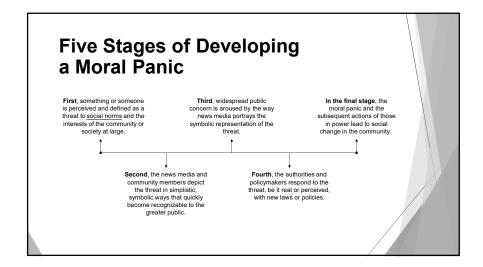
American Opioid Moral Panic

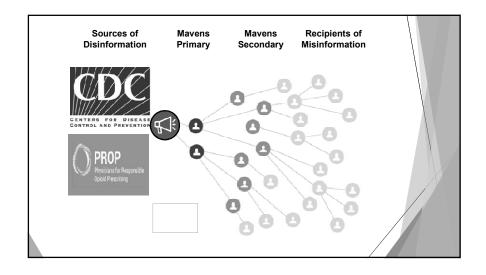
A moral panic is a widespread fear, most often an irrational one, that someone or something is a threat to the <u>values</u>, safety, and interests of a community or society at large.

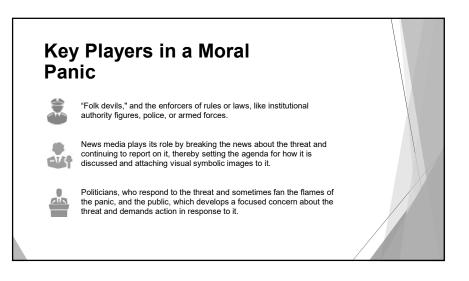
Typically, perpetuated by the news media, fueled by politicians, and often results in the passage of new laws or policies that target the source of the panic.

In this way, it can foster increased <u>social</u> control.









Beneficiaries of Social Outrage

- Those in Power since it leads to increased control of the population
 - · Reinforcement of the authority of those in charge
 - Gives a cause to enact legislation/laws that would not be a concern if not for the perceived threat of the moral panic
- · News Media via a symbiotic relationship with the state
 - Reporting on threats that become moral panics increases viewership and makes money for the news organization
 - Reporters get accolades for breaking news stories



Example of Moral Panic

The <u>Salem witch trials</u>, which took place throughout colonial Massachusetts in 1692.

Women who were social outcasts faced accusations of witchcraft after local girls were afflicted with unexplained fits.

This served to reinforce and strengthen the social authority of local religious leaders since witchcraft was perceived to be a threat to Christian values, laws and order



War on Drugs: Outcome of Moral Panic

During a 1994 interview, President Nixon's domestic policy chief, John Ehrlichman, provided inside information suggesting that the War on Drugs campaign had ulterior motives, which mainly involved helping Nixon keep his job.

In the interview, conducted by journalist Dan Baum and published in *Harper* magazine, Ehrlichman explained that the Nixon campaign had two enemies: "the antiwar left and black people." His comments led many to question Nixon's intentions in advocating for drug reform and whether racism played a role.

Ehrlichman was quoted as saying: "We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrunt those communities.

We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course, we did."

https://time.com/5638316/war-on-drugs-opium-history/



President Nixon Played the Fear Card

In June 1971, Nixon officially declared a "War on Drugs," stating that drug abuse was "public enemy number one"

President <u>Richard M. Nixon</u> signed the Controlled Substances Act (CSA) into law in 1970. This statute calls for the regulation of certain drugs and substances.

The CSA outlines five "schedules" used to classify drugs based on their medical application and potential for abuse.

Schedule 1 drugs are considered the most dangerous, as they pose a very high risk for addiction with little evidence of medical benefits. Marijuana, LSD. heroin, MDMA (ecstasy) and other drugs are included on the list of Schedule 1 drugs.

Nixon's dehumanization and demonization of drug offenders had been a smashing success.

DEA created

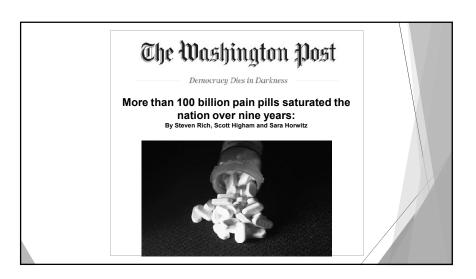


"Just Say No"

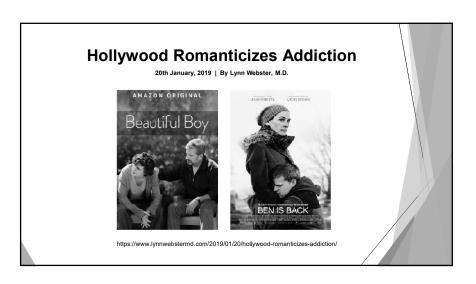
In the 1980s, President Ronald Reagan reinforced and expanded many of Nixon's War on Drugs policies. In 1984, his wife Nancy Reagan launched the "Just Say No" campaign, which was intended to highlight the dangers of drug use.

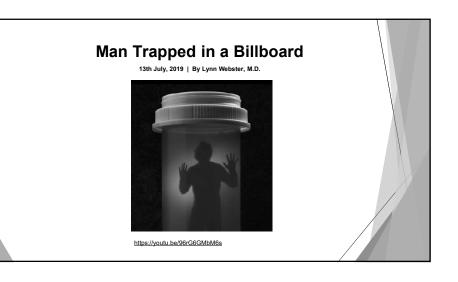
President Reagan's refocus on drugs and the passing of severe penalties for drug-related crimes in Congress and state legislatures led to a massive increase in incarcerations for nonviolent drug crimes.













2016 Super Bowl ad, "Envy."

22

"Next year, how about fewer ads that fuel opioid addiction and more on access to treatment," White House Chief of Staff Denis McDonough complained on <u>Twitter</u>.

"Was that really an ad for junkies who can't [poop]? America, I luv ya but I just can't keep up," TV host Bill Maher tweeted.

Neurology > General Neurology

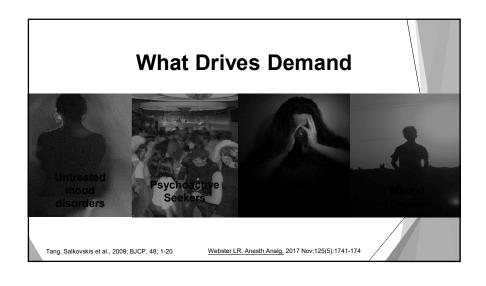
CDC Comes Down Hard on Opioids

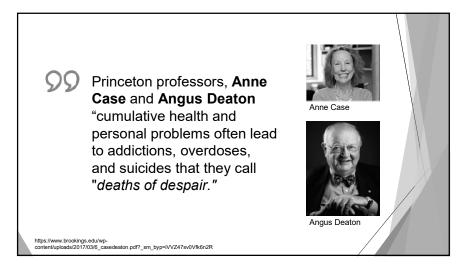
- Urges physicians not to use opioids first-line for chronic pain

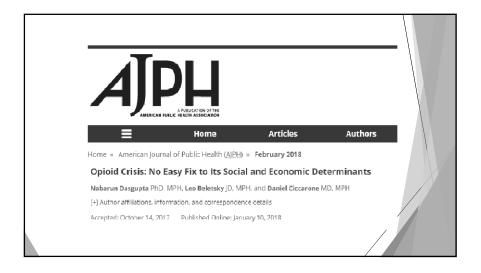
by Kristina Fiore, Associate Editor, MedPage Today December 27, 2016

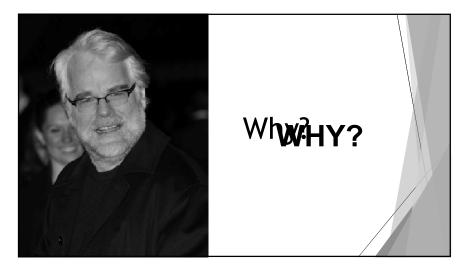


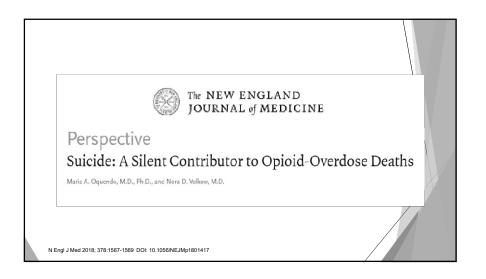
"Put simply, the risks of opioids are overdose and death, and the benefits are transient and generally unproven," Tom Frieden, MD, MPH, director of the CDC, said during a press briefing. 'The epidemic of opioid overdose deaths is doctor-driven, and it can be reversed in part by doctors' actions."

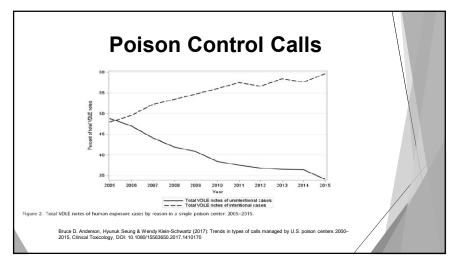














Trying to Get to a Rational Opioid Policy

- Most policy on the state and federal level attempts to limit the number, length and extent of opioid exposures.
- What is the optimal level of opioid prescriptions or exposure in the absence of non-opioid modalities of treatment that is effective for long-term, around-theclock pain that has not been adequately managed with other therapies?
- While a correction was necessary, equal attention should be paid to the need to make the exposures that do occur as safe as they can possibly be.

Opioid Prescribing and the Healthcare System

- What has increased opioid prescribing exposed in our healthcare system?
- Where does our healthcare system fail?
 - Chronicity
- Conditions with major motivational/psychiatric component
- CARE COORDINATION: Communication among professionals
- Ongoing risk assessment
- Conditions that intersect badly with socioeconomic status
- Stigmatization









Self-Assessment Question 1



2020 Prescription Opioid-Related Overdose Deaths:

- A. Exceed number of fentanyl-related deaths
- B. Are responsible for most drug-related deaths in Montana
- C. Are primarily due to economic and social determinants
- D. Occur predominantly in people prescribed opioids for pain

Self-Assessment Question 2



Morphine Milligram Equivalents :

A. Is based upon well characterized research

B. Is used to determine maximum effective dose

C. Is related to risk of addiction

D. Is used to estimate the dose comparisons of different opioid molecules

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