



RCL 2017 Rhetoric and Civic Life II
The Pennsylvania State University
University Park, PA 16802
3 April 2017

Dear _____,

We want to extend our sincerest thanks to you for attending the Centre County's Silent Killer: The Heroin and Opioid Crisis deliberation event. Your participation was invaluable, and the deliberative process as a whole benefited immensely from your expertise and unique perspective on this particular subject matter. Again, for that, we thank you.

Although we addressed three separate approaches to handling this immense problem - education, law enforcement, and alternative drugs - the deliberation pointed to the fact that it will take a combined effort of all three strategies to tackle this issue in any meaningful way. The deliberation helped to illustrate the enormity of the mistakes made by all three of the institutions meant to be providing solutions. One example of such a mistake is the lack of recognizing addiction as a disease rather than a character flaw. In addition, our discussion helped to emphasize the how taking action to prevent addiction is much easier long-term than reacting once someone has already fallen victim to addiction.

As community members of Centre County, we all have a stake in the well-being of future generations. This idea fits in with the purpose of our deliberation - to prompt action through finding common ground and generating thought or discussion based on our own positions in the community. As a group, we had discussed the possible benefits of implementing a program where members of the community are able to come in and speak to high school or college seminar classes, which would allow students to learn about this all-encompassing problem from the people who have real experience with it. We welcome your input on this possible advocacy project as we continue trying to make sure this deliberation extends beyond the realm of our discussion in an attempt to make real change.



Sincerely,

First Approach

In Centre County, the prevalence of non prescribed drug use is evident; according to the Pennsylvania Commission on Crime and Delinquency, 34.5% of local youths claimed they took prescribed drugs from family members living within the same household in 2015. Over the past decade, a majority of Centre County's elementary schools utilized the DARE curriculum, which has been deemed ineffective by the US Justice Department due to its impersonal, forced measures to curtail addiction (Lilienfeld, Scott).

The fallacies of DARE and similar programs opened opportunities for new programs, like CASASTART, to form. The program, whose acronym stands for the "Center on Addiction and Substance Abuse Striving Together to Achieve Rewarding Tomorrows," differs from DARE in that it offers one-on-one education with at-risk pupils (Gordon, Amanda). Through this program, students meet regularly with law enforcement, social counselors, and other preventative services (Steedman). This mutual teamwork aims to develop closer connections to experts in the field, more effectively informing participants about the true harms of addiction.

However, the implementation of CASASTART may be difficult on a national scale, due to relatively large expenditures stemming from its lower student to mentor ratio. As a result, many schools have sought to balance the extremes in practices of DARE and CASASTART to achieve more effective messages without exorbitant prices.



During the deliberation, the student participants that experienced DARE and similar initiatives expressed disdain towards educational drug-abuse prevention programs, doubting their efficacy.

While there was no discussion specifically on CASASTART, policymakers brought up points on improving current educational curricula. They often felt empowered to continue analyzing student data to help reach an effective medium of how students are educated, but acknowledged that such statistics are often skewed. Perhaps standardizing data collection systems could be the first step to forwarding policy.

Doctors have recently been increasing opioid prescriptions, from 76 million in 1991 to 207 million in 2013 (Volkow). This in turn could possibly lead to patient dependence on their prescribed drugs. When they are without the drugs they are addicted to, many turn to the cheapest alternative: Heroin.

The opioid epidemic, in part, has been proliferated by improper prescription practices. This issue could be resolved by altering medical school education curricula. The funds to complete and advocate these changes are not guaranteed by the American Medical Association (AMA) and may need to come from other sources.

There is also the moral question on whether or not doctors should prioritize the immediate or long-term safety of their patients. On one hand, increased dosages could lead to addiction but cure pain. On the other, when doctors limit prescriptions, they can aid the long-term safety of their patients, but risk them not being cured of their immediate pain.

Initially, the student participants felt content with limiting opioid prescriptions, and believed that such practices were a significant cause of heroin addiction. However, this matter was looked into from a more in-depth perspective, thanks to the input from an ER doctor.



An ER doctor introduced the idea that physicians overprescribe opioids as a result of endorsements from pharmaceutical companies. By attributing the overprescription of opioids not to a lack of knowledge, but a purposeful endeavor for personal gains, there was an expressed mistrust towards both the pharmaceuticals industry and medical professionals. This resulted in a recurring theme of personal interest during the deliberation.

Second Approach

The second approach focused on the law enforcement aspect of handling drug addiction. Although the focus was on the relationship between the police and addicts, an overarching theme emerged that slightly differed from the original intent. There was unanimous agreement from the audience that not just police, but the community as a whole, needed to treat drug addiction as a disease, not as a character flaw. This was apparent throughout the deliberation as the members discussed their opinions on various law enforcement programs that are used in the United States to overcome heroin epidemics. These programs included Law Enforcement Assisted Diversion, Narcan programs, and the DEA's 360 Strategy.

Law Enforcement Assisted Diversion (LEAD), also known as pre-booking diversion, is a program that gives non-violent drug offenders a chance to choose to enter a rehabilitation program instead of going to jail after being arrested on drug-related charges (Wexler). The community thought very highly of this approach. The main concern with this approach was the possibility of criminals taking advantage of this program to avoid jail time, but that concern was quickly dispelled once the audience learned that only non-violent drug offenders would be eligible for such a program. The audience was very pleased to hear that it would cost less to put an addict through rehab than it would to put them in jail. According to a study done in Maryland, the cost of incarceration for one year is \$20,000, compared to only \$4,000 for one year of rehab (McVay, 2004). Overall, we were able to conclude that the community was in favor of a program such as LEAD.



Narcan, a drug that can be used by law enforcement to bring overdosing drug addicts back from the brink of death, was supported by the audience as well. If police officers were given the opportunity to carry Narcan with them, the number of deaths from overdoses would be reduced. Although some viewed Narcan as a way to encourage drug use since it can save users, this mindset was dispelled quickly through comparison. An ER doctor explained that like choosing to do drugs, choosing to eat unhealthy foods and not exercise can cause serious health implications, but doctors still treat these patients. The community members came to a consensus and agreed that this approach exemplified the need to see drug addiction as a disease and drug addicts as people.

The DEA's 360 strategy involves a three step approach to fighting heroin epidemics. This strategy entails coordinated law enforcement efforts to arrest drug dealers, working with drug manufacturers and pharmaceutical companies to push for responsible prescription of medication, and creating community outreach programs (Wexler). The audience decided that it was more important to focus our thoughts towards more community oriented approaches.

Overall, the audience concluded that law enforcement plays a large part in the fight against heroin and opioid addictions. They also agreed that simply throwing drug addicts in jail was ineffective and that law enforcement could come up with better ways to help them overcome their disease. Programs like LEAD and Narcan were very popular among the group. While audience members agreed that these strategies would be helpful, they also recognized that only involving law enforcement would not be enough and to really end the drug problem.



Third Approach

The third approach focused on the humanity of drug users and ways to help them use drugs safely while also providing treatment. This included implementation of laws that would increase the use of alternative medication, along with facilities that would run programs to provide addicts with safe injection sites. Specific focus was placed on the use of methadone. The group noted that this method has been proven to be the most effective in allowing addicts to become re-acclimated to daily life. A Drug Abuse Treatment Outcomes Study by the National Institute on Drug Abuse (NIDA) found that methadone treatment reduced participants' heroin use by 70%, reduced criminal activity by 57%, and increased full-time employment by 24%. It also reduces deaths—the median death rate of opiate-dependent individuals in treatment is 30 percent of the rate of those not in treatment (“Our National Challenge”). There was a general consensus that getting drug addicts back into the workforce is a main goal of this approach and that these programs can help achieve this.

Many students spoke from past experiences and drew on personal sentiments, ultimately unanimously supporting providing funds to help addicts. In addition to the positives, the group made note of drawbacks to the approach. The drawbacks of this approach included the continued use of drugs by addicts, the potential for these drugs to enter the community from the facilities, and the issue that many of these programs would have to be funded through the use of tax revenue, meaning that community members would be supporting addict's rehabilitation.



The drawbacks were essential to the discussion because the positive support may possibly not represent the majority of the area's opinion. It is relevant to note that the implementation of medicinal therapy, clean needles, and safe injection sites may result in resistance. This is due to the fact that, from a cynical point of view, it is essentially helping drug users use drugs. The majority of the audience included young people who, in general, are more empathetic when it comes to government services that help people, no matter what the issue may be. Older generations usually tend to be more skeptical. The conversation about alternative drugs and harm reduction could have been more controversial if there were more taxpayers present because it would have included more divisive opinions.

Overall, this approach is a step in the right direction in that it is informing people of the options that people who are suffering from drug-addiction have. Methadone clinics, clean needles, and safe injection sites are all programs that more people should be aware of and should support. It appears that it is more difficult to get these programs started in the US than it is in European countries. In the case of State College specifically, Nittany/State College Medical is a methadone clinic that has recently opened in the area. However, this is the only methadone clinic in State College, which often leads to putting addicts on waitlists that can last for months (Rounsville). Hopefully in coming years more clinics will be opened in the area so that we can see a substantial decrease in the number of heroin-addicts in Centre County.



Sources

Gordon, Amanda. "Fighting Substance Abuse, One Community at a Time." *The New York Sun*. Two SL, 31 Mar. 2008. Web. 09 Feb. 2017.

Lilienfeld, Scott O., and Hal Arkowitz. "Why "Just Say No" Doesn't Work." *Scientific American*. Nature America, 06 Dec. 2013. Web. 10 Feb. 2017.

McVay, Doug; Schiraldi, Vincent; Ziedenberg, Jason. "Treatment or Incarceration?". Justice Policy Institute, Jan. 2004. Web. 23 Feb. 2017

"Our National Challenge Continuum of Care." Alliance Medical Services of Pittsburgh – Ensign II. N.p., n.d. Web. 12 Feb. 2017.

Rounsville, MD Bruce J. "Treatment for Opioid Dependence." JAMA. American Medical Association, 08 Mar. 2000. Web. 12 Feb. 2017.

Steedman, Doria. "Partnership for a Drug-Free America." *Partnership for a Drug-Free America - SourceWatch*. Source Watch, 12 Apr. 2013. Web. 16 Feb. 2017.

Volkow, Nora D. "America's Addiction to Opioids: Heroin and Prescription Drug Abuse." *NIDA*. National Institute on Drug Abuse, 14 May 2014. Web. 12 Feb. 2017.

Wexler, Chuck. "New Challenges for Police: A Heroin Epidemic and Changing Attitudes Toward Marijuana." *Police Forum* . Motorola Solutions Foundation, Aug. 2014. Web. 23 Feb. 2017.