Job losses help explain increase in drug deaths among Black Americans

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New research points to an economic factor that might be overlooked when considering why drug-related deaths among Black Americans increased significantly after 2010 in U.S. regions reporting heightened
Researchers analyzed data on employment, demographics, drug seizures and causes of death for over 200 counties in the United States between 2010 and 2021.

They found that overall, one more job per 100 Black workers in a county was associated with .29 fewer overdose deaths per 100,000 Black Americans—a substantial difference when considering that the latest drug mortality rate stands at 44.2 deaths per 100,000 Black Americans, researchers said.

"We thought that to be very significant. Personally, I wasn't surprised," said Sehun Oh, lead author of the study and assistant professor of social work at The Ohio State University. "Others may be more focused on supply factors, but I believe economic context is critical to understanding the demand side of the story.

"The basic underlying framework I'm using to approach this issue is seeing the drug epidemic as a disease of despair, and examining how local labor market situations might have affected this at-risk population. By doing so, we could better understand what's driving the growth that resulted in now one of the highest drug overdose death rates."

Oh completed the work with Manuel Cano, assistant professor of social work at Arizona State University. The study is published in the American Journal of Public Health.

After a decade of rapid growth in drug mortality among Black Americans, the death rate among Black Americans surpassed that of white Americans for the first time in 2020. The drug epidemic now is primarily driven by synthetic opioids—especially illicitly manufactured fentanyl.
"There have been many descriptive studies that show this prevalence and the high risk among Black Americans, but there isn't much research that explains why this might be the case," Oh said.

He and Cano focused the analysis on 214 U.S. counties in which at least 10 Black residents died as a result of drug use during two four-year periods, 2010-2013 and 2018-2021, by combining data from the National Center for Health Statistics and International Classification of Disease codes. Death data were then linked with statistics on county-level job counts and drug supply, including state-level fentanyl seizures, as well as U.S. Census sociodemographic data and opioid prescribing rate maps.

Results showed drug deaths among Black Americans in the study time frame increased, on average, by 27.5 deaths per 100,000 population. Counties in the top third of mortality rates were primarily Midwest and Northeast communities with lower median household incomes, where the average increase was 48.7 deaths per 100,000—a 327% increase over the course of the 2010s.

In areas with higher fentanyl seizure rates—suggesting greater availability of the drug—growth in jobs available to Black workers had a stronger protective effect against increases in overdose deaths. In municipalities with more seized drugs, 50 fewer jobs per Black worker in 2018-2021 than in 2010-2013 was associated with an increase of 98.6 deaths per 100,000—compared to an increase of only 4.9 deaths per 100,000 in municipalities with 50 additional jobs per Black worker.

Oh said these findings speak to the lack of uniformity in economic recovery after the recession, and how the emotional distress that comes with job loss and poverty can lead people to seek refuge in illicit drugs—with far-reaching public health consequences.
Improving employment opportunities for the Black workforce could be one way to address drug mortality, the authors said, especially in Midwest and Northwest counties with lower incomes and in regions with higher fentanyl seizure rates.

"In addition to efforts involving harm reduction and other public health interventions, there is a pressing need for greater socioeconomic support and equitable development nationwide to confront the fundamental issues driving this public health crisis," Oh said. "There are many micro-level interventions to tackle the drug epidemic, but we can't ignore the economic side that drives demand."


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