

The Opioid Death Epidemic: One Man's View

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It has been 100 years since drugs were banned in the United States and Britain and yet today we not only have an epidemic of opioid use, heroin use, and opioid addiction, we have an epidemic of overdose by opioids. This is a terribly serious problem, and we have to do something about it. Nationally in the USA, approximately 125 people die each day from drug overdoses. Approximately 78 of them are from their heroin and painkillers.¹

One of the first things to do as a scientist approaching a problem is to try to understand the causal factors. In the early 20th century experiments were done with rats in cages. A rat was placed in a cage and given a choice to drink a cocaine water, alcohol infused water, or pure water. You know the outcome of these experiments. The rat chose to drink the alcohol or cocaine mixture and literally drank itself to death. This experiment established accepted theory with regard to substance abuse. Given a choice rats, and by extension human beings, will choose to ingest drugs to their death.

However, in the 1970s, Dr. Bruce Alexander, Ph.D., now Prof. Emeritus at Simon Fraser University, thought through these early experiments and decided that he would recreate the experiments with changes that were in accordance with what we know about rats. He added other rats, toys, tunnels, cheese, and other items to the cages that the typical rat would be involved with. He discovered that not a single rat died of an addiction. He came to the realization that it was the cage more than the availability of the drug that determined the addiction. There have been several attempts to discredit Dr. Alexander's work but attempts to recreate the work found his concepts held up.

During the Vietnam War it was estimated that approximately 20% of American soldiers were using heroin. The archives of General Psychiatry brought this impending drug epidemic to our attention as the troops returned to America. However, there was no epidemic. In fact, only 5% of the 20% of troops maintained their opioid use after they returned. They became involved with their families, their jobs, and friends, and only a small percentage required attention from the criminal justice system or the services of mental health professionals.

In the year 2000, Portugal had arguably the worst drug problem in Europe. Approximately 1% of its population was addicted to heroin. Drugs users were incarcerated. Politicians of several parties came together and decided to investigate this. Scientists and researchers brought the recommendation to decriminalize all drugs and, most importantly, use the money that would have been spent on incarceration for treatment and to reconnect these individuals to society by providing jobs and micro-loans. This led to a 50% reduction in addiction.

Dr. Peter Cohen in the Netherlands conducted a study of addiction and determined that "bonding" was the most determinative factor in protecting against addiction. He argued that having work, being involved with other people that you love, and having meaningful connections in life was highly protective against the use of opioids. Bonding with the society and avoiding isolation was key. Again, it seems that the "Cage" (the social cage) is one of the most determinative predictors of addiction.

The New York Times reported "while crack cocaine addiction was

centered in cities, opioid and meth addiction are ravaging small communities like those in Dearborn County, Indiana, where 97% of the population is white." Large parts of rural and suburban America, overwhelmed by the heroin epidemic and concerned about the safety of diverting people from prison, have moved in the opposite direction from what Dr. Cohen, Dr. Alexander, and the country of Portugal recommends. Prison admissions in these counties with fewer than 100,000 people have risen and politically conservative counties have continued to send more drug offenders to prison reflecting the changing geography of addiction.¹

Aaron Negangard, the elected prosecutor in Dearborn County Indiana said last year "I am proud of the fact that we send more people to jail than other counties. That's how we keep it safe here." This small county sent more people to prison than San Francisco and Durham, NC combined.¹

However, other areas of the country are approaching these problems in a different fashion. "In one of the most striking shifts in this new era, some local police departments have stopped punishing many heroin users. In Gloucester, Massachusetts, those who walk into the police station and ask for help, even if they are carrying the drugs or needles, are no longer arrested. Instead, they are diverted to treatment, despite questions about the police departments' unilateral authority to do so. It is an approach being replicated by three dozen other police departments around the country."¹

My message is that it's the "cage" that people live in that is the predominant causative agent in addiction. It's not that doctors are inappropriately prescribing narcotic

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drugs. There are many opportunities to purchase cheap heroin on the streets. And by far most people treated with opioids for pain relief do not abuse these medications.

The opposite of addiction is "connection," to paraphrase Dr. Cohen. These people cannot bear to be present in their own lives. Certainly opiates diminish physical pain, they also certainly diminish emotional pain. It's the emotional pain, the disconnection, the absence of a meaningful relationship with people in society that is highly determinative of opioid addiction

For additional reading about addiction and "the causes found in the social cage" consider Johann Hari: *Chasing the Scream*, highly recommended and endorsed by diverse figures such as Bill Maher, the San Francisco Chronicle, Norm Chom-

sky, and Amy Goodman. Consider also the work of Dr. Bruce Alexander: *The Globalization of Addiction* for which he received a high commendation from the British Medical Association's annual book award in 2009. (Johann Hari has an excellent Ted talk which stimulated much of my thoughts on this, and I borrowed material from his talk to compose this essay).

The North Carolina Psychiatric Association will be sponsoring a program on the opioid epidemic in 2017. I look forward to seeing how it addresses problems I see in my practice. For the most part, the people I see who have developed an opioid addiction did not begin the addiction in a doctor's office trying to get OxyContin for the management of their joint pain, and then started taking heroin on the street. What I find in my practice is the estrangement, disconnection, lone-

liness, and syndromal psychiatric illnesses that play a significant role as individuals self-medicate.

I suggest that current evidence supports the hypothesis that help comes through the reconnection of these individuals in a meaningful way to a more adaptive social cage (jobs, friends, loved ones). Psychiatric and other mental health services should substitute for the process of placing these people in smaller cages, including jail. We should work to create a socially enriched cage that promotes bonding and leads to alternatives to drug addiction. †

The opinions in this editorial are my own although I have borrowed liberally from several figures and have tried to give attribution when appropriate.

References:

1. NYT12/30/2016