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ENG 100

Formal Assignment #3 Research Project, Draft #1

November 19, 2019

The Grey Areas Of Fentanyl Crisis

Imagine receiving a phone that your loved 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. As you arrive at the ER entrance you find another family in distress who happens to be your counterpart. This family looks nothing like you, their skin color is different, and they seem to be from a part of town you are unfamiliar with. One family is from a small quiet suburban area, while the other family resides from a poor urban area. Both families seem to be all worked up over something tragic that has happened to their loved one.

This family from the urban area is upset because, they too have a loved one in the trauma part of the ER. Finally, two doctors come out at the same time. One doctor talks to your family and the other doctor talks to the other family. The doctors both say your loved 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 the loved ones have 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.

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 crisis affects us all. No community is better than the other, yet the light is sometimes shined upon of poor white and wealthy class communities. Then you have black poor communities which are skipped over because of [racial bias](https://www.usnews.com/news/healthiest-communities/articles/2019-02-11/racism-helped-shape-the-opioid-epidemic-study-suggests). A study was led by lead author and student Joseph Friedman at the David Geffen School of Medicine at UCLA. His study consisted of “Essentially, the systematic racism with the healthcare system which actually led to increase addiction and overdoses in low- income white areas but also insufficient treatment among communities of color”.

Some people look at urban communities as low income, lack of education, criminals, and high traffic areas known for drug sales and abuse. Whereas in fact some black communities suffer from lack of jobs, or they are shorthanded when it comes to the proper education funds, and resources to deal with the drug abuse. The fentanyl crisis demonstrates the American zeitgeist of racial bias by characterizing white poor or wealthy people as victims and black people as addicts.

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” “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/).

This is an example of a drug crisis where the government chose to treat the black people of the community as criminals instead of helping with drug abuse resources, they fled the street throwing every black man associated with drugs into prison. [The War on Drugs](https://www.britannica.com/topic/crack-epidemic) resulted in an immense growth in court caseloads and the prison population.” They say the war on drugs, but the result showed the war on a group of people who faced poverty and a cry for help with a drug crisis.

I would now like to fast forward to the year 2016 a year where America suffered another devasting time the fentanyl crisis. “[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.

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) 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. In a documentary by the Washington Post called “Addicted and left behind: the opioid epidemic killing African Americans. In Washington D.C. residents Sam Rogers and Renee Howell both face the harsh reality of overdosing with their next high. Renee mentions how because she addicted to heroin and fentanyl, she’s lived a life of petty crimes from shop lifting, prostitution, and even credit card fraud. Renee says, “ the drug doesn’t allow you to rest or sleep it says the drug will not allow you to put it to the side.” Sam Renee’s boyfriends says, “ I always thought to myself why keep using, but then it’s the feeling of I don’t want to feel shit.” He also goes on the say, “You never know your overdosing my girl asked am I ok, and I said that shit was alright.” “ I got up and them boom I hit the floor.” Just like that Sam had an overdose the only thing that saved his life was his girlfriend Renee also a drug user, called 911. This is the problem once you have a long criminal history what jobs are available for recovering addicts? Often the thought of facing pain from poverty, crime, and addiction to fentanyl seem like the only escape from the pain of a harsh reality.

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 crisis. 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.

In an article in [The Guardian](https://www.theguardian.com/us-news/2018/apr/28/opioid-epidemic-selects-white-victim-black-addict) called “ Amid the opioid epidemic white means victim ,black means addict” Amid speaks on racial bias and how he became friends with a white man name Matt in rehab. He goes on to say, “We sobered up in the same facility, but he was a victim.” “ I was an addict.” “Matt is a Christian. I am not.” “And these facts make all the difference in America.” Amid’s views aren’t different from what other may actually face in everyday situation when being an addict or recovering from drug abuse. The feeling knowing you will be looked down upon because of where you are from and the color of your skin can make someone who’s not an addict cringe imagine being an addict and the feeling of hopelessness.

If there continues to be ignorance amongst our government, or healthcare system, how can we even expect the media, or people involved in the community to care about the fentanyl crisis 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 crisis 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 can’t expect this issue to just go away and if it continues to be swept under a rug matters will only worsen 10yrs from now the black community . If we don’t stop being racially bias of fentanyl crisis there will be nothing left of the black community. One of the first steps of fixing this issue is be aware that it does exist, the next step is informing the healthcare system, and people of the communities of the resources which are available. We cant continue to force conviction upon the black community and then decide to aid the white community that suffers from the same crisis. There shouldn’t be an invisible line to separate those who are “victims” or “addicts.” When you are a victim of an influence of a powerful drug such as fentanyl there isn’t a line between getting high and dying from an overdose.

We all should be a part of making sure the proper resources are available in our communities, hospitals, prison, and even in our academic institution it’s 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/)