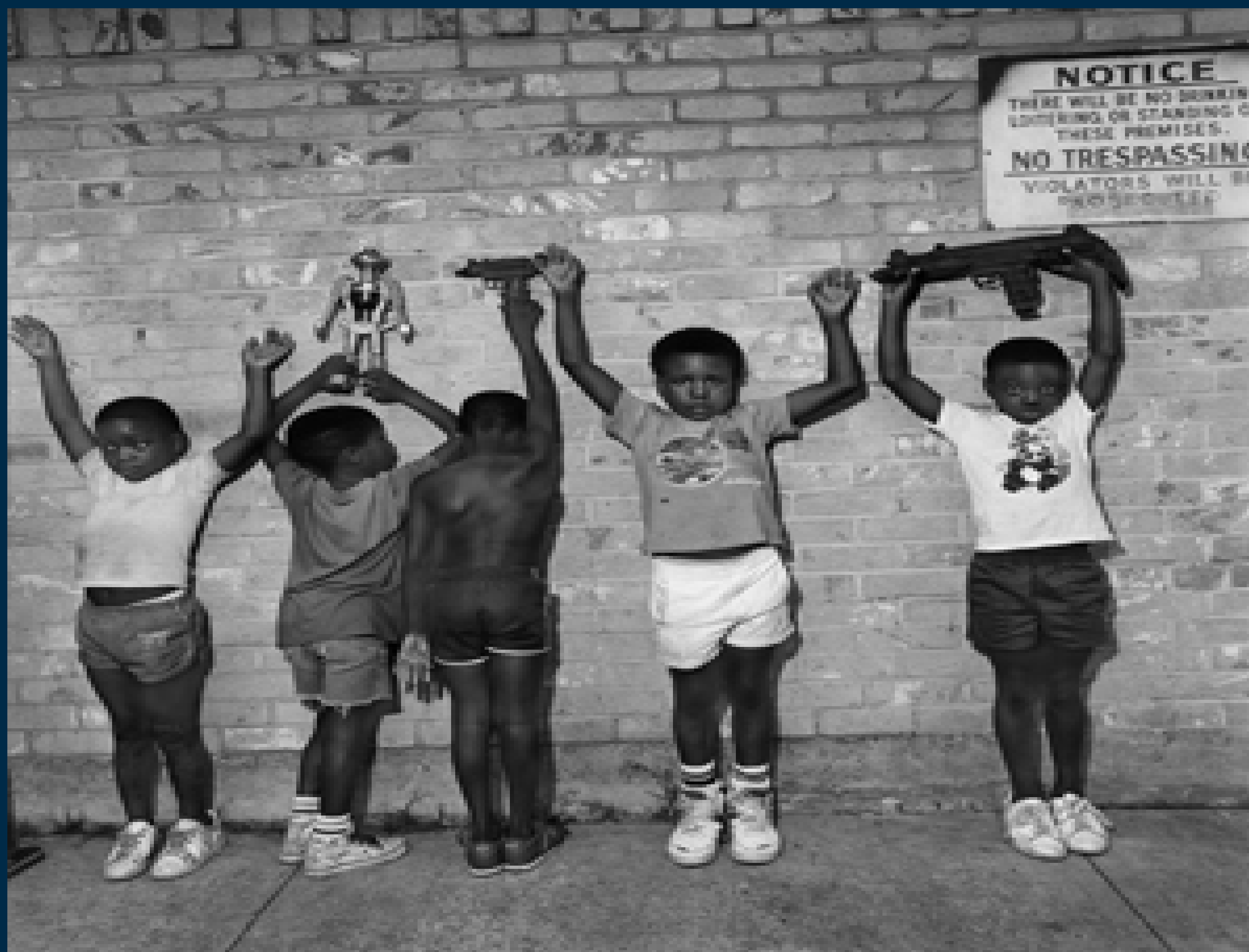
1/2 cup of sugar



The War on Drugs Campaign

- Over three decades ago, crack cocaine hit American streets
- Communities of color were impacted the hardest
- The “Campaign” devastated these community

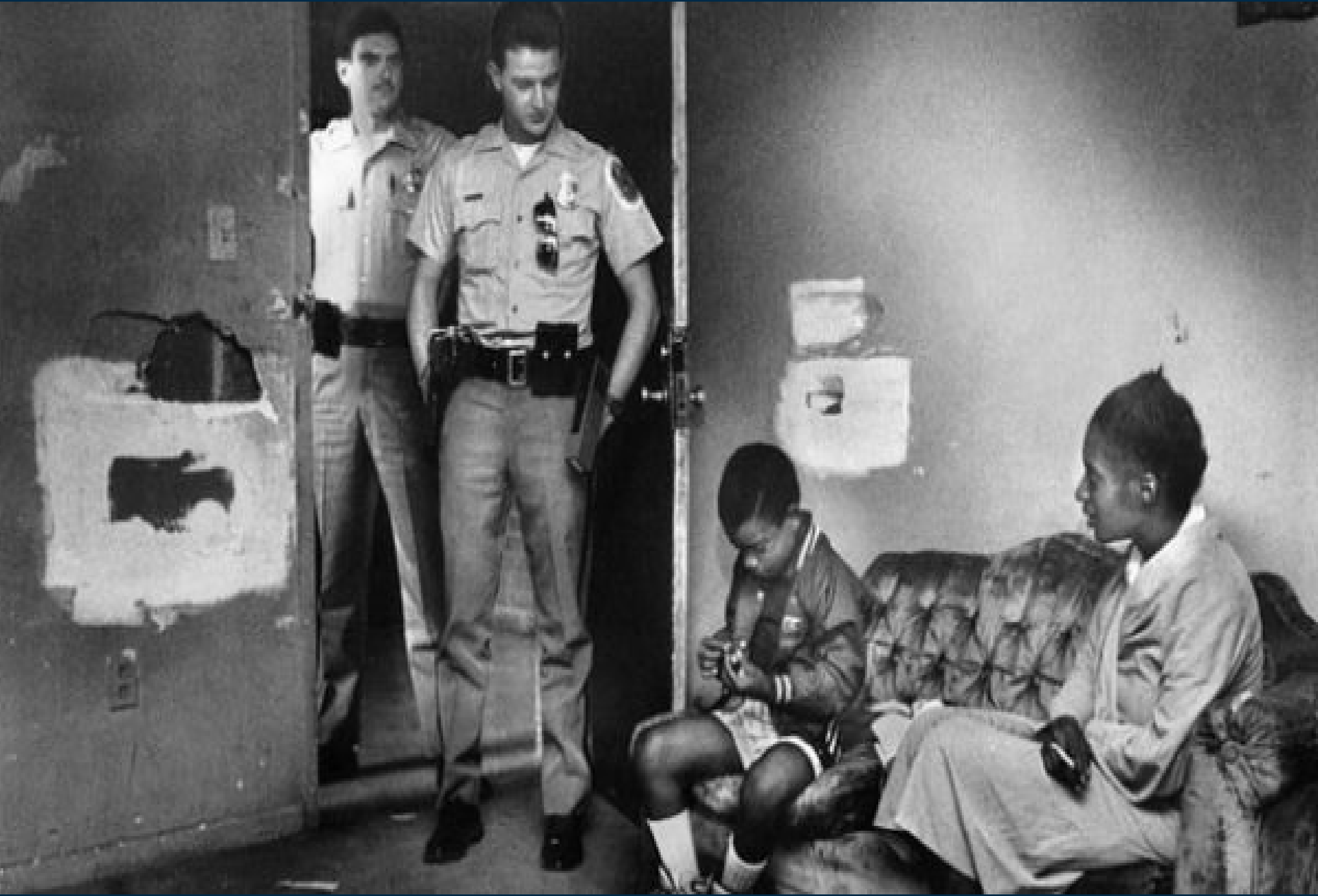




Mary Ellen Mark



(Eugene Richards)



(Photo by Dudley M. Brooks/The Washington Post via Getty Images)



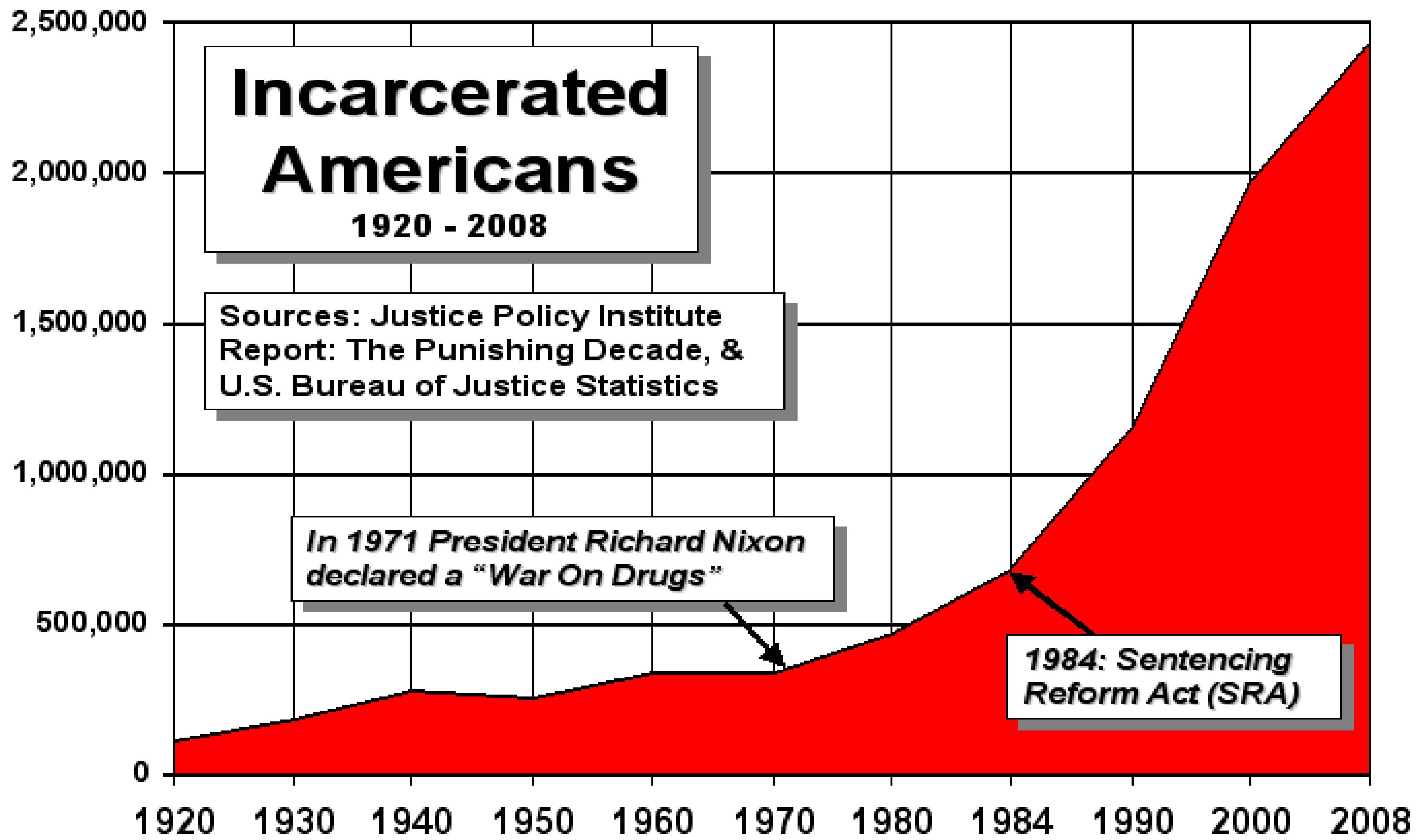
(www.williamkarlvalentine.com)



Mary Ellen Mark



(Eugene Richards, March 1988)

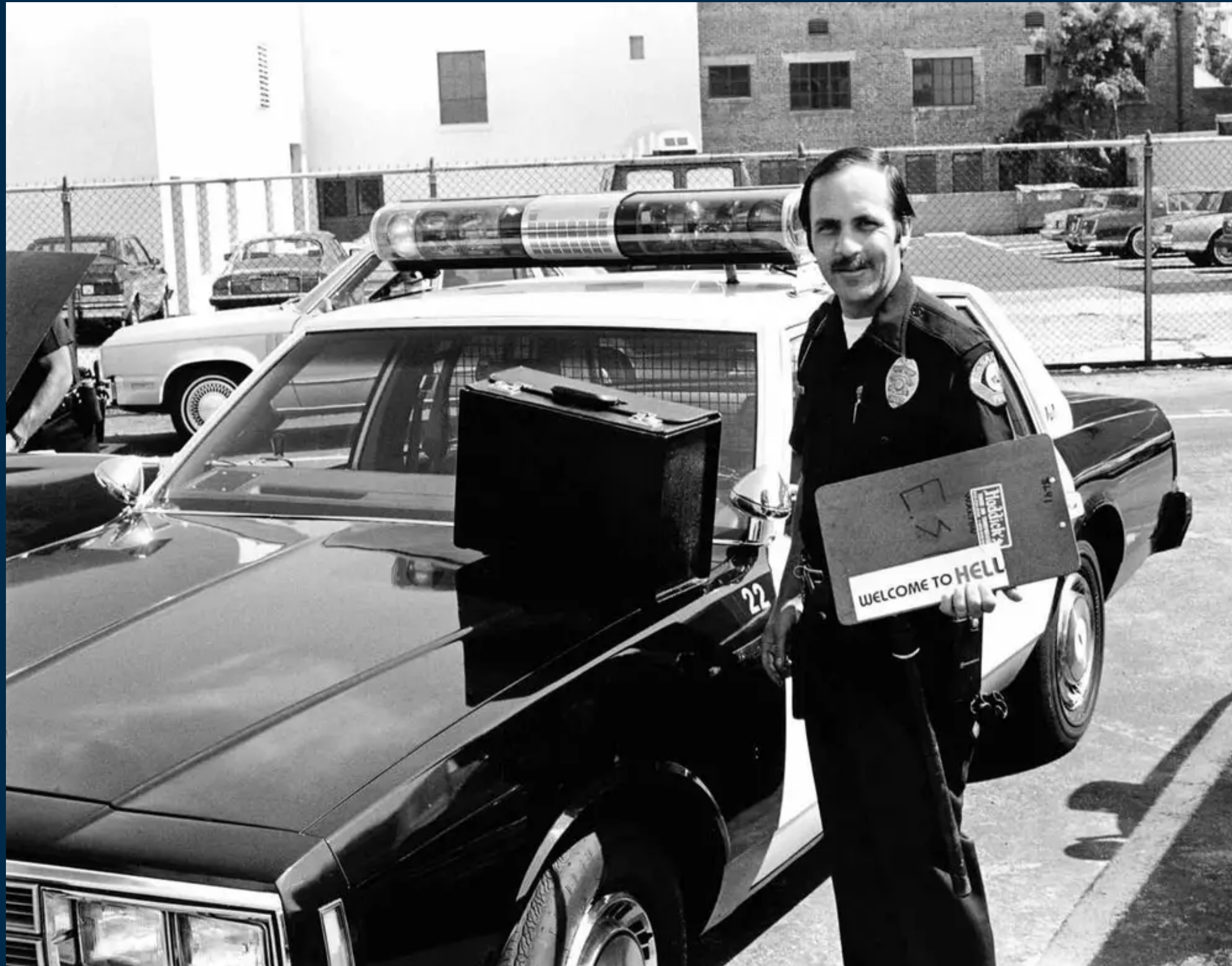




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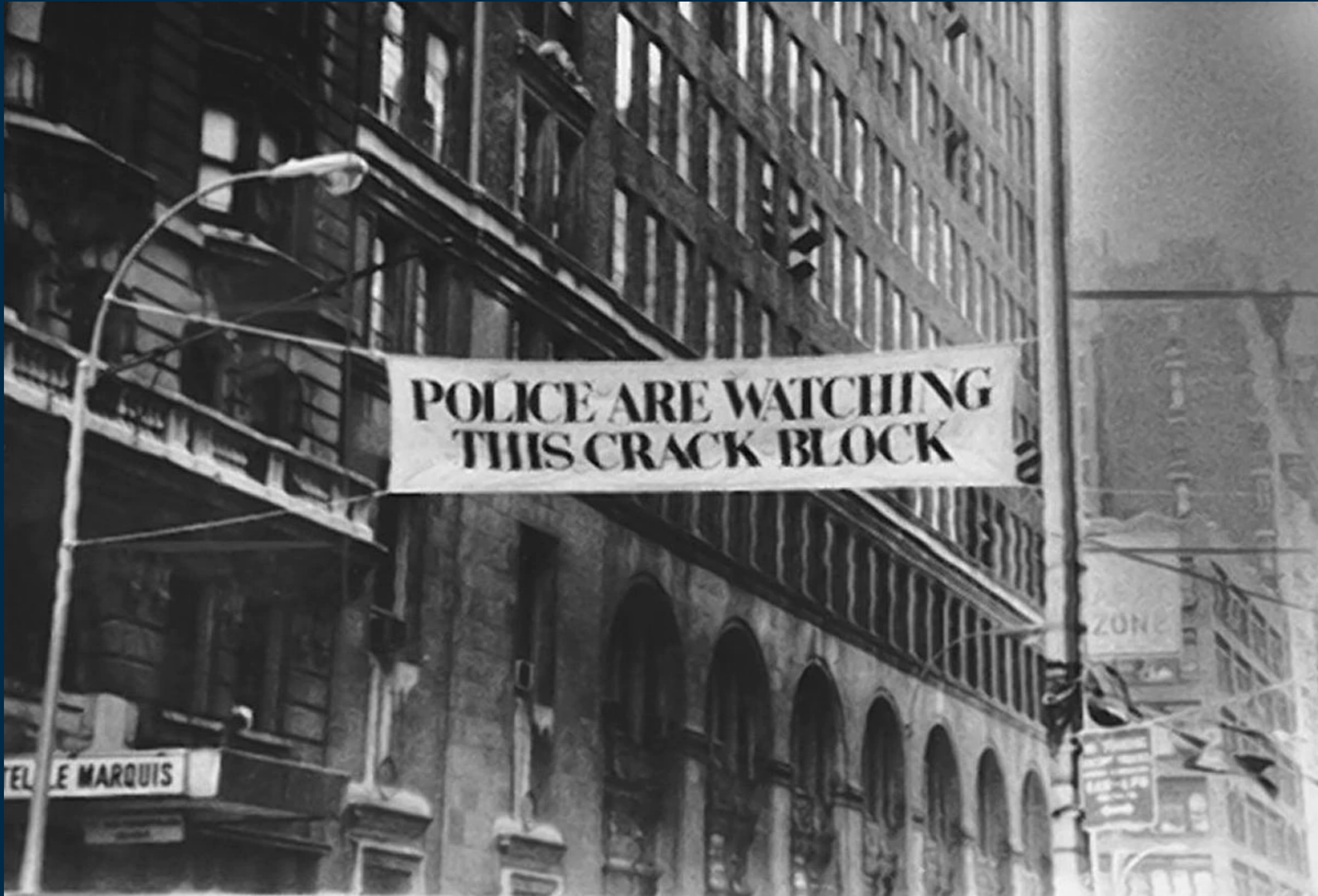
(www.williamkarlvalentine.com)



(William Karl Valentine)



(Eugene Richards, March 1990)



(Harry Hamburg/New York Daily News)



(Eugene Richards, March 1990)



(AP Photo)

The Washington Post

Crack Babies: The Worst Threat Is Mom Herself

By Douglas J. Besharov

LAST WEEK in this city, Greater Southeast Community Hospital released a 7-week-old baby to her homeless, drug-addicted mother even though the child was at severe risk of pulmonary arrest. The hospital's explanation: "Because [the mother] demanded that the baby be released."

The hospital provided the mother with an apnea monitor to warn her if the baby stopped breathing while asleep, and trained her in CPR. But on the very first night, the mother went out drinking and left the child at a friend's house—without the monitor. Within seven hours, the baby was dead. Like Dooney Waters, the 6-year-old living in his mother's drug den, whose shocking story was reported in The Washington Post last week, this child was all but abandoned by the authorities.

Children of the Opioid Epidemic

In the midst of a national opioid crisis, mothers addicted to drugs struggle to get off them — for their babies' sake, and their own.

By JENNIFER EGAN MAY 9, 2018



Addiction in the Black Community

HOW RACIAL AND DISCRIMINATORY LAWS AND PRACTICES CREATED A COMPLEX SET OF ISSUES IN THE BLACK COMMUNITY

- Prevalence and correlation between poverty, violence and drug abuse due to past and current systemic policies
- Lack of knowledge and education about opioids, and not understanding that addiction is a disease
- Shame and denial of addiction
- Fear and mistrust stemming from historical trauma
- Education systems and the lack of equal or adequate resources

Addiction in the Black Community

HOW RACIAL AND DISCRIMINATORY LAWS AND PRACTICES CREATED A COMPLEX SET OF ISSUES IN THE BLACK COMMUNITY

- Black women fearful to ask for help for fear of losing children to foster care system
- Addiction treatment not culturally accepted
- Black church believes abstinence is only route to recovery
- Blacks with OUDs in lowest income bracket
- Uninsured or underinsured
- Historically perceived to be more threatening and violent
- Over policed communities
- Lack of culturally responsive treatment models and programs



Part Three: National Response to the Opioid Epidemic

Nothing New



VS



VS



What is Happening?

”

Heroin use has changed from an inner-city, minority-centered problem to one that has a more widespread geographical distribution, involving primarily white men and women in their late 20s living outside of large urban areas.

Research

Original Investigation

The Changing Face of Heroin Use in the United States A Retrospective Analysis of the Past 50 Years

Theodore J. Cicero, PhD; Matthew S. Ellis, MPE; Hilary L. Surratt, PhD; Steven P. Kurtz, PhD

IMPORTANCE Over the past several years, there have been a number of mainstream media reports that the abuse of heroin has migrated from low-income urban areas with large minority populations to more affluent suburban and rural areas with primarily white populations.

OBJECTIVE To examine the veracity of these anecdotal reports and define the relationship between the abuse of prescription opioids and the abuse of heroin.

DESIGN, SETTING, AND PARTICIPANTS Using a mixed-methods approach, we analyzed (1) data from an ongoing study that uses structured, self-administered surveys to gather retrospective data on past drug use patterns among patients entering substance abuse treatment programs across the country who received a primary (*DSM-IV*) diagnosis of heroin use/dependence (*n* = 2797) and (2) data from unstructured qualitative interviews with a subset of patients (*n* = 54) who completed the structured interview.

MAIN OUTCOMES AND MEASURES In addition to data on population demographics and current residential location, we used cross-tabulations to assess prevalence rates as a function of the decade of the initiation of abuse for (1) first opioid used (prescription opioid or heroin), (2) sex, (3) race/ethnicity, and (4) age at first use. Respondents indicated in an open-ended format why they chose heroin as their primary drug and the interrelationship between their use of heroin and their use of prescription opioids.

RESULTS Approximately 85% of treatment-seeking patients approached to complete the Survey of Key Informants' Patients Program did so. Respondents who began using heroin in the 1960s were predominantly young men (82.8%; mean age, 16.5 years) whose first opioid of abuse was heroin (80%). However, more recent users were older (mean age, 22.9 years) men and women living in less urban areas (75.2%) who were introduced to opioids through prescription drugs (75.0%). Whites and nonwhites were equally represented in those initiating use prior to the 1980s, but nearly 90% of respondents who began use in the last decade were white. Although the "high" produced by heroin was described as a significant factor in its selection, it was often used because it was more readily accessible and much less expensive than prescription opioids.

CONCLUSION AND RELEVANCE Our data show that the demographic composition of heroin users entering treatment has shifted over the last 50 years such that heroin use has changed from an inner-city, minority-centered problem to one that has a more widespread geographical distribution, involving primarily white men and women in their late 20s living outside of large urban areas.

Author Affiliations: Department of Psychiatry, Washington University in St Louis, St Louis, Missouri (Cicero, Ellis); Center for Applied Research on Substance Use and Health Disparities, Nova Southeastern University, Miami, Florida (Surratt, Kurtz).

Corresponding Author: Theodore J. Cicero, PhD, Department of Psychiatry, Washington University in St Louis, Campus Box 8134, 660 S Euclid Ave, St Louis, MO 63110 (cicerot@wustl.edu).

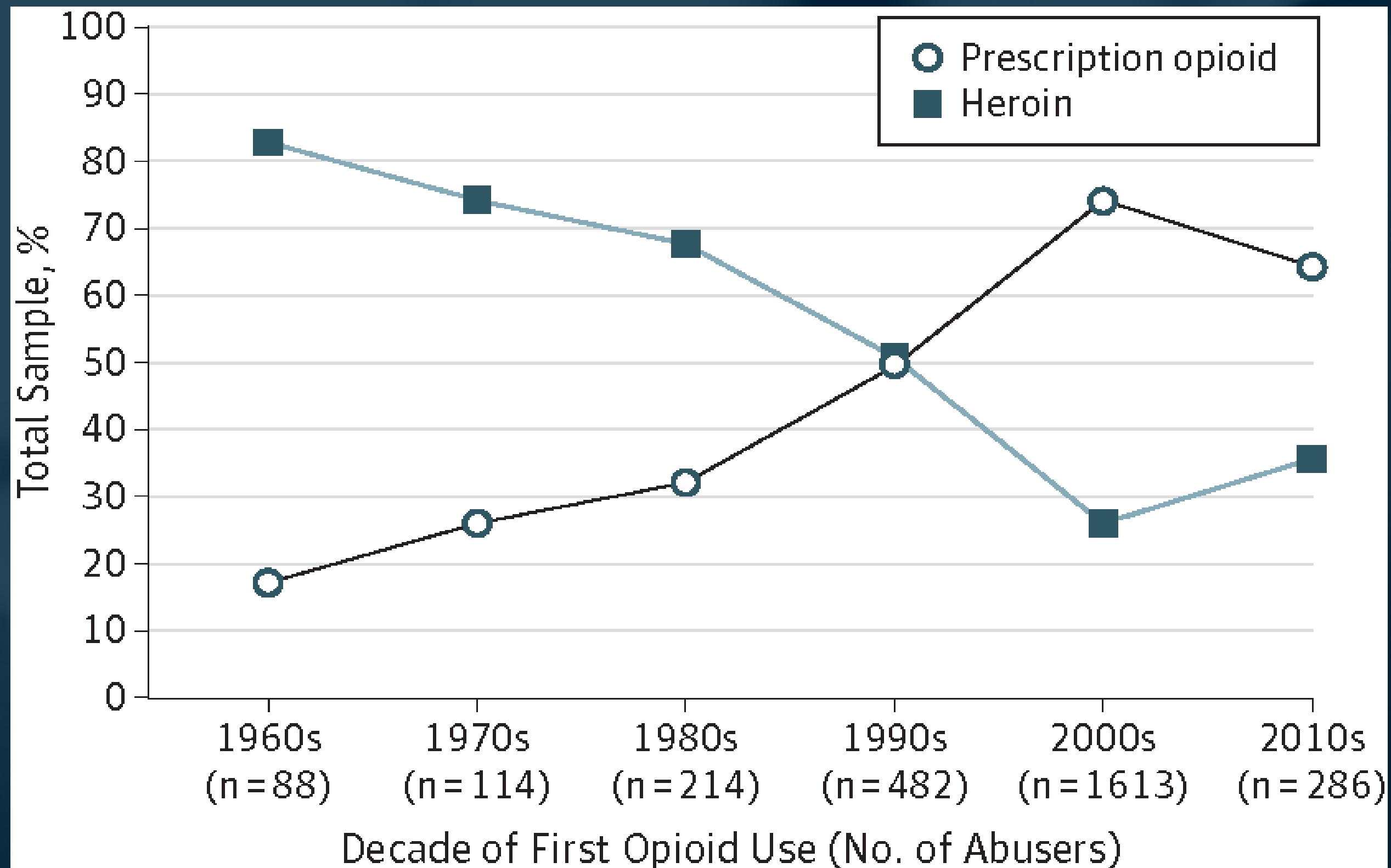
JAMA Psychiatry. doi:10.1001/jamapsychiatry.2014.366
Published online May 28, 2014.

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Downloaded From: <http://archpsyc.jamanetwork.com/> by a Washington University - St Louis User on 06/06/2014

-Cicero, et. al, 2014

Changing Use Rates...



For the first time, new initiation to misused opioids occurred via Rx pain pills, not heroin.

...Lead to Strong Public Policy Responses



- Champion-led task forces and stakeholder engagement were key to opioid policy passage.
- Leveraging personal stories to garner buy-in helped propel state opioid efforts.
- A disjointed state legislature presented challenges in passing state opioid policies.
- Physician pushback and technical complications challenged PDMP implementations.
- Lack of appropriated funding for naloxone kits was a challenge to implementation.

-Whitmore, et. al, 2019

2019 American Medical Association Recs:

*To address the Opioid Epidemic



Improving access to MOUD.



Expanding pain management options.



Enforcing parity laws.



Improving access to naloxone.



Addressing network adequacy and enhancing workforce



Evaluating policy success and barriers.

1995 American Medical Association Recs:

*To address the Crack Epidemic



The National Response

FROM THE BLACK COMMUNITY'S PERSPECTIVE

- Black patients are 77 percent less likely to be prescribed buprenorphine and more likely to receive methadone treatment.
- They are both FDA-approved to treat opioid use disorder (OUD)
- This creates issues with access



Part Four: Why Black Community Missed Initial Stages of Epidemic

Initial Stages of Epidemic

WHY BLACK COMMUNITY MISSED THE SURGE

- Lack of access to prescription pain medication
- Black people prescribed pain meds less than white counterparts
- Preconceptions, racial biases and stereotyping of Black people seeking pain relief:
 - Black people are perceived as drug seeking
 - More likely to abuse drugs



Part Five:Opioid Overdose Deaths in Black Community



Overdose Deaths in Black Community

DRUG ADDICTION IS NOW CONSIDERED A PUBLIC HEALTH ISSUE

- In October 2017, the opioid epidemic in the U.S. was declared a national public health emergency
- Attention was focused primarily on White suburban and rural communities.
- The rate of increase of Black American drug overdose deaths between 2015-2016 was 40 percent compared to the overall population increase at 21 percent.
- From 2011-2016, African Americans had the highest increase in opioid overdose death rates

Table 1. Number and age-adjusted rates^a of drug overdose deaths^b involving selected drugs by race/ethnicity—United States, 2017

Race/Ethnicity	Drug overdose deaths, ^b overall		Drug overdose deaths involving:									
			Any opioid ^c		Natural and semi-synthetic opioids ^d		Synthetic opioids other than methadone ^e		Prescription opioids ^f		Heroin ^g	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Total	70,237	21.7	47,600	14.9	14,495	4.4	28,466	9.0	17,029	5.2	15,482	4.9
non-Hispanic White	53,516	27.5	37,113	19.4	11,921	5.9	21,956	11.9	13,900	6.9	11,293	6.1
non-Hispanic Black	8,832	20.6	5,513	12.9	1,247	2.9	3,832	9.0	1,508	3.5	2,140	4.9
non-Hispanic Asian/Pacific Islander	756	3.5	348	1.6	117	0.5	189	0.8	130	0.6	119	0.5
non-Hispanic American Indian/Alaska Native	672	25.7	408	15.7	147	5.7	171	6.5	187	7.2	136	5.2
Hispanic	5,988	10.6	3,932	6.8	994	1.8	2,152	3.7	1,211	2.2	1,669	2.9

Source: National Vital Statistics System, Mortality File

^aRate per 100,000 population age-adjusted to the 2000 U.S. standard population using the vintage year population of the data year. Rates are suppressed when based on <20 deaths.

^bDeaths are classified using the International Classification of Diseases, Tenth Revision (ICD-10). Drug overdose deaths are identified using underlying cause-of-death codes X40–X44 (unintentional), X60–X64 (suicide), X85 (homicide), and Y10–Y14 (undetermined). Because deaths might involve more than one drug, some deaths are included in more than one category. On death certificates, the specificity of drugs involved with deaths varies over time. In 2016, approximately 15% of drug overdose deaths did not include information on the specific type of drug(s) involved.

^cDrug overdose deaths, as defined using ICD-10 codes, that involve opium (T40.0), heroin (T40.1), natural and semi-synthetic opioids (T40.2), methadone (T40.3), synthetic opioids other than methadone (T40.4) and other and unspecified narcotics (T40.6).

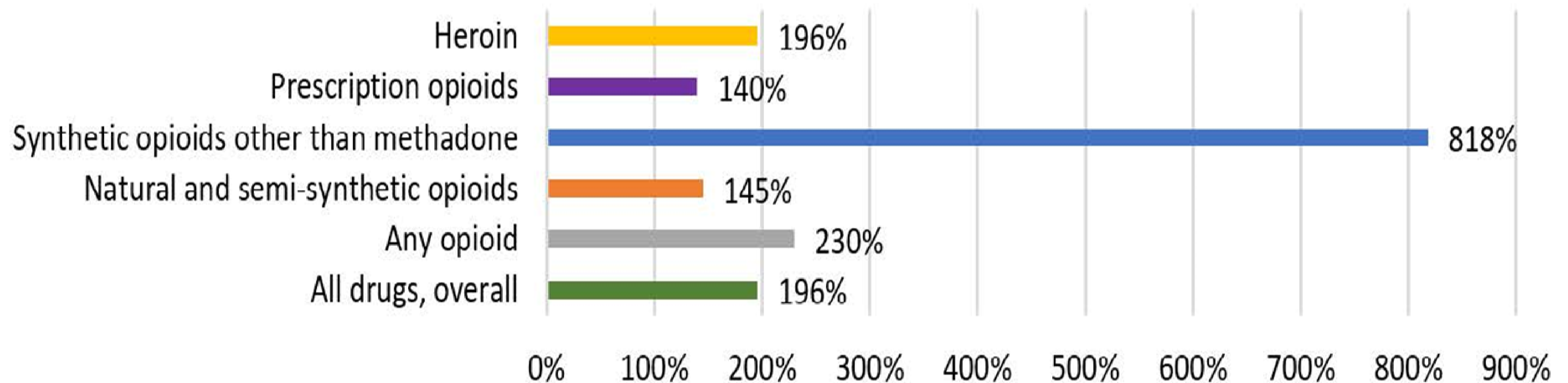
^dDrug overdose deaths, as defined, that involve natural and semi-synthetic opioids (T40.2).

^eDrug overdose deaths, as defined, that involve synthetic opioids other than methadone (T40.4).

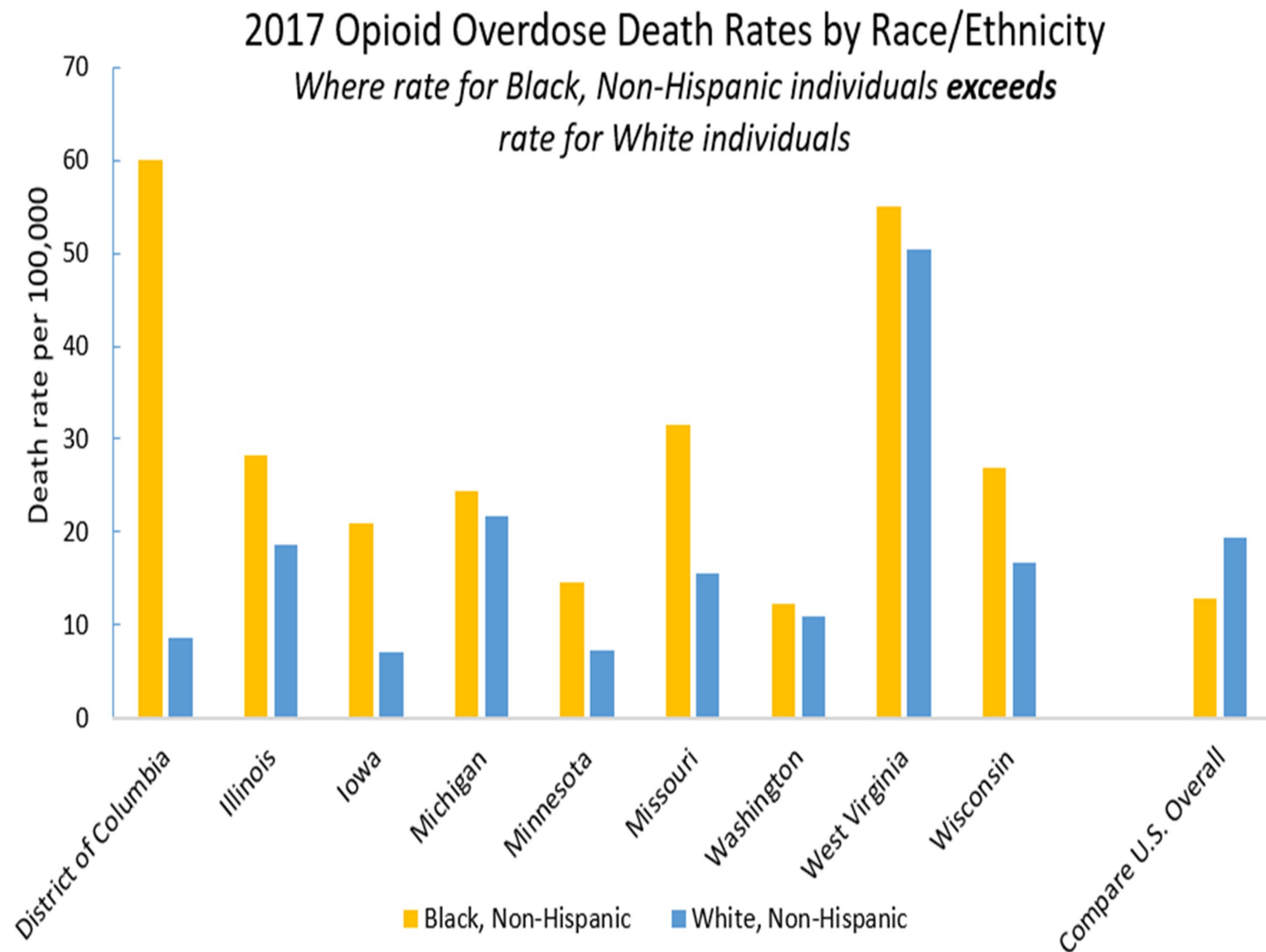
^fDrug overdose deaths, as defined, that involve natural and semi-synthetic opioids (T40.2) and methadone (T40.3).

^gDrug overdose deaths, as defined, that involve heroin (T40.1).

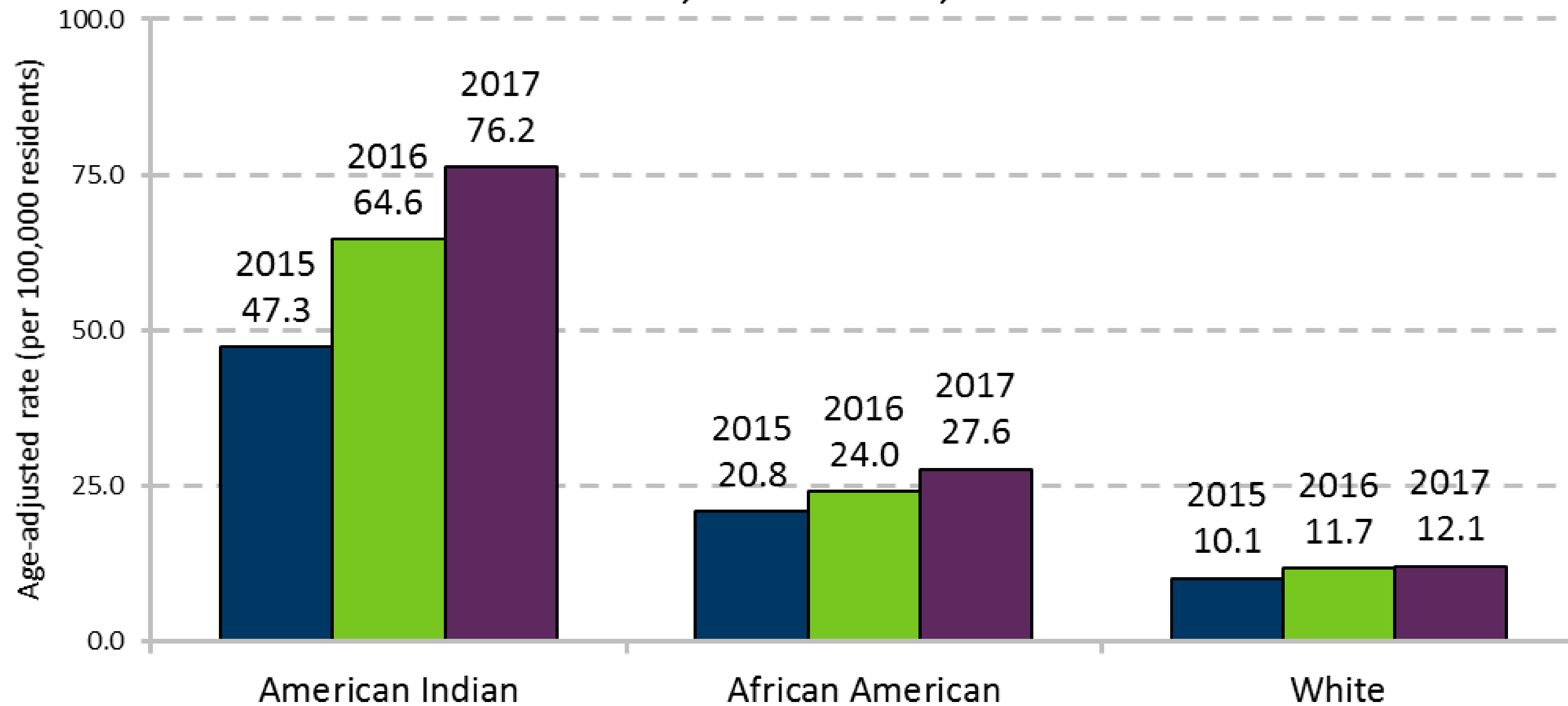
**Figure 1. Percent Increase from 2014 to 2017 in overdose death rates by drug
among the non-Hispanic Black population in the United States,
*data from CDC National Vital Statistics System***



Overdose Deaths Due to Opioids in MN



Drug Overdose Mortality Rates by Race, MN Residents, STATEWIDE, 2015-2017

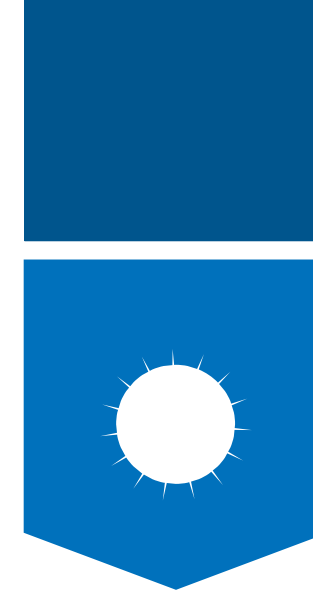




Lack of Culturally Responsive Treatments

In the Black Community

- Lack of Black American physicians, psychologists and mental health professionals
- Institutional and systemic racism
- Historical Framing (white washing) and implicit bias in medical field
- Lack of culturally relevant/sensitive evidence based theories, therapies and programs.
Why is that?



Next Steps in treatment Harm Reduction Solutions

- I. **First phase-** Implementation of culturally relevant public awareness campaign
- II. **Second phase-** Opioid education from trusted members of community.
Partnering with NAACP and National Association of Baptist Churches
- III. **Third phase-** School -based prevention programs
- IV. **Fourth phase-** Narcan training for specifically targeted population
(primary caregivers: mothers, aunts, grandmothers, and other female community members)
- V. **Fifth phase -** Investment in culturally relevant EBT research, training and dissemination



Going Forward



(Eugene Richards, March 1988)