



## Disparities in Opioid Addiction, Treatment and Policy



### Differences in Opioid Addiction

- ▶ 2015: 622 opioid overdose deaths in Wisconsin
  - ▶ 511 or 82% white non-Hispanic
  - ▶ 77 or 12% African-American
  - ▶ 21 or 3% Hispanic

Kaiser Family Foundation analysis of CDC and National Center for Health Statistics data released 2016.

- ▶ Why the difference?



## History of Opioid Prescription

- ▶ 1990s Major campaigns by JCAHO and VHA\*
- ▶ Established new standards for monitoring and treatment of pain in 2000
- ▶ Pain management became important quality improvement initiative
- ▶ DEA shows marked quantitative increases in opioid prescriptions every year since 1990

\* Joint Commission on Accreditation of Healthcare Organizations and Veterans Health Administration



## Theory for Racial Disparities

- ▶ Doctors prescribed narcotics more cautiously to their non-white patients
- ▶ Unconscious bias related to:
  - ▶ Concern about patients becoming addicted
  - ▶ Concern patients might sell their pills
  - ▶ Less concern about pain levels in non-white population

***Racial stereotyping is having a protective effect on non-white populations.***

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## The Evidence

Comprehensive pain study from University of Michigan Medical School:

- Health care disparities, racial and ethnic disparities in pain perception, assessment and treatment were found in all settings
  - Emergency Department
  - Hospital (post-operative)
  - Outpatient
- and across all types of pain
  - Acute
  - Cancer
  - Chronic nonmalignant



## Disparate Treatment of Pain

- In Emergency Rooms:
  - 1993 Todd et al study found 55% of Hispanics with isolated humerus, radius, ulna, femoral shaft, tibia and fibula fractures went without pain medication compared to 26% of white non-Hispanic patients
  - 2000 Todd et al study found 57% of African-American patients with acute, isolated long-bone fractures received pain medication compared to 74% of white non-Hispanic patients.

## Disparate Treatment of Pain

- Post-operative pain management
  - 1996 Ng et al study found patients received on average different daily does of morphine
    - White non-Hispanic received 22mg/day
    - African-Americans received 16mg/day
    - Hispanics received 13mg/day
- Cancer pain
  - 1997 Cleeland et al study found that centers that predominantly treat racial and ethnic minorities were less likely to follow WHO recommend levels of pain management
    - 74% of Hispanic patients did not receive adequate pain management
    - 59% of African-American patients did not receive adequate pain management

## Chronic Pain Management

- 2005 Chen et al study found:
  - African-Americans had significantly higher pain scores than white patients 6.7 versus 5.6
  - White patients were prescribed opioid analgesics more frequently than African-Americans 45.7% versus 32.2%
  - No difference by race in the use of other treatment modalities
  - Racial disparity **not** due to problems of access



## Policy Disparities

- Opioids not the first drug epidemic
- 1980s and 1990s crack cocaine epidemic predominantly affected African-American communities
- Policy stance:
  - No government declaration of a public health crisis
  - War on drugs; we could potentially arrest our way out of the problem
- Today's policy stance:
  - Declaration by Trump administration of a public health crisis
  - We can't arrest our way out of the problem
  - Need for effective treatment and prevention