Chad Francour Stigmatizing Addiction

Stigmatizing Addiction

This is a three part series on how humans navigate this complex world. The first part of confronting stigma is dealing with drug addiction. I share some ideas on why we judge certain behaviors and conditions and how those judgments make it that much harder to even talk about them even in a constructive way. It has been 100 years since drugs were first banned in the United States and Britain and that mantra has been opposed onto the rest of the world. I am going to first ask some basic questions (e.g., what causes addiction? Why do we still support a system that does not work?) about addiction. Everything we think we know about addiction is wrong!

I propose this hypothetical question of a person is hit by a car; he or she may be given loads of diamorphine. The drug diamorphine is heroin, actually much better heroin than you would purchase off the streets because the drug dealer has contaminated and little is actually heroin, but the stuff the patient would receive from my doctor is medically pure. Most persons have been taught that there are chemical hooks that make a person dependent on receiving a drug and that is the why we have such a huge drug problem in the United States. If what we believe about addiction is true then a lot of individuals are exposed to those chemical hooks and guess what should happen? He or she should become addicted. This, however, does not happen. After a hip replacement my dear old mom does not become an addict because the doctor prescribed diamorphine. Why?

The experiments performed in the early 20th century thought that addiction was caused by chemical hooks in a person's body and that causes drug addiction? Most people would say any drug you dummy! We think if we seize 20 persons off the street and like a villain and a sword we would forcibly inject a drug three times into the individuals every day for a month, we presume, at the end of the month there would be 20 new individuals addicted to a drug for the obvious reasons there are chemical hooks in a drug that the person's body would desperately and physically need and that is what we call addiction.

Professor Bruce Alexander in the 1970s, in Vancouver, proposed a new theory of addiction that maybe it is not the chemical hooks but the cage in which we inhabit (<u>http://www.brucekalexander.com/articles-speeches/rat-park/148-addiction-the-view-from-rat-park</u>). The researchers took a rat and gave it two water bottles. One bottle was pure water and the other one was laced with heroin or cocaine. Almost always the rat that was alone in an empty cage will choose the laced bottle and very quickly kill itself. The rat had nothing to do but take drugs. Alexander thought what if we did this differently.

In his experiment he built a cage called Rat Park almost like a heaven for rats. In rat heaven the rats are given loads of friends, food, tunnels to scamper around, and able to have loads of sex but also given both water bottles. The fascinating thing is rats in rat heaven did not like the drugged water and none ever used it compulsively and zero rats ever overdosed. The researchers found a 100% compulsive use, overdose, and death when a rat's life was bad as compared to when a rat's life was good and rats have what is meaningful to rats. Many might wonder can this experiment be played out in humans.

It was called the Vietnam War. It was speculated that 20% of American troops were using loads of heroin (<u>https://www.nytimes.com/1971/05/16/archives/gi-heroin-addiction-epidemic-in-vietnam-gi-heroin-addiction-is.html</u>). The news reports from the time showed a major concern for when the troops returned back home. The public officials thought are we going to have hundreds and thousands of junkies on the streets of the United States when the war ends and it made total sense.

The troops that had been using a lot of heroin from the archives of General Psychology (e.g., American Psychological Association) conducted a detailed study of what happened to the troops. It turned out, the soldiers did not go into rehabilitation programs, and he or she did not go into withdrawal, 95% of the troops just stopped. If you believe the story, now, of chemical hooks and that makes absolutely no sense. Professor Alexander began asking there might be a different story about addiction. What if addiction is not about your chemical hooks but rather what if addiction is about one's cage? What if addiction is an adaption to one's environment?

Looking at this, was a Netherlands professor named Peter Cohen, he said maybe we should not even call it addiction but maybe we should call it bonding (<u>https://www.dutch-passion.com/en/news-anddevelopment/drug-addiction-just-a-myth-according-to-drugs-professor-peter-cohen/</u>). Human beings have a natural and innate need to bond. When we are happy and healthy we will bond and connect with each other but if we cannot bond because we have experienced a traumatic event, isolation, or beaten down by life, you will bond with something that will give us some sense of relief. The escape might be gambling, pornography, cocaine, cannabis, but you will bond and connect with something because it is in our nature and that is what we want as humans. You may be thinking whoa Chad but there are people that come from similar backgrounds who do not have difficult external circumstances in his or her life who still become addicts. It is not totally uncommon.

If we read text from the 1960s from feminist Betty Friedan who had recurring themes in her work. A housewife in the 1950s goes to her doctor and says there is something terribly wrong with me (<u>https://www.history.com/topics/womens-history/betty-friedan</u>). I have everything a woman could want in life. I have a husband who does not beat me, a washing machine, and two kids and even a car but I still feel terrible. If we could go back in time and ask them, "you have everything in standard terms of the culture but what if the norms are just wrong, you need more than what is considered normal. Are those individuals who have psychological needs that are not being met by whoever? Do they feel like they have meaningful or connected to life or feel they belong. Those questions are more important than if you have money. The opposite of addiction is not sobriety; the opposite of addiction is connection.

To be very clear, I am not saying there is no biological connection to addiction but an environment steeped in shame and stigma makes it that much easier for someone to turn to drugs. In the run-up to the 2016 elections, Johann Hari, did a study on people who did not get out to vote in a place called Broadway-Slavic Village is a neighborhood on the southeast side of Cleveland Ohio (https://www.npr.org/2018/02/23/587908364/johann-hari-does-stigmatizing-addiction-perpetuate-it). On a street where one third of the houses had been demolished, one third have been abandoned, and one third still has people living in them with huge addiction problems as a person can see just walking around.

When he knocked on a door, this woman who looked like she had an addiction problem answered. She was very articulate and extremely angry. She said something that haunted him. She talked about what the area used to be like and how it made sense; the work, the regularity, and now the future were all gone. She was trying to describe what the area used to be like and what she meant to say was when I was young but what she actually said was when I was alive. Johan reeled back and now understood this woman's anger and understood when people feel this disconnect to the world, communities, and a sense of the future. If you take those things away from someone they will be in terrible despair.

In the year 2000, Portugal had one of the worst drug problems in Europe. An estimated 1% of the population was addicted to heroin (<u>http://www.wfad.se/latest-news/1-articles/123-decriminalization-of-drugs-in-portugal--the-real-facts</u>). Every year the Portugal government tried the American way to control

drug abuse. The officials would punish (e.g., jail, stigmatized, or shamed) the person more and more every year. The problem, however, got worse. A former Prime Minister of Portugal, one day, and the leaders of opposition came together to say we cannot go with a country where everyone is becoming addicts.

A subpanel by Dr. Joao Goulao came back and said decriminalize all drugs from cannabis to crack but take the money we put forth to cutting a person off of a drug and instead put it towards reconnecting the individual back to society

(https://www.npr.org/sections/parallels/2017/04/18/524380027/in-portugal-drug-use-is-treated-as-amedical-issue-not-a-crime). That is nowhere near the drug treatment measures the US and Britain do to combat the problem. The US does some residential rehabilitation and psychotherapy and that does have some benefit but what Portugal did was the complete opposite. The government did a massive program of job creation and microloans for addicts to start a small business.

Let us just say you are a mechanic. When the person is ready to go out and start work at a garage; the government says to the prospective employer that if you employ or support this person for a year we will pay half of the wages. The goal was for every addict to get out of bed in the morning. As the addicts rediscovered purpose they would rediscover bonds and relationships with the wider society. It had been 15 years since that experiment began and the results are in according to the British Journal of criminology; the injecting drug use is down by 50% since the beginning of the experiment in addiction is significantly down in almost every study. One way person knows that it is working is no one ever goes back to the old system. Portugal said, "Stigmatizing this problem is not working so what is the issue." This research had been known by political leaders, you, and me for the past 18 years so what is the REAL problem of addressing addiction?

One might be that we have not done enough explaining what the alternatives mean so we talk about decriminalizing or legislation, which happened in Switzerland of heroin with amazing results. I'm not saying heroin should be in our local Walmart's or CVS stores and that children should use the drug but what I am suggesting is; we the people need to do a better job of communicating to our political leaders what we are in favor of. Switzerland and Portugal had this huge heroin epidemic and tried different approaches led by a female president called Ruth Drivers. Ruth explained it in Swiss residents like you think of legalizing heroin, you picture anarchy and chaos but what we have now is anarchy and chaos. We have unknown criminals, selling unknown chemicals, to unknown drug users, and all in the dark spreading violence and vicious diseases. Legalization is to restore order to this chaos and violence.

What Switzerland did was assign people to a clinic where you are giving your drug. The drug could not be taken out of the clinic and you are watched by a trained nurse. The person then leaves to go to their job and you were given loads of support to turn your life around. The results were extraordinary! There have been zero deaths of the legal heroin program that started 15 years ago. The United States has a different outcome; more people have died from heroin and opioid overdoses since you began reading this paper than have died in Switzerland. At some point we have to ask why?

Journalist, Johann Hari, who wrote a book called, "Lost Connections: Uncovering the Real Causes of Depression," says we all have anger about addiction and depression. At some point we have to look at the results and policies based on stigma and shame and realize that they kill people. The policies are deadly but policies based on love and compassion work much better. There are still problems in both countries but their lives are getting better. For 100 years now we have been singing war songs about people with addiction problems but we should have been singing all along songs of love.