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Seeing the Faces of Opioid Addiction

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Seeing the Faces of Opioid Addiction

Abstract

"Around 130 Americans die every day from opioid related deaths, most of them overdoses."

Posting about the problem of substance abuse from *In All Things* - an online journal for critical reflection on faith, culture, art, and every ordinary-yet-graced square inch of God's creation.

<https://inallthings.org/seeing-the-faces-of-opioid-addiction/>

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Comments

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in things

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Seeing the Faces of Opioid Addiction

Erin Olson

I was 24, fresh out of graduate school with a master's degree in social work. My first job was at a community mental health center working as a "homebased therapist" for kids and families. I was overwhelmed and admittedly quite inexperienced. "Mark"¹ was the 30-year-old father of my 10-year-old client "Betsy," and the first time I met him I got the gut feeling that something was off, but I couldn't put my finger on it. Mark and his wife "Sheila" lived in a two bedroom lower-level apartment in a Midwestern town that at the time had around 150,000 people. Mark and Sheila had moved from Texas three months before, without much forethought, and still neither of them had found jobs. The kids were enrolled in school and almost immediately Betsy began having significant behavioral problems which led to her being removed from her classroom several times throughout the school day. Her teachers had concerns about not only her behavior but also her academic progress and hygiene.

Through the agency I worked for, I was referred to work with the family and with Betsy to try and figure out what might be at the root of her struggles. With the family's permission, I talked with Betsy's teacher and counselor at school and connected with an economic support worker who had helped the family apply for government assistance soon after they moved to town. In my first conversations with all of them, the three expressed concerns that both Mark and Sheila were suffering from an addiction to a prescription drug called "Oxy." Mark had told them all that he was taking the medication for pain he had incurred during his time in the military serving in the Middle East.

In my naiveté, I was convinced that because OxyContin was a prescription drug and something Mark seemed to obtain fairly easily, it couldn't be as harmful as the street

drugs with which I was more familiar. Mark and Sheila's drug abuse had been reported to Child Protective Services (CPS) and law enforcement, but there wasn't enough evidence to yet intervene. I worked with the family for a couple months before my concerns and the concerns expressed by the school eventually led to the children being placed in foster care. At that time, Mark and his wife went off the grid. It was about 18 months later that I heard Mark had overdosed and died.

Mark's story of an opioid addiction and eventual overdose is not uncommon. Around 130 Americans die every day from opioid related deaths, most of them overdoses. Close to 70 percent of all the overdoses in 2017 involved an opioid and around 400,000 overdoses since 1999 have involved an opiate—either illicit or prescription (Centers for Disease Control, 2018). The 90s saw an increase in new opioid developments and prescriptions, followed by an increase in overdose deaths caused by heroin, and more recently the development of synthetic opioids, including illicitly-manufactured fentanyl. First touted as “non-addictive” (Health and Human Services, 2018), prescription opioids were seen by doctors and patients as a worry-free painkiller and the number of prescriptions for these drugs increased significantly. We now know that prescription opioids as well as street varieties are highly addictive; and in 2017, the U.S. government declared this epidemic a national emergency. The accessibility of opioids both as prescriptions and as street drugs has made them especially devastating.

In his book *Dreamland: The True Tale of America's Opiate Epidemic*, Sam Quinones explores the sociological, cultural, historical, and economic realities surrounding the epidemic, but he starts by telling the stories of families affected by the epidemic that he met as he traveled around parts of the Southeast and Midwest. One story is that of Matt, a Midwest boy who attended Christian schools and had, what seemed to be, an ideal childhood. Matt became an aimless teenager and young adult who eventually started using prescription opiates, but when those became hard to come by, he eventually started on heroin. When his parents and older brother became aware of his drug addiction, they convinced him to go to drug rehab, but after three weeks in treatment he came home, used again, and died that same day.

What happened to Matt and Mark is more common than we are aware. While some age groups and ethnicities have higher rates of opioid addiction and overdose, no group of people is immune. Some communities have been affected in greater numbers, but almost all communities have been impacted in some way. What drove Matt to start using? Why did a kid who seemed to have so much going for him end up dead from an overdose? In work with people who are abusing or addicted to various types of substances, professionals are often asked to consider what the addicted person might be “self-medicating.” Often an undiagnosed trauma or mental illness leads people to seek the “comfort” of legal and illegal substances. Their symptoms subside while they're

using the substance and an addiction usually develops because the person wants to continually avoid those symptoms. Opioids are also prescribed to those with chronic pain and are very effective at alleviating pain, at least temporarily. Usually, however, the person develops a tolerance to the medication and requires a higher and higher dosage to feel the same relief they did when first prescribed it. As these individuals are seeking to find relief from their pain by taking more and more of the opiate, they can inadvertently overdose.

For those seeking to relieve pain or to self-medicate a mental health concern, the drugs seem to be readily available both pharmaceutically and illegally. The book *Dreamland* highlights some of the broader sociological, cultural, and economic aspects of the opioid crisis. What Quinones found in his research was that it really became the “perfect storm” for the epidemic with all the variables coming together perfectly. This does not negate some piece of personal responsibility on the part of each person. Yet, it can help us develop a sense of empathy because in many ways those who became addicted were also somewhat victims of their own personal and systemic circumstances.

We as the church are called to care for our neighbor; we need to have empathy for those who are suffering from drug addiction. We can educate ourselves and then others about the danger of opiates and be aware of the warning signs of addiction in those with whom we come into contact. We can advocate and speak up for those who are incapacitated by their drug addiction and seek systemic ways to prevent the widespread use of these powerfully addictive drugs. We need to be the church to their family members who feel paralyzed and do not know what to do or how to best help their loved one. We can pray for and care for the children who are innocent victims of this epidemic by being willing to foster them or provide a safe place for them to stay while their parent seeks sobriety.

The recognition of this problem by all of us is the first step in helping to curb this epidemic, but until we can see the faces and hear the stories of those impacted first-hand, it will be too easy for us to assume this is “someone else’s problem” and look for the continued criminalization of opiate abuse.