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Racial trends in prescription opioid use reflect disparities, undertreatment

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People of color were less likely to be prescribed opioids in the late 1990s, when they first became widely available as a pain treatment, according to a new study by researchers at the NYU School of Global

Public Health. However, by the mid 2000s, prescription opioid use among Black individuals matched that of whites, despite much of the attention and resources of the opioid crisis focusing on white populations.

The findings, published in the *American Journal of Preventive Medicine*, illustrate racial disparities in prescribing new drugs—and perhaps even undertreatment, especially for Hispanics who were less likely to take prescription opioids.

Opioids were historically prescribed to treat cancer pain and pain after surgery. But in the late 1990s, several factors led to the growth in opioid use: pharmaceutical companies' aggressive marketing, increases in chronic pain, campaigns for improving pain management, and the relaxation of prescribing laws.

By roughly 2004, prescription opioids displaced other painkillers as the chief form of pain management—which we now know led to an explosion of overdoses. New prescribing restrictions during the 2010s triggered a decline in opioid prescriptions, although many who were addicted to opioids turned to non-prescription sources like heroin.

To understand whether these trends in opioid use varied by race and ethnicity, the researchers analyzed the use of prescription opioids and other painkillers among 250,596 U.S. adults using data collected by the federal government between 1996 and 2017. They confirmed that prescriptions of opioids and other painkillers differed among Black, Hispanic, and white adults.

In 1996, prescription opioid use was highest among whites (11.9%), compared with Blacks (9.3%) and Hispanics (9.6%). At that point, whites were slightly more likely to use opioids than non-opioid painkillers, but Blacks and Hispanics were much more likely to use non-

opioid painkillers.

"In the late 90s, doctors weren't prescribing opioids to people of color with the same frequency that they were prescribing them to their white patients," said Virginia Chang, associate professor of social and behavioral sciences at NYU School of Global Public Health. "While this study doesn't measure whether these disparities stem from prescribing practices, patient preferences, or another reason, prior research shows that underrepresented racial groups are less likely to be given new prescription medications."

By the early 2000s, prescription opioid use increased across race and ethnicity, eclipsing non-opioid painkiller use among Blacks and whites. By the mid 2000s, prescription opioid use was as prevalent among Blacks as whites, and remained that way through 2017. Following the adoption of prescribing limits in the 2010s, prescription opioid use declined across all groups.

"Media coverage of opioid use often differs by race and ethnicity, where prescription opioid misuse is portrayed to primarily affect whites, and illicit opioids are associated with people of color," added Chang, who coauthored the research with Gawon Cho, a Ph.D. student at NYU School of Global Public Health. "However, Blacks were as likely as whites to use prescription opioids in the mid 2000s and 2010s, suggesting that they may also be at increased risk for prescription misuse."

In contrast, prescription opioid use among Hispanics remained lower than the other groups throughout the 2000s and 2010s. While lower opioid use may be protective against misuse—Hispanics have had fewer overdose deaths than Blacks or whites—it could also represent undertreatment of this population. Past studies have shown that even with comparable pain, Hispanics are less likely to receive opioids than

whites or Blacks.

More information: Gawon Cho et al, Trends in Prescription Opioid and Nonopioid Analgesic Use by Race, 1996–2017, *American Journal of Preventive Medicine* (2021). DOI: 10.1016/j.amepre.2021.08.016

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