

The War on Drugs that Wasn't

Race, Stigma, and Pharmaceutical Markets

Helena Hansen, MD, Ph.D.

Assistant Professor of Anthropology and Psychiatry

New York University

Research Scientist, Nathan Kline Institute

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

HOME

MARKETS & INVESTING

TECH

LEADERSHIP

SMALL BUSINESS

SAVING

SPECIAL

Find a Quote

GET

Dow

▲ +108.99

12824.92

+0.86%

S&P 500

+0.00

1358.59

+0.00

Wil 5K

▲ +142.86

14217.08

+1.02%

Nasdaq

+0.00

2991.22

+0.00

BREAKING

Tsunami warning lifted for most of Indian Ocean; Still in place



WORLD

Indonesia quake puts
nations on tsunami
alert

4 of 9



CBS EVENING NEWS

Irish town comes to
terms with Titanic
past

5

April 20, 2011 10:37 AM

PRINT

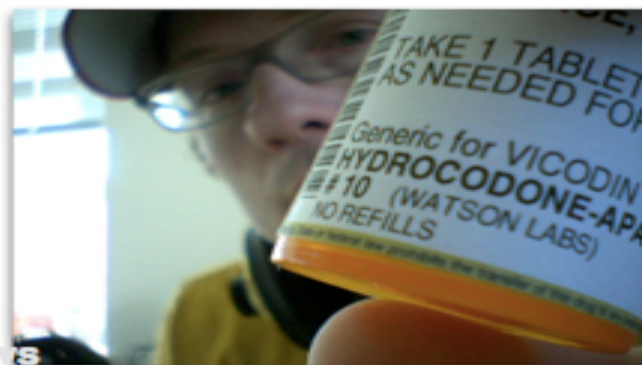
TEXT

One Nation, on Vicodin: Narcotic Painkillers Are Most-Used U.S. Drugs

By Jim Edwards

America is a nation on painkillers, according to [new statistics from IMS Health](#), the pharmaceutical data giant. About 131.2 million prescriptions were written for generic **Vicodin** (a hydrocodone/acetaminophen combo), more than any other drug last year, IMS reported. The next most-prescribed drug was generic **Zocor** (simvastatin) for cholesterol.

There were also 31.9 million scrips written for generic **Danazol** (norgestrel and norethindrone) 24.4 million for



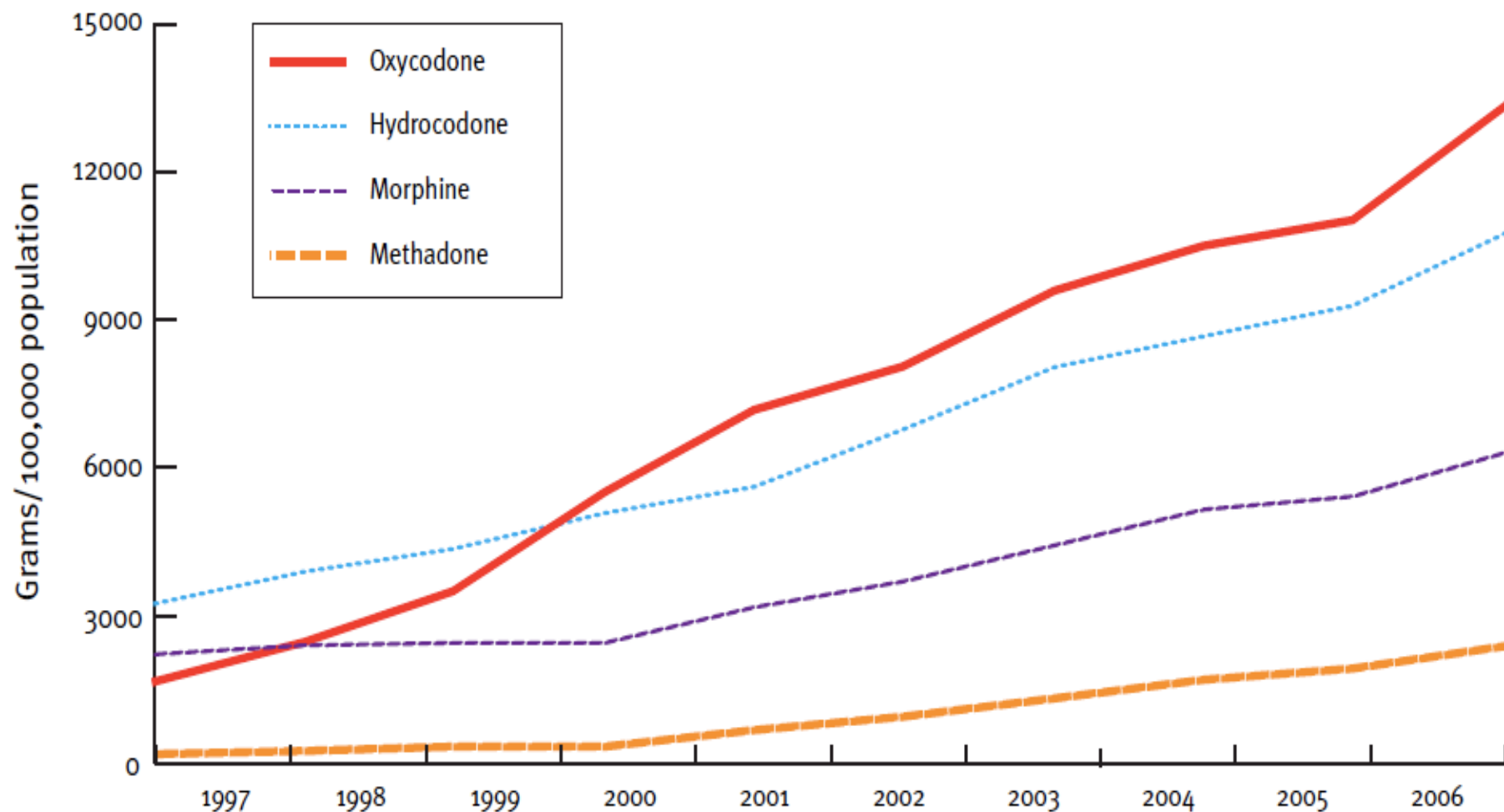


Fig. 10. *The increase in therapeutic opioid use in the United States (grams/100,000 population) from 1997 to 2006.*

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

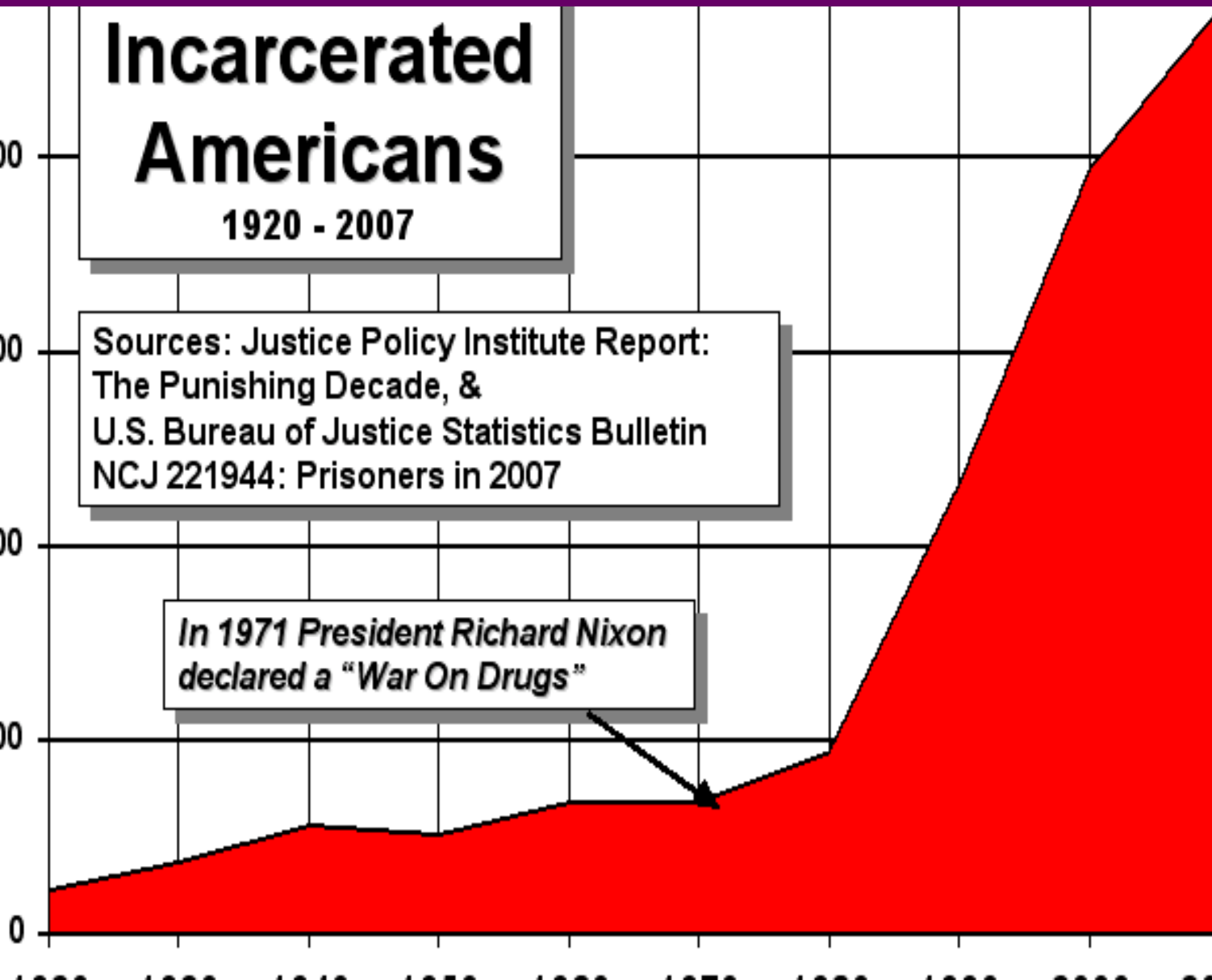
1,000,000

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"*



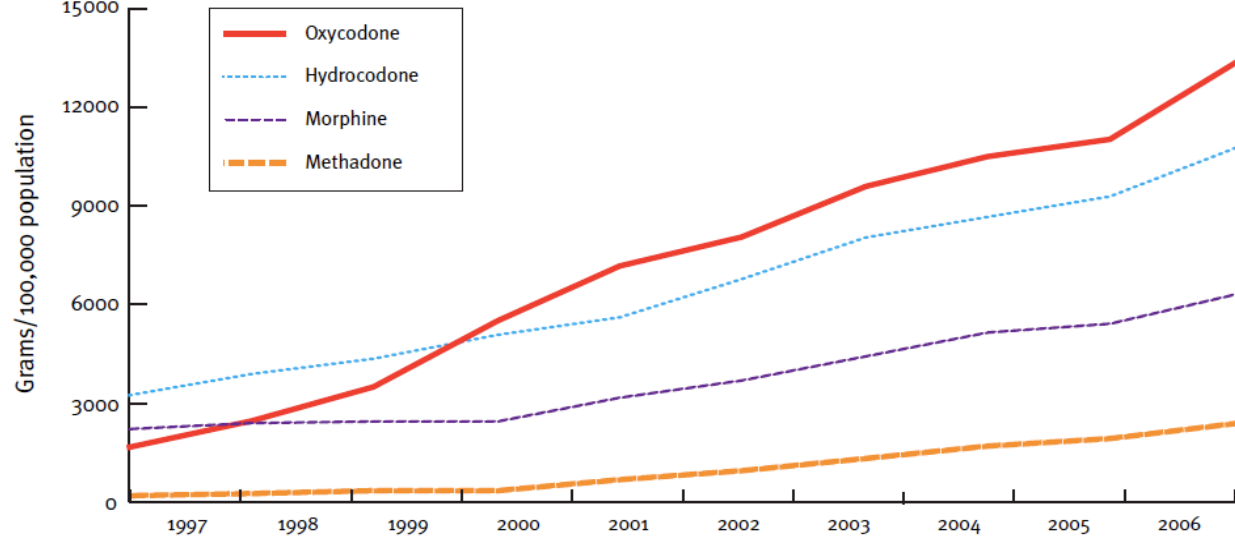
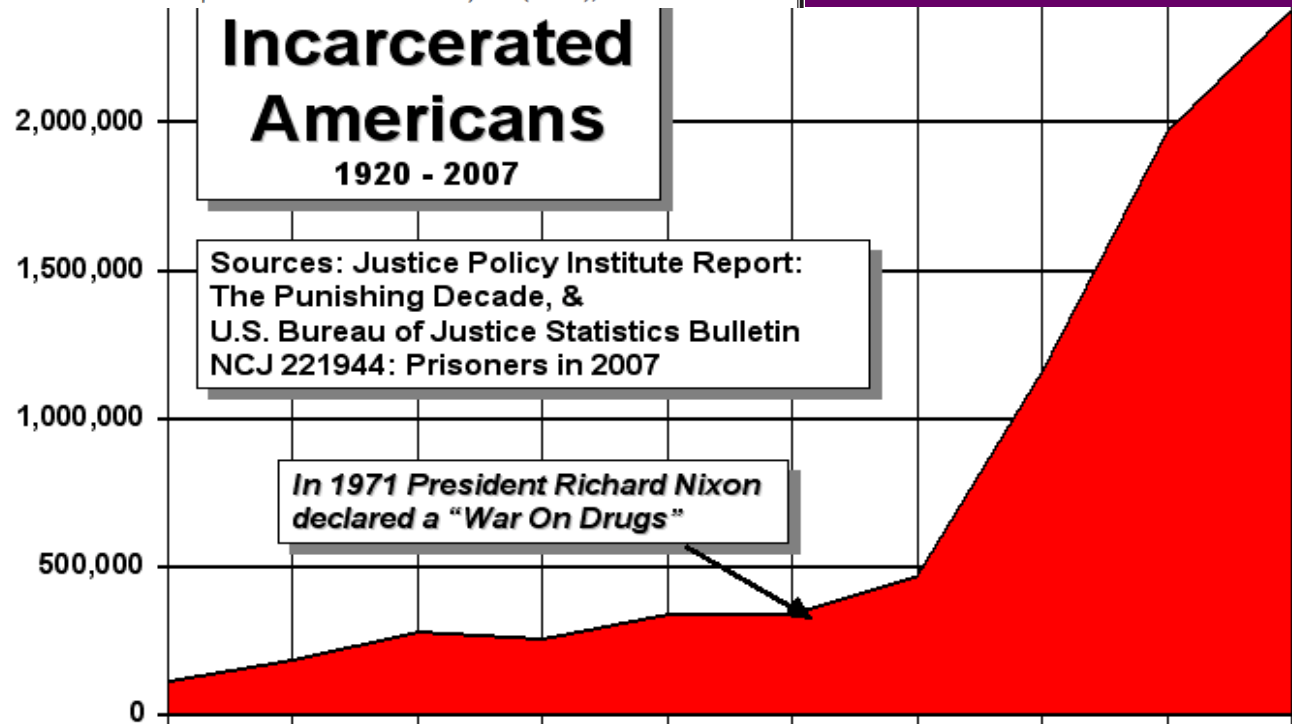
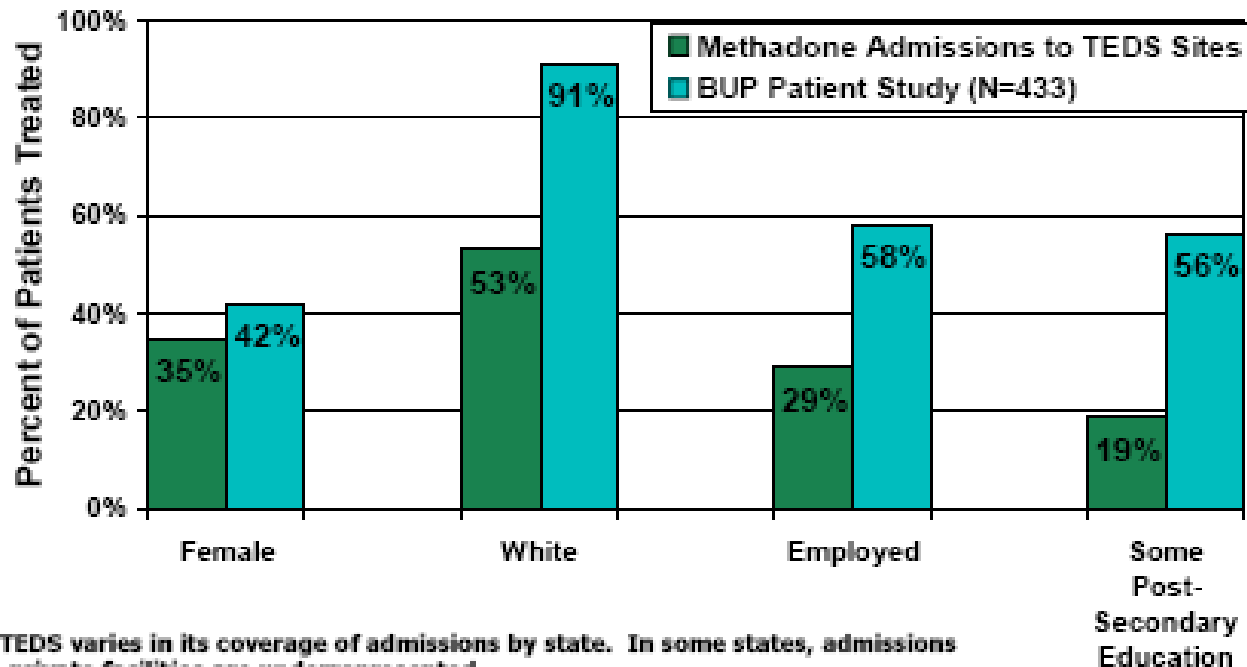


Fig. 10. *The increase in therapeutic opioid use in the United States (grams/100,000 population) from 1997 to 2006.*

Source: Based on data from US Drug Enforcement Administration. Automation of Reports and Consolidated Orders System (ARCOS); www.deadiversion.org.



Methadone Patients* and BUP Patient Study Sample: Demographic Differences



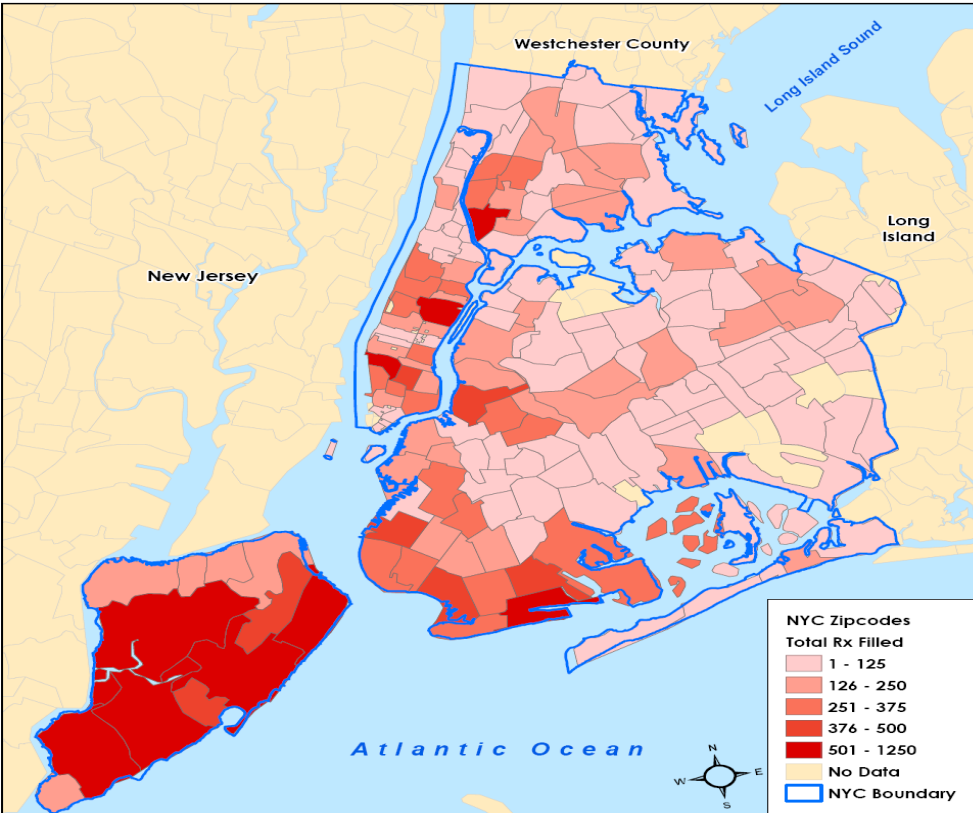
SAMHSA/CSAT's Evaluation of the Buprenorphine Waiver Program 2002-2005

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

Buprenorphine

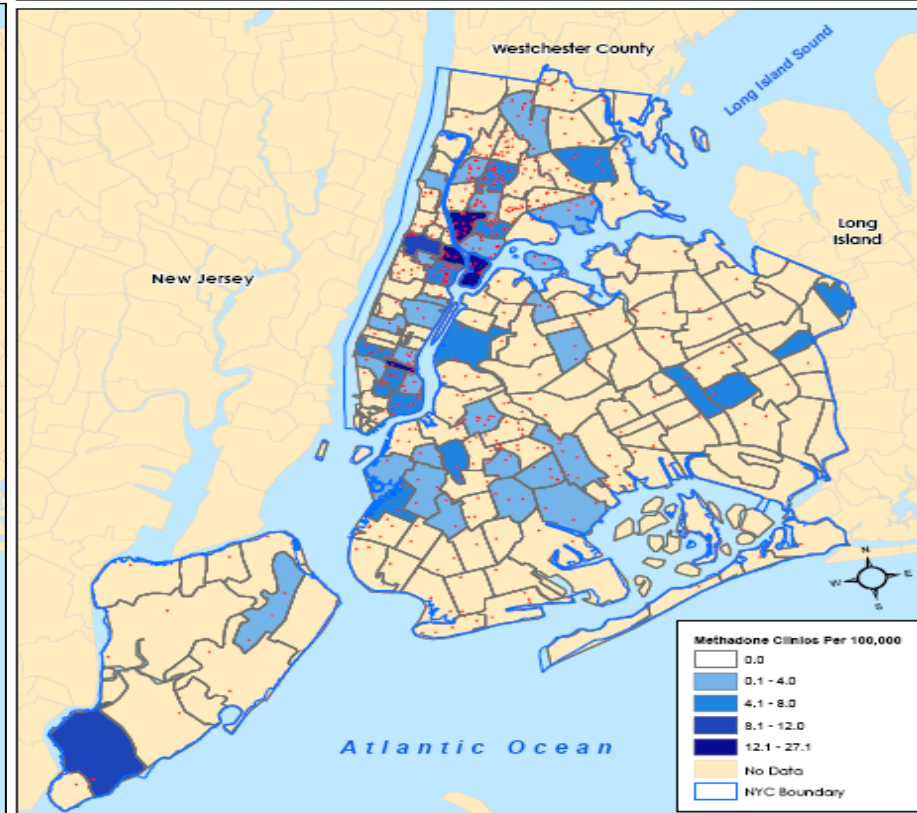
Methadone

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.

Buprenorphine Distribution Inverse of Methadone Distribution







Original Articles

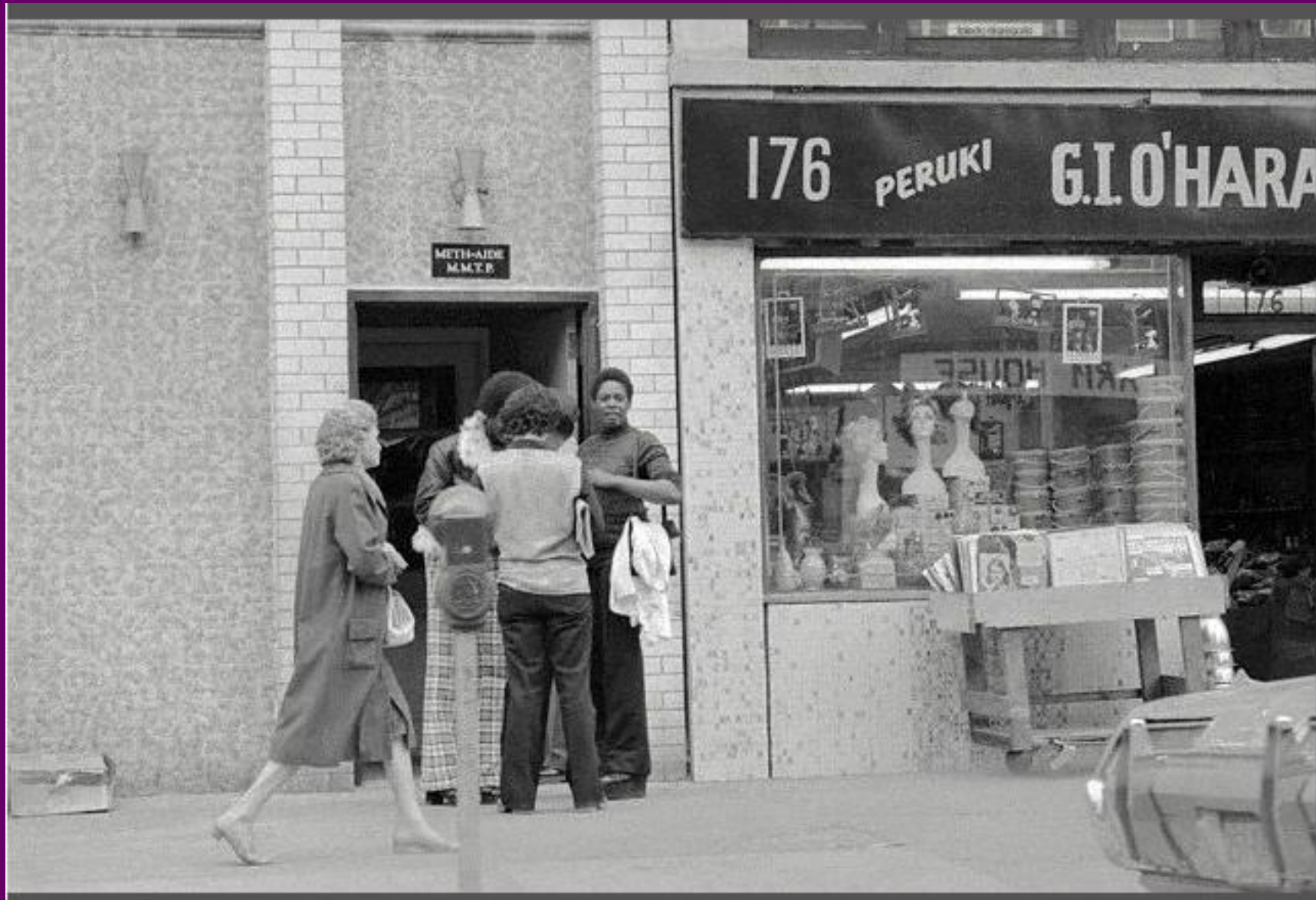
Narcotic Blockade

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 do so 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

| Art Van Zee, MD

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



Whiteness

Exclusive category -> boundary maintenance

Unmarked: assumed norm

Defined by its “Other:” Black/White interdependent

Costly (to Whites)

Technologies of Whiteness

Addiction Neuroscience

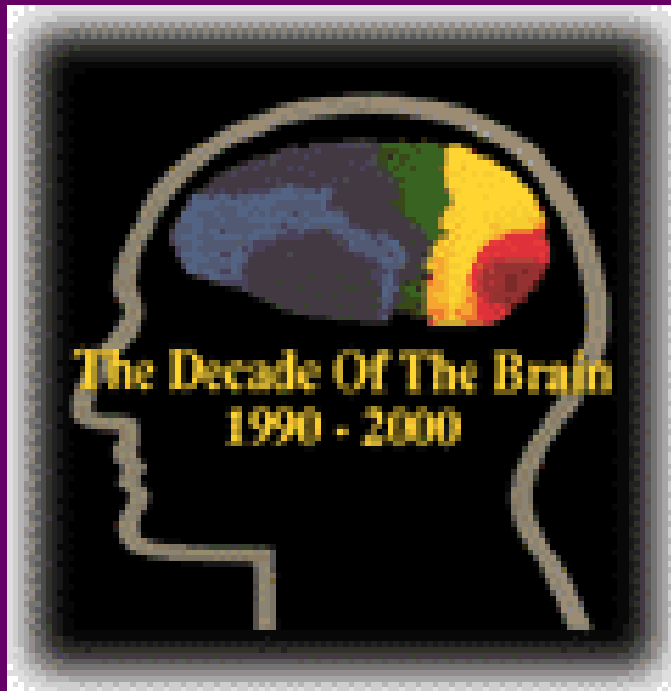
New Biotechnologies

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

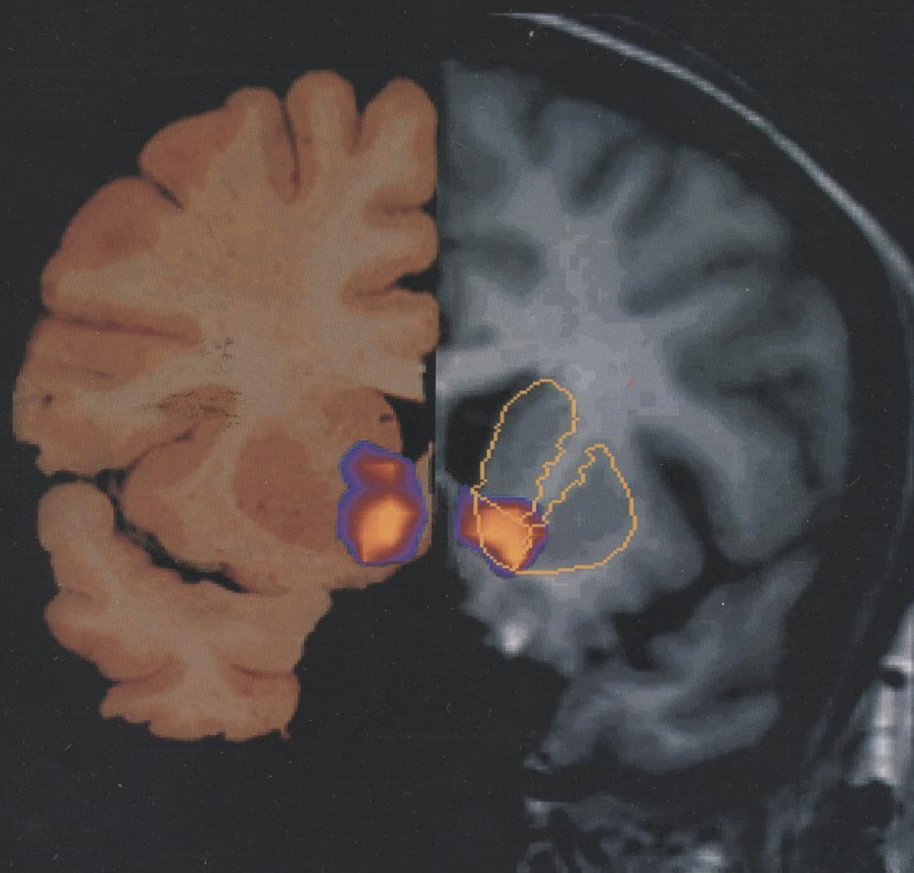
MANY EXPENSIVE AND DISTURBING social problems can be traced directly to drug dependence. Recent studies¹⁻⁴ estimated that drug dependence costs the United States approximately \$67 billion annually in crime, lost work productivity, foster care, and other social problems.^{2,4} These expensive effects 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.

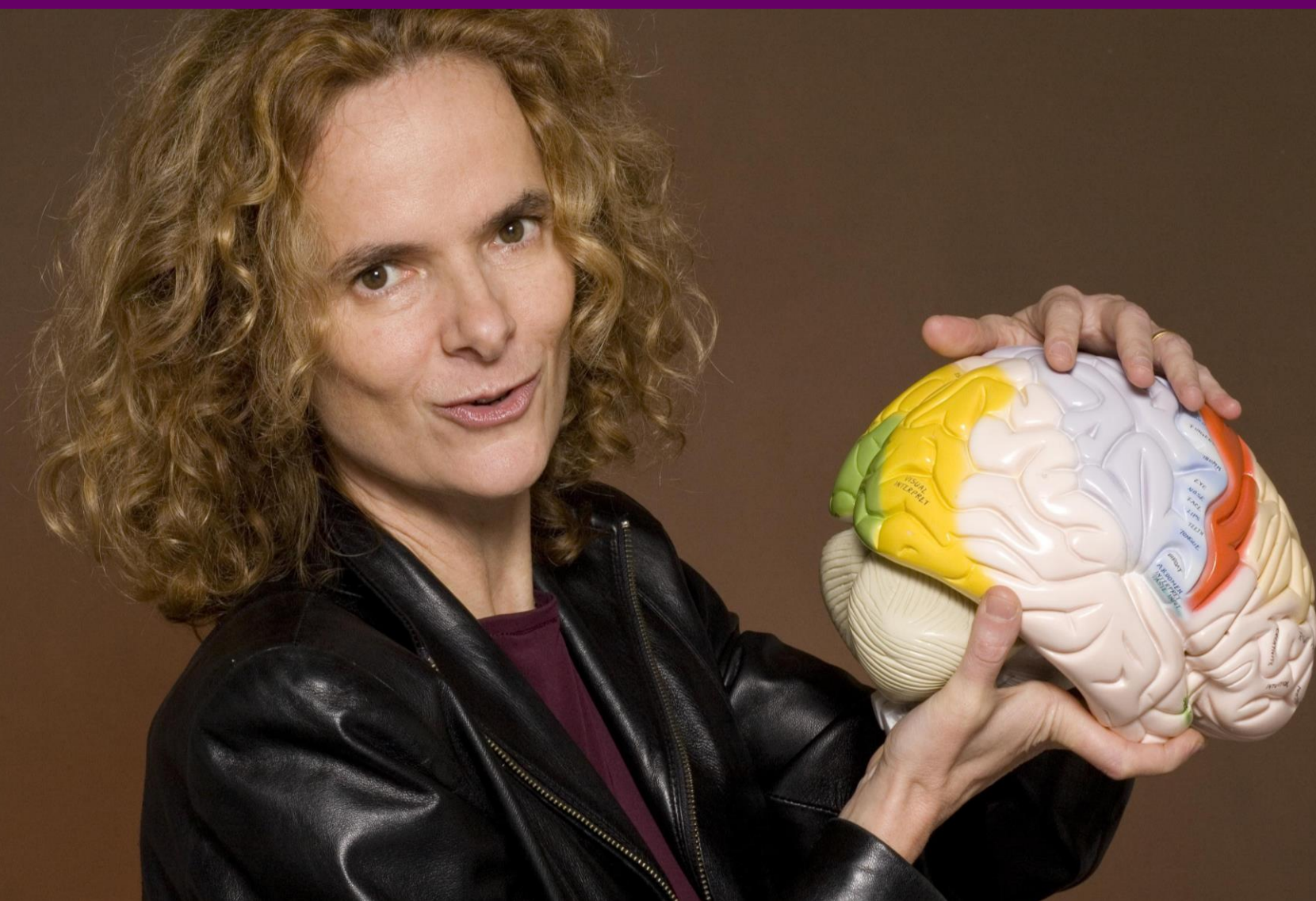
Neuron

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



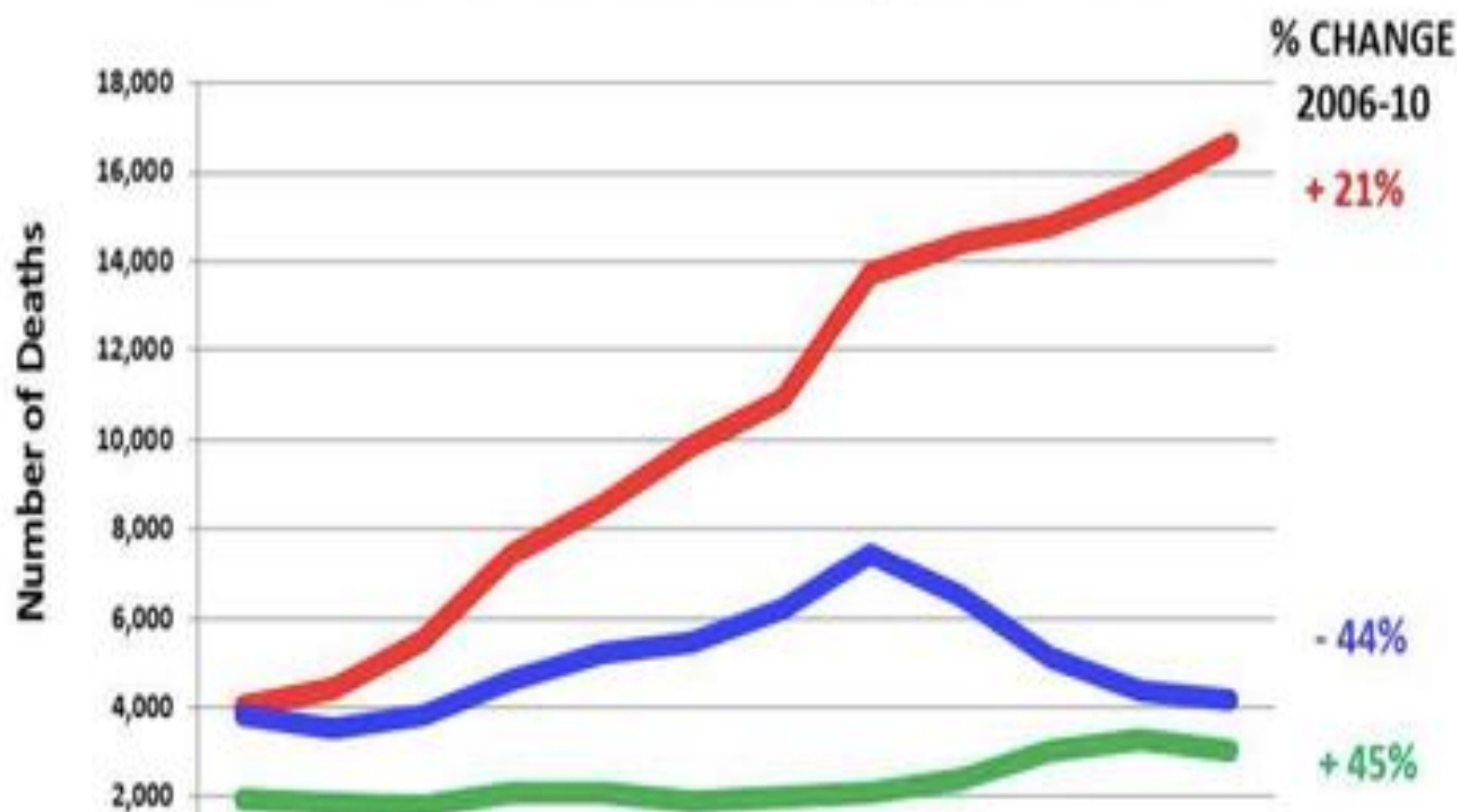
80 mg



160 mg



Overdose Deaths Involving Opioid Analgesics, Cocaine and Heroin: United States, 1999–2010



| | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|------------------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-------|
| opioid analgesic | 4030 | 4400 | 5528 | 7456 | 8517 | 9857 | 10928 | 13723 | 14408 | 14800 | 15597 | 16651 |
| cocaine | 3822 | 3544 | 3833 | 4599 | 5199 | 5443 | 6208 | 7448 | 6512 | 5129 | 4350 | 4183 |
| heroin | 1999 | 1999 | 1999 | 2199 | 2199 | 1999 | 1999 | 2199 | 2599 | 3199 | 3399 | 3013 |

C-III

RECKITT BENCKISER



2 mg/0.5 mg



8 mg/2 mg

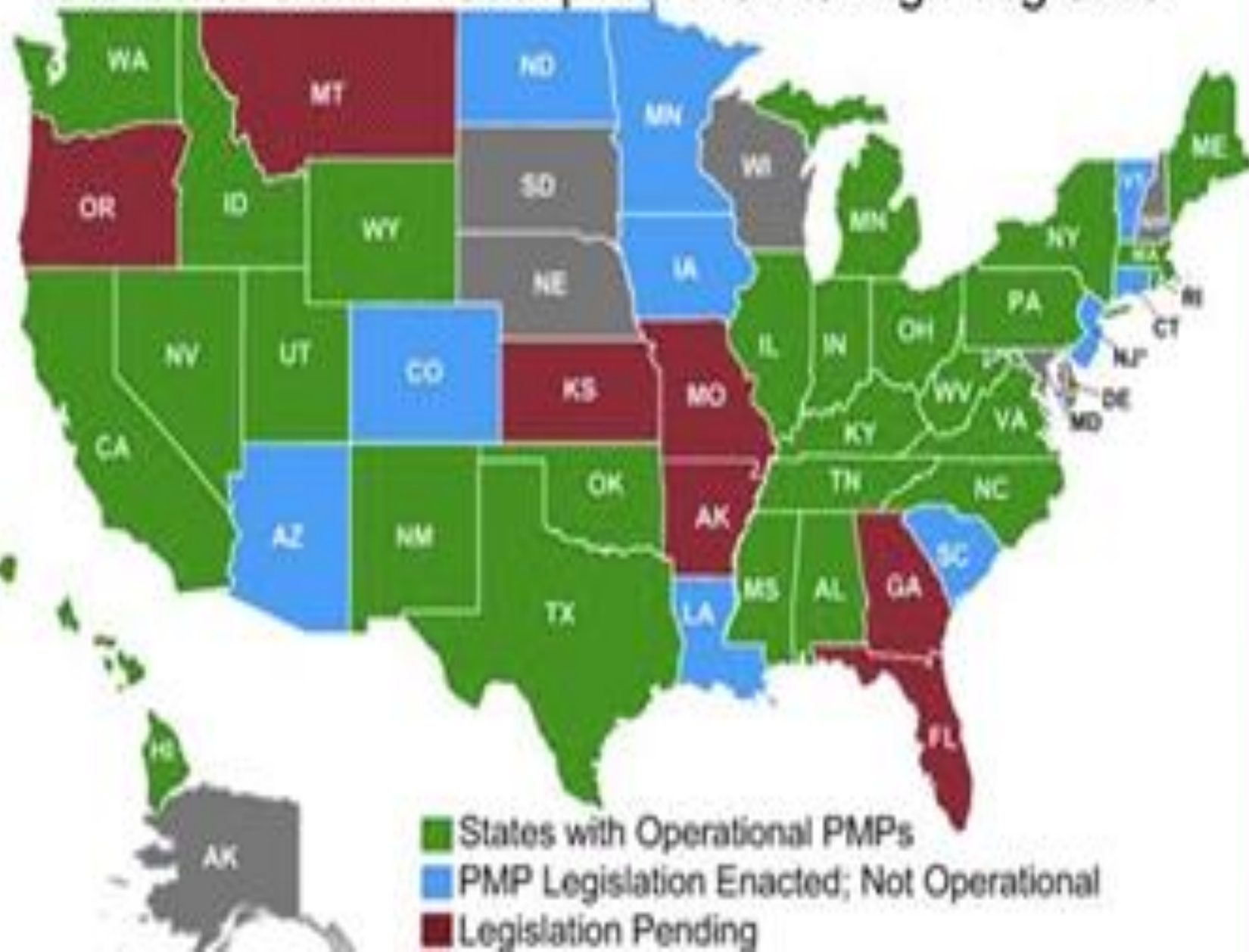
Suboxone

(buprenorphine HCl/naloxone HCl dihydrate)

Technologies of Whiteness

Regulatory Structures

Status of State Prescription Monitoring Programs



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





Search SAMHSA

[Find Help](#)

[Topics](#)

[Programs & Campaigns](#)

[Grants](#)

[Data](#)

[Pr](#)

[Programs & Campaigns](#) » [Medication-Assisted Treatment](#) » [Training Materials and Resources](#) » [Buprenorphine](#)

Medication-Assisted Treatment

Certification of Opioid Treatment Programs

Buprenorphine Waiver Management

Overview of Accrediting

Buprenorphine Training for Physicians

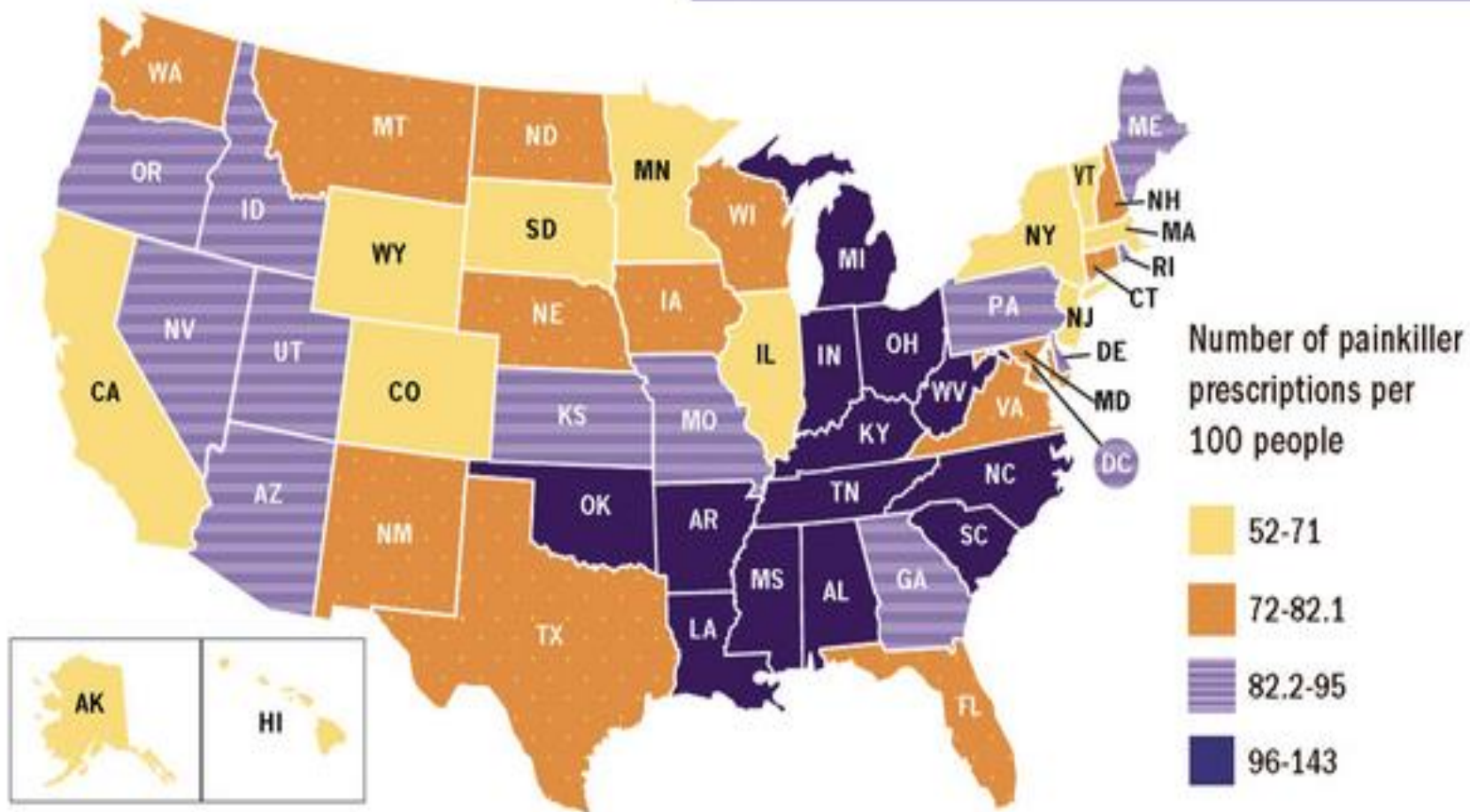
Find information about the eight-hour buprenorphine waiver training courses that are required for physicians to prescribe and dispense buprenorphine.

Under the [Drug Addiction Treatment Act of 2000 \(DATA 2000\)](#)

Technologies of Whiteness

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





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

[About Us](#)[Find
Buprenorphine
Treatment](#)[Buprenorphine
Education](#)[Online
Support
Communities](#)[Info for
Treatment
Providers](#)

Patients: Find a Buprenorphine Physician

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
 samples and
 Literature to



FARBENFABRIKEN OF
ELBERFELD CO.

40 STONE ST
NEW YORK.

Making

Whiteness

Visible

Acknowledgments

NYU Psychiatry Department

NYU Anthropology Department

NIDA K01 Award Program

RWJ Health Policy Investigator Award Program

RWJ Health and Society Scholar's Program

APA/SAMHSA Minority Fellowship

NYSOMH / NKI Center of Excellence for Culturally
Competent Mental Health