Editor's Column

Opioid Education

On 26 March 2017, J. D. Vance, a native Ohioan and the author of *Hillbilly Elegy*, wrote an op-ed for *The New York Times* entitled "Why I'm Moving Home." He's leaving Silicon Valley, he said, where he had been working for an investment firm, and heading back to Ohio to help fight its opioid epidemic.

In *Hillbilly Elegy*, Vance wrote about his mother's lifelong struggle with addiction and his lifelong need to cope with her erratic behavior, including her attempt to kill him by crashing the car they were both in. "This book is not an academic study," he said. "My primary aim is to tell a true story about what that problem feels like when you were born with it hanging around your neck" (8). He is not going to pass judgment on his mother, or the people he knows from Appalachia. Some people call them "hillbillies, rednecks, white trash. I call them neighbors, friends, family" (3).

The statistics are grim. According to data compiled by the Henry J. Kaiser Family Foundation, in 2016 Ohio had the most deaths related to heroin in the United States—roughly one in nine took place in the state, even though it has less than five percent of the nation's population. In that same year one in fourteen deaths from synthetic opioids, most notably fentanyl, occurred in Ohio ("Ohio Leads Nation"). The average life expectancy of Ohioans in 2017 was about seventy-seven years, a drop of one year in a seven-year span. Even amid the general decline in life expectancy in the United States—a trend observable in no other industrialized nation—this dramatic reversal stands out.[1] Still more troubling, there are huge disparities within the state—for example, a more than twenty-nine-year gap in life expectancy depending on race and geographic location (Stevens).

A crisis of such proportions should certainly be addressed on the level of policy, but "I don't think there is a single switch that the

https://doi.org/10.1632/pmla.2020.135.2.233 Published online by Cambridge University Press

government can flip that can make this problem better," Vance said in an interview with *The Lantern*, a publication at Ohio State University. Recovery requires granular, case-by-case attention. It requires hope, trust, and active participation on the part of drug users and educated responsiveness on the part of those working with them. "This is not a one- or two-year project," Vance said, speaking of Our Ohio Renewal, the nonprofit he cofounded to tackle the epidemic. "I am coming at [it] from a very intense level of personal knowledge and familiarity with the problem" ("J. D. Vance").

How might our discipline add to this largely nonacademic form of education, necessitated by crisis? Within the past two years, humanities centers across the country have risen to the challenge. One of the most carefully planned events was the forum Humanities Approaches to the Opioid Crisis, held at Boston University on 12–13 October 2018. Organized by the Center for the Humanities in collaboration with the School of Public Health, it featured many speakers from outside the academy, including Nora Volkow, the director of the National Institute on Drug Abuse, and Martha Bebinger, a WBUR health-care reporter. Two talks were especially unexpected: "The Role of Storytelling in Addiction Recovery," given by Eoin Cannon, the chief speechwriter for the city of Boston, and "Rethinking Police Work: Non-arrest Pathways to Treatment and Recovery," given by John Rosenthal, a codirector of The Police Assisted Addiction Recovery Initiative.[2]

Sandro Galea, the dean of the School of Public Health, and Susan Mizruchi, the director of the Center for the Humanities, jointly published a manifesto of sorts, "How the Humanities Can Help the Opioid Crisis." They put before us some basic facts: "The opioid epidemic is *the* public health crisis of our time. With 64,000 annual deaths, it has surpassed the peak losses of all other epidemics, including HIV/AIDS. The financial toll is staggering: over $500 billion annually." The epidemic has so far remained intractable, they argue, largely because most of us tend to see it as somebody else's problem, "a problem of the other." Reversing that tendency and "recognizing that this is not about *them*, but about *us*, can go a long way towards redress."

Nothing is better equipped to turn *them* into *us* than works of literature. Galea and Mizruchi begin with Homer and end with David Foster Wallace's *Infinite Jest* and Vince Gilligan's *Breaking Bad*. The last two, an iconic novel from the 1990s and an iconic TV serial from the 2010s, remind us that "addiction is nothing if not democratic." They remind us that "we are all just chemical compounds, victims, ushered from matter to existence, then back to matter in death. What we manage to make of our mercilessly abbreviated lives is up to us." Educating us in our elemental fate by stripping away our pretensions, these works "teach us how to see the common thread that binds this epidemic to us all." The "common humanity" of drug users isn't always apparent; literature makes it easier to see.

In the brochure for Humanities Approaches to the Opioid Crisis, the place of honor is given to *Infinite Jest*:

> And then you're in serious trouble, very serious trouble, and you know it, finally, deadly serious trouble, because this Substance you thought was your one true friend, that you gave up all for, gladly, that for so long gave you relief from the pain of the Losses your love of that relief caused, your mother and lover and god and compadre, has finally removed its smiley-face mask to reveal centerless eyes and a ravening maw, and canines down to here, it's the Face In the Floor, the grinning root-white face of your worst nightmares, and the face is your own face in the mirror, now, it's you, the Substance has devoured or replaced and become you.
>
> (Wallace 347)

Wallace is of course nothing if not controversial. For Galea and Mizruchi, the controversy is part of the point. Not everyone is going to

https://doi.org/10.1632/pmla.2020.135.2.233 Published online by Cambridge University Press

love those "monologues, dialogues, and lingoes" that speak from the depths of addiction (Galea and Mizruchi). Speaking from those depths, however, and with excruciating firsthand knowledge, Wallace puts squarely on the table that "much harder-to-define subjective experience that has such profound implications for treatment and policy" ("Humanities Approaches"). The raw subjectivity of anyone, but especially of drug users, is going to be unsettling for those suddenly confronted with it.[3] It is educational for just that reason.

Cannon, working with Boston's opioid crisis team, highlights this point. Recent work in neuroscience shows that "addiction is a disease not of pleasure and reward, as we once thought, but of learning and memory." Harnessing these two, storytelling has long been therapeutic for drug users, but Cannon's focus is actually "less on the speaker of the recovery narrative and more on the role of the public audience," nonusers who also need to "listen and learn." Education here takes the form of recognizing that "innocence in our society is not innocent." A "selection bias affects which stories get told by journalists, made into a film, or awarded a publishing contract." To be less innocent we need to own up to that structural inequality, find out "how we are implicated in these stories—both in the reasons for the crisis, and in what's at stake for us in overcoming it. . . . We owe them, and we owe ourselves, a willingness not simply to approve of someone else's change, but to be changed ourselves."

Education stands or falls on our capacity for change. The opioid crisis stretches that capacity to its limits. There is always the chance that, even with unlimited access to knowledge, people might still refuse to budge, and drug addiction might still remain divisive. Two humanities panels at the University of Wisconsin took this divisiveness in stride, suggesting that the education coming from the opioid epidemic might have less to do with straightforward enlightenment and more to do with being shaken up, driven out of one's comfort zone.

The first panel, organized by Sara Guyer and held on 2 April 2017 at the University of Wisconsin Center for the Humanities, was notable in featuring Amy Gilman, director of the Chazen Museum. This unusual choice was occasioned by the opioid activism of the artist Nan Goldin, who became seriously addicted to OxyContin in 2014 when she was treated for her injured hand and who founded the group Prescription Addiction Intervention Now (PAIN) to spearhead a campaign against the Sackler family and their company, Purdue Pharma, when she learned of their role in promoting and marketing this addictive painkiller.

"To get their ear we will target their philanthropy," Goldin wrote in *Artforum*. "They have washed their blood money through the halls of museums and universities around the world. We demand that the Sacklers and Purdue Pharma use their fortune to fund addiction treatment and education. There is no time to waste." How might universities and museums provide the "education" Goldin demands, and how far should it go? Given the recent PAIN protests and die-ins at the Metropolitan Museum, Guggenheim, Louvre, Victoria and Albert Museum, and the Harvard Art Museums (fig. 1), these uncomfortable questions are not going to subside any time soon.[4] An activity as innocent as going to a museum might turn out to be touched by drug addiction.

The second panel at the University of Wisconsin, organized by Russ Castronovo and held on 9 October 2017, contextualized the opioid epidemic by framing it with another seismic event chronicled in *Hillbilly Elegy*, what Vance calls "Greater Appalachia's political reorientation from Democrat to Republican" (4). Featuring Katherine Cramer, a political scientist, as well as Aleksandra Zgierska, a family physician, it looked at addiction as a chronic brain disease that can't

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be fixed by a few weeks or even a few months of detox, while giving the same microattention to another chronic problem also with no quick fix: the long-festering and now openly exploding rage in rural Ohio.

In *Hillbilly Elegy*, Vance describes the everyday anger he felt while working as a checkout clerk at Dillman's, a local grocery store. As he watched his welfare-spoiled, "drug-addict neighbor" buy "T-bone steaks, which I was too poor to buy for myself but was forced by Uncle Sam to buy for someone else," it came over him that the supposed "party of the working man—the Democrats—weren't what they were cracked up to be." He goes on:

> As far back as the 1970s, the white working class began to turn to Richard Nixon because of a perception that, as one man put it, government was "payin' people who are on welfare today doin' nothin'! They're laughin' at our society! And we're all hardworkin' people and we're gettin' laughed at for workin' every day!" (140)

This heartbreaking divide between us and them is only too familiar to Cramer. The author of a book on the politics of resentment and the rise of Scott Walker, Wisconsin's former governor, she has heard the same story over and over again, as she invites herself into conversations in churches, diners, grocery stores, and gas stations across rural Wisconsin, on the same page as rural Ohio.

Ultimately, the opioid epidemic might turn out to be the face in the mirror that haunts Wallace, rendering back to us a nation deeply polarized and addicted, plagued by multiple dependencies, from fossil fuel to narcotics. For such a nation, education might have to begin with an uneasy truce with addiction as a fact of life. To minimize its effects, the baseline for treatment might have to be realigned and recalibrated, making room

FIG. 1
A die-in at the Harvard Art Museums. Photo by Tamara Rodriguez Reichberg.

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for minority views and experimental methods to keep alive the full spectrum of possibilities.

The 2018–19 series Opioid Crisis in NH, hosted by the Center for the Humanities at the University of New Hampshire, is especially suggestive in this regard. Featuring primarily medical practitioners and sociologists, it also made the unusual choice of including S. Scott Graham, an assistant professor of rhetoric and writing at the University of Texas, Austin, who gave the talk "Opiophobia vs. Overprescribing: Competing Risks and the Pursuit of Moral Medicine."[5]

Central to Graham's argument is the phenomenon of trope shifting, the pendulum swing from one discursive construct to another. In this case, the trope shifting is 180 degrees. In the mid–twentieth century, the culprit was opiophobia—doctors were blamed for being overly cautious and offering insufficient pain relief. Now, the culprit is overprescribing—doctors are blamed for just the opposite. This complete about-face suggests that there might be some element of truth—but also some degree of demonization—in both charges and that the two should perhaps be analyzed side by side, as rhetorical exercises rather than simple factual statements.

Graham speaks from prior knowledge. His first book, *The Politics of Pain Medicine: A Rhetorical-Ontological Inquiry*, has already laid the groundwork for this jaw-dropping claim. Much of that book is based on his fieldwork, begun in 2006, on one particular health alliance, the Midwest Pain Group (MPG). A coalition of more than one hundred medical, psychiatric, and pharmaceutical professionals, the MPG is by no means a lobbyist group, though in 2006 it did lobby against what it perceived to be the Drug Enforcement Administration's (DEA) unduly zealous "war on drugs" (112). Against the DEA's rule that no opioid prescription can exceed a thirty-day supply and no prescription can be renewed without seeing a doctor, the MPG tried to have the rule modified so that patients with severe chronic pains (such as back pain) can receive prescriptions for thirty-day supplies that can be refilled twice, without incurring the expense of monthly doctor's appointments.

It would be an injustice to call the MPG a cabal of "overprescribing" doctors. Our tendency to assign blame when faced with opioid overuse perhaps stems from the inscrutable nature of pain itself, an enigma locked inside the black box of an individual's subjectivity. Pain remains poorly understood even today, Graham says: "in many cases, the causes are unknown; in others, the causes are manifold." For a phenomenon so maddeningly ubiquitous yet opaque, treatment is "often a veritable nightmare," a "nexus of massive multidisciplinarity with treatment options from at least twenty different medical subspecialties ranging from neurology and rheumatology to psychology and physical therapy" (3). Given the lack of coordination among these subspecialties, and the resulting lack of progress in some key areas, the discursive field orbiting the problem is understandably volatile and vituperative. Assigning blame often seems the easiest way out.

A rhetorical approach to the opioid crisis can yield some disconcerting insights. Graham is not content to stay only at this level of analysis, however. His book, after all, aspires to be a "rhetorical-ontological inquiry," so he does want to double down on the ontology of pain, hoping that a better understanding of this black-box mystery might lead to more integrated treatment, replacing the current piecemeal practice. If that were to happen, subspecialties would no longer be allowed to go their separate ways. They would have to articulate their interconnections and test them at every turn. Approaching pain not separately, as a physical, mental, or social phenomenon, but as a "biopsychosocial" nexus, describable using different vocabularies but experientially integrated within the patient—such an ontology would put in

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place a multicause new materialism, integrating body and mind, body and society. Given the current state of health care in the United States, there's virtually no chance that this new materialism would ever be implemented. Still, it is helpful to have it on the table, if only to alert us to the many inadequacies of the current medical regime. The future of pain might be anyone's guess, but the humanities can at least help educate us by keeping us on our toes, unfazed by the next rude surprise and always ready for more.

Wai Chee Dimock

Notes

1. In January 2020 the Centers for Disease Control reported that life expectancy in the United States has finally stopped declining for the first time in four years (Howard).

2. See "Humanities Approaches."

3. For the importance of Wallace to our understanding of raw alcoholic subjectivity, see Jamison 341–90.

4. See "Nan Goldin's P.A.I.N. Group" and "Nan Goldin on Art."

5. See "Opioid Crisis in NH."

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https://doi.org/10.1632/pmla.2020.135.2.233 Published online by Cambridge University Press