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'DEATHS *of* DESPAIR'



"I know scientifically that it doesn't have to be this way. And so I'm not going to give up," SpiritWorks Foundation executive director and founder Jan Brown said of rising opioid use and deaths among Black people in the region. **JONATHON GRUENKE/STAFF**

By **Gaya Gupta** | Staff Writer

As the coronavirus pandemic fueled the opioid addiction crisis in America last year, no demographic was hit harder than the Black community.

The rate at which Black people in Hampton Roads died from opioid overdoses jumped from 11.8 to 27.9 per 100,000 of the population between 2019 and 2020, according to preliminary Virginia Department of Health data. That's a 140% increase — higher than any other racial or ethnic group.

The rate of Black people dying from opioid overdoses statewide in 2020 surpassed that of white people for the first time since the data was first recorded in 2007. At 29.9 per 100,000, the rate of fatal opioid overdoses in Black populations is about 33% higher than the total statewide rate.

Black men are experiencing the highest fatal opioid overdose rate ever recorded at 45.5 per 100,000, and are dying at 1.4 times the rate of white men.



During the pandemic, the rate of Black people in region dying from opioid overdoses more than doubled

The Rev. Joshua N. King, senior pastor of Hampton's historically Black Zion Baptist Church, said he has lost two people in his congregation to overdoses, but he had no idea that opioid substance abuse was hitting his community so hard. He calls it "a quiet crisis."

"I'm surprised at these numbers," King said, referring to the VDH data. "I don't think that you can talk to any African American pastor that would not be surprised at these numbers. ... That's not something that we even talked about in the Black community, though, the opioid addiction."

The raw number of overdoses is compiled from the Medical Examiner's Office, which Kathrin Hobron, statewide forensic epidemiologist, uses to calculate the fatal opioid overdose rates. The 2020 rates were calculated with 2019 population data, since the estimates are delayed this year, according to Hobron.

"Numbers alone don't really tell the whole story," Hobron said. "It tells you about volume, but rates enable you to look at risk within that population."

Turn to Opioids, Page 6

McCabe could see lengthy sentence

Attorneys say term of 20 or more years possible for ex-sheriff

By **Jane Harper**
Staff Writer

The only thing more stunning than Bob McCabe's sudden rise to power in Norfolk politics was his devastating fall from it.

The Norfolk native was a little-known, 35-year-old police detective on his third marriage and not making much money when he was elected sheriff in 1993, surprisingly beating a longtime incumbent.

He was soon hobnobbing with the city's elite and powerful, enjoying a hefty salary and a comfortable life. His name recognition grew as he got involved in multiple charitable, civic and professional organizations.



McCabe

He easily won his next five elections.

But in late 2016, McCabe's luck began to change.

He finished last in his bid for mayor, discovered he was under federal investigation and abruptly announced his resignation. The 11-count indictment that followed accused him of taking cash and gifts from two businessmen who had longtime contracts with the city's jail in exchange for inside information and favorable treatment.

On Tuesday, a jury convicted McCabe, 63, of all counts at

Turn to McCabe, Page 4



STAFF

Boat Church draws Sunday crowds

Worshippers gather on water

Opioids

from Page 1

Directors of Portsmouth and Virginia Beach behavioral health care departments also expressed some surprise at the data. Theresa Newman directs The Pathways Center, a 24/7 crisis stabilization center in Virginia Beach, and has not found much racial disparity in her work.

“For me personally, I don’t think that the color of somebody’s skin determines why they die of an overdose,” she said. “So personally, I haven’t seen anything special to any group of people.”

Charles Deloatch, a certified peer recovery specialist in Virginia Beach who works under Newman, added he may not have seen such racial disparities simply because Virginia Beach’s Black population is smaller than most other cities in Hampton Roads. The population of Virginia Beach is approximately 19% Black, whereas the Black populations of Hampton, Newport News, Norfolk and Portsmouth range from 40% to 50%, according to the U.S. Census Bureau’s 2019 population estimates.

His focus is to “just try to reach the population, period.”

“The effort is there to provide services wherever we can provide services,” he said. “We don’t sit down at the end of the day and say, ‘How can we target a minority community versus a majority white community?’ When they OD, they OD.”

Nathan Woodard, director of Portsmouth’s Behavioral Healthcare Services said the city plans to consider these disparities when planning and expanding its programs.

“I certainly think this will help us target certain communities more,” Woodard said. “Given that the opioid epidemic really affects every corner of the community, we want to make sure we’re assisting every citizen. But there are some citizens that we see that are in more need than others.

“We want to really target those populations as well.”

The pandemic effect

Leaders in opioid recovery programs across Hampton Roads community service boards agree the isolation and social stresses of the pandemic drove up drug use overall. But the Black community faced particular hardships and inequities during the pandemic, which many believe might have further exacerbated drug use.

Jan Brown, the director and founder of addiction recovery center SpiritWorks Foundation in Williamsburg, calls the 510 Black people who fatally overdosed in the state “deaths of despair,” which she defines as those caused by the social distress, polarization, and systemic health barriers that people of color face, particularly during the pandemic.

“Socioeconomics, education level. ... Being a Black citizen, those are all things that are our barriers in this day and age,” Brown said. “So that’s what we consider these fatal overdoses — they are deaths of despair.”



Jan Brown, executive director and founder of SpiritWorks Foundation, wants to see more outreach to the Black community to combat the opioid crisis and build trust in recovery resources. **JONATHON GRUENKE/STAFF**

Black people faced a record number of job losses during the pandemic, according to a report from the Economic Policy Institute, a nonprofit American think tank. Nationally, more than 1 in 6 Black workers lost jobs between February and April 2020.

Losing your job can be detrimental to substance abuse recovery, said Sandrine Lamb, director of the Showers of Blessings Substance Abuse Support Group in Norfolk. Without structure and accountability, many of those who had overcome substance abuse slipped back into old habits and started using again when faced with newfound isolation or unemployment, she said.

“Holding each other responsible when we’re with one another can make a difference, but that was taken away during COVID,” Lamb said. “People lost their jobs, and I think it made our population more depressed. And (drugs) were the only way that they could cope.”

Brown and Lamb agree the economic and health inequities faced by the Black community caused stress and loneliness during the pandemic. King agrees — if there’s one thing the pandemic has caused for his congregation, it’s hopelessness, he said.

“I’m overloaded as a pastor with counseling, the counseling centers are overloaded,” said King. “And so when you can’t get the help that you need, you turn to alternative sources.”

As drug use rose in the Black community, fewer people were going in for treatment, Lamb found.

The Showers of Blessings program is hosted by Bethany Baptist Church in Chesapeake, one of the region’s largest Black churches. In a normal year, about six new members would join the program each month, with an average of 15 people attending each of the program’s three weekly meetings.

But when recovery sessions were moved onto Zoom once a week, the numbers dropped — only three people continued attending during the pandemic, Lamb said.

The Hampton/Newport News Community Services Board also saw a 30% decrease in people requesting treatment.

Lillian Chamberlain, who manages the board’s Opioid Treatment Program, found fewer low-income residents and people of color were coming in for treatment, as did Tony Crisp, director of the board’s Addiction and Recovery Treatment Services.

“I’m assuming for our residential services, they assumed that we were closed,” Chamberlain said. “We also saw people just are not coming into treatment.”

Brown also pointed out the mistrust many minorities have when approaching the health care or law enforcement system. Even though Virginia’s Good Samaritan Law provides protection against an individual’s arrest during an overdose when calling 911, many still don’t trust they’ll get the help they need.

“They’re afraid that they’re going to have their children taken away, or they’re going to be turned in or they’re going to be arrested,” explained Brown. “So again, that whole criminalization, instead of health care is what many are facing.”

Across opioid recovery organizations from Williamsburg to South Hampton Roads, there’s one trend everyone agreed was a key factor in the increased number of fatal overdoses: fentanyl, a synthetic and highly lethal opioid.

“We have seen a lot of mixing of medications and opiates with fentanyl,” said Woodard. “And fentanyl is a very, very toxic and deadly substance.”

Fentanyl accounted for 1,658, or more than 86%, of the 1,915 total opioid overdoses statewide last year. Much of the time, people don’t realize the drugs they’re using contain fentanyl, said Lamb. So part of the reason she believes these fatalities have increased so much in the past year is that users simply don’t know how strong their drugs are and accidentally overdose.

Fentanyl is affecting all corners of the drug supply, but especially in Black communities, continued Brown.

“Heroin and crack don’t cost very much, and those are the drugs that, sadly, were introduced to Black communities and the inner-city years ago,” said Brown.

“And so those are the ones that are accessible and preferred. So since they are then tainted, it makes for pretty fatal outcomes.”

Mitigating mistrust

King is frustrated with the differences in how society views opioid addiction between Blacks and whites. Whereas crack use in Black, urban populations in the 1980s and ’90s was classified as a war on drugs, the more recent prescription opioid epidemic affecting white communities has been deemed a health crisis, he said.

Now that opioid misuse is affecting Black people in Hampton Roads, he needs local resources to shift their attention to combating substance use and overdosing in his community.

“It’s always been highlighted in the white community,” he said. “The opioid addiction started in the affluent community is being treated there, but it’s not being treated in our community. ... We need to balance the scales of how we look at opioid

addiction.”

As one of the few people of color who work at SpiritWorks, Brown often finds herself being tasked with reaching out to the Black community. She wants more counselors to reach out to the Black community about opioid recovery with the same urgency they reached out during presidential elections or to get residents vaccinated.

And in order to increase trust between Black communities and recovery health care resources, she believes outreach efforts should start in the places Black people already trust the most, such as barbershops and churches.

Dennis Souther, a prevention educator, and Shelby Giles, clinical services administrator, worked with Virginia Beach Human Services to set up a table at Enoch Baptist Church, which is predominately Black, to help build up connections and trust with the community.

“The education that we provide is an effort to try to help mitigate some of the mistrust that has developed over generations of mistreatment of minorities, of people of different cultures in our community,” Giles said. “Meeting people where they are in the community is essential. You can’t expect them to come to your office door.”

Crisp points out while many people of color who come into treatment are faced with therapists who don’t look like them, many of the Hampton/Newport News board’s support peers, therapists and leadership are people of color who may be able to better relate and support minorities who come into treatment.

“Look at us,” he said, gesturing to himself, Chamberlain, and the board’s director of communications, Sherry Hunt. “People of color. Our therapists, physicians, doctors, nurses, are people of color. We understand them.”

Chamberlain also added that anyone, whether they have health insurance or not, is welcome to their treatment services. Their ability to pay, she said, “is not a factor.”

Brown acknowledged that recovery resources — such as medicated treatment programs and counseling services — that would help Black and brown communities are there, it’s just a matter of implementing them and making sure they reach people in need.

King agrees. As a leader in the Black community, he said he needs to work with other trusted Black figures and local treatment programs to talk more about this issue and set up ways to get his community the help they need.

“I think because we’re in such a desperate place that people are more willing to work with one another. And so it keeps me going,” Brown said. “I know that it can be different. ... I guess I’m stubborn. I know it personally, I know professionally. I know scientifically that it doesn’t have to be this way.”

“And so I’m not going to give up.”

Gaya Gupta, 757-446-2987, gaya.gupta@virginiamedia.com

Annual fatal opioid overdoses rates in Hampton Roads

This graphic shows the rate of fatal opioid overdoses in Black and white populations by year in Hampton Roads, which includes 16 localities: Chesapeake, Franklin, Gloucester County, Hampton, Isle of Wight, James City County, Mathews County, Newport News, Norfolk, Poquoson, Portsmouth, Southampton County, Suffolk, Virginia Beach, Williamsburg, and York County. 'Opioids' includes all versions of opioids, illicit and/or prescribed. Data for 2020 is preliminary; rate calculations for 2020 use 2019 population denominators. *The population data used to calculate rates is from the National Center for Health Statistics and reflects annual fatal opioid overdoses by race from 2007 to 2020.*

