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The Cultural and Systemic Influence on Substance Use Disorder

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Running Head: THE CULTURAL AND SYSTEMIC INFLUENCE ON (SUD)

The Cultural and Systemic Influence on Substance Use Disorder

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Spring 2020

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THE CULTURAL AND SYSTEMIC INFLUENCE ON (SUD)

Abstract

The opioid epidemic is an extensive global problem, but it is not random that it is most severe in the United States. It is commonly believed that the individuals with substance use disorder and the health care system are at fault, however many people disregard the impact culture and systems have on substance use disorder. I tackled this gap by conducting formal qualitative interviews with experts in the field of addiction and dissecting academic work. After this research it is apparent that the American culture and institutions has made individuals vulnerable to become addicted to opioids while other similar European countries cultures contain protective factors that lowered their citizen's risk to use opioids.

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I would also like to thank Dr. David Herzberg and Dr. Ryan Lacy for assisting me in this research by taking the time to answer my interview questions; especially during this stressful and uncertain times of the COVID-19 pandemic. Finally, I would like to acknowledge the hard work of the professionals who work in the field of addiction, your impact is paramount.

THE CULTURAL AND SYSTEMIC INFLUENCE ON (SUD)

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The Cultural and Systemic Influence on Substance Use Disorder

As an American who lived in Switzerland for two months, I could not ignore the great prevalence of cigarette smoking. To clarify, in 2017, 20% of the Swiss population smoked cigarettes while only 10.5% of Americans smoked cigarettes (Duffin, 2017). Therefore, this disparity was very apparent to me, as I was smelling cigarette smoke at a lot higher rates than I have ever experienced. While observing this, I noticed some cultural factors that put Swiss people at risk to use cigarettes through: social normalization, smoking rooms, cigarette accessibility, and low cigarette tax. With this considered, I became curious looking at other types of addiction cross-culturally, with a more sociological and public health perspective. Scientific and medical research has determined that addiction is a medical disorder and disease, but I wanted to examine how differing cultures and systems may put the individual at risk for an addiction (“National Institute on Drug Abuse,” 2018).

Instead of studying an addiction so visible like cigarette smoking, I wanted to focus on something that was a little more hidden, like substance use disorder specifically with opioids, which includes prescription opioids and heroin. Immediately I found a great discrepancy in substance use disorders between the United States and the European Union. According to the 2018 National Drug Assessment, opioids represent 66 percent of the estimated 64,000 American fatal drug overdoses in 2016 (“National Drug Threat Assessment,” 2018). However, also in 2016, the European Union plus Norway and Turkey had an estimated 9,397 fatal overdoses that included an opioid drug (“European Drug Report,” 2019). This disparity in opioid overdose mortalities between the United States and the European Union made me realize how certain cultural factors may be related to substance use disorder.

Therefore, my research analyzes the cultural and structural aspects that may have put the United States' at risk for the opioid epidemic and suggest why European countries may have some cultural protective factors that limited an opioid epidemic. This research examines the influence of history, media, prescription drug commercials, criminalization of drugs, harm reduction practices, health care systems, social determinants of health, social perception of drugs, and the impact of the environment. It is important to note that this research is not meant to speak to causation, this is just correlational observation.

This research will contribute to the addiction field because it has been illustrated that blaming the individual for drug use is not effective. It is time to take a public health approach by highlighting the potential environmental factors that make individuals susceptible to opioid use, and then utilize and create public health initiatives to aid this opioid epidemic.

Research Methodology

I conducted my research through qualitative interviews and extensive academic research. Because culture is difficult to research without comparisons, I also include many comparative analyses. My formal interviews were handled via email and my academic research were collected from academic journals, books, and scientific literature.

I chose to interview Dr. David Herzberg because of his expertise in alcohol and drugs in American history and American social history. He is a Professor at the University of Buffalo and an author of "Happy Pills in America: From Milltown to Prozac". He was able to speak about topics including history of drugs and the effects of prescription drug advertising.

I also chose to interview Dr. Ryan Lacy who received his Ph.D. in Behavioral Neuroscience. His research is motivated to determine environmental factors that influence substance use disorder in rodents, in order to understand drug use/abuse in humans. Currently he

a professor at Franklin & Marshall College and he has published many scientific articles about the topic.

To address ethics, I received the consent of both my interviewees to include their testimonies. Although substance use disorder may be a difficult topic for most to discuss, they endured limited harm because they are both professionals in this field and enjoy sharing their research and experience.

My research plans drastically changed due to COVID-19 pandemic. I planned to have more extensive interviews and incorporate more medical professionals, however this is impossible during this time. Also, I would have been able to make this research more comparative if I was still studying in Switzerland, but since I had to depart because of COVID-19, I am unable to reach Swiss experts and Swiss public opinion. This made me widen my research and to compensate for the limited interviews I relied on more academic research.

Additionally, my research is limited because I am unable to say I have found the cause of substance use disorder, I am simply suggesting some cultural and structural factors that may put populations at risk.

Literature Review

Most of the current literature on the opioid epidemic focuses on the harm opioids cause from a scientific perspective and the prescribing behavior of physicians. Most research dictates that physicians overprescribing is the only cause of the opioid crisis. This conclusion was quickly agreed upon because data demonstrates that in 2015, there were 240 million opioid prescriptions dispensed, that is almost one for every adult in the United States population (Markey, Overton, & Wang, 2017). However, many other factors contribute to the crisis. A 2001 work, written many years before the opioid epidemic, wrote about the moral dilemma nurses run

into, whether to be influenced by their patient and continue pain treatment or withhold pain medication to lower the risk of dependency (Edwards et. al, 2001). Findings show that social factors like beliefs, attitudes, subjective norms, and perceived behavioral control impact the nurses' dispensing of pain management (Edwards et. al, 2001). This can highlight the difficulty of pain management because only the patient can really comprehend their pain levels and because there is limited science to measure pain universally, other social factors must determine the dosage of pain management.

Similarly, the literature that focuses on the root causes of the American opioid crisis attributes the entire epidemic to the problems in the health sector by blaming the drug manufacturers, domination of big pharmaceutical, health insurance companies, and legislatures. (Manchikanti, Sanapati, Benyamin, Atluri, Kaye & Hirsch, 2018). Other articles demonstrate some influences of the opioid crisis to include: co-occurring health conditions, payer policies that mandate the usage of methadone as the fundamental treatment (because it is cost efficient but it is also the drug involved in one third of opioid overdoses), physician error, and patient nonadherence (Schatman & Webster, 2015). Schatman & Webster (2015) confirm the profitability and the perpetuation of the opioid crisis by the health insurance industry by their refusal to provide efficient opioid therapies. Resulting, in many people needing to return to drug-treatment many times. Therefore, many of the current researched aspects of the opioid crisis lie strictly in the health care sector and do not account for any larger structural or cultural influences.

Analysis

As mentioned in the Literature Review, the opioid epidemic is commonly attributed to actions in the health sector. But there are many unconsidered structural and cultural factors that

have made the United States vulnerable to fall into an opioid crisis while other comparable European countries have not.

History

In America, at the turn of the 20th century, drug and alcohol consumption began to be culturally constructed and used to explain poor or unusual behavior, even though diverging behavior could be caused by many factors (Room, 2003). Not all cultures made this attribution, but the consequence of this social construction has justified the framing of those with substance use disorder to be lacking self-control and the need for society to shame them. This stereotype became embedded in American society during the Temperance Movement, the pre-prohibition movement that pushed for the outlawing of the consumption of alcohol (Room, 2003). It became the public opinion that good behavior was connected to soberness and bad behavior was connected to alcohol (Room, 2003). This social perception fit well and was emphasized in American culture because of its value in individualism and choice (Room, 2003). Additionally, an American Sociologist from the 1940s, Edwin Lemet encompassed this public opinion when he stated, ““there must be a strong disapproval of the consequences of drinking... so that the culture induces guilt and depression over drinking and extreme drunkenness,”” (Room, 2003). This combination of the temperance movement, prohibition, and American cultural elements, is fundamental to how we view and treat those with substance use disorder today.

Media

Considering this American history that drove the society to view those with addictions negatively, the media has perpetuated and worsened this negative stigma around those with substance use disorder. “The World Drug Perception Problem” (2017) highlights that the media commonly portrays the effect of drugs in two narratives, one narrative links drugs with crime and

the other demonstrates that the ramifications of drug use are unavoidable. Therefore, the American public opinion is conserved, and there are limited publications displaying people with substance use disorders in a positive light. Further, terms like “junkie” “drug abuse” and “crackhead” are being used more frequently in the media and have the cognition that those who struggle with addiction are unimportant (“The World Drug Perception Problem,” 2017).

Prescription Drug Commercials

Although the media shames those with substance use disorder, in an ironic fashion, prescription drug medications are still intertwined in American culture, as the United States and New Zealand are the only countries in the world that legalized direct-to-consumer (DTC) advertising (Wilkes, Bell & Kravitz, 2000). These advertisements are usually in forms of television commercials that advertise prescription medication including: viagra for erectile dysfunction, lyrica to treat fibromyalgia (nerve pain), and many brands of antidepressants. In a study of 454 U.S. family physicians, 4 out of 5 believed that DTC advertising is not a good idea because the ads increase costs of medications and promote misleading information (Wilkes, Bell, Kravitz, 2000). Impressively, the United States Food and Drug Administration (FDA) does not have to approve of the DTC commercials before they are released (Wilkes, Bell & Kravitz, 2000). Therefore, there is limited regulation deciding if these advertisements are misleading or inaccurate.

Because these commercials are so prevalent, many patients consult their doctors about these advertisements. Because of DTC’s tendency to deploy misleading information, physicians may come across poorly informed because their professional opinion is not parallel to the advertisement. Also, these commercials may convince physicians of inaccurate medical information and impact their prescribing (Wilkes, Bell & Kravitz, 2000). Further, DTC creates a

culture that makes medical professionals feel pressured to prescribe what their patients want. This can be demonstrated by studies that show that DTC advertising increases the volume of prescribed drugs (Wilkes, Bell & Kravitz, 2000).

In my interview with David Herzberg, an expert in Alcohol & Other Drugs in American History and author of “Happy Pills in America From Miltown to Prozac,” he said that, “advertising obviously works, that’s why companies do it.” He went on to explain that although opioids and other scheduled drugs are not as publicly commercialized, this normalcy of seeing prescription drugs reduces the ordinary people’s caution about opioid use (D. Herzberg, Personal Interview, April 18, 2020).

Contrastingly, The European Union countries rejected DTC advertising in 2002 because they claimed that the pharmaceutical industry was incapable of providing impartial information on its medicines. Cozens (2002) recorded Catherine Stihler’s, Labor health’s spokesman in the European Parliament, statement:

If we open the door to direct advertising it is a slippery slope down the American road where pink pills on television advertisements offer a miracle solution to everything from baldness to chronic fatigue. Medicines are no other product. The aim must not be to maximize sales but to ensure that the product is used appropriately. The fact that 10 most advertised drugs in the US are the 10 biggest selling drugs is a cause for concern. No one could ever be against consumer information, but we must ensure the quality and independence of the information.

To continue, In our interview, David Herzberg was able to encapsulate how the prescription drug advertising in America affected a loved one:

One of my closest friends in college had a very severe anxiety disorder. He was a very charismatic guy and liked to hold court and hold forth while medicating himself thoroughly with the one drug that he said eased his mind, alcohol. A favorite subject of his was Big Pharma medical journal ads. He had somehow come into possession of a huge stack of old journals, and he would flip through the images of smilingly healed people, deconstructing them freestyle, brilliantly but also bitterly, those drugs had let him down, but there they still were, mocking him with their shiny and, to him, fake promises. It stuck with me, this acute, intense version of consumer culture promises and human realities. My friend died while I was in grad school, making the questions more urgent right around when it was time to pick a dissertation topic (D. Herzberg, Personal Interview, April 18, 2020).

This powerful account can highlight the normalcy culture of prescription drugs in America and how this may make people feel too comfortable taking prescription opioids. The United States, as a case study has demonstrated that DTC has created more harm than good.

Criminalization

The United States criminalization of drugs is another way to perpetuate the American cultural opinion that people who engage in drugs are bad people. The stereotype that people who use drugs engage in other criminal activity is false considering a great majority of those who use drugs are not committing any other crime other than drug possession (“The World Drug Perception Problem,” 2017). Therefore, the criminalization of illicit drugs furthers stigmatization because it justifies discrimination against people with substance use disorder and allows policies that dehumanizes those who use drugs (“The World Drug Perception Problem,” 2017). Further, when drugs are criminalized and offenses are then placed on their record, these people are further

marginalized in society and excluded from job opportunities, public housing, welfare assistance, and in forty two states: voting (Stauffer, 2016). This current policy suggests that people battling addiction are felons and demonstrates it is a matter of personal choice.

Additionally, the combination of perception of drugs and criminalization of drugs has furthered the justification of racial discrimination, as black adults are arrested for drug possession at higher rates than white adults in every state in the United States, even though both groups use drugs at similar rates (Stauffer, 2016). Therefore, the United States criminal justice system uses drugs to justify putting black Americans in jail, by utilizing the “drug user” stereotype to further demean black Americans (Stauffer, 2016).

Likewise, the criminalization of drugs is not proven to reduce drug practices, but actually causes it to move underground. This shift makes it very unlikely for those with substance use disorders to get treatment and motivates them to engage in unsafe practices (Stauffer, 2016). Without proper treatment in America, those with substance use disorder will continue in a vicious cycle of drug use and re-entering prison and in some case overdose. Public health officials advise that reducing the harm of drugs in society should not be done through criminalization but other harm reduction practices.

Impact of Harm Reduction

European countries have viewed drug possession from a public health standpoint more than a criminal offense. European policy makers have decided to implement harm reduction practices including: needle and syringe programs, drug-checking services, housing programs, opioid substitution therapy, and drug consumption rooms in order to care for those who use drugs (“The State of Harm Reduction in Western Europe,” 2018).

Further, Switzerland, the United Kingdom, Germany, and the Netherlands are combating stigma and practicing harm reduction through Heroin-Assisted Treatment (HAT). This treatment allows those with a heroin addiction to wean off the drug safely with medically prescribed heroin that is regulated and pure. Therefore, substance use disorder patients can safely stop using the drug with supervision from a medical professional. This program has changed the perception that those with substance use disorder are humans that need help and should not be dismissed. Since the inception of this program, death due to drug use has significantly decreased (“Heroin-assisted treatment in Switzerland,” n.d.).

Additionally, in the 1980s, Switzerland created a tolerance zone in Platzspitz park in Zurich where people were allowed to use drugs without worry of being punished. Health care services monitored the park and responded to 6,700 overdoses, vaccinated thousands for hepatitis B, and distributed 10 million sterile syringes (“Heroin-assisted treatment in Switzerland,” n.d.). This policy demonstrated that Switzerland acknowledged that people will use drugs regardless, and rather than punish them, they should be able to do it safely.

Further, after the HIV/AIDS epidemic Switzerland created a new drug policy that contains four pillars: prevention, treatment, harm reduction, and enforcement (Collin, 2002). With a focus on well-being, Swiss policy demonstrates the importance of prevention, access to treatment, safe practices, and enforcement to “reduce supply and fight against the trafficking of narcotics, the illegal financial transactions related to drug trafficking and organized crimes,” not to targeting individuals who use the drugs for personal use (Collin, 2002).

Health Care System

A health care system’s purpose is to heal patients. The United States Health system claims to heal patients but it also is extremely unaffordable for the average American and the

system is financially motivated. Many Americans are insured through private health insurance and public programs such as Medicare and Medicaid but in 2016, 27.3 million Americans are still uninsured (“The U.S. Health Care System,” n.d.). This leaves those who are most vulnerable, including those with low-income and undocumented immigrants, to have very limited access to healthcare (“The U.S. Health Care System,” n.d.). Also, even those who have public insurance plans do not have access to preventative care and substance use disorder treatment, therefore many cannot afford treatment out of pocket and therefore continue using substances (“The U.S. Health Care System,” n.d.).

Even with the knowledge that substance use disorder treatment is not accessible for a majority of Americans, the United States healthcare system still incentivizes medical professionals to prescribe opioids. To begin, according to data from the United Nations, American doctors write five and a half times more prescriptions for opioids than do their counterparts in France, and eight times more than do physicians in Italy (Dewerrdt, 2019). The number of opioids prescribed in the US demonstrates that the American healthcare system incentivizes quick solutions to complicated problems (Dasgupta, Beletsky & Ciccarone, 2018). Additionally, because many doctors are in private practice, they benefit financially by increasing the number of patients they treat. In order to maintain patients and ensure satisfaction, doctors are incentivized to over-prescribe pain medication because they are a cheap short-term fix and many insurance plans cover pain medication over other pain approaches like physical therapy (DeWeerd, 2019).

To oppose, European countries like Switzerland have health care systems that are not financially motivated and do not encourage prescription drugs. To start, a large part of the healthcare system is federally regulated and funded so the system does not work with financial

motivation (Sturny, n.d.). Everyone has Mandatory Health Insurance (MHI) and those with low-incomes have subsidies to assist in payment, this means there are virtually no-uninsured residents (Sturny, n.d.). MHI covers many preventative care and there are state-run clinics that allow people to receive substance-abuse treatment (Sturny, n.d.)

Therefore, Swiss medical professionals treat health care as a human right and are not motivated financially to over-prescribe and thus can focus on the well-being of their patients. The case study of the United States reinforces the European mindset as European pain specialists, Jan Van Zundert, an anesthesiologist at East Limburg Hospital in Genk, Belgium notes, ““During the last 20 years, I almost did not prescribe opioids for chronic non-cancer pain,”” That practice ““is based on the fact that there is no literature supporting it,”” (DeWeerd, 2019). This difference in financial motivation of health care systems in the United States and Switzerland is reflected by their medical practices consequently impacts their patient’s health.

Social Determinants of Health

The socioeconomic structure of the United States makes many people at risk of substance use disorder. To begin, the United States capitalist system has created a great amount of economic inequality. Compared to other wealthy OECD countries the United States ranks high in percent of those impoverished, at 17.8% of the population while Switzerland has a poverty rate of 8.1% (Duffin, 2020). Therefore the United States has a large population that is economically disadvantaged and because of social determinants of health, this means the United States has a larger population at risk to have poor health.

In my interview Dr. Ryan Lacy, an expert on the impact of the environment on substance use disorder demonstrates the impact of social determinates of health on addiction:

I hypothesize that the root of our drug problem comes from economic factors. Specifically, people of low SES tend to grow up in less enriched environments - fewer toys, fewer hours spent with parents, less food. These might be considered impoverished environments compared to individuals of higher SES which have means to have a stay-at-home parent, access to healthcare, better schools, experience diverse and new environments, and likely experience fewer stressors. These environmental factors contribute to vulnerability in some individuals such that drugs may represent such a powerful and enjoyable stimulus (compared to their impoverished environment) that they continue to seek the drug when other (from enrichment environments) may not.

Additionally, those at the bottom of the economic ladder typically work in manufacturing and services jobs with many physical demands and hazards. This type of work can increase the risk of chronic pain conditions and require quick treatment to continue working (Dasgupta, Beletsky, Ciccarone, 2018). Also, the interaction between social and genetic factors should not be ignored when those who live in low socioeconomic neighborhoods are more likely to develop chronic pain after car crashes due to a higher rate of stress response genes (Dasgupta, Beletsky, Ciccarone, 2018). With this combination between socioeconomic status and risk for substance use disorders, the media created this image of a “drug addict” to be exclusively someone who African-American or Hispanic-American who lived in inner cities (Dasgupta, Beletsky, Ciccarone, 2018).

However, this is not the full story, epidemiological studies demonstrate that structural advantages (income, gender, race) also are impacted by the opioid prescribing. White people

who are more likely to be insured and see many doctors often received a great deal of opioid prescriptions because they “looked” to not be at risk about addiction (DeWeerd, 2017).

Therefore, it is evident that the structural environment plays a large role in prescribing and drug behavior. Thus, it is important medical professionals look at patients holistically and look at structures that may impact them or fail them (Dasgupta, Beletsky, Ciccarone, 2018).

Impact of Perception

American history has demonstrated that perception of drugs is a large influencer in drug practices. For example, take cigarette and tobacco use in American history. In the 1960s, cigarette smoking was normalized and perceived as glamorous, dictated by the prevalence of smoking celebrities in American films. However, once there was research about the health risks of smoking, discovery of second hand smoke, and smoke-free areas were established, cigarettes were removed from films and the public started to shift their view of tobacco from glamour to disgusting (Castaldelli-Maia, Ventriglio, & Bhugra, 2015). Likewise, a study demonstrates that the perception of health risk shape the normalizing of the type of drug. If the drug is perceived to be very dangerous it will be denormalized but if it is seen as safe, it will be normalized (Asbridge, Valleriani, Kwok & Erickson, 2016). To clarify, once cigarettes were determined to be dangerous, they became stigmatized and less people considered smoking “cool” (Asbridge, Valleriani, Kwok & Erickson, 2016).

From the perspective of the abuse of opioids, opioids are very normalized in American culture because in most situations people are introduced to opioids by doctors to help relieve pain. Therefore, patients do not question the potential harm they could cause. Additionally, public opinion is shaped by policy and media, thus it is not just those with substance use

disorders that are to blame for participating in drug culture, it is pushed upon them by structural factors.

Impact of the environment

With everything considered, there is still an argument that people can control their addiction by choosing to quit, however the environment is more controlling than commonly believed. Dr. Ryan Lacy combats this misconception by dedicating his research to understand the environmental influence on substance use disorder in rodents, and these discoveries are able to be translated to human behavior. In our interview he explained that drug addiction is understood through classical and operant conditioning. He illustrates that drug addiction can be so powerful that minor cues in the environment can induce psychological and behavioral changes. He gave this example of classical conditioning that leads those with substance use disorder to relapse without any conscious thought:

There is substantial evidence to indicate that drug-associated cues can induce relapse.

This occurs when a current (or abstinent) drug user encounters a classically conditioned stimulus, known as a conditional stimulus (CS). So, let's say a drug user sees the car their drug dealer drives in the parking lot of a grocery store. This may be the drug dealer's car or someone else's, it doesn't matter because the drug user has made an association between that car (CS) and the effect of the drug they receive from the dealer (an unconditional stimulus: US). In this case, the CS (car) initiates a series of physiological responses that begin to prepare the body for the drug. In essence, the CS is so powerfully associated with the US (drug) that it induces withdrawal symptoms. These symptoms lead to drug seeking and relapse (R. Lacy. Personal Interview, April 27, 2020).

This demonstrates the importance of the environment on substance use disorder, any cue in the environment could be tied to the drug and make the body physically crave it. This powerful information furthers the need for continued empathy for those with substance use disorder because even with conscious effort they can still be heavily impacted by the environment.

Additionally, Dr. Ryan Lacy researches the impact of social learning in regards to drug behavior. He explained that he conducted an experiment on the social influence on substance use disorder by measuring the amount of the rodent's self-administering drug in different conditions. In the experimental treatments, a naive rodent (no experience with a drug) was in the presence of a rodent who has been operantly conditioned to use the drug. This condition demonstrated that the naïve rodent is influenced by the drug experienced rodent and takes more drug than an animal that was in isolation (R. Lacy. Personal Interview, April 27, 2020). This experiment can demonstrate the impact of a support system or lack thereof. Thus, when institutions and the general public is shaming individuals who engage in drug use, it is difficult to have a support system.

Conclusion

Systemic and cultural elements have impacted and perpetuated the American opioid epidemic. The combination of stigma around substance use disorder among the institutions of media, criminalization, social determinates of health, public perception, impact of the environment and the US healthcare system formulated a perfect storm for opioid use to increase and effect millions. It all began when with the American culture creating a negative stereotype around those with substance-abuse disorder and the American culture eternalized this thinking through policy, advertising, and intuitions.

It is important to take inspiration from European countries who have started to combat this stereotype by designing new initiatives to care for those with substance use disorder and treat them like humans.

Stigma is very dangerous and it can stop governments and people from helping each other. Therefore, no matter what you personally have been taught about addictions, it is important to acknowledge that the American culture has been formed on dehumanizing those with substance use disorder. People with substance use disorder already need to handle their disorder while also combatting the shame society is placing on them. Thus, the US must stop blaming the individual and regenerate the media, public perception, health care institutions, improve harm reduction practices, and acknowledge the risk factors.

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