Overdose Awareness Day: Honoring the Overdose Dead

Elsa Vivant

To cite this article: Vivant, Elsa, "Overdose Awareness Day: Honoring the Overdose Dead" "Overdose Awarness Day : Honorer les morts par surdose". *AOC [Analyse, Opinion, Critique]*, 30 August 2021. https://aoc.media/analyse/2021/08/29/overdose-awareness-day-honorer-les-morts-par-surdose-dopioides/.

On August 31st, ceremonies are held in many cities in the United States to commemorate those who have died as a result of drug overdoses. Flags are flown at half-mast, purple ribbons and bracelets are distributed, candles and crosses symbolizing the deceased are laid, and the names of the dead are read out. These are all initiatives taken by bereaved parents who, in recent years, have dared to speak out and call on elected representatives to address the overdose epidemic, which has claimed more than 800,000 victims over the last twenty years.

This scourge has its roots in the mid-1990s with the rise in consumption of opioid painkillers following Purdue Pharma's introduction of Oxycontin on the market. The drug's spectacular commercial success can be explained by aggressive advertising practices, the targeting of prescribing physicians, and the underestimation of the risk of addiction. It was concomitant with the medical community's growing interest in better pain management, partially through the recognition of pain as a fifth vital sign on which doctors should base their diagnosis – and their prescriptions. Pain management is thus becoming one of the criteria for assessing the quality of care in a context of structural transformation of primary care provision. The trend is towards organizations in which medical consultation is subject to the logics of profitability, quality assessment of the patient relationship, and legal risk (Lembke 2016). Doctors consequently have less time to devote to their patients, and respond to their complaints with painkillers that are better covered by insurance than physiotherapy and psychotherapy. They moreover receive very little training on addictive behaviors, which means they risk perpetuating prejudices and stigmatization of the people concerned, further hindering access to care.

The first warnings were issued in the late 1990s by doctors in rural counties of Maine and West Virginia, who were faced with an increase in requests for treatment for addiction among their patients. It seem, however, that at the time, the misuse of FDA-approved drugs was not a priority for the anti-drug authorities, who focused on prohibited substances (Meier 2003). In fact, heroin use has been on the rise since the mid-1990s and has spread through new distribution networks outside of urban centers. On the underground market, dealers have adapted and developed home delivery, making the scale of the transactions invisible (Quinones 2016). The decisions to restrict access to opioid painkillers taken at the end of the 2000s to curb the crisis only precipitated the deadly trend by encouraging those already addicted to obtain supplies illegally. In States

where the market is less regulated, doctors continue to prescribe opioids in very large quantities, fueling a market for diverted medications which is rapidly being replaced by heroin. This shift is the reason for the initial acceleration in overdose deaths. The replacement of heroin by the cheaper and more powerful fentanyl has triggered a second increase.

The growth in opioid consumption has long been silent, as the fall in the price of heroin and the reimbursement of prescribed drugs have limited recourse to delinquency to finance its consumption, or at least restricted them to the family circle. Another factor in the invisibility of the crisis is families' blindness and disbelief. Located in suburban housing estates, they believed they were protected from the dangers of drugs, which were perceived as an urban problem linked to the decline of inner cities and the rise in crime (Schneider 2011). This misrepresentation conveys the social and racial prejudices forged by prohibition which, from its inception in the early 20th century, has become a means of social control device for the working classes and minorities (Musto 1999). Many works have highlighted the institutional racism of drug policies and their role in mass incarceration (Alexander 2017). The media coverage of the war on drugs launched by the Reagan administration reinforced the stigmatized image of the threatening, aggressive and unruly black male crack smoker. These distorted representations of drug use have criminalized young black men from working-class neighborhoods and invisibilized the complex realities of addiction, further reinforcing them through a lack of appropriate care and prevention measures.

The racial and social dimensions of drug use and their representations largely explain the political responses to them. The media portray a dual geography of the opioid crisis: the declining rural areas symbolizing a white America in distress, and the bedrooms of teenagers in middle-class suburban housing estates. Additionally, in certain cities such as Boston, Philadelphia and San Francisco, there are open drug scenes. The frequent use of the expression "the new face of heroin" refers to prejudices about users. Presenting drug use in the suburbs as something new implies that its presence elsewhere is an old phenomenon. Whereas crack use in the 1980s was associated with the image of marginalized populations portrayed as criminal or immoral, opioid drug users are now portrayed more sympathetically by narratives of ordinary lives with unjustly broken trajectories (Netherland, Hansen 2016). The iatrogenic origin of these addictions contributes to the production of new representations of the users: they are patients asking for pain management who have become the unwitting victims of unscrupulous and greedy medical and pharmaceutical practices. Yet these drugs are part of the ordinary pharmacopoeia of American families. Many have taken them, and while the majority of users do not become addicted, they have experienced opioids and understand better why some seek its effects. There is thus a possible identification here, especially since people have themselves been exposed to the same risk, and many of them personally know someone who has been confronted with this problem.

Yet the stigma remains. The families' silence is fueled by a sense of isolation, shame, guilt, and rejection within their community. In recent years, some parents have nevertheless

been speaking out. Influential people are coming out publicly about their addiction or that of a loved one. Groups have been set up to talk, share, support and grieve. Together, they talk about the way neighbors look at them, the remarks made by teachers, the friends who turn away, the resistance to pressing charges against their own child who steals their brothers' and sisters' pocket money, their grandmother's jewelry, the wallet they hide under their pillow every night, the tracking device on their car's GPS or their phone, the calls in the middle of the night from the police station or, worse, from the emergency room, the grandchildren placed in custody by the social services, the criminal record, the visit to prison, the feeling of abandonment by the other children, the gratuitous violence, the powerlessness in the face of the suffering of withdrawal, the savings squandered on cures across the country, the relapses, the screams, the cries, the nights waiting for him, the rounds in the car to find him, the panic in front of his lifeless body, the pain they have been going through for the last ten, fifteen, twenty years sometimes.

Initially set up as a collective catharsis, some of these groups become political. They discuss solutions to stop this trail of death, so that other parents do not go through the same ordeal or experience the same tragedy, and so that their dead child is not just a statistic. While some people are calling for the reinforcement of repressive measures (such as charging fentanyl dealers with homicide), others are calling for an overhaul of mental health policies and even for a reconsideration of drug policies. For all of them, access to care is the major issue, and to achieve this, de-stigmatization remains a battle for which public commemorations are a means. For instance, Cheryl, several years after the death of her son in 2011, created a group on a social network to share the pain of her grief with other parents. Every day, messages of support and prayers are posted, and birthdays of dead children celebrated. Gradually, the messages have taken on a more political tone as questions are raised on Purdue Pharma's role in their children's addiction and death. Holding their portrait at arm's length, parents participate in demonstrations outside the company's headquarters or the Harvard Museum to denounce the art washing of the Sackler family through philanthropic investment. Based on the case files that attest to the causal link between drug prescriptions, addiction and overdose in hundreds of patients, they mobilize to make their voices and those of their dead heard in the legal proceedings. Cheryl invites them to write to the President of the United States on Valentine's Day, calling for a federal flag to be flown at half-mast one day a year to celebrate overdose deaths. She herself supports the creation of safe consumption spaces, which are currently banned in the United States under the federal *crack house* law. Thanks to the mobilization of activists for harm reduction and the defense of the rights of people who uses drugs and/or the homeless, some States are in the process of authorizing them (Rhodes Island is the first) as a means of preventing overdoses. Other parents' organizations are creating memorials on the Internet, organizing commemorative events, training in first aid and in the administration of naloxone (the antidote to overdoses), and developing critical expertise on treatment methods (which are not very well regulated) to provide families with the best possible information and to avoid scams. Although addiction affects everyone, not everyone has the same resources to deal with it.

The iatrogenic origin of the crisis creates confusion between the illicit and licit categories, which have already been called into question by the movement to legalize cannabis (for medical and then recreational use). The exceptional mortality rate and its consequences (lower life expectancy, cost to the health and security services) make alternative proposals to prohibition audible: decriminalizing the possession of syringes and naloxone and distributing them free of charge, facilitating access to medical treatment, and de facto decriminalizing use by not prosecuting. The social proximity between political decision-makers and opioid users is also a lever for changing legislation, practices and representations. However, these changes vary widely from one State to another. Although there is an emerging consensus that addiction is a public health problem, law enforcement agencies are still in the front line in dealing with it. Without a profound change in drug policy, local and ad hoc initiatives are insufficient to reverse the trend. The health restrictions put in place to limit the spread of the coronavirus have exposed people who use drugs to greater risks of overdose: poly-drug use, isolation, reduced access to prevention services, and worsening survival conditions for the homeless. The result is an increase of almost 30% in overdose deaths. In 2020, every day, 250 families buried one of their members who died of an accidental overdose: 93,300 preventable deaths.

Cheryl's second son, Sean, died on June 25th, ten years after his brother Corey.

He was 32 years old.

References:

Center for Disease Control website: https://www.cdc.gov/drugoverdose/index.html

Alexander, Michelle. *The Color of Justice. Mass Incarceration and the New Racial Segregation in the United States*. Radical America collection. Paris: Editions Syllepse, 2017.

Commonwealth of Massachusetts Attorney General. Commonwealth of Massachusetts Versus Purdue Pharma L.P., Purdue pharma Inc, Richard Sackler, Theresa Sackler, Kathe Sackler, Jonathan Sackler, Mortimer D.A. Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Peter Boer, Paulo Costa, Cecil Pickett, Ralph Snyderman, Judith Lewent, Craig Landau, John Stewart, Mark Timney, and Russell J. Gasdia [Record of Trial], No. C.A.No. 1884-cv-01808 (BLS2) (Commonwealth of Massachusetts Superior Court 2019).

Lembke, Anna. *Drug Dealer, MD. How Doctors Were Duped, Patients Got Hooked and Why It's So Hard To Stop*. Baltimore: Johns Hopkins University Press, 2016.

Meier, Barry. *Pain Killer. A "Wonder" Drug's Trail of Addiction and Death*. New York: Rodale, 2003.

Musto, David F. *The American Disease. Origins of Narcotic Control (3rd edition)*. New York: Oxford University Press, 1999.

Netherland, Julie, and Helena Hansen. "The War on Drugs that Wasn't: Wasted Whiteness, 'Dirty Doctors,' and Race in Media Coverage of Prescription Opioid Misuse." *Culture, Medicine and Psychiatry* 40, nº 4 (2016): 66486-.

Quinones, Sam. *Dreamland. The True Tale of America's Opiate Epidemic*. Bloomsbury Press: New York, 2015.

Schneider, Eric C. *Smack. Heroin and the American City*. University of Pennsylvania Press. Philadelphia, 2011.