

Beyond Magic Bullets:

White Race as Social Determinant
of the Opioid Crisis

Helena Hansen, MD, Ph.D.

*Associate Professor of Anthropology and Psychiatry
New York University*

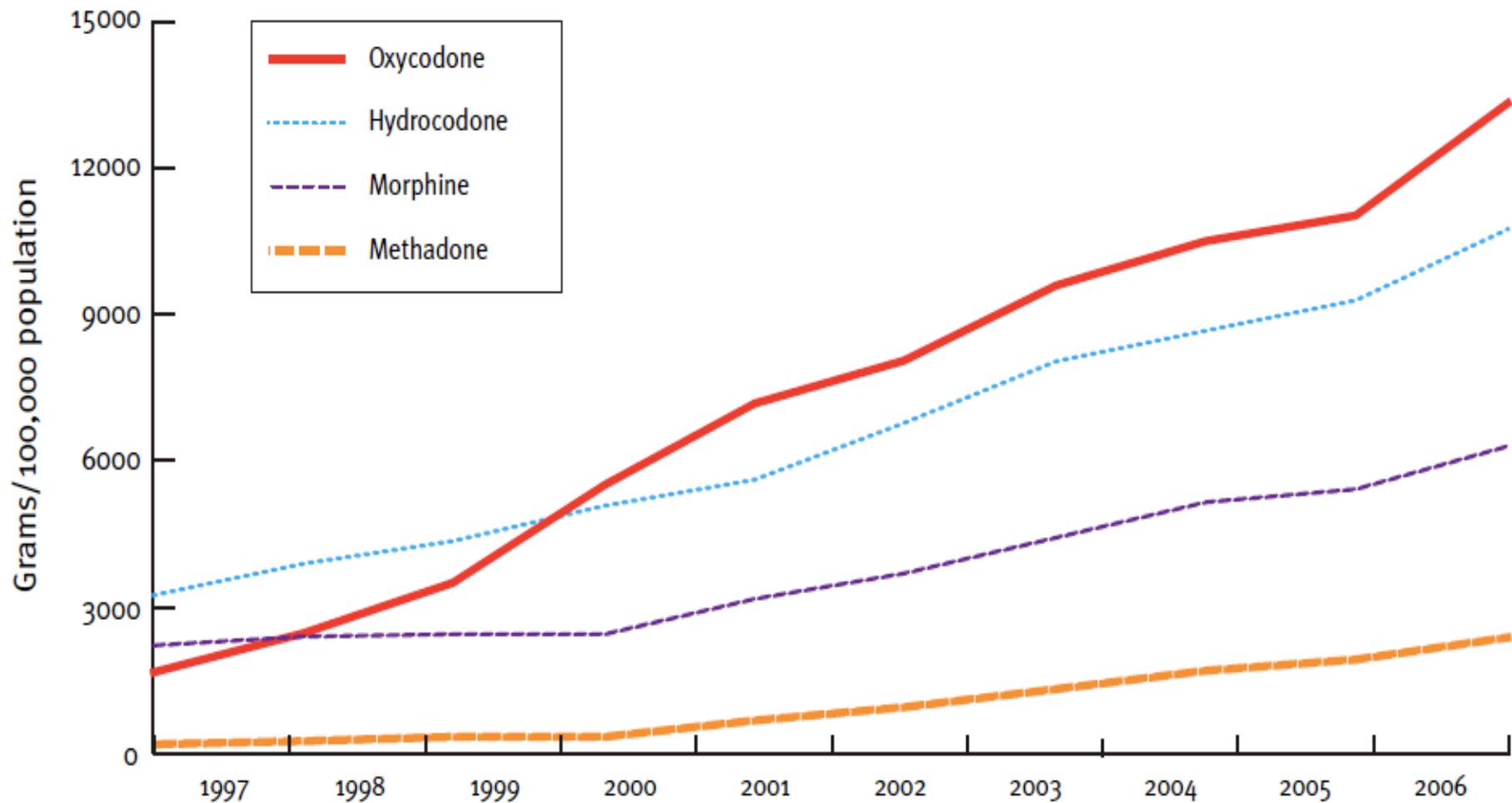


Fig. 10. The increase in therapeutic opioid use in the United States (grams/100,000 population) from 1997 to 2006.

Source: Based on data from US Drug Enforcement Administration. Automation of Reports and Consolidated Orders System (ARCOS); www.deadiversion.usdoj.gov/arcos/retail_drug_summary/index.html

Incarcerated Americans

1920 - 2007

2,000,000

1,500,000

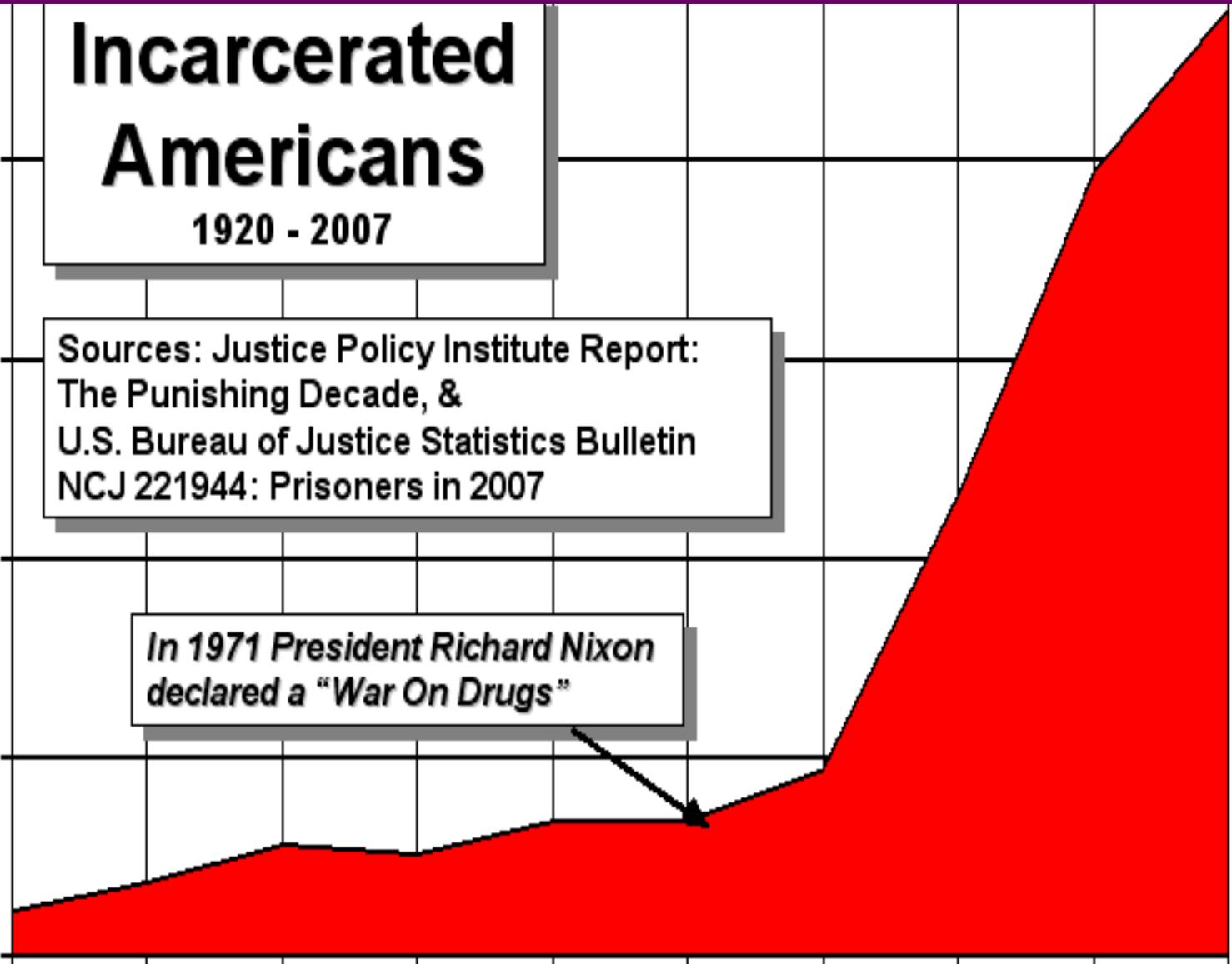
1,000,000

500,000

0

Sources: Justice Policy Institute Report:
The Punishing Decade, &
U.S. Bureau of Justice Statistics Bulletin
NCJ 221944: Prisoners in 2007

*In 1971 President Richard Nixon
declared a "War On Drugs"*



HOP LEE, THE CHINESE SLAVE DEALER;

OR

OLD AND YOUNG KING BRADY AND THE OPIUM FIENDS.

A STORY OF SAN FRANCISCO.



"I'm going to rescue that poor girl from this den if I have to choke the life out of you two!"
hissed Old King Brady.

NEGRO COCAINE "FIENDS" ARE A NEW SOUTHERN MENACE

By Edward Hopton Wilson,
N. Y.

For some years there have been rumors about the harm to drug taking in the South—rumors that drugs had been used for the addition to such drugs—rumors that cocaine was being used in a variety of ways in the South.

Murder and Insanity Increasing Among Lower Class Blacks Because They Have Taken to "Sniffing" Since Deprived of Whisky by Prohibition.

in Georgia, North Carolina, South Carolina, Mississippi, Tennessee, and West Virginia cannot lawfully be obtained for the same and keep whisky and the negro separated.
"There goes the old, and new and to be had in, power the white man for the red-head negro getting his occasional services through legal means."

THE MARIJUANA SMOKER



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now she can cope...

thanks to

Butisol^{SODIUM}
(SODIUM BUTABARBITAL)

"daytime sedative" for
everyday situational stress

When stress is situational—environmental pressure, worry over illness—the treatment often calls for an anxiety-allaying agent which has a prompt and predictable calming action and is remarkably well tolerated. **BUTISOL SODIUM** (sodium butabarbital) meets this therapeutic need.

After 30 years of clinical use... still a first choice among many physicians for dependability and economy in mild to moderate anxiety.

Contraindications: Porphyria or sensitivity to barbiturates.

Precautions: Exercise caution in moderate to severe hepatic disease. Elderly or debilitated patients may react with marked excitement or depression.



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transition without tears



Milprem promptly relieves emotional distress
with lasting control of physical symptoms

Milprem

Milprem® (meprobamate) (K-100)

Supplied in two strengths for general sedation:
MILPREM 400, each round white tablet contains 400 mg. Meprobamate (meprobamate) and 0.4 mg. non-patented estrogens (estrone);
MILPREM 300, each round white tablet contains 300 mg.
Meprobamate and 0.4 mg. non-patented estrogens (estrone).
Both strengths in bottles of 60.

In minutes, Milprem starts to ease anxiety and depression. It relieves insomnia, relaxes tense muscles; alleviates low back pain and tension headaches. As the patient continues on Milprem, the replacement of estrogens checks hot flashes and other physical symptoms.

Easy dosage schedule: One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the

Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century

Anne Case¹ and Angus Deaton¹

Woodrow Wilson School of Public and International Affairs and Department of Economics, Princeton University, Princeton, NJ 08544

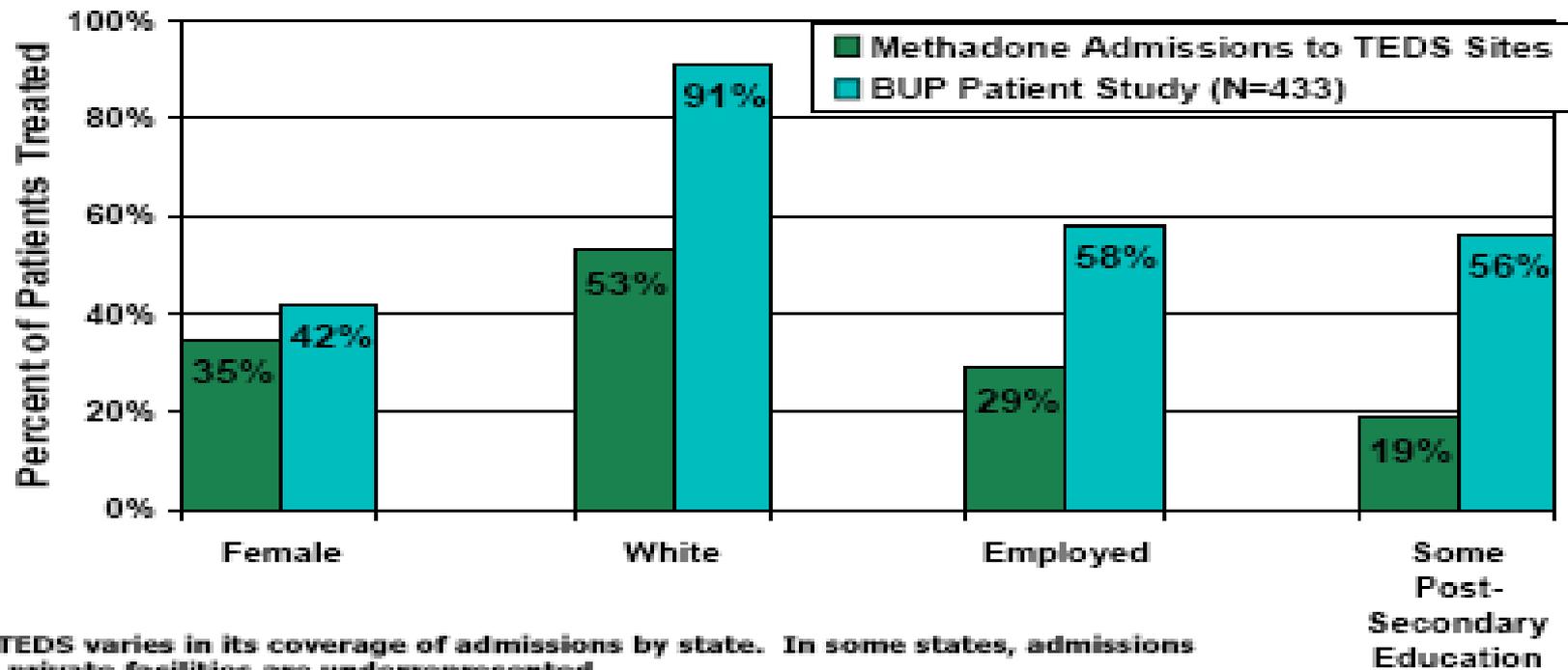
Contributed by Angus Deaton, September 17, 2015 (sent for review August 22, 2015; reviewed by David Cutler, Jon Skinner, and David Weir)

This paper documents a marked increase in the all-cause mortality of middle-aged white non-Hispanic men and women in the United States between 1999 and 2013. This change reversed decades of progress in mortality and was unique to the United States; no other rich country saw a similar turnaround. The midlife mortality reversal was confined to white non-Hispanics; black non-Hispanics and Hispanics at midlife, and those aged 65 and above in every racial and ethnic group, continued to see mortality rates fall. This increase for whites was largely accounted for by increasing death rates from drug and alcohol poisonings, suicide, and chronic liver diseases and cirrhosis. Although all education groups saw increases in mortality from suicide and poisonings, and an overall increase in external cause mortality, those with less education saw the most marked increases. Rising midlife mortality

the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE). The comparison is similar for other Organisation for Economic Co-operation and Development countries.

Fig. 1 shows a cessation and reversal of the decline in midlife mortality for US white non-Hispanics after 1998. From 1978 to 1998, the mortality rate for US whites aged 45–54 fell by 2% per year on average, which matched the average rate of decline in the six countries shown, and the average over all other industrialized countries. After 1998, other rich countries' mortality rates continued to decline by 2% a year. In contrast, US white non-Hispanic mortality rose by half a percent a year. No other rich country saw a similar turnaround. The mortality reversal was confined to white non-Hispanics; Hispanic

Methadone Patients* and BUP Patient Study Sample: Demographic Differences



* TEDS varies in its coverage of admissions by state. In some states, admissions to private facilities are underrepresented.

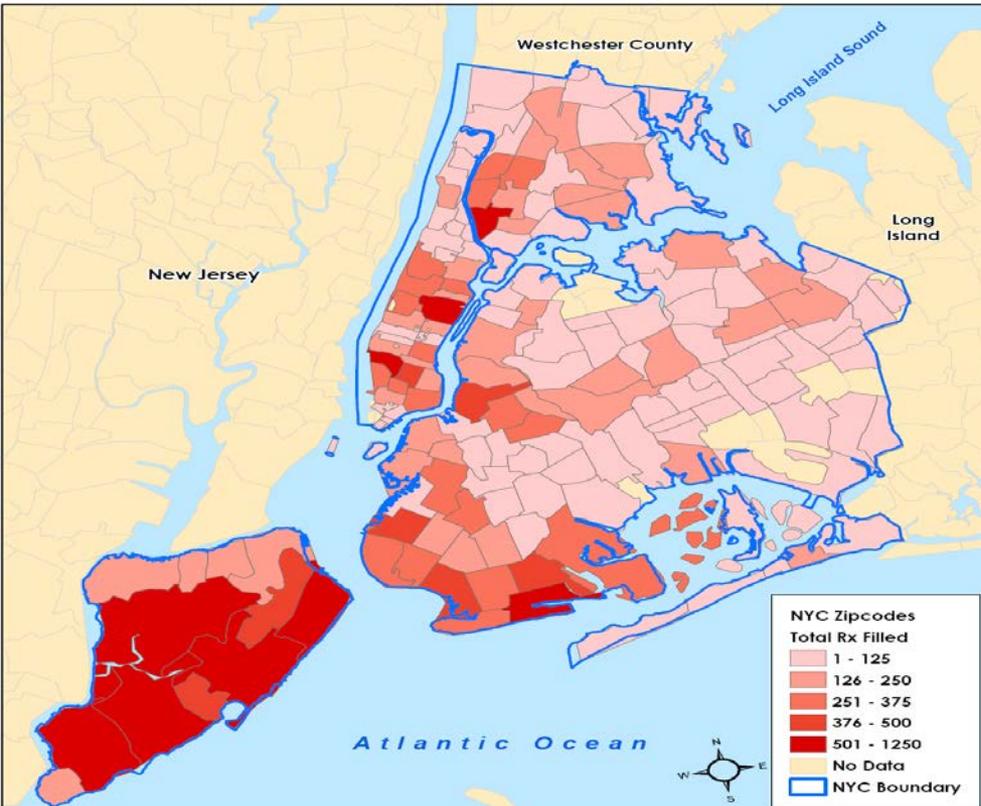
SAMHSA/CSAT's Evaluation of the Buprenorphine Waiver Program 2002-2005

**Buprenorphine Patients in U.S.:
91% White, 56% College Educated**

Buprenorphine

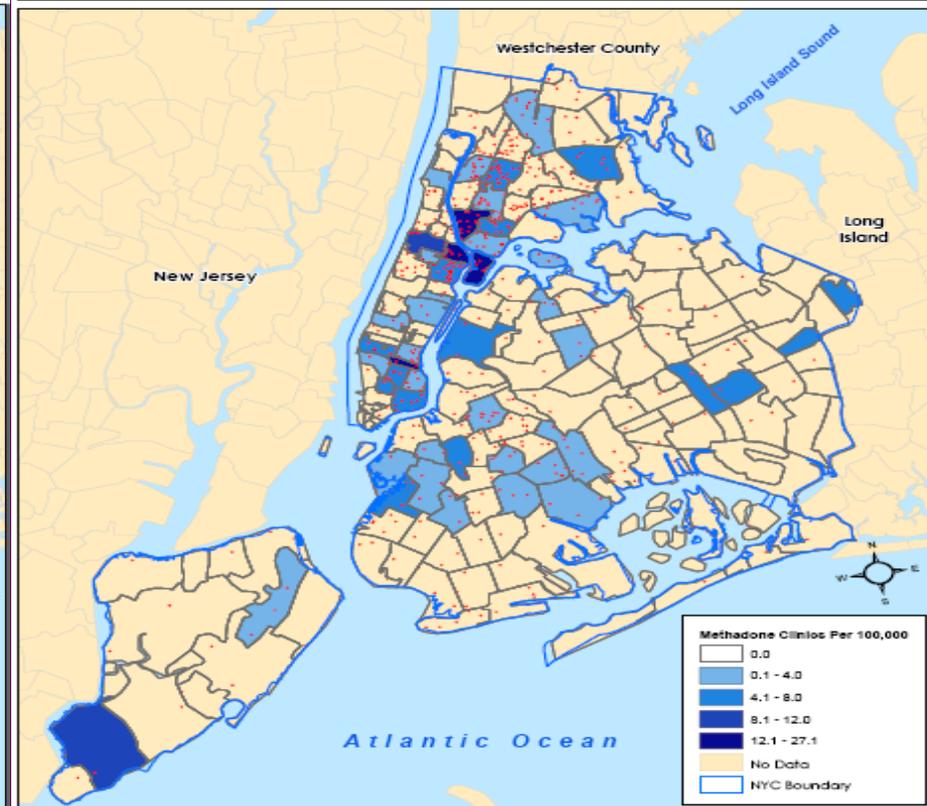
Methadone

BUPRENORPHINE PRESCRIPTIONS FILLED BY ZIP CODE AREAS IN 2007



* Map Produced By Jaime Martinez. Sources: Zip Code Data From 2000 US Census and 2006 US Census Estimates. NYC Boundary From 2006 ESRI Data.

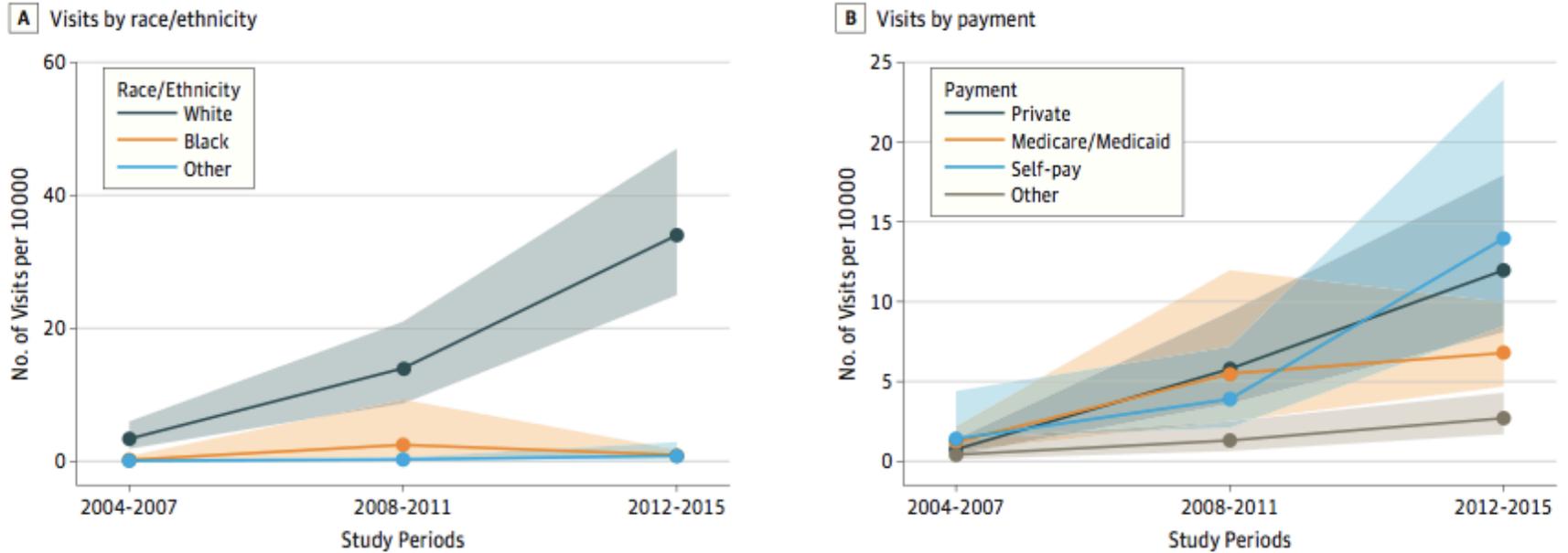
METHADONE CLINICS PER 100,000 PEOPLE IN ZIP CODE AREAS



* Map Produced By Jaime Martinez. Sources: Zip Code Data From 2000 US Census and 2006 US Census Estimates. NYC Boundary From 2006 ESRI Data. Based on Number of Methadone Clinics per 100,000 residents in a zip code.

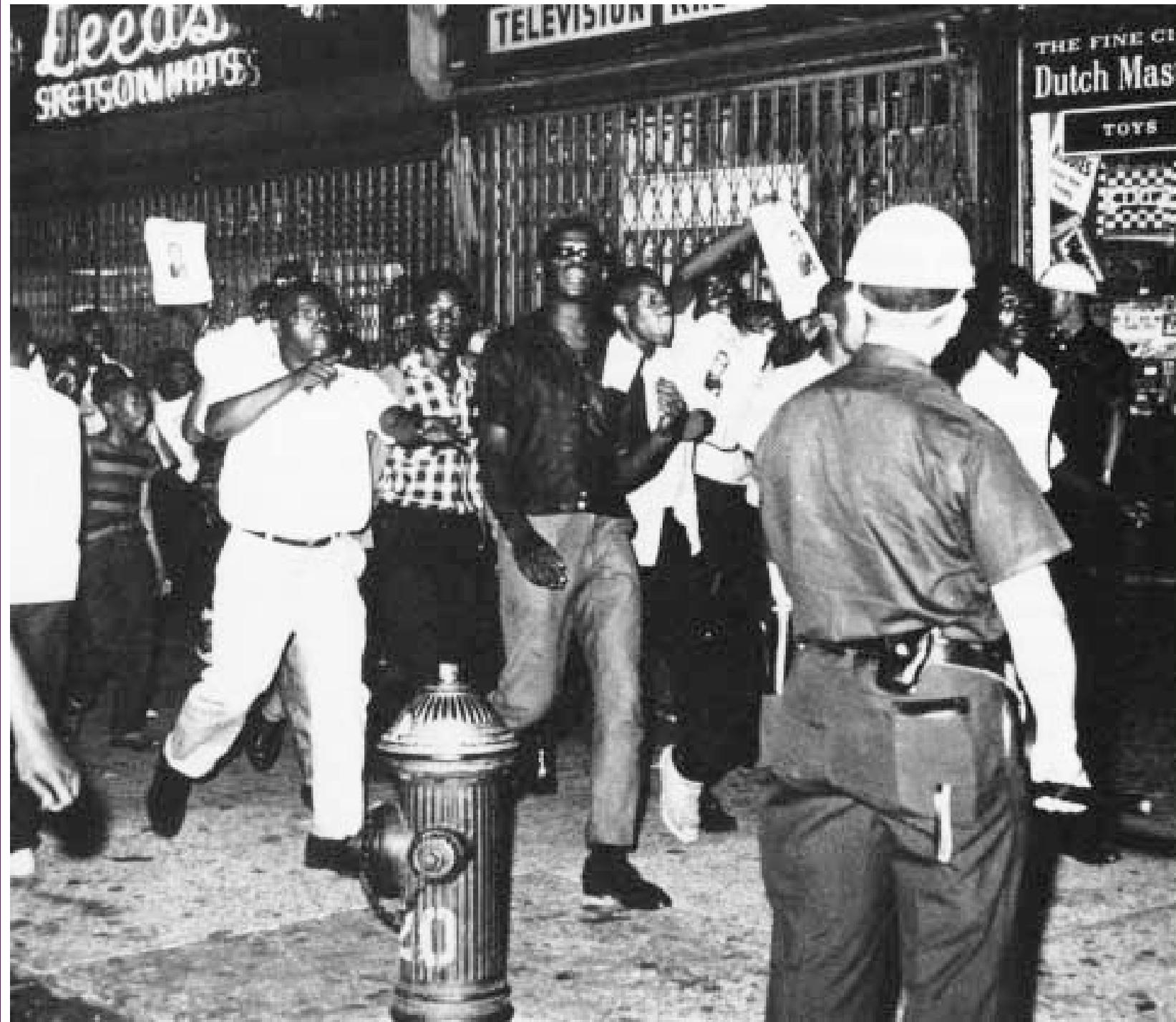
Geography of Buprenorphine is the Inverse of Methadone Distribution

Figure. Buprenorphine Visits by Race/Ethnicity and Payment Type, 2004-2015



Buprenorphine visits (n = 1369) and 95% CIs per 10 000 visits (shaded areas), grouped by year and stratified by race/ethnicity and payment type. Estimates account for complex survey design elements and are nationally representative.







Original Articles

Narcotic Blockade

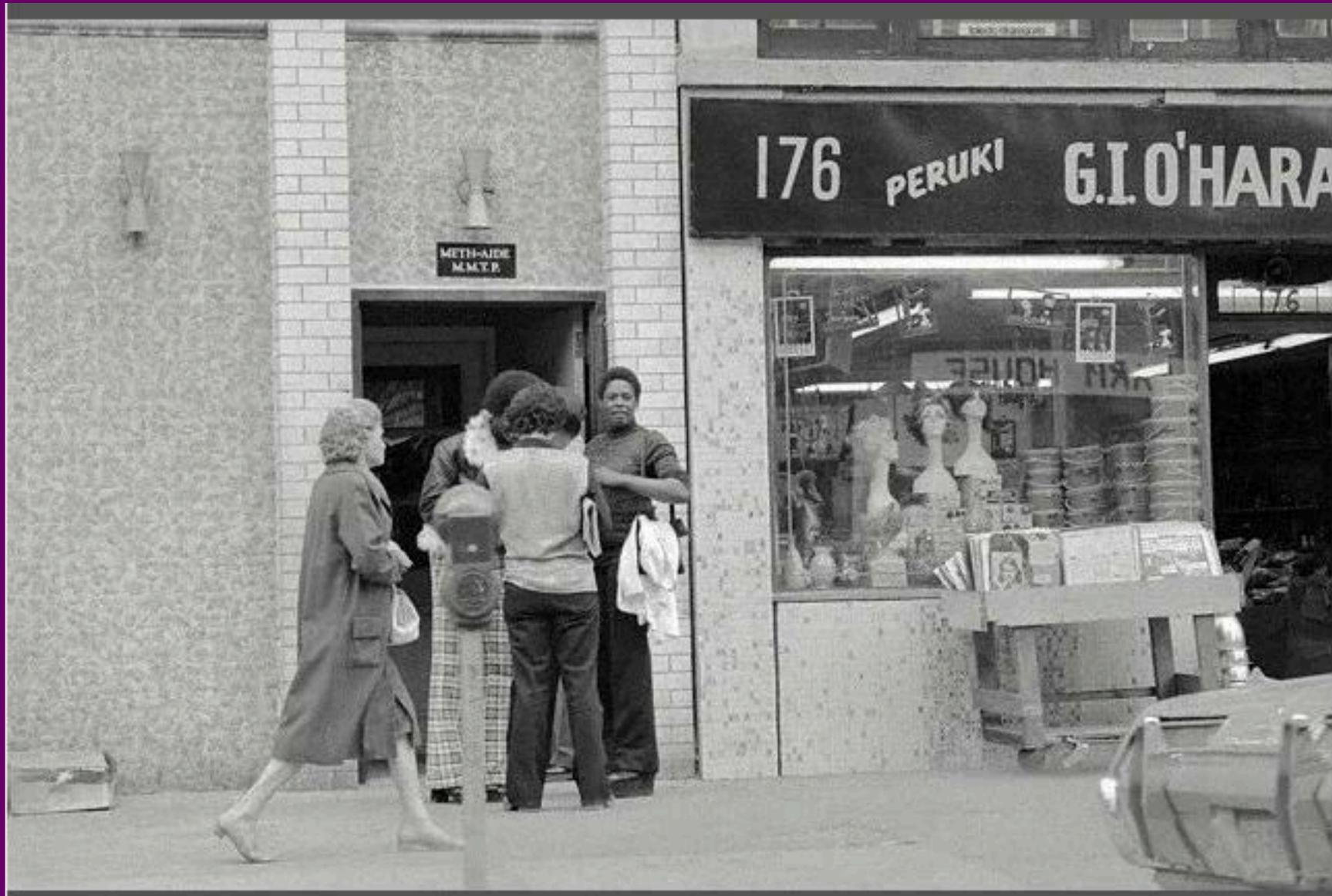
VINCENT P. DOLE, MD; MARIE E. NYSWANDER, MD; AND
MARY JEANNE KREEK, MD, NEW YORK

HEROIN, as used by addicts, produces quite different effects than are seen with use of narcotic drugs in ordinary medical practice. Addicts inject themselves repeatedly with larger doses of a narcotic than are usually prescribed for analgesia, and de-

of addicts to become normal members of society. In practice, this approach has consistently failed as a treatment for chronic addiction to heroin. It has not failed because of lack of effort or facilities; devoted and well-trained physicians, assisted by com-



Jaffe and Nixon





6. Mamlin J, Kimaiyo S, Nyandiko W, Tierney W, Einterz R. *Academic Institutions Linking Access to Treatment and Prevention: Case Study*. Geneva, Switzerland: World Health Organization; 2004.
7. Einterz R, Kimaiyo S, Mengech H, et al. Responding to the HIV pandemic: the

power of an academic medical partnership. *Acad Med*. 2007;82:812–818.

8. Coates J, Swindale A, Bilinsky P. *Household Food Insecurity Access Scale (HFIAS) for Measurement of Household Food Access: Indicator Guide*. Washington, DC: Food and Nutrition Technical Assis-

tance Project, Academy for Educational Development; 2006.

9. Marston B, De Cock K. Multivitamins, nutrition, and antiretroviral therapy for HIV disease in Africa. *N Engl J Med*. 2004;351:78–80.

The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy

U.S. Food and Drug Administration

FDA Talk Paper

T02-38

Media Inquiries: 301-827-6242

October 8, 2002

Consumer Inquiries: 888-INFO-FDA

**SUBOXONE (BUPRENORPHINE)
APPROVED TO TREAT
OPIATE DEPENDENCE**



MIKE'S STORY



More to Watch:

Webisode #1



Webisode #3



Whiteness

Exclusive category -> boundary maintenance

Unmarked: assumed norm

Defined by its “Other:” Black/White interdependent

Costly (to Whites)

Technologies of Whiteness

Addiction Neuroscience

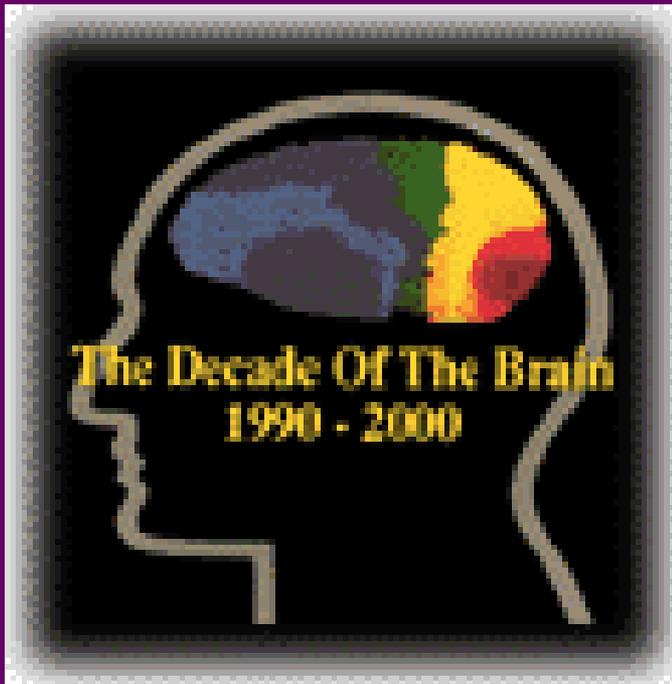
New Biotechnologies

Regulatory Structures

Marketing

Technologies of Whiteness

Addiction Neuroscience



Decade of the Brain 1990-1999

By the President of the United States of America

A PROCLAMATION

The human brain, a 3-pound mass of interwoven nerve cells that controls our activity, is one of the most magnificent-and mysterious-wonders of creation. The seat of human intelligence, interpreter of senses, and controller of

Drug Dependence, a Chronic Medical Illness

Implications for Treatment, Insurance, and Outcomes Evaluation

A. Thomas McLellan, PhD

David C. Lewis, MD

Charles P. O'Brien, MD, PhD

Herbert D. Kleber, MD

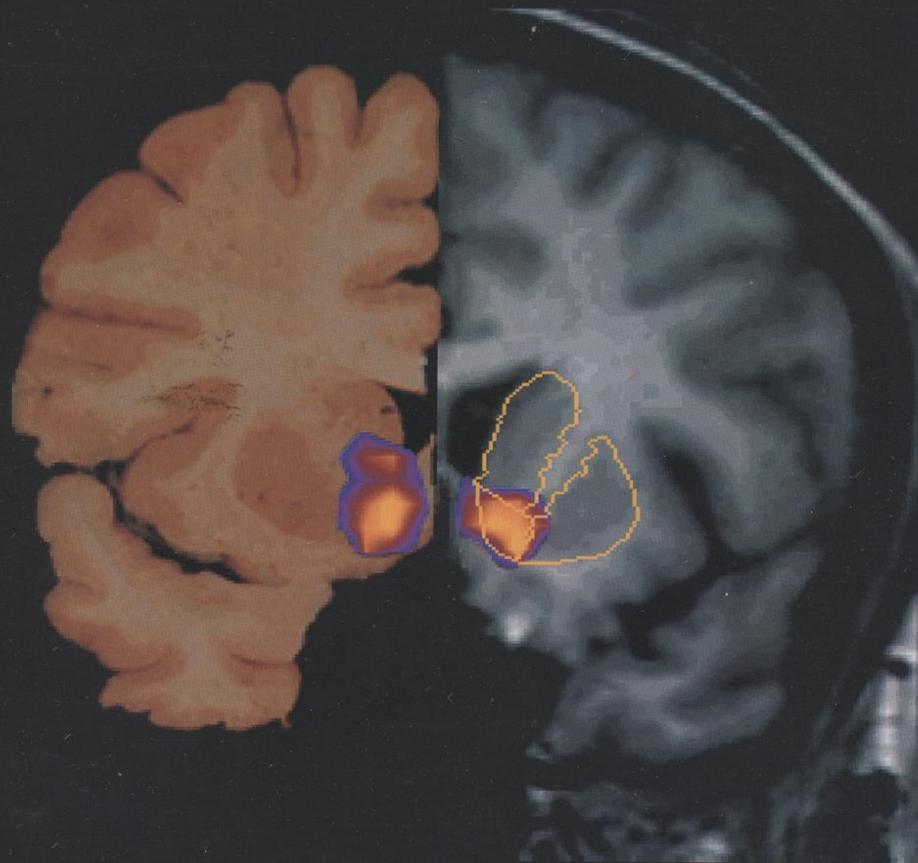
MANY EXPENSIVE AND DISTURBING social problems can be traced directly to drug dependence. Recent studies¹⁻⁴ estimated that drug dependence costs the United States approximately \$67 billion annually in crime, lost work productivity, foster care, and other social problems.^{2,4} These expensive effects of drugs on all social systems have been important in shaping the public view that drug dependence is primarily a social problem that requires interdiction and law enforce-

The effects of drug dependence on social systems has helped shape the generally held view that drug dependence is primarily a social problem, not a health problem. In turn, medical approaches to prevention and treatment are lacking. We examined evidence that drug (including alcohol) dependence is a chronic medical illness. A literature review compared the diagnoses, heritability, etiology (genetic and environmental factors), pathophysiology, and response to treatments (adherence and relapse) of drug dependence vs type 2 diabetes mellitus, hypertension, and asthma. Genetic heritability, personal choice, and environmental factors are comparably involved in the etiology and course of all of these disorders. Drug dependence produces significant and lasting changes in brain chemistry and function. Effective medications are available for treating nicotine, alcohol, and opiate dependence but not stimulant or marijuana dependence. Medication adherence and relapse rates are similar across these illnesses. Drug dependence generally has been treated as if it were an acute illness. Review results suggest that long-term care strategies of medication management and continued monitoring produce lasting benefits. Drug dependence should be insured, treated, and evaluated like other chronic illnesses.

Neuron

Volume 19 Number 3

September 1997



**Dynamic Mapping of Circuits Activated by Cocaine
in the Human Brain**

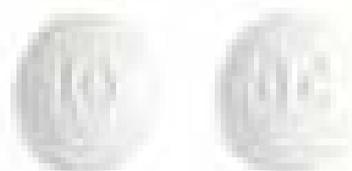
Technologies of Whiteness

New Biotechnologies

OxyCONTIN® II

(OXYCODONE HCl CONTROLLED-RELEASE) TABLETS

10 mg



20 mg



40 mg



80 mg



160 mg





ORIGINAL FORMULATION

NEW FORMULATION

C-III

RECKITT BENCKISER



2 mg/0.5 mg



8 mg/2 mg

Suboxone

(buprenorphine HCl/naloxone HCl dihydrate)

Technologies of Whiteness

Regulation

H.R. 2634 (106th): Drug Addiction Treatment Act of 2000

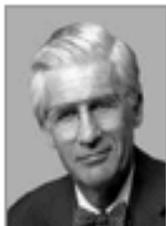
Introduced: **Jul 29, 1999**

106th Congress, 1999–2000

Status: **Died in a previous Congress**

This bill was introduced in a previous session of Congress and was passed by the House on July 19, 2000 but was never passed by the Senate.

Sponsor:



[Tom Bliley](#)

Representative for Virginia's 7th congressional district

Republican

Text:



[Read Text »](#)

Last Updated: Jul 27, 2000

Length: 16 pages





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Medication-Assisted Treatment

Certification of Opioid Treatment Programs

Buprenorphine Waiver Management

Overview of Accreditation

Buprenorphine Training for Physicians

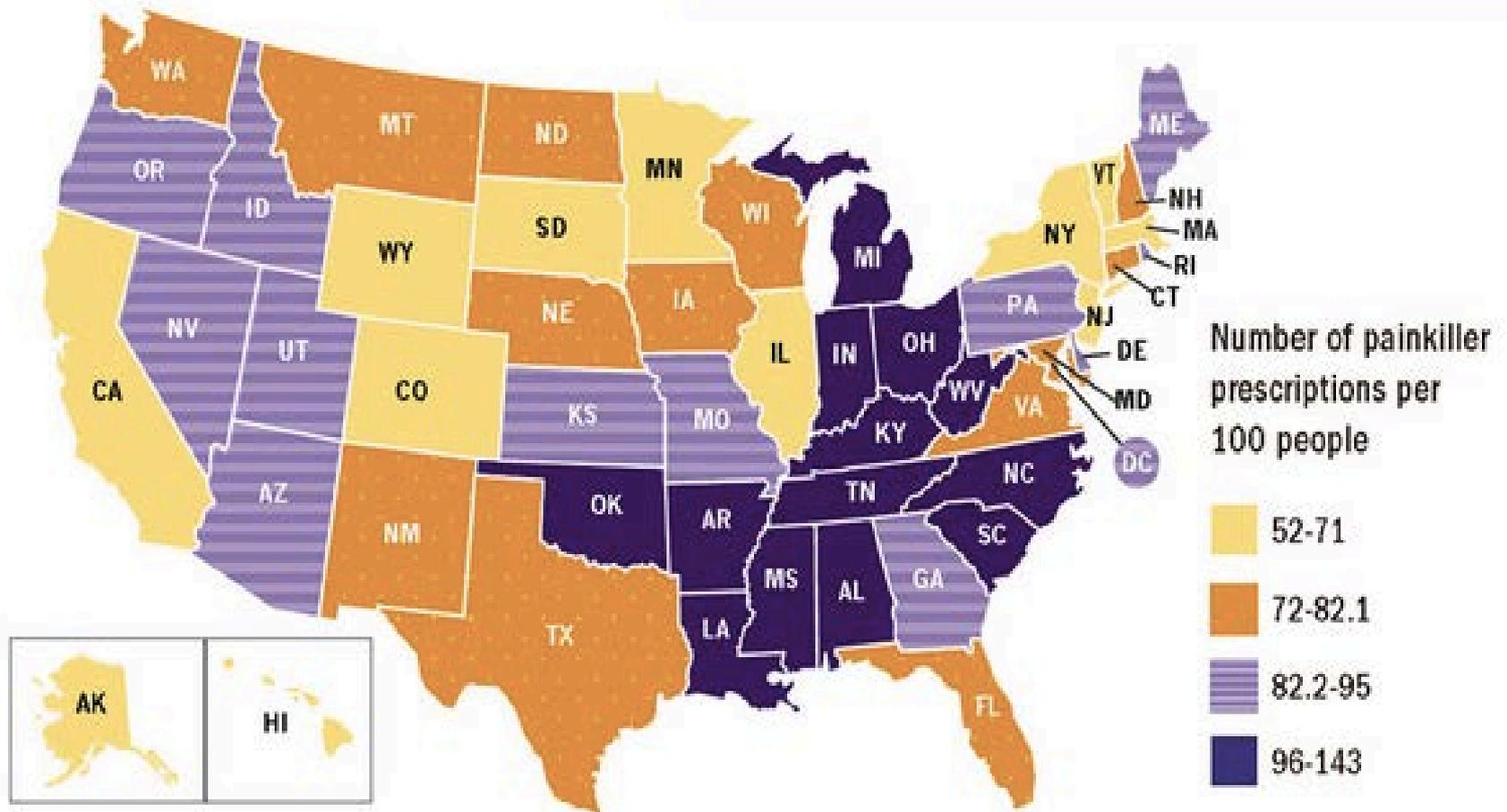
Find information about the eight-hour buprenorphine waiver training courses that are required for physicians to prescribe and dispense buprenorphine.

Under the Drug Addiction Treatment Act of 2000 (DATA 2000)

Technologies of Whiteness

Media and Marketing

Some states have more painkiller prescriptions per person than others.



After being prescribed powerful opiate drugs to manage chronic pain, I gradually descended into full-blown dependency. Here is my story



Hooked: A teacher's addiction and the new face of heroin

Linda Carroll
TODAY contributor

Apr. 8, 2014 at 7:47 AM





FAMILY | Kelsey Dallas and Sandy Balazic

Thursday, February 19,

The new face of heroin



st



The National Alliance of Advocates for Buprenorphine Treatment

Buprenorphine (Suboxone®, Subutex®) is an opioid medication used to treat opioid addiction in the privacy of a physician's office.¹ Buprenorphine can be dispensed for take-home use, by prescription.¹ This, in addition to the pharmacological and safety profile of buprenorphine, makes it an attractive treatment for patients addicted to opioids.²



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Patient/Physician Matching System.
Have a certified buprenorphine prescribing physician contact you:

[Get Started](#)

Physicians: Help Patients Now

Patient/Physician Matching System.
Find patients searching for buprenorphine treatment near you:

[Get Started](#)





BAYER
PHARMACEUTICAL
PRODUCTS.

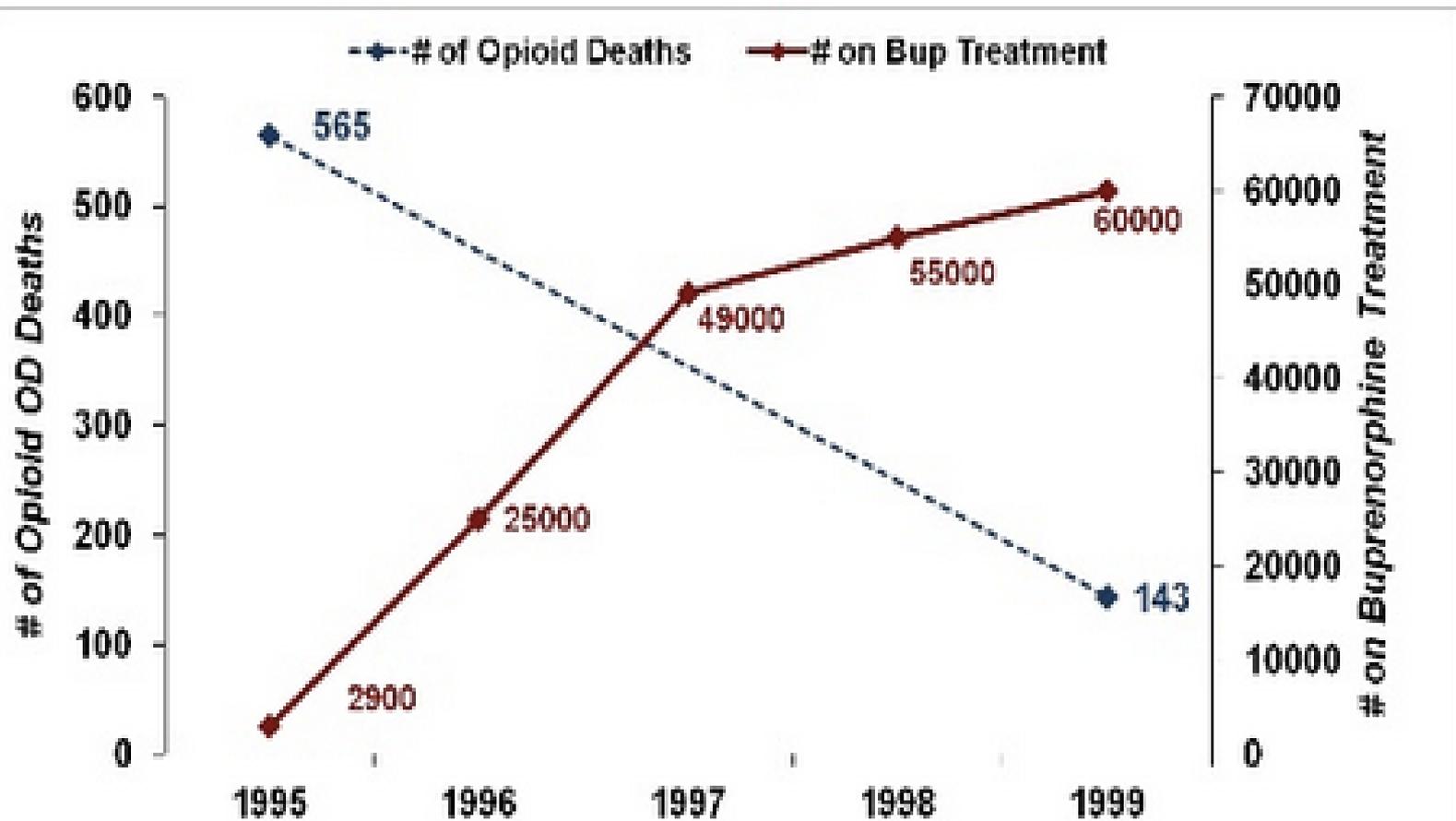
Send for
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FARBENFABRIKEN OF
ELBERFELD CO.

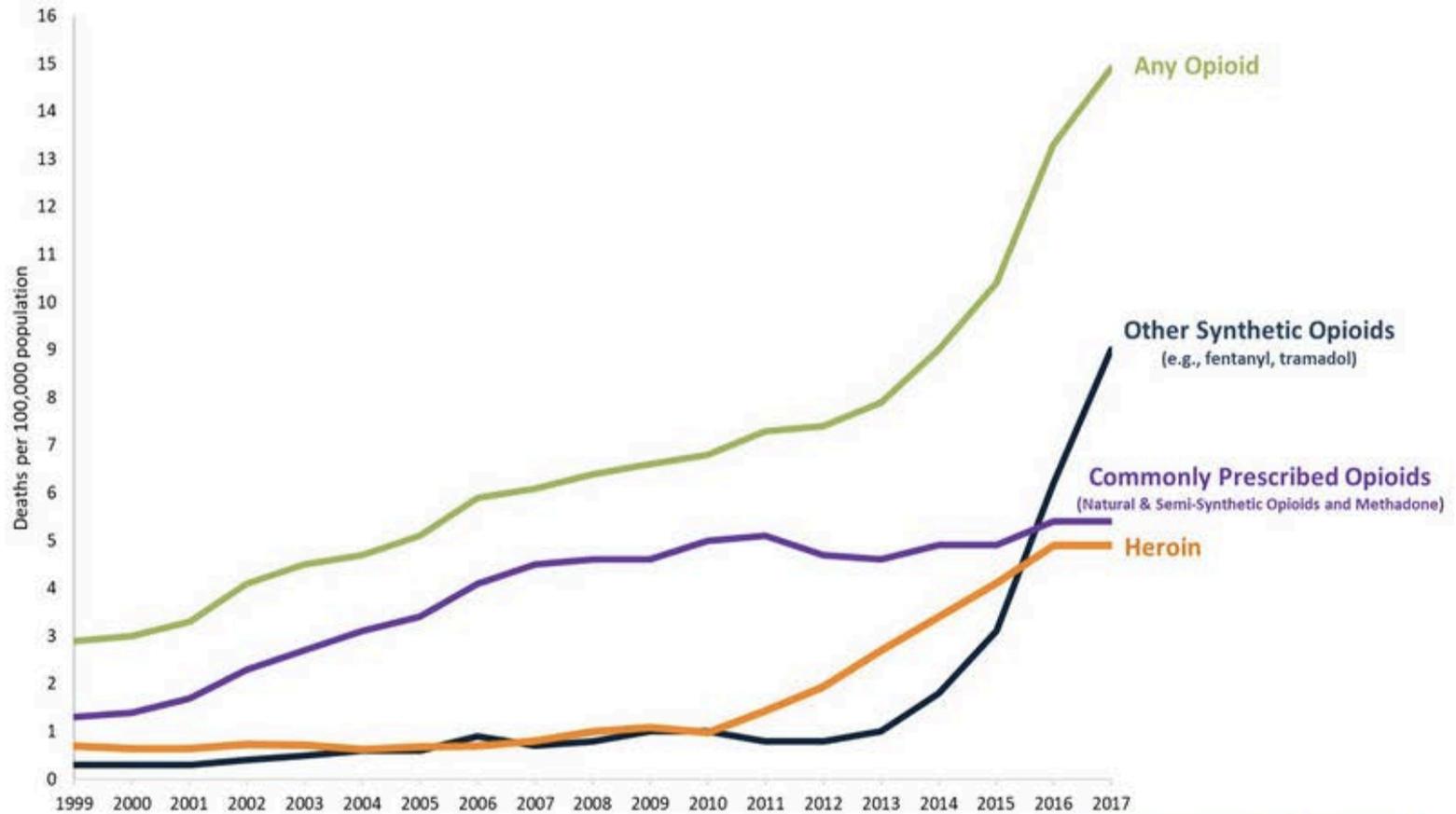
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NEW YORK.

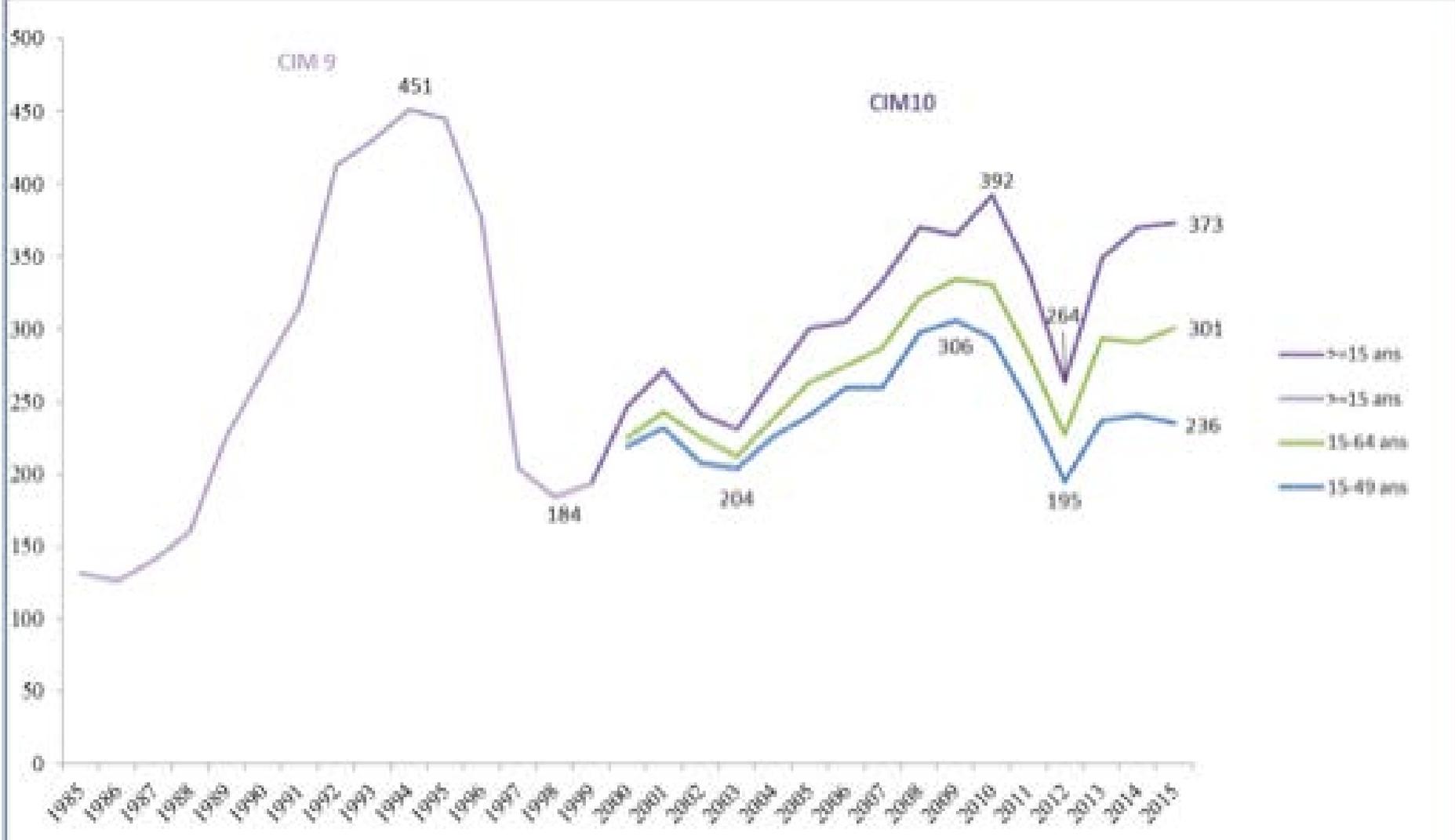
1. Magic Bullets are a Myth



Buprenorphine Treatment and Opioid Overdose in France
(Auriacombe et al Am J Addiction 2004)

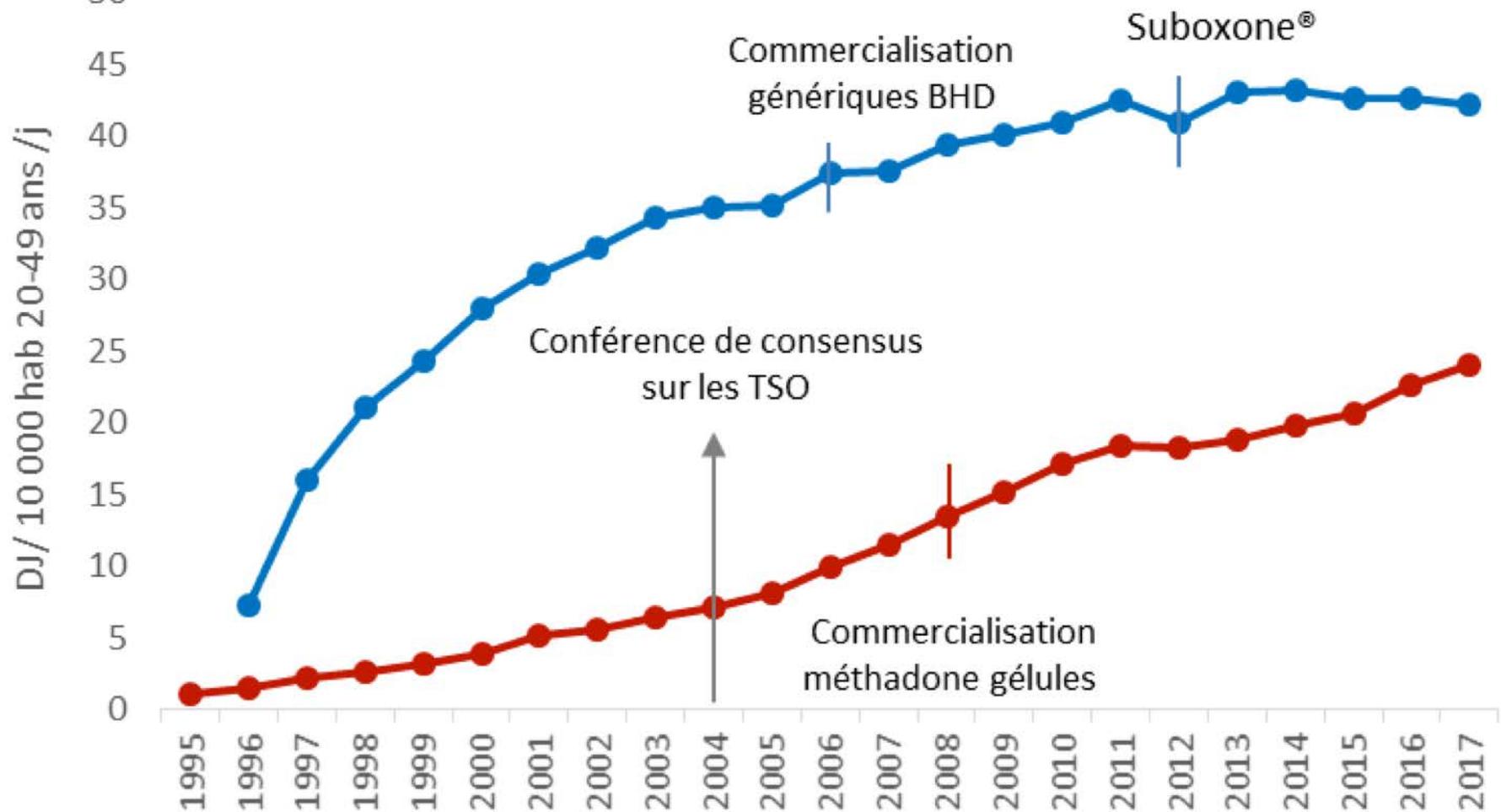
Overdose Death Rates Involving Opioids, by Type, United States, 2000-2017





Fatal Opioid Overdose in France, 1985-2015

Source : CépiDc / Inserm. Sélection B de l'EMCDDA



Buprenorphine and Methadone Prescription in France, 1995-2017

Source: INSERM

Social Conditions as Fundamental Causes of Disease*

BRUCE G. LINK

Columbia University and New York State Psychiatric Institute

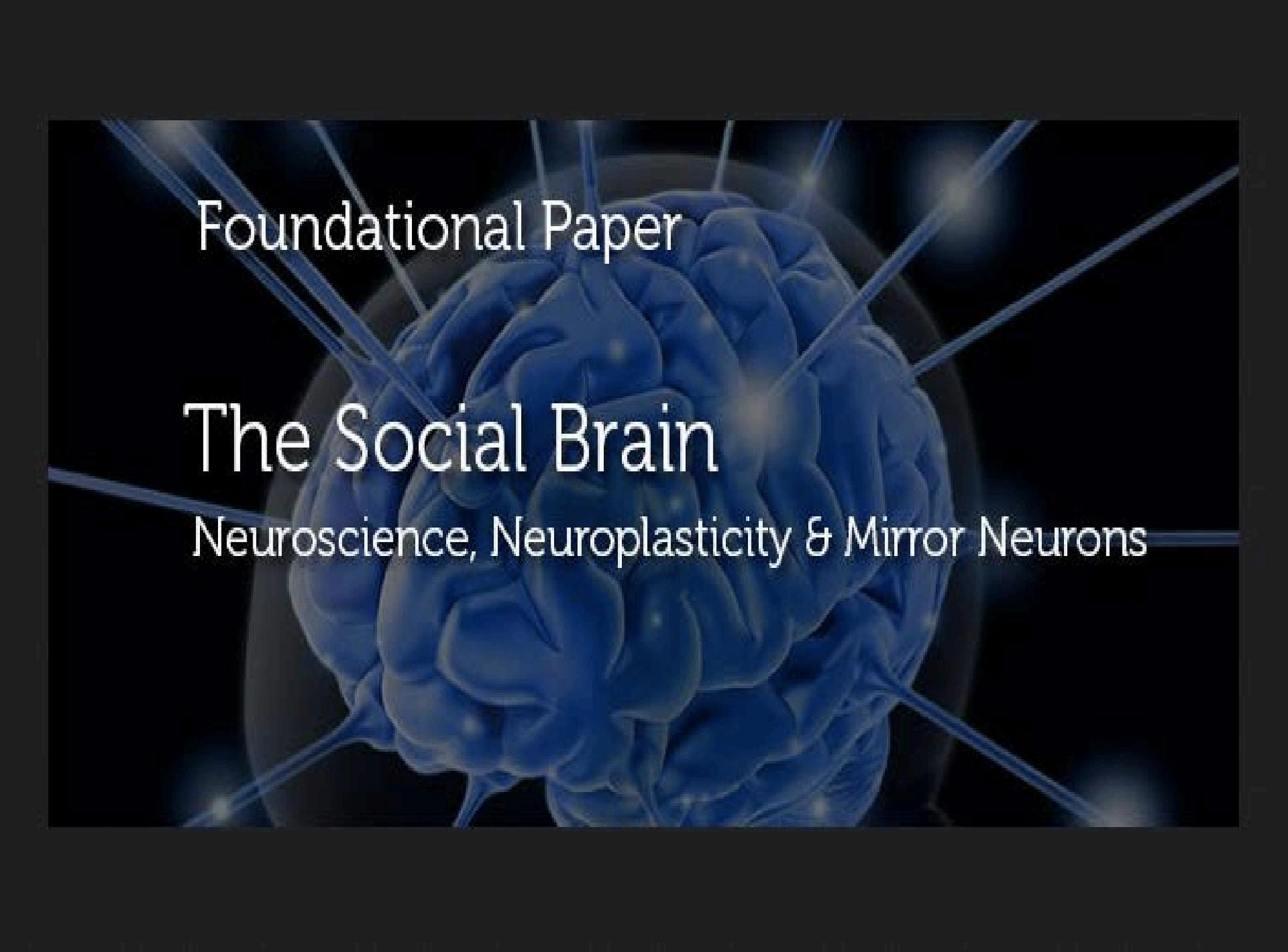
JO PHELAN

University of California, Los Angeles

Journal of Health and Social Behavior 1995, (Extra Issue):80-94

Over the last several decades, epidemiological studies have been enormously successful in identifying risk factors for major diseases. However, most of this research has focused attention on risk factors that are relatively proximal causes of disease such as diet, cholesterol level, exercise and the like. We question the emphasis on such individually-based risk factors and argue that greater attention must be paid to basic social conditions if health reform is to have its maximum effect in the time ahead. There are two reasons for this claim. First we argue that individually-based risk factors must be contextualized, by examining what puts

2. Problem Drug Use is Bio-Social



Foundational Paper

The Social Brain

Neuroscience, Neuroplasticity & Mirror Neurons

3. Deaths of Despair Call for Racial *and* Economic Justice

Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century

Anne Case¹ and Angus Deaton¹

Woodrow Wilson School of Public and International Affairs and Department of Economics, Princeton University, Princeton, NJ 08544

Contributed by Angus Deaton, September 17, 2015 (sent for review August 22, 2015; reviewed by David Cutler, Jon Skinner, and David Weir)

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Drug and Alcohol Dependence

Volume 173, 1 April 2017, Pages 1-9



Full length article

Bowling alone, dying together: The role of social capital in mitigating the drug overdose epidemic in the United States

Michael J. Zoorob ^a  , Jason L. Salemi ^b 

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<https://doi.org/10.1016/j.drugalcdep.2016.12.011>

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NIH HEAL INITIATIVE

1. Universal, comprehensive healthcare

1. Universal, comprehensive healthcare
2. Nationally end criminalization, promote harm reduction *and* treatment

Drug Program Drops Charges for Staten Island Addicts Who Get Treatment



By [Nicholas Rizzi](#) | February

15, 2017 5:31pm

[@nickr15](#)



STATEN ISLAND — Addicts arrested for low-level drug crimes on Staten Island could get their charges dropped if they seek treatment.



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48,000 Students With Disabilities Not Getting Help They Need. DOE



1. Universal, comprehensive healthcare
2. Nationally end criminalization, promote harm reduction *and* treatment
3. Bio-Social and Systems Research and Interventions

Acknowledgments

NIDA K01 Award Program

RWJ Health Policy Investigator Award Program

RWJ Health and Society Scholar's Program

APA/SAMHSA Minority Fellowship

NYU Anthropology Department

NYU Psychiatry Department

NY State Office of Mental Health Nathan Kline
Institute