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# How the Misunderstanding that Heroin Addiction Is a Choice and the Stigma Surrounding Medication-Assisted Treatment Leads to More Overdose Deaths

## **Abstract**

Heroin is an opioid that commonly appears as white or brown powder. Eventually a person can become physically dependent on heroin, meaning the body begins to expect the drug. A sudden withdrawal from the drug can cause intense symptoms such as vomiting, muscle pain, and cravings, often leading to relapse (Shannon, p. 172). Although the initial decision to try heroin may be up to the addict, due to the dependence one develops when using heroin, addiction eventually morphs into an involuntary compulsion. There are many factors out of an individual's control that influence their likelihood of trying heroin and becoming addicted, such as their genes, the environment they grew up in, and how early they began their drug use (National Institute On Drug Abuse). Much of modern society has a preconceived notion that drug addicts are bad people and that their struggle with addiction could have been avoided if they had made better choices. In short, many people believe that drug addiction is a choice. However, this mentality and the poor image of medication-assisted treatment for addiction the medical community and public commonly hold have been shown to be dangerous and oftentimes lead to more overdose deaths. All in all, despite the fact that the initial decision to try heroin is mostly based on choice, a person does not have control in whether or not they become addicted due to multiple predetermined factors, thus demonstrating that heroin addiction is not a choice and that the stigma surrounding heroin addiction and medicine-assisted treatment, a stigma that has shown to cause more deaths from overdose, is not warranted.

## **Keywords**

Stigma, medication-assisted, heroin addiction, treatment

## **Disciplines**

Community Health | Mental and Social Health | Substance Abuse and Addiction

## **Comments**

Written for FYS 150: Death and the Meaning of Life.

Meg Drew

Death and the Meaning of Life

How The Misunderstanding That Heroin Addiction Is A Choice And The Stigma Surrounding Medication-Assisted Treatment Leads To More Overdose Deaths

Heroin is an opioid that commonly appears as white or brown powder. Eventually a person can become physically dependent on heroin, meaning the body begins to expect the drug. A sudden withdrawal from the drug can cause intense symptoms such as vomiting, muscle pain, and cravings, often leading to relapse (Shannon, p. 172). Although the initial decision to try heroin may be up to the addict, due to the dependence one develops when using heroin, addiction eventually morphs into an involuntary compulsion. There are many factors out of an individual's control that influence their likelihood of trying heroin and becoming addicted, such as their genes, the environment they grew up in, and how early they began their drug use (National Institute On Drug Abuse). Much of modern society has a preconceived notion that drug addicts are bad people and that their struggle with addiction could have been avoided if they had made better choices. In short, many people believe that drug addiction is a choice. However, this mentality and the poor image of medication-assisted treatment for addiction the medical community and public commonly hold have been shown to be dangerous and oftentimes lead to more overdose deaths. All in all, despite the fact that the initial decision to try heroin is mostly based on choice, a person does not have control in whether or not they become addicted due to multiple predetermined factors, thus demonstrating that heroin addiction is not a choice and that the stigma surrounding heroin addiction and medicine-assisted treatment, a stigma that has shown to cause more deaths from overdose, is not warranted.

Overall, our society does not have a very high opinion of drug addicts. Many people see drug addiction as a result of bad decision making and a reflection of one's character. This was confirmed by a national survey in which it was revealed that Americans are far more likely to have a low opinion of drug addiction than mental illness. This survey interviewed 709 people about their views on mental illness and drug addiction. Only 22 percent of participants said they would be open to working with a drug addict and 43 percent were opposed to equal health insurance benefits for drug addicts (Partnership News Service Staff). The leader of the study, Dr. Colleen L. Barry, stated:

While drug addiction and mental illness are both chronic, treatable health conditions, the American public is more likely to think of addiction as a moral failing than a medical condition. In recent years, it has become more socially acceptable to talk publicly about one's struggles with mental illness. But with addiction, the feeling is that the addict is a bad or weak person, especially because much drug use is illegal. (Partnership News Service Staff)

This quote demonstrates that although drug addiction and mental illness are comparable in that they are both health conditions, Americans mostly see drug addiction as a reflection of one's poor character, making it a rather taboo topic of discussion. Ultimately, the American public has a very negative view of drug addicts and addiction and generally see it as a reflection of one's character, despite the fact that there are many factors that influence one's risk of becoming addicted.

Although addiction is far more preventable than mental illness, there is no possible way to accurately predict one's likelihood of becoming addicted. There are several factors that can influence an individual's risk of addiction, including factors that influence one's risk of trying drugs in the first place. Many of these factors are out of an individual's control, demonstrating that drug abuse is not necessarily a snapshot of one's poor character. These factors include an individual's genes, environment, and the age at which they began their drug use, the last one

being a factor that can severely affect a person's development. Genes can be attributed to roughly half of a person's likelihood of becoming addicted. Gender, ethnicity, and mental illness can also be a major contributor. In addition to this, environmental factors play a role. The presence of abuse, pressure, parental figures, or drugs can all greatly affect an individual's risk of becoming addicted. An individual's development can influence their risk of addiction as well because the younger a person is when they begin their drug use, the more likely they are to become addicted. Teens may be more likely to try drugs because many vital areas of the brain, such as the area that involves judgement, are still developing (National Institute On Drug Abuse). All of this shows that addiction is not necessarily based on choice. Again, although the initial decision to try drugs is somewhat based on choice, whether or not a person becomes addicted is a complex issue based on many factors completely out of the individual's control. Overall, there are many factors that are out of a person's control that can lead them down a path to addiction, demonstrating that the American public's preconceived notion that drug addiction is mostly based on flaws in character is incorrect.

Additionally, another survey was conducted in 2008 that revealed how people feel about recovering addicts versus addicts currently using drugs. It also revealed how people feel about illicit drug addicts versus alcoholics or prescription drug addicts. The survey interviewed 1,010 individuals, all at least 18 years old, and all living in the United States. The survey found that older individuals were more likely to judge someone in recovery and less likely to feel comfortable around a recovering addict. The study also revealed that although most people would not judge a friend if they found out that person was in recovery, nearly a third would judge someone currently struggling with addiction. Even more compelling was the participants' opinions on the preventability of addiction. Nearly two-thirds of participants admitted addiction

to drugs such as heroin is preventable. Plus, the participants viewed alcohol addiction more positively than drug addiction, admitting that they would be more comfortable with an alcoholic in recovery than a drug addict in recovery. The participants felt that drug addicts partaking in substances such as heroin pose a greater threat to society than alcoholics or even people addicted to prescription drugs or marijuana (Shannon, p. 379-380). Overall, this survey discovered that the American public generally has a higher opinion of alcoholics than drug addicts, mostly due to the common belief that illicit drug addicts using drugs such as heroin pose a threat to society.

Although many people do exhibit aggressive behavior when they are on drugs, they are more likely to behave in this manner if they behave aggressively without the influence of drugs. In fact, early childhood aggressive behaviors is an indicator of substance abuse later on. In general, though, drug abuse has not been proven to encourage or cause violent behavior (Boles & Miotto). Heroin is a good example of drug abuse not necessarily causing aggression. Drugs such as methamphetamine or cocaine are stimulants, thus making those under the influence of these drugs more likely to exhibit violent or aggressive behavior. Heroin, on the other hand, is a depressant, meaning an individual under the influence of heroin will oftentimes relax or even become unconscious. So, someone under the influence of heroin is not necessarily going to be a danger to anyone around them. However, heroin addicts can be dangerous in other ways. Heroin addicts will oftentimes do whatever they can to obtain more heroin due to the addictive nature of the drug, making the addict more susceptible to taking part in dangerous activities. For example, aggressive behavior toward someone they feel is holding them back from obtaining the drug can occur. Heroin addicts may also behave violently during withdrawal although this problem can be solved by having an addict withdraw under medical supervision (The Recovery Village). All in all, although someone under the influence of heroin is not necessarily a danger to the people

around them, a heroin addict is more likely to engage in risky and dangerous behaviors in an effort to obtain the drug, occasionally even lashing out at the people they feel are holding them back from the drug.

However, alcohol has been linked to more extremely dangerous behaviors. In fact, roughly 30 percent of suicides in the United States are committed by alcoholics. Alcohol has been shown to be a common cause of child abuse, molestation, and domestic violence. According to the US Department of Justice, close to one-third of the inmates housed in state prisons in the United States have a history of heavy drinking prior to committing violent crimes such as rape, burglary, and assault. Drunk driving has also become an extremely prevalent problem in the United States, the Bureau of Justice Statistics stating that more than one in eleven inmates housed in local jails were charged with or found guilty of driving while under the influence of alcohol (Isralowitz, p. 123). This demonstrates that there is a much more direct link between alcohol and violent behavior than there is with heroin. Yet, the American public is more likely to view a heroin addict as a threat than an alcoholic. Heroin addicts can be dangerous but it is more of an indirect result of their addiction, oftentimes stemming from the belief that an individual is preventing them from obtaining the drug rather than from the influence of the drug itself. It may also be a result of withdrawal symptoms (The Recovery Village). Ultimately, despite the fact that some risky behaviors can be attributed to heroin addiction, there is a much more direct link between violent behavior and alcoholism than there is with heroin addiction, demonstrating that the American public's view of heroin addiction is not in line with reality.

All of this shows how poorly our society views heroin addicts, especially when comparing the stigma surrounding mental illness and alcoholism versus the stigma surrounding illicit drug addiction. The stigma surrounding heroin addiction and the image heroin addicts are

given has been shown to cause more deaths by heroin overdose. In particular, there is a stigma surrounding opioid addiction treatment through medications such as methadone and buprenorphine, despite the fact that the Substance Abuse and Mental Health Services Administration, the Institute of Medicine, and the World Health Organization all support it and it has been proven to be effective. For example, some neighborhoods have expressed opposition to having medication-assisted treatment services located within their communities and some local officials have offered up ideas that would exclude medication-assisted treatment centers, violating the Americans with Disabilities Act. In addition to this, some health insurers have placed time constraints on the treatment of opioid addiction with medication. In fact, Narcotics Anonymous sees using medication as a way of treating addiction contradictory to their teachings and have even been known to stop people that were using medication as treatment from obtaining leadership positions or even attending meetings. This has led to recovering addicts that were using medication as treatment being afraid to mention methadone or buprenorphine at support groups. All of the stigma surrounding heroin addiction and medication-assisted treatment slows down the progression in reducing the amount of deaths from overdose (Olsen & Sharfstein, p. 1393). All in all, although medication-assisted treatment has shown to be an effective way to treat opioid addiction, the stigma surrounding it and addiction itself has been proven to slow down any attempts to reduce the amount of overdose deaths.

Again, the stigma surrounding medication-assisted treatment greatly hinders the progression of decreasing overdose deaths. In fact, greater access to treatment with buprenorphine have actually decreased heroin overdose deaths by more than 50% in France and 37% in Baltimore, Maryland. Yet, there are still many reasons as to why medication-assisted treatment has such opposition. For example, due to the fact that medications such as methadone



or buprenorphine do not treat other forms of addiction or mental illness, treatment has often only focused on the superficial aspects of an opioid addict's condition. The treatment services may miss any additional conditions that need treatment. Many patients will need more services such as counseling. Other people will see these symptoms that are unrelated to opioid addictions and associate it with the medications, thus increasing the stigma (Olsen & Sharfstein, p. 1394).

Overall, despite the fact that opioid addiction treatment involving medication has statistically been shown to decrease heroin overdose deaths dramatically, the lack of treatment for additional conditions unrelated to opioid addiction contributes to the stigma surrounding medication-assisted treatment.

In addition to this, the terms used to describe addicts in general and treatment involving medication have greatly contributed to the stigma. The public and even the health care system does not generally refer to opioid addiction treatment as medical care but rather refers to it in derogatory terms. These include urine test results being referred to as "clean" or "dirty" as opposed to "positive" or "negative." Plus, an addict is called "clean" if they are recovering or "dirty" if they are still exhibiting symptoms. Even within opioid addiction treatment, therapy that does not include the use of medication is called "drug-free," implying that it is not possible for an addict to be in recovery if they are on methadone or buprenorphine. It is also not just the public that refers to addicts as "junkies." The term "junkie" is commonly used within the health care community as well. These derogatory terms, though they may seem superficial, do greatly contribute to the stigma surrounding the treatment of opioid addiction with the aid of medication, thus hindering progress towards less overdose deaths (Olsen & Sharfstein, p. 1394). This demonstrates that the medical community, as well as society, generally has a subconscious bias towards these kinds of treatment, preventing many people from receiving the treatment they need

and causing more deaths from heroin overdose. Ultimately, the language used to describe heroin addicts and treatment involving medications greatly increases the stigma surrounding them both and leads to more overdose deaths.

Some of the hindrance in the attempts to decrease heroin overdose deaths through medication-assisted treatment can be attributed to the separation of addiction and health care in general. The criminal justice system is a great example of this. In prison, an addict will most likely be unable to continue their treatment with methadone or buprenorphine as opposed to someone receiving insulin or other prescription medications. They are ultimately made to experience withdrawal symptoms, a process that actually could put an individual at greater risk of dying from an overdose if they relapse after being released. Unfortunately, doctors at prisons are rarely granted the ability to prescribe methadone and buprenorphine, making it impossible for many addicts in prison to receive proper treatment, increasing their risk of dying of overdose (Olsen & Sharfstein, p. 1394). This all demonstrates that even the justice system does not truly recognize addiction as an actual medical illness that requires proper treatment. Even if it did, it does not seem to recognize medication as the proper treatment. This is an obstacle towards decreasing overdose deaths when it comes to incarcerated addicts, especially ones that are released.

As discussed earlier, much of the stigma surrounding opioid addiction comes from a misunderstanding that addiction is a result of poor character and bad decisions. However, this understanding is not necessarily true and actually hinders attempts to reduce heroin overdose deaths (Olsen & Sharfstein, p. 1393). In fact, addiction is based on a number of factors. Two incredibly important factors when determining an individual's risk of trying heroin is their environment and development. According to an article written in *The American Journal of*

Nursing, there is a very clear link between one's drug use and the environment they grew up in. The article discusses a program for young pregnant women coming from areas of New York City with heavy drug use. The program consisted of 200 girls, all between 11 and 22 years old. All of the girls had at least one addict in their life but none of them were addicts themselves. Most of the young women kept their babies. However, the author of the article, who was also the director of the program from 1967 to 1970, believed that the mothers played a large role in their children entering the drug culture due to how the mothers raised their children. Of course this was not intentional but many of the mothers' parenting methods translated into addiction. For instance, the author noticed that the mothers did not raise their children as if they were unique individuals, worthy of autonomy and their own separate human rights. The children were raised more as objects, the belongings of their mothers. Their belongings were shaped to cater to all their mothers' demands, whether it was sitting still or going to bed right away (Singer, p. 79-81). The young mothers from drug heavy areas raised their children in a way that treated them more like objects rather than unique human beings.

According to the narrator, these methods of parenting severely hindered the children's development into adulthood. This includes the developmental aspects such as a sense of individuality, hope, independence, and even sexual identity. The narrator believes that this hindrance of development can potentially lead to heroin addiction. Thus, this article demonstrates how development and environment affect an individual's chances of trying heroin and becoming addicted. Even mothers who were not addicted themselves but grew up in a drug heavy area unintentionally raised their children into the drug culture. The environment they created by raising their children as objects rather than human beings severely affected the development of their children and potentially lead them down a path to heroin addiction (Singer,

p. 81). Of course, no child has the ability to choose the situation they are born into or who their parents are. They also have no say in what environment their parents are born into, a factor that can severely affect how the child is raised. So, the child has no choice in whether or not the environment they grow up in hinders their development and ultimately leads them to heroin addiction. Ultimately, although there is a level of culpability of the addict in the initial decision to try heroin, the addict's environment and development are completely out of their control and influence their likelihood of trying drugs, demonstrating that addiction is not completely voluntary.

After the initial decision to try heroin has been made, addiction becomes even less voluntary. According to Dr. Alan Leshner, repeated use of an addictive drug, such as heroin, changes the brain. Important aspects of the brain such as memory and mood can be drastically altered. One of the main neurotransmitters that contributes to addiction is dopamine. Heroin causes an increase in dopamine levels, leading to a temporary feeling of euphoria. However, the brain eventually starts supplying less dopamine due to the constant increase of this neurotransmitter. The brain will develop a dependence on heroin in order to maintain normal levels of dopamine and function properly. The person will then begin to feel very depressed and tired. They will also experience withdrawal symptoms. The addict will now need heroin just to feel normal (Hazelden Betty Ford Foundation). Heroin also has the ability to block out the rest of the world. During the high, other pleasurable activities in life, such as eating or relationships, become irrelevant (Miller, p. 2). This all demonstrates that eventually, after repeated use of the drug, heroin addiction becomes completely involuntary. Heroin changes their brain, so much so that they require the drug to feel like themselves again, making the addict completely at the mercy of the drug. Their life soon completely revolves around obtaining more heroin just to feel

normal, to avoid feeling depressed or to avoid going through withdrawal. All in all, a heroin addict becomes physically dependent on heroin after repeated use of the drug due to how heroin changes their brain, demonstrating that eventually addiction becomes completely involuntary.

Ultimately, although there are aspects of heroin addiction that are voluntary to a certain extent, addiction overall is not a choice. There are a number of factors that influence an individual's risk of becoming addicted, such as their environment and development. The initial decision to try heroin does somewhat involve a choice, but as observed by *The American Journal of Nursing*, there is a certain type of parenting that unintentionally guides children down a path to heroin addiction when they are older, a type of parenting that generally manifests in non-addicted mothers from drug heavy areas (Singer). Children do not choose their mothers or their situations, so people do not choose if they are unintentionally lead to become heroin addicts. After the initial decision to try heroin, addiction becomes even less voluntary as the body becomes physically dependent on the drug (Hazelden Betty Ford Foundation). Even though addiction is a medical condition that needs proper treatment and is not always within an individual's control, it is often misunderstood to be a result of poor character. This becomes especially apparent when comparing the stigma surrounding drug addiction versus mental illness and alcoholism. However, this misunderstanding of heroin addiction is very dangerous and often leads to more overdose deaths, deaths that, due to the opioid receptors in the brain stem, an area of the brain responsible for functions such as breathing and blood pressure, usually involve a lack of breathing (Shannon, p. 172). This thought process hinders progress similarly to how stigmatizing medication-assisted treatment for addiction slows down any attempts to reduce the amount of overdose deaths (Olsen & Sharfstein). Overall, although the initial decision to try heroin is mainly based on choice, heroin addiction in general is actually based on multiple

factors out of an individual's control, thus demonstrating that heroin addiction is not a choice and is very misunderstood, often leading to more deaths from overdose due to the stigma surrounding addiction and medication-assisted treatment.

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