

## International Overdose Day 2018 – Prevent Don't Promote

This day of acknowledgement and focus around illicit drug overdose issues, should be – must be – about the prevention, repair and/or cessation of all that leads to an overdose episode, not merely the survival of it!

Sadly, the narrative around this self-harming issue has been morphing more and more into one of justification, normalization, and even in some community spaces, a 'celebration' of a lifestyle of 'survival' in continuing drug use!

The loss of life is tragic, but before the potential of death has its final manifestation, it is the loosing of that life that continuing drug use inevitably give impetus too, that is as crushing and egregious – often more so, than terminus itself.

In a recent opinion piece in the Globe & mail August this year; *Don't ostracize drugs users – empathize with them*, we were interested to see the various nuances that this synoptic and one-dimensional perspective posited. Some of the sentiments and desired outcomes hinted at in the piece do have value, (specifically when referring the self-medicating victims of genuine trauma) but it also has the very real potential to be at odds with itself, if not at the very least, creating what we perceive as an inertia in the recovery space. That very space that is one of the keys to reducing and eventually eliminating overdose episodes.

When I say 'at odds', what I mean, is that in the attempt to 'deal with stigma' and perhaps whilst not wanting to sanitize the drug using activity, the author of the article is a risk of adding only to the 'victimhood' mentality that utterly disempowers people, or worse, lends itself to a messaging of normalising of self-medication, when it comes to illicit drug use. Of course, some statements by the author tell us clearly their psycho-social machinations, by lauding Harm Reduction policies as the only way forward whilst they repeat the fallacious mantra that the so called 'war on drugs has failed' and that previously tried and [failed experiments](#) be reintroduced. That's right, decriminalization, legalization and even commercialization of illicit drugs has all been done before and is one of the single biggest reasons that prohibitive regulations were bought in around the world. Ahh, but one key to manufacturing a 'new' consensus is to utterly ignore, or worse – revise history – to manipulate the uniformed.

*If there is any positive glimmer in the current opioid crisis, it is the possibility of change. We are being forced to re-examine our assumptions, and not a moment too soon. Harm-reduction practices, such as supervised drug-use sites... are now being implemented across the country. Two of our national parties are at least discussing ending the insanity of the [so-called War on Drugs](#) (really a war on traumatized people), of adopting the realism and [humanism](#) of a country such as [Portugal](#), where the possession of substances for personal use has been decriminalized, with [remarkable results](#).<sup>1</sup>*

The Globe & Mail article, an excerpt from a more significant volume, attempts to invite us into a space the author believes that most of society is failing to see or understand. Believing that at least drug addicts in the West are stigmatized and marginalized, not necessarily as result of their own behaviour, but that due to the wider societies 'prejudices'.

Suffice to say, that perspectives all vary on whether 'stigma' and 'ostracization' of the drug user is real and/or causing on-going harms. Certainly, the recently emerging mantras against stigma are often driven by the sector to not so much alleviate negative views of addicted persons, but at times pushing sentiment into the place of almost placating, if not venerating the hapless drug taker!

It is important to reiterate that, a very real danger of this emerging narrative, is that it only entrenches victimhood and habit in unaccountable modes, ensuring personal agency and capacity are further deprived from the self, family and community harming individual!

Trauma must be properly defined, properly managed and recovery from cause and symptom inexorably perused with best-practice mechanisms at all levels. Best-practice that precludes all self-medicating/harming processes, as they are all counterproductive in the restorative journey.

It's also important to delineate between uptake of Heroin and the uptake of other illicit drugs. Our organisations connections in the sector have revealed that the majority of those 'engaging' directly with heroin were those who had suffered sexual abuse of some kind, particularly when young. However, we must be careful not to fall for the emotional overcategorization of triggers, prompts and 'incentives' for the far wider uptake of illicit drugs.

These broad-brush declarations left unchallenged are what often leads to a capitulation to the 'one size fits all' Harm Reduction *only* offering being all to forcibly presented in the drug policy arena. If 'damage management' is the best that can be offered to all drug users, then our 'humanistic progress' is a complete misnomer. If resignation to the humanity, identity, dignity and health diminishing permission, nay promotion of drug use is the best we can do, then there is no 'progress' only regress in our anthropology.

I am personally involved with many current and ex-drug addicts as well as many families who have lived enduringly with, what can only be described as, sociopathic and pernicious conduct of drug using relatives. The families have given much more than empathy, they have given 'compassion' and utter self-sacrifice on the altar of their family members addiction – decades in many cases!

In most instances this compassion has neither enriched or assuaged the addicted family member, rather it has emboldened and empowered them to become even more malevolent in their nefarious and manipulative abuse of said caring family; all to serve, not their recovery from trauma, but the tyrant of self-perpetuating addiction that cares nothing for healing, restoration or wholeness. The focus is only that it manages the 'perceived need' in the way that dances to the all too often narratives promulgated by the Harm Reduction *Only* themes in the public discourse.

If we are going to define trauma in the addiction context, we must define compassion, care and 'love' itself to ensure these virtues will facilitate the 'best practice' of wholeness, restoration and well-being espoused by the author in the Globe article. Best practice can never be defined by an ongoing endorsement, equipping, enabling and empowering of addiction maintenance – Never!

An individual, for several varied reasons, who has become indentured to the tyrant of their choosing – their drug of choice – will need very real and robust assistance to extricate themselves from this space; not the least being a multifaceted, but facilitated and empowering coercion to help them regain their agency, capacity and significance that is key to their humanity.

However, outside of the relief of genuine trauma, this inevitable ‘tyrant’ never presents as such to the would-be drug taking individual in the beginning.

This tyrant disguises itself well with garb it crafts from the surrounding materialistic First World West; ‘fabric’ such as rabid individualism and self-governing, rule-breaking bravado, whilst whispering promises of ‘ecstasy, revelry’ and promised liberty’. Or, it dons the other costume of ever-present friend and comfort in, but not from, trauma. Of course, as we’ve mentioned, ‘trauma’ which by the burgeoning neologist’s and their revisionist lexicons, can include discomfort, boredom, insecurity and loss of perceived entitlement!

Of course, more maleficent states of absurdity, loss of significance, loneliness, meaningless and the subsequent nihilism such issues imbue are only whispered about, because if we speak openly of such things we must address the key tenets, or lack thereof, in the perpetually failing meta-narrative our First World West has recently embraced. Sentiments perhaps summed up in this excerpt from the article.

*The essence of all addictive habits was succinctly expressed by one of the world’s most renowned former heroin users, Rolling Stones guitarist Keith Richards, whose very longevity is considered by many to be a modern miracle. “It was a search for oblivion, I suppose, though not intentionally,” he writes. “The convolutions you go through just not to be you for a few hours.”*

*Why are people so uncomfortable in their own skins that they need to escape themselves, even at the risk of self-harm? What engenders such unbearable pain in human beings that they would knowingly risk their very lives to escape it? <sup>2</sup>*

Yet it’s these ‘inevitability’ statements that issue from one dimensional assumptions in the article that serve the echo chamber it creates very well, reinforcing the nihilist call to ‘self-medication’ (or ‘self-harm’ as they also concede) because there is nothing to be done for the malaise of this, prosperous, technologically advanced, anthropocentric, and entitled culture to do, but escape the ‘trauma’ of the culture it has created full of everything to satiate body and mind, but fail the psyche so completely!

*The circumstances that promote despair – and therefore, addiction – are with each decade, more and more entrenched in the global industrialized world: more stress, more economic insecurity, more inequality, more fear, more anxiety among youth, more isolation and loneliness. As the magazine Adbusters noted wryly in a recent issue: “You have 2,672 friends and an average of 30 likes per post and no one to have dinner with on a Saturday.” No wonder our society is rife with every manner of escapist compulsions, with new ones arising all the time.<sup>3</sup>*

However, it is the following paragraphs from the author that opens a glimpse into the hope that may be found, if the socio-political will is there to pursue it.

*“Such responses illuminate that addiction is neither a choice nor primarily a disease, genetic or acquired. It originates in a person’s attempt to solve genuine human problems: those of emotional loss, of overwhelming stress, of lost connection. It is a forlorn and ultimately futile attempt to solve the dilemma of human suffering!”*

*We also have much to learn from the resilience and age-old teachings of those who among us who have, as a community, suffered the most from trauma, dislocation, and addiction: the people of Canada’s First Nations. Their traditional values always emphasized communality rather than dog-eat-dog individualism, restoration of the fallen to the community rather than retribution, inclusion rather than separation, and, most importantly, a view of human beings that balances our physical with our mental, emotional and spiritual needs. <sup>4</sup>*

The authors of the article concluded by calling for a ‘radical revision’ of policy, but again, reverted to the one-dimensional space of Harm Reduction *only* mechanisms already entrenched in our failing first-world cultures.

On this Overdose Awareness Day, we would hope, that all people will begin to realize that every drug taking episode that is prevented is another forward step toward, not only drug use exiting recovery, but that is one vital key in commencing our journey to rediscovering our holistic well-being. Well-being that is fostered by an engaging in life with healthy resilience abetting ‘crutches’ for living, not engaging in resiliency diminishing mechanisms of futile escapism.

Shane Varcoe – Executive Director, Dalgarno Institute



For further reading go to [\*Social Determinants and Substance Use: A perspective beyond the policy silo pragmatics\*](#)

***#Prevent don’t promote***

***#Minimizing harm by maximizing prevention***

#### **Endnotes**

1. *Don’t ostracize drugs users – empathize with them*  
<https://www.theglobeandmail.com/opinion/article-dont-ostracize-drugs-users-empathize-with-them/>
2. *Ibid*
3. *Ibid*
4. *Ibid*