

Substance abuse: A destructive market than can be curtailed.

By John J. Dreyzehner, MD, MPH

Substance abuse is a market. It has both a supply and demand side and while this market is complex, it is not an intractable problem or a mystery, yet substance abuse is killing us and costing us in central Appalachia and all around our nation.

To shrink the substance abuse market, we must simultaneously restrain the sellers, treat the buyers, and prevent new buyers - anyone not misusing or abusing already - from entering the market. At the same time we must create or support constructive markets in education, opportunity, work and hope. Thanks to the work of many, I believe there is unprecedented promise and progress in our region to do this now. The publication of the grassroots strategic plan “**Blueprint for Substance Abuse and Misuse: Prevention, Treatment and Control**” facilitated over the last year by the nonprofit OneCare of Southwest Virginia is strong evidence of this.

Thinking of substance abuse as a market helps us understand that any positive or negative action on either the supply or demand side will result in an adjustment affecting the whole of the market. Unless pressure is applied *at the same time* to all components of the market to curtail it, the market may respond in ways that can make our problems worse or create new ones. Let me make this market concept a little clearer.

A very simple definition of any market is a place where active buyers and sellers make transactions. Potential buyers and sellers are any persons not currently engaged in these activities. The substance abuse market has three sides, like a triangle. On one side are “buyers” or those who are active misusers, abusers and addicts. On the second side are “sellers” or those who supply the

buyers. Everyone else is on the third side as “potential buyers” (or potential sellers, but let’s keep this simple). In our potential buyers group are many who will never buy (or “use”) because they are educated about the dangers of substance abuse, don’t want it in their lives, or have spiritual, ethical, practical or a combination of these resistances that help prevent their ‘entry’ into the market. Yet there are others who have less of these resistances, or in spite of them, or who have been introduced to these substances as vulnerable children, who will enter the market as buyers.

I often hear hard working but frustrated law enforcement officials say, “We can’t arrest our way out of this problem.” While our laws must be enforced and can make a difference in restricting the market for a time, the market inevitably adjusts, new sellers or buyers emerge and jails alone don’t stop this scourge. We can lock up all the “sellers,” reduce their production ability and, over a fairly short time, the addictive demands of the “buyers” will tempt new sellers to enter the market in innovative ways (witness the new “shake and bake” method of small-scale methamphetamine production). If we could treat all the buyers, then sellers will redouble their efforts to “market” to new and vulnerable “potential buyers.” Put pressure on only one or two sides of this triangular market and it adjusts, sooner or later, to the new conditions, often in a way that is harder to address. A market is very adaptable.

Yet address it we must. The tragic consequences of our substance abuse market are greater than many people realize. With over 200 drug-overdose deaths each year in Southwest Virginia since 2003, at rates 3, 4, 5 and 6 times higher in Southwest Virginia communities than in our nation or state, we have lost more than 2000 people in this decade. These are our mothers, fathers, brothers, sisters, children, and friends. These losses must not continue.

As tragic as these deaths are, they do not begin to count the number of lives impacted by the substance abuse market - the children abandoned and displaced, the prisons filled to overflowing with our young people, the citizens who become crime victims as users take money to support their habits, and the employers who can't find workers who can pass a drug test. We are paying a huge price – socially and economically.

An October 2009 report by Virginia's Joint Legislative Audit and Review Commission estimated the cost of substance abuse in 2006 to Virginia state and local governments at \$613 Million, with a range of \$359 Million to \$1.3 Billion, and cited national studies estimating the total cost to Virginia citizens at \$10 Billion.

Nationally, a CDC report in September 2009 showed the rate of drug-induced deaths outpaced vehicle accidents in 16 states in 2006, up from eight in 2003. Overall in 2006 there were more than 45,000 U.S. deaths from motor-vehicle crashes and about 39,000 from drug-induced causes. By, comparison we lost approximately 14,500 people in the U.S. to HIV/AIDs in 2007. These are staggering numbers

We need to, and we can, employ new, better strategies to squeeze this tragic, destructive market from all sides. If we take a **systems** approach to simultaneously limit and control the supply, reduce the current demand and minimize future demand, we will see the market shrink.

Illegal, illegitimate “street” drugs and legal, regulated prescription drugs are both part of our substance abuse market. Sooner or later, under medical supervision or otherwise, virtually every member of our society will use an abuse-prone substance. In our region, prescription drugs are the leading cause of overdose deaths. For those who have medically-needed prescriptions, receive adequate education in their proper use and storage and who take them

properly, they can be essential to quality of life. Most people will not become misusers or abusers but some will and the cost to all of us is high.

We must all become more aware and be ready to do our part to help our community address this terrible problem. The goals and objective in the **Blueprint**, which anyone can adopt, are a great place to start. It may be as simple as assuring your own medications are locked up where only you can get them or supporting your doctor, dentist or pharmacist when she implements steps in her practice to reduce the risk that she will prescribe or dispense medications to someone who will misuse them or sell them to someone else. Or it may be as hard as confronting your own friends or family members about their abuse and stop helping them until they are ready to stop hurting themselves and get help. It may be the very hardest, stopping what you yourself are doing.

This is not a new market. Human beings have been abusing addictive substances since recorded ancient times. But this market has spiraled in recent years as powerfully addicting drugs have gotten easier to obtain and the way they are used and combined has become more common, potent and deadly. The substance abuse market is persistent because we can never make the attraction to abuse certain substances go completely away. It is literally in our DNA. What makes us successful as a species - our ability to derive pleasure from food and drink, from having children and from doing good things as well as our bodies' own internal mechanisms for coping with discomfort and pain – make the vast majority of us susceptible to substance abuse to one degree or another. Yet the market can be contained, controlled and curtailed. We can stop its further rise and the spread of substance abuse and overdose deaths and reduce the terrible impact on our communities.

In July of 2010 and for many months after, our communities came together in four planning sessions around the region to initiate development of a strategic “**Blueprint for Substance Abuse and Misuse: Prevention, Treatment and Control.**” These events were spearheaded by the agencies and coalitions that make up the nonprofit OneCare of Southwest Virginia with the assistance and support of the Southwest Virginia Health Authority, the Healthy Appalachia Institute, East Tennessee State University, Virginia Economic Bridge, Inc. and others. While there are scores of public and private agencies, coalitions, faith based communities, businesses, recovery communities, officials, professionals and others already engaged in vital work to address this problem, we can do more and better if we work together to curtail this tragic market in a strategic and systematic way. (More information on this groundbreaking effort and the publication itself is available at www.onecare.org.) Now is the time to read the Blueprint, and adopt an objective that you or your organization can foster, enhance or make happen as needed and as your resources allow.

The future of our region is bright, promising and exciting. The hard work and collaborative nature of so many in our region are creating innovative opportunities for health, education, work, worship and play. We must not permit substance abuse and misuse to rob our prosperity, health and happiness. Place matters, and here in Southwest Virginia and central Appalachia we have a proud history, a rich culture and a beautiful place to live. It is up to us as a community to take care of ourselves and our own, and not let the lives that would contribute to our prosperity and the richness of our region be wasted or prematurely ended. We can develop and employ holistic, systematic and inclusive solutions in our region to reduce the impact of substance abuse and shrink this unwelcome market down to size. If we don’t do it, who will?

If the problem is in our community, the solution is in our community. We own this. Our homegrown Blueprint for

Substance Abuse and Misuse: Prevention, Treatment and Control can be a major force and impetus for solutions, further thought and collaboration. Each of us, and all of us, has to be a part of the solution.

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