Living in the Opioid Epidemic
Metro Bethesda Rotary Club
October 18, 2018

Thank you very much.
I am very grateful for your invitation to join you today. I love to speak to Rotarians.
You are men and women deeply concerned about public welfare. You are educated, well informed, and work to better your communities and the world at large.
And third, you have the Four Way Test.

"Of the things we think, say or do
1. Is it the TRUTH?
2. Is it FAIR to all concerned?
3. Will it build GOODWILL and BETTER FRIENDSHIPS?
4. Will it be BENEFICIAL to all concerned?"

In thinking about living in the opioid epidemic, I want to speak to your common sense and your values of truth, fairness, and promoting the common good.

I want to start with something that I'm sure you have heard many times, "Drug addiction tears families apart." You have all heard this, yes?

Families suffer from all kinds of challenges and tragedies, but "tearing families apart" seems to be almost universal with the disease of drug addiction. Addiction is different from other diseases -- primarily because it is illegal. Almost no other disease carries the shame and hiding that addiction carries, does it? 35 years ago AIDS carried stigma and shame, but certain private intimate behaviors were serious crimes in much of the country. But

that is no longer the case. The shame around addiction is different from other diseases.

When people are sick, sympathy is given and networks of support and sharing are created. Community groups and philanthropists invest in finding cures for the disease and eradicating the disease. Rotary is working to eradicate polio in Africa. Polio is a virus and its primary reservoir in nature seems to be humans. We believe that if we vaccinate the entire population, we can stop the spread and reproduction of the virus. But this model of disease response is not helpful for addiction.

Patients with diseases like polio are not outlaws. It would be counterproductive. If you could go to jail if you had polio, people would not go to the doctor if they got sick. People at risk of polio would distrust doctors. And they would distrust the police who were looking for them to arrest.

But the disease of drug addiction is very different. You all understand that the behavior of addiction is entwined with illegality. Unlike viruses, laws are human creations. In America, we write so many laws, our environment is filled with law the way the air is filled with oxygen. We can't escape oxygen or the law and we can't live without them.

Our laws making drugs illegal make drugs very expensive and profitable, and those with the disease of addiction are desperate for money to buy drugs. Our policy forces them to steal, and makes them do other shameful things.

Addiction is a unique disease in that law enforcement officers, judges and corrections officials dispense "treatment," and are accepted as "experts" in treating the disease. Plainly, that's absurd.

With the illegality and shame, it is no surprise that families suffering from addiction are torn apart. We all see that our society despises and distrusts people with addiction – and it tends to blame family members.

The justice system is wrongly convinced that shame is an effective way to improve behavior and relies upon punishment to do this. The punishment model has created a non-solution for drugs called "tough love." In this model, hurting the patient is therapeutic because this model believes that people who are addicted will only begin to take care of themselves when they "hit bottom." In this model, making the lives of the person with the disease suffer is a good thing. Helping the person with the disease is a bad thing. "Don't be an enabler! Kick your addict kid out of the house! Don't give them money for food. For her own good, let her hit bottom." This is an Orwellian vision of therapy and medical care, one approved by Big Brother.

For what other diseases do we think that poverty, homelessness, malnutrition and shame are therapeutic?
From criminal justice experts, behavioral "therapy" is called "corrections." They are comfortable with recidivism rates of one-half or worse. Let's be blunt, when it comes to treatment, generally the experts from law enforcement are experts in what fails.

Typical law enforcement experts on drug policy are prejudiced against drug users and frequently ignorant.

[Before I share a quick story that I personally witnessed, I need to provide an important fact. If you use marijuana, you cannot have a fatal overdose. Marijuana can impair your motor skills and your perceptions, and therefore it is involved in tragic vehicle deaths, and other accidents. But unlike cocaine or heroin – which are chemically completely different and which affect different structures and processes of the brain – the scientific literature is

clear, you are not in danger of dying from an overdose of marijuana. Since the Nineteenth century when Western scientists started studying Cannabis usage around the world, there have been no recorded cases of marijuana overdose fatalities. Now, in February 2014, the Maryland Senate was considering legislation to legalize marijuana. I was present and testified in favor. Then on a panel of opponents to changing Maryland's marijuana laws, was the Maryland Police Chiefs Association's special expert on marijuana, the Annapolis Chief, Michael Pristoop. I saw him *testify in the Maryland Senate* that 37 people died from marijuana overdoses in Denver on January 1, 2014, the first day marijuana was legal there. Now if that happened – 37 people die on the first day marijuana was legal – don't you think that would have been a front page story in The Washington Post and the lead story on the television news? You any of you recall such a news story?

Why would Annapolis Police Chief Pristoop say such an absurd thing? He believed it was true. Then to confirm his belief, he probably Googled for "marijuana deaths" or "marijuana overdoses." He found a report online in *The Daily Currant* that had all the appearances of a news story with a headline, photographs, quotations and a reporter's byline. *The Daily Currant* is a comedy news website like *The Onion*. The "news story" was a satire. It was a very effective spoof of the common drug abuse overdose death news story that would be about fentanyl, contaminated heroin or cocaine, or some new synthetic drug. The account repeated law enforcement myths about marijuana, and the Chief of Police found the "evidence" that supported his prejudice.]

This problem is too serious. We can't rely on prejudice, on myths, or on comedy websites. The numbers are shocking. There were more than 50,000 drug related poisonings and fatal overdoses in 2015. Then that huge number was topped by more than 60,000 in 2016, and then over 70,000 in 2017! For comparison, American deaths in the whole Vietnam War were about 58,000. When I

started this work in 1980, there were only about 7,000 overdose deaths from all drugs in the whole year for the whole country.

We need a better way.

It occurred to me many years ago when I started talking to Rotarians about drugs that that Rotary Four Way Test is a useful for talking about public policy like drug policy.

A new policy means change, and change can be threatening. Change usually means that someone has to move out of their "comfort zone."

When 180,000 people have died in the last three years from drug overdoses and poisonings, we need to risk getting out of our comfort zone. What we have been comfortable doing since the days of President Nixon is not working!

Question: If a policy has been wasting money and we eliminate the waste, the beneficiaries of that waste are going to be hurt, right? Perhaps eliminating waste is not beneficial to all concerned – does eliminating waste meet the Fourth Rotary test?

Who benefits from our current drug policy of prohibition? Organized crime benefits, money launderers benefit, those who sell guns to organized crime, etc. That's easy to understand.

Second, perhaps a little less obviously, police and enforcement agencies benefit. Their budgets keep going up. They hire more staff and get more equipment.

With more money and equipment, they can make more drug arrests and get promoted. Drug arrests are easy to make. Drug arrests have been the number one category of arrests every year for 40 years.

According to the FBI, each year for the past 40 years, there have been more arrests for drugs than for all violent crimes combined.

When there is a stop and a likely arrest, the officer often calls for back up. Every officer on the scene is a witness and is named in the arrest report. Every time the case goes to court all the officer witnesses are summoned. The officers show up ready to testify. The way this works in Montgomery County is typical. Under the police union contract, no matter how briefly an officer is at the Courthouse, the officer is guaranteed a minimum of 3 hours of overtime. In practice, because the officer will not have to testify the officer is usually soon excused by the Assistant State's Attorney. Ka-ching Ka-ching. Drug arrests lead to more overtime pay. Is this working to prevent opioid deaths, or is this a waste?

When I started today talking about with families torn apart by drugs, I began with those who most profoundly do not benefit from our drug policy. They are the people who die and those who suffer.

Others who do not benefit from drug prohibition: the victims of crime, those whose taxes are higher to pay for more prisons and bigger court houses, those who pay greater insurance premiums to cover the losses due to the crime. Most of us do not benefit from our current drug policies.

When I started with families torn apart, I focused on those we love. They are in danger, not simply because drug use is risky, but because our drug policies and our anti-drug culture teaches us to shame them. Thus, we exclude them, we withhold our love from them. Those who use drugs are bombarded with messages of hate and contempt. They are constantly afraid of being arrested and jailed. Parents are encouraged to have their kids arrested.

How many of you have been arrested or jailed? It is a very frightening experience. It is a very shaming experience. Jail feels

dangerous and it is. No sensible, loving person wants a family member to be arrested and jailed if it can be avoided.

You wouldn't jail someone with heart disease, cancer or diabetes in order to change their behavior that aggravates their illness. So, why do we jail someone with the disease of addiction? Is it because drugs are "bad" for you? They may be, but doing "bad for yourself" is not a reason to jail someone.

Drugs are "bad" for you because their use has risks of harm. Why are the risks from drugs made criminal and distinguished from all the other risks we undertake? Risk is foundation of our economy and our culture. Our ancestors ran risks immigrating to America, or chancing the Underground Railway. Every investment we make has risk – and the greater the risk, the greater the reward. That is the American way. America doesn't "run on Dunkin'," it runs on risk!

Pleasure has risk – every sport we love has risk. Football, with brain damage or heat stroke. Mountain climbing, down hill skiing, scuba diving, auto racing. We celebrate defying death, cheating death! In these activities, we take steps to reduce the risk and to minimize the harm. Seat belts in cars, helmets – football helmets, bike helmets, baseball helmets, etc. Life guards at the pool and the beach, ski patrol, etc.

So here is the nub – for drug users, we need a policy that focuses on reducing their risks and saving lives.

When do we adopt a policy that makes saving lives and minimizing suffering the top priority? Saving lives should not be simply a byproduct of law enforcement and mass incarceration.

We need to give drug users the tools to save lives.

They need sterile syringes to avoid life-threatening infections. Since the AIDS epidemic started and we first discovered HIV in the 1980s, this intervention has been endorsed by public health officials. Law enforcement insisted that providing sterile syringes to drug users encouraged them – all the evidence to the contrary. But it has been opposed by law enforcement for a generation. Here in Montgomery County, we *still* do not have a syringe services program! We are behind many other counties and the rest of the state.

Opioid users should have **test kits** to test the drugs they buy to know what they are injecting. The data show that when drug users know their heroin is contaminated, they are more careful in how they inject. This is a fentanyl test kit. With this little kit, you can find out if your drug is contaminated with fentanyl or an analogue. They need to know what they are using. Until earlier this year, a testing kit like this was illegal in Maryland because it was deemed "drug paraphernalia." Now these are legal.

Opioid users die from overdoses because the drug attaches to nerves that control breathing. When those nerves are flooded with too high a dose of opioids, breathing stops. Naloxone, also called Narcan, is a drug that, in effect, kicks the opioid molecules off those nerves so that breathing can start again.

We need to administer the medication that can stop overdoses as soon as someone overdoses. [Hold up naloxone.] This is naloxone – it is also called Narcan. This stops overdoses almost immediately. Only recently have we begun to make sure that **every first responder is equipped with naloxone**. Only recently have we begun to make sure that naloxone is in first aid kits in public facilities and schools.

But is it realistic to expect persons who are using illegal drugs to immediately call 9-1-1 to summon an ambulance and EMTs? Isn't it the police who answer the phone? Haven't the police announced that they are going to treat overdoses that turn fatal as homicides and the places where they died as crime scenes? Haven't prosecutors announced they will seek the death penalty for those who distribute drugs that lead to a fatality – including sharing your drugs?

When someone overdoses, those who are present are usually surrounded by evidence that could send them to prison for years – even if it is mom or dad finding their daughter in her bedroom. If it's a drug user, they could face a probation or parole violation that sends them back to prison. With our current laws, it has been unrealistic to expect drug users to call to the police emergency dispatcher before they are able to hide the evidence of illegal drugs. What can we do to save lives? Maryland and other states have passed laws called **Good Samaritan 9-1-1 laws to prevent prosecution** for those who call 9-1-1 for medical help to save a life.

But often there are exclusions from the protections of these laws. Law enforcement lobbyists, for example, wanted exclusions if the caller has an outstanding warrant, or is on probation or parole, or if the caller shared their drugs with the person who overdosed. In pressuring the General Assembly to write these laws narrowly, those callers can still get arrested and go to prison. But if lawmakers believed that the life of the drug user who is overdosing was worth saving, then wouldn't our law give blanket protection to those who call for help to prevent an overdose death?

Indeed, those who are overdosing should not have to depend on first responders to get naloxone. Every opioid user should have naloxone with them. These injectors should be distributed to everyone picks up an opioid prescription at the pharmacy, after all,

medical patients sometimes overdose because they make a mistake and forget when they took their last pill and they are still in pain. Naloxone should be distributed widely, like condoms. The family members of every opioid user should have these and be trained to use them. Fortunately, Gov. Hogan signed an order last year that says that you know longer need a prescription to get naloxone at the pharmacy – except that pharmacies charge a lot, if they even carry naloxone on their shelves.

Finally, opioid users need **safer, supervised places to inject or use drugs**. In the near term we need to do here what the civic leaders are considering in Philadelphia, San Francisco, Seattle, Boston and New York which is to **create storefronts or offices where drug users can come to use drugs.** They will have access to clean water, clean tools for using drugs, and medical intervention if they overdose. Why would we make it easier for the opioid user to use drugs? Because the drug user is a person. Because these supervised consumption spaces save lives. Our General Assembly needs to authorize such places wherever in the state there is a population of injecting drug users. Because somebody loves that drug user.

This is what is needed to solve this problem – our love! Drug users need to know that they are loved and we need to behave consistently with that love. Our laws need to reflect a cultural change toward loving people who suffer from the disease of addiction.

If we love drug users in our families, we don't want them jailed. And we don't want to jail the drug users in other families either.

We need a new approach that no longer focuses on hunting down drug users and uses the law to hurt them.

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