The War on Drugs that Wasn’t

Race, Stigma, and Pharmaceutical Markets

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

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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...
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 scripts written for generic Percocet (oxycodone and acetaminophen), 31.1 million for generic OxyContin (oxycodone) and 24.1 million for generic Vicodin (hydrocodone and acetaminophen), IMS said.
Fig. 10. The increase in therapeutic opioid use in the United States (grams/100,000 population) from 1997 to 2006.

Incarcerated Americans
1920 - 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.deadversion.

Incarcerated Americans 1920 - 2007


In 1971 President Richard Nixon declared a “War On Drugs”
Buprenorphine Patients in U.S.:
91% White, 56% College Educated
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 with great regularity and frequency. The end result is a complete blockage of the voluntary nervous system that is 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 any...
The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy

Art Van Zee, MD
SUBOXONE (BUPRENORPHINE) APPROVED TO TREAT OPIATE DEPENDENCE
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
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

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.
Dynamic Mapping of Circuits Activated by Cocaine in the Human Brain
Technologies of Whiteness

New Biotechnologies
OxyContin® II
(OXYCODONE HCL CONTROLLED-RELEASE) TABLETS

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Suboxone
(buprenorphine HCl/naloxone HCl dihydrate)
Technologies of Whiteness

Regulatory Structures
Status of State Prescription Monitoring Programs

- **States with Operational PMPs**
- **PMP Legislation Enacted; Not Operational**
- **Legislation Pending**

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
Buprenorphine Training for Physicians

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

Marketing
Some states have more painkiller prescriptions per person than others.

Number of painkiller prescriptions per 100 people:
- 52-71
- 72-82.1
- 82.2-95
- 96-143
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
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. Buprenorphine can be dispensed for take-home use, by prescription. This, in addition to the pharmacological and safety profile of buprenorphine, makes it an attractive treatment for patients addicted to opioids.

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

ASPIRIN
The substitute for the salicylates

PROTARGOL

HEROIN
The sedative for coughs

LYCETOL

SAPONINS

EUROPHEN

THEOPHYLLINE

SALOPHEN
The antirheumatic and antineuralgic

HEROIN HYDROCHL.

FARBENFABRIKEN OF ELBERFELD CO.

40 STONE ST
NEW YORK.
Making Whiteness Visible
Acknowledgments

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NYU Anthropology Department
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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