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The F-Drug | Columnists | thecheyennepost.com

Wyoming, which has been my home state since retirement, is often derided as a fly-over by folks in the densely-populated east and west coasts. The Cowboy State's mountainous terrain holds just over half a million inhabitants, fewer than many a coastal town; still, Wyoming is a microcosm of the overdose and suicide deaths happening across the country.

A few months ago, in my town of less than two thousand, nestled against the Snowy Range at 7,000-plus feet, three fentanyl deaths roiled our community. Here is the story:

A small-time dealer left a packet of product at an eatery, where an employee gave it to two coworkers he knew to be recreational-drug users. The young couple. were discovered dead with fentanyl in their systems eleven times the fatal amount. A few days later, the dealer himself overdosed on fentanyl. Court records show, the employee who passed on the packet was arrested with three counts of felony charges: two for manslaughter and one for delivering a controlled substance.

Can we as individuals and as a society stem the opiate epidemic? We can—if we change our "live and let live" attitude to "live and help live."

Let's talk about the f-drug.

Fentanyl was invented in 1959 by a Belgian chemist who loved to experiment with molecules. One day Paul Janssen developed a substance he found to be faster and more efficient than morphine and, hence, represented a powerful painkiller. Janssen called his invention fentanyl.

The drug greatly improved anesthesia during surgeries. In doses measured in micrograms—a microgram is one-millionth of a gram—it produces drowsiness and kills pain. The downside is, in only minimally larger doses, fentanyl is fatal. In fact, early in medical usage some patients died because of incorrect fentanyl doses.

Knowing the drug's potential for abuse, Janssen wanted it to go to anesthesiologists only, and even then in limited supply. Still, anesthesiologists were the first addicts to Janssen's invention, writes Sam Quinones in *Dreamland: The True Tale of America's Opiate Epidemic*. Quinones interviewed a physician who grew addicted to fentanyl in the late 1970s. "Jack Woodside struggled, kicked, but relapsed frequently—until he re-trained in family medicine to get away from fentanyl," writes the author.

Fentanyl, though used in medicine, is readily available on the street. In the U.S., overdose deaths have grown so pervasive, it has resulted in diminished life expectancy for its citizens.

Chinese manufacturers of fentanyl precursors ship to Mexico by labeling their products as industrial chemicals rather than pharmaceutical ones, which gets them past trade restrictions. Much of China's economic expansion has been through exports, helped along by government subsidies. Today, China is known as the pharmacy of the world. In Mexico, where huge warehouses are piled high with ingredients to produce fentanyl, rogue chemists assemble them.

Because it is cheap to manufacture and avoids the wait for poppy or coca leaves to mature, the illicit export of synthetic drugs to the U.S. keeps growing. The costs to society are staggering. According to the Council of Economic Advisers, between 2015 and 2018 alone, the opioid crisis cost Americans 2.5 trillion dollars.

*The River and the Wall* book showcases the 2018 documentary by the same name, produced by Ben Masters. On the internet you may view the film for free with its gorgeous sceneries of the Rio Grande and Big Bend National Park in Texas. You'll also see and hear El Paso members of the U.S. Congress knowledgeable in illegal drug production in Mexico and its travel across the border. The savvy politicians know what needs to be done to curb supplies. It's not the immigrants seeking entry at our borders who bring in the drugs by the armload; no, it's Americans "passing for white," as Ta-Nehisi-Coates would say, whose semis, pickups, sedans, and airplanes carry the hidden loads.

How can we keep ourselves safe from the f-drug?

We need to be honest with ourselves. Rampant drug use, via prescriptions or otherwise, has to do with desperation and issues of mental health, but "recreational" drug use is a thing of the past. Today's street drugs are far too dangerous to succumb to their lure. It is estimated that many overdose deaths are disguised suicides.

My brother had a college degree in biochemistry and worked for a Silicon Valley company when he lost his job because of substance use. He killed himself at thirty-one. His daughter Kitty emulated him at twenty-two. The chain reaction of drugs and/or suicides started with our youngest in Germany, who killed himself at eighteen.

Even in affected families, suicide and drug use are hard to discuss. When you don't understand what ails you, this may be all but impossible. Hence, the first step is learning about what makes us tick. Then comes drug-use education.

Substance use often gives rise to suicidal thoughts and vice versa, which suggests fragile mental health and a tenuous sense of self. I've been through this and know we can change for the better, but we need people who are empathetic and know how to guide us. If post-traumatic stress impairs physical and mental health, we must pinpoint the obstacles that hinder us. The best way to do so is to talk about the obstacles.

It's vital we let go of our secrets—they are not shameful—and quit pretending to be someone we're not. We free ourselves of mental distress that leads to substance use by talking honestly with significant others, family members, and/or helpers. If we share our experiences with peers by talking or in writing, they will benefit also. That's when change happens—the change of "live

and let live" to "live and help live." Instead of "drug addiction," let's describe the affliction as Opioid Use Disorder (OUD), which carries less of a stigma.

Individuals with alcohol or opioid use disorder can be helped with information about the affliction, the resources available, and the professionals to contact who can help. Even Wyoming now has a suicide hotline; most other states do also. In Cheyenne, we have Recover Wyoming, an organization that started out for alcoholics in recovery and now extends to people with opioid use disorder and mental health challenges. Other states have similar resources and people who know about them.

The National Council for Wellbeing has more than 3,300 member organizations and so far has trained more than three million people across the country to support peers, colleagues, and loved ones through Mental Health First Aid. Its number is 202-684-7457; its website to write messages, https://www.thenationalcouncil.org/

Nevertheless, the law still defines illicit drug use as criminal, which denotes shame and reproach. Law enforcement typically deals with offenders by locking them up. Only recently a new approach has been given serious weight: Drug treatment courts.

The first drug courts happened in response to the clogged dockets in New York. In Miami, Florida, a drug court opened in 1989 to address individuals who cycle in and out of prison due to addiction. By 1995, the first juvenile drug-treatment court came online in Visalia, California. Typically, a drug court provides the wayward with a team consisting of a judge, a probation officer, a counselor, and a therapist. In this team everyone invests in the client's liberation of drugs and, when backsliding happens, a way to return to sobriety.

The White House Office of National Drug Control Policy reports that drug courts combine treatment with incentives and sanctions, with mandatory and random drug testing, and with aftercare measures that improve public health and public safety. Drug courts are cost-effective ways to help individuals in thrall to Opioid Use Disorder achieve—and maintain—recovery. Every $1 spent on drug courts yields more than $2 in savings in the criminal justice system. https://www.whitehouse.gov/ondcp/

The website of the U.S. National Institute of Justice https://nij.ojp.gov/ reports, nationwide more than 4,000 drug treatment courts exist today. Under Term of the Month for July 2023, it posted, "Drug treatment courts are specialized court docket programs that target persons who have alcohol and other drug dependency, including adults charged with or convicted of a crime, youth involved in the juvenile justice system, and parents with pending child welfare cases."

We need more drug courts. We need drug courts at the state and local levels. Lobbying for drug courts in our communities is one way.