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 The Grey Areas Of Fentanyl Crisis

 Imagine receiving a phone that your love one was found unresponsive and is now at a local hospital. Not knowing any information on how, what, where, and why you rush over to the hospital. Upon arriving the ER, you enter the hospital waiting room, where you find another family who looks nothing like your family this family is from your small town. One family is from a small suburban area the other from an urban area yet both families seem to be all worked up over something tragic that has happened to their loved one.

 This family too is upset because, they too have a love one in the trauma part of the hospital. Finally, two doctors come out at the same time. One doctor to talks to your family and another to talk to the other family. The doctors both say your love ones are in the back and have both had overdoses caused by a drug called [Fentanyl](https://www.drugabuse.gov/drugs-abuse/fentanyl).

 Yet both patients came from two different neighborhoods they both ended up in the same ER. The doctors go on to explain that your loved one has overdosed by (IDU) Intravenous Drug Use. The two doctors both explain to the two different families, that both patients had the exact strain of what they thought was heroine but was Fentanyl. Now you sit there in disbelief and then realize that the other family too is going through the same pain you are and that the drug didn’t care what demographic you were from.

You see The Fentanyl Crisis doesn’t care what university you graduated from, how much your yearly salary is, or what neighborhood you live in. The Fentanyl epidemic affects us all. No community is better than the other, yet ore light is shined upon of middle or wealthy class communities. Then you have poor communities which are skipped over. Some people look at urban communities as low income, lack of education, criminals, and high traffic areas known for drug sales and abuse. Whereas the communities lack job, are shorthanded when it comes to the proper education funds, and resources to deal with the drug abuse. How can a drug like Fentanyl increase overdose rates in one community and is considered the norm but in another community is labeled as an epidemic? When did we as a country decide to be bias with drug abuse? And who decides which demographic area is more valuable than the other when it comes to drug abuse?

 For years the black community has suffered from drug abuse crisis. In the 1980’s many African American communities which were poverty stricken suffered from the “[Crack Cocaine Epidemic](https://www.britannica.com/topic/crack-epidemic)”. Crack was the name many referred to as the street drug of cooked cocaine. “Crack cocaine is highly addictive and is produced by the conversion of cocaine, a fine white crystallized powder substance”. The crack epidemic diminished through the African American and Hispanic community; people lives were destroyed. Crime was at its all-time high, kids were abandoned by their parents because of the addiction to Crack Cocaine. “This drug carried heftier criminal charges than the powder that was more commonly used by whites.” Says Erica Morrison of [Oregon Public Broadcasting](https://www.opb.org/news/article/communities-of-color-struggling-but-ignored-in-the-opioid-crisis/). Despite this epidemic tearing the African American community apart the government didn’t help with matters. Instead of providing resources to help addicts become clean they focused more on handing out long prison sentencing for Black males who were caught with substances such as crack cocaine.

 “ [The War on Drugs](https://www.britannica.com/topic/crack-epidemic) resulted in an immense growth in court caseloads and the prison population.” “The War on Drugs focused on small-time drug dealers, who were generally poor young black males from the inner city.” While the focused was more on placing young black males in prison those left behind on the cold streets still suffered from overdoses and drug abuse. This left the African American community to rely on itself for redemption of substance abuse. Did anyone hear the cries of the young children who had to either fend for themselves or be raised by their grandparents because they’re parents were hypnotized by what seemed to be a white crystalized God. This form of cocaine grasped the lives of everyday working-class folks, previous drug abuser, and other people of a community.

 I would now like to fast forward to the year 2016 a year where America suffered another devasting time the Fentanyl Epidemic. “[Fentanyl](https://www.dea.gov/factsheets/fentanyl) is a synthetic opioid that was created by pharmaceutical companies for pain management treatment of cancer patient, applied in a patch on the skin.” “Fentanyl is 80-100 times stronger than morphine”. Fentanyl is known in prescription drug form such as Actiq, Duragesic, and, Sublimaze. All it takes for is a physician to write a prescription and with use for a period a patient can become addicted to the pill forms of Fentanyl. Some patient didn’t realize how long-term use of prescription pills with Fentanyl were more addictive. [Signs of Fentanyl Addiction](https://www.addictioncenter.com/opiates/fentanyl/) The likely hood of once the physician stops the refills can leave some patients still chasing the high. When patients can no longer receive the high from the pill’s chances are, they may even turn to the street forms of Fentanyl or sometimes even Heroin.

 The drug Heroin is usually introduced to most users after prescription abuse. “Heroine contributed to 15,482 deaths a number similar to 2016”, Says The Baltimore Sun article “[Is the epidemic now fentanyl?”](https://www.baltimoresun.com/opinion/op-ed/bs-ed-op-1207-fentanyl-opioid-20181206-story.html) The article also go on to say that “Fentanyl drugs are involved in 41 percent of opioids overdose death and heroin 22 percent, but prescription were close behind at 21 percent. Cities such as Baltimore, Md with a population of majority of African American has been destroyed by Fentanyl and heroin. Some factors of the Fentanyl Epidemic have even affected mothers abusing opioids and infants being born with ([NAS](https://www.drugabuse.gov/opioid-summaries-by-state/maryland-opioid-summary)) neonatal opioid withdrawal syndrome there’s also a link to a graph that shows “Incident Rate and Hospital Cost for Treatment in the United States.” Another taunting truth of Fentanyl epidemic was the diagnoses of HIV in 2016, 9 percent (3,480) of the 39,589 in the United States were attributed to IDU. [IDU](https://www.drugabuse.gov/opioid-summaries-by-state/maryland-opioid-summary) has a graph of Maryland of both female’s vs males of 2016 who were diagnosed HIV.

 Baltimore Maryland is an example of many cities who has battled with the Fentanyl epidemic amongst African American communities. Although Baltimore has many resource centers since 2016 many abusers don’t have insurance, proper identification, or are homeless. So, who can they rely on when the system has some cracks in their programs? The very same programs that should allow all abuser to seek help turn them away. Many people of the communities feel as though there is a racial bias when it comes to drug abuser of the Fentanyl epidemic. Kenneth Leonard, the director of Clinical and Research Institution on Addiction at the University of Buffalo says, “There is bias issues there in terms of either believing [minorities are] more likely to be substance abusers or they can endure more pain.” To be a minority and hear such words of falseness be spoken is like someone cutting your tongue off and not being able to speak your own truth. It was also mentioned a study was conducted on [Racial equality](https://www.pbs.org/newshour/health/how-racial-inequity-is-playing-out-in-the-opioid-crisis) the research touched base with how it is often medical professional perception about black patient aren’t close to true. Some professions believe black patients are more likely to not be prescribed or under prescribed compare to their counterparts. How painful to see we still live in a world where people are discriminated because of ethnicity.

 If there continues to be ignorance amongst healthcare system, how can we even expect the media, or people involved in the community to care about Drug epidemics in all communities. We as Americans must stop putting labels on each other and continuing to spread the deadly lies of stereotypes. It’s our job as human beings to treat one another with respect, dignity, and love. If we only see the gray areas when it comes to drug abuse in America many communities in the future will continue to be destroyed. The spread of the Fentanyl epidemic doesn’t discriminate against race, sex, or class. Drugs don’t have compassion ,beliefs, remorse, or the right to choice but as human beings we do.

We all should be apart of making sure the proper resources are available in our communities, hospitals, prison, and even in our academic institution its never too early or too late to educate the risk of prescription or drug abuse. I have linked some resources below if you know or may be at risk for opioids or drug abuse.

[SAMHSA’s National Helpline](https://www.samhsa.gov/find-help/national-helpline)

[Opioid Addiction Tips and Recovery](https://www.helpguide.org/harvard/opioid-addiction.htm)

[CTC Group Comprehensive Treatment Centers Opioids Use Disorder Programs](https://www.ctcprograms.com/)