

Blacks, whites equally as likely to be prescribed opioids for pain

May 1 2018



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Racial disparities in pain management have been well-documented, with doctors historically more willing to prescribe opiates to whites than to other racial and ethnic groups.

But in light of new national policies to improve prescribing practices, University of Michigan researchers wanted to know whether racial and ethnic disparities in how [pain](#) is managed have changed in recent years—particularly if any shift in opioid prescribing was associated with changes in the use of other pain medications.

To do this, researchers looked at prescription data from people who reported moderate to severe noncancer pain in the Medical Expenditure Panel Survey from 2000-2015. They identified common opiates and three classes of non-opiate [pain medications](#): nonsteroidal anti-inflammatory drugs, muscle relaxants and cox-2 inhibitors.

There are negatives and positives to the results. In 2015, an equal number of blacks and whites—approximately 23 percent—received opioid [prescriptions](#), which suggests that doctors are no longer discriminating against blacks when prescribing narcotics for pain relief.

The bad news is that blacks now face increased risk of addiction through exposure to prescription narcotics. Historically, it's been thought that the ongoing opioid addiction epidemic affects more whites than blacks or Latinos.

"To our knowledge, this is the first evidence of a potential narrowing of the divide in opioid prescribing by race and ethnicity," said lead author Matthew Davis, U-M assistant professor of nursing.

First author Jordan Harrison, a postdoctoral fellow at the University of Pennsylvania who received her doctorate from U-M's School of Nursing, says opioid use and the associated risks are often perceived to be an issue primarily among white Americans.

"Our findings suggest, however, a persistent reliance on opioids across all racial/[ethnic groups](#)," she said. "More work is needed to examine the

complex interaction of patient and provider factors that influence opioid prescribing practices."

Also worth noting is the use of opioids relative to [nonsteroidal anti-inflammatory drugs](#) among blacks and whites—use of NSAIDS is higher among blacks—which hints at a preference difference in prescribing NSAIDS, Davis says.

"It's not that patients in pain aren't being treated, it's the differences in the choice of what is prescribed," Davis said.

The study did not examine why more blacks are now using [prescription opioids](#), but the change could partially reflect gains in public insurance coverage since 2010. However, all racial and ethnic groups experienced similar declines in private health insurance coverage.

After adjusting for age and sex, prescription [opioid](#) use increased across all racial and ethnic groups over the study period, with the greatest increases (78 percent) among whites. Hispanics appear to use opioids less than other groups, with about 15 percent using opioids over time. This is about the same as the number of Hispanics getting NSAIDS.

Overall, the researchers found that 30-35 percent of American adults who have pain received a pain medication of some kind over the 15-year period, regardless of ethnicity.

As the number of prescriptions for opiates increased across the board, the use of NSAIDS (Motrin, Aleve) also increased overall. Use of muscle relaxers and Cox-2 inhibitors (Celebrex, Vioxx) decreased.

Davis is also a member of the U-M Center for Healthcare Policy and Innovation.

The study, "Trends in prescription pain medication use by race/ethnicity among US adults with noncancer pain, 2000-2015," appears in the *American Journal of Public Health*.

More information: Jordan M. Harrison et al. Trends in Prescription Pain Medication Use by Race/Ethnicity Among US Adults With Noncancer Pain, 2000–2015, *American Journal of Public Health* (2018). DOI: [10.2105/AJPH.2018.304349](https://doi.org/10.2105/AJPH.2018.304349)

Provided by University of Michigan

Citation: Blacks, whites equally as likely to be prescribed opioids for pain (2018, May 1) retrieved 20 April 2024 from <https://medicalxpress.com/news/2018-05-blacks-whites-equally-opioids-pain.html>

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