THE MOLECULE:
WHAT AMERICA FORGOT IT KNEW ABOUT OPIATES

by Michael Quinn

The molecule

The opium poppy, *papaver somniferum*, originated in the hills of Turkey. For centuries, fields of poppy plants, each one a couple feet tall, have blanketed the land in sheets of gentle pinks. They bloom into a brilliant red — the red of fresh drops of blood on a paper towel. Before the plants bloom, their skinny stems spring up from the ground and each produces a small, light-green orb that rests atop it. Atop this orb sits a sprig with ten bladelike leaves. They make a tiny crown. The whole thing could fit in the palm of your hand and it would feel like any other plant, smooth and covered with the thin film of the natural world. If you make a small cut in that globe a milky liquid gently leaks out. This liquid contains the most addictive molecule known to man.

It's collected in poppy fields all over the world, from Afghanistan to Mexico, by farmers and their children, the resin scraped up and processed into dust and tar and pills. In 2016, the molecule killed 64,000 Americans.[1] Addicts who don't die live for their next fix, unashamed to be nodding on street corners and bus seats, eyelids flickering at the convenience store counter; parents' heads drop, rise for a moment, then drop again while their children tug at their sleeves. Recovery facilities are overcrowded and underfunded, the reality of heroin's relapse rate looming over the heads of the population. The epidemic is not slowing, not stopping. Addiction to this molecule hit America hard, harder than any other developed country in the world. You could see the path of addiction following highways through middle America, passing through the emptying plains, riding through the veins of our postindustrial nation that connect each city to the others. Then, seemingly all of a sudden, we

[1] National Institute on Drug Abuse. "Overdose Death Rates."

realized we had a problem. We woke up to the realization that hordes of traffickers, dealers, users, doctors, lawyers, parents, nurses, neighbors, children were all looking for the same relief from the tyranny of that same molecule.

But it isn't new. That's something I have learned, and it's something that the general media, so caught up in this seemingly-sudden craze of dope addicts doesn't have the proper time or means to understand. For the vast majority of American history, if you said "addict," you meant an opiate addict. It was this country's first addiction.

Two hundred years ago, Thomas de Quincy described his opiate addiction in the landmark work *Confessions of an English Opium Eater*, the first book of the Western heroin canon. It paints a drab scene of a young, educated man, reliant on his drops of opium to fight his physical ailments, wandering through England from fix to fix, from street to street, boardinghouse room to boardinghouse room. The feature of his account that has eclipsed the rest of the text is his description of his opium dreams, horrific visions of oceans of screaming faces and other dark ephemera which greeted him each night as his habit grew worse and worse. De Quincy reports, "For this and all other changes in my dreams were accompanied by deep-seated anxiety and gloomy melancholy, such as are wholly incommunicable by words. I seemed every night to descend, not metaphorically, but literally to descend, into chasms and sunless abysses, depths below depths, from which it seemed hopeless that I could ever reascend. Nor did I, by waking, feel that I *had* reascended. This I do not dwell upon; because the state of gloom which attended these gorgeous spectacles, amounting at last to utter darkness, as of some suicidal despondency, cannot be approached by words."[2]

[2] De Quincy, *Confessions of an English Opium Eater*.

It's in these words that de Quincy captures they jewel of heroin addiction. It seems almost anachronistic for de Quincy to write of his "deep-seated anxiety," but there the words rest, two hundred years ago, the perfect descriptor of the emotion that opiates radiate and that drives its victim again and again to the line, the pill, the pipe, the needle. To understand the opiate epidemic, we have to understand that de Quincy writes of another truth — that his addiction enters him into an underworld of anxious isolation from which he feels he cannot escape, and which as a society we have trapped addicts within today. He enters a world of sleepless rest and droning days, dependent entirely on the will of his habit. Two million Americans occupy this same underworld today, and we seem to have forgotten how or why we might help them escape it.[3]

Way back when

In 1841, a Mr. M'Gowan presented a paper to the Temperance Society of the College of Physicians and Surgeons at a gathering at the University of the State of New York. M'Gowan addressed a topic of relative curiosity: he claimed that there was now a growing population of people regularly abusing morphine. He said, perhaps dubiously, that at that time there were 3,000 to 5,000 such people within the limits of New York City alone, each spending his or her everyday life in search of a necessary fix. He was one of the first Americans to sound the alarm.

Outbreaks of cholera and dysentery may have been responsible for worsening the problem. Between 1830 and 1860, there were three major epidemics of the diseases, which affected thousands of people. Doctors treated both diseases with opiates, and for many of these patients, with treatment came dependency. Combined with an increase in the importation of raw opium in the 1840s, the

[3] American Society of Addiction Medicine. "Opioid Addiction: 2016 Facts & Figures."

medical profession stopped seeing opiate addiction as merely a niche concern. By 1860, opiate addiction "had assumed the status of a significant medical problem."[4]

Then came the hypodermic needle.

The primary purpose of the hypodermic needle was to administer morphine, and that was its most popular use. Injecting morphine came with the obvious advantage of increasing the effectiveness and intensity of the drug — the pain relief was quick and the euphoria heightened — and at the same time, the needle did away with the unpleasant feelings of digesting opium. While some doctors initially expressed distrust of the device, they were greeted by the massive sway of popular opinion. Many doctors readily embraced the needle, having become familiar with it during the Civil War. For the skeptics, they were convinced by the very real threat of falling behind those doctors who used it. The needle came to America in 1856. By 1881, every doctor had one.[5]

The needle was magic for doctors. Patients stricken with familiar and mysterious ailments alike arose from injection almost immediately renewed, free of pain and encouraged by a pleasant afterglow. Doctors were similarly inspired, seeing the immediacy with which they could cure their patients. Patients could — and did — request the treatment again and again, and doctors felt good about being able to help. "For the first time in the entire history of medicine," David T. Courtwright writes in *Dark Paradise*, "near-instantaneous, symptomatic relief for a wide range of diseases was possible." These doctors, charged with a responsibility to care for their patients, suddenly wielded an ability to banish pain outright. They too felt the power of the molecule.

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[4] Dark Paradise pg. 46
[5] Dark Paradise pg. 47

Morphine was the cure-all. Doctors prescribed it for everything — masturbation, photophobia, nymphomania, headaches, asthma, syphilis[6] — but most importantly, it was the go-to remedy for both chronic pain and nervousness. At a time of misguided medical consensus about women's illnesses, doctors regularly prescribed women doses of morphine to assuage their mental health concerns, or to deal with gynecological problems. The ease with which doctors could address female health issues, largely misunderstood by a male-dominated medical profession, created the first group of addicts: middle-class and upper-class White women.

Addiction was bound to occur in a time when doctors largely ignored the possibility of fostering drug dependence. Syringes and morphine supplies were left with the patient in the home, replete with directions on how to administer a shot. Patients, most of them experiencing some withdrawal symptoms, were free to up their dosage — made even easier by the fact that morphine and other opiates could be purchased over the counter.

Only in 1895, after even 12,000 doctors had themselves turned to morphine to deal with the regular stresses of the medical profession, did the tide of morphine over-prescription begin to turn. Decades of literature warning against the overuse of opiates had circulated around Europe and to America, but it was twenty years before American medical textbooks allowed the proper dissemination of the dangers of morphine to the medical professionals. Doctors came around. In 1908, Dr. Faxton E. Gardner summarized in a letter: "Opium is often the lazy physician's remedy."

[6] Dark Paradise 48-9

Brown dust in the big city

In 1898, heroin arrived in America. The *Journal of the American Medical Association* wrote in 1906, "[Heroin is] recommended chiefly for the treatment of diseases of the air passages attended with cough, difficult breathing, and spasm, such as the different forms of bronchitis, pneumonia, consumption, asthma, whooping cough, laryngitis, and certain forms of hay fever. It has also been recommended as an analgesic, in the place of morphine in various painful affections." Heroin was used primarily a cough suppressant, and advertisements from Bayer Pharmaceutical and other drug companies at the time supported that image. Its pain-killing qualities were advertised less.

Doctors, having learned from the medical industry's experience with morphine, were more skeptical of heroin. In 1899, only a year after heroin entered America, Horatio C. Wood, Jr., urged doctors to be cautious. In 1903, George Pettey published "The Heroin Habit Another Curse." The *Journal of the American Medical Association* made it clear: "The habit is readily formed and leads to the most deplorable results." Heroin addiction literature from Europe found its way into English-language journals. Physicians spoke out almost immediately and saved the medical industry from creating another class of opiate addicts.[7] But the drug was different and less like to get users hooked so quick: medicinal heroin was served in pills, not needles. Ingesting small amounts of heroin orally simply was not as intense as injection with a hypodermic needle. The feelings of immediate and intense euphoria did not accompany oral consumption.

But the molecule finds someone. The skeptical medical industry spared a generation of middle- and upper-class White women, but once the dust made its way to New York City, it found an audience. "The first dose of heroin is neither pill nor hypodermic injection taken to alleviate some

[7] Dark Paradise pg. 94

physical distress," wrote the neuropsychiatrist Peace Baily in 1915, "but is a minute quantity of a fine powder 'blown' up the nose at the suggestion of an agreeable companion who has tried it and found it 'fine.'"[8]

These makeup of these "agreeable companions" revealed a trend: heroin found its audience with young men, usually lower-class and White, in the northeast United States. Courtwright writes, "By 1920, probably 9 out of 10 American heroin addicts were within 180 miles of Manhattan. The adjacent states of New York, New Jersey, Pennsylvania, and Delaware all had relatively high rates of heroin addiction."[9] Most heroin addicts were around the age of twenty. In 1915, 75.8 percent of heroin addicts treated at Philadelphia General Hospital were men; at Brooklyn Kings County Hospital, the number was 95 percent.[10]

At the same time this class of heroin-sniffers was coming up, debate in the medical community sought to explain the nature of addiction. The general theory, held from 1880 to 1915, was that addiction was an inherited condition: if the parents were susceptible to addiction, so too were the children. As the theory went, this susceptibility manifested itself in a nervousness or anxiety that found its perfect perch in the middle and upper classes, where the weight of daily working life laid heavily on the rich. This explained, too, how so many doctors themselves had become addicted to morphine in the nineteenth century. And why didn't physicians see such high rates of opiate use in the Black community? Because, according to the theory, Blacks lacked the "delicate nervous organization" of White people. At a time of an accelerating industrial pressure on the upper classes,

[8] Dark Paradise pg.92
[9] Dark Paradise pg.89
[10] Dark Paradise pg.88

this theory was a convenient explanation of morphine addiction.[11] There was some virtue, though: this prevailing viewpoint held that drug addiction was a disease, rather than a moral failing.

But things were different when heroin came around. The prominent new idea of addiction held that opiate addicts were simply regular people of regular mental and physical health who, having been exposed to morphine or another opiate, fell victim to its incredible seduction. Jansen Mattison put it in simple terms: "I do not believe the person lives who, under certain conditions, can stand up against the power of morphine."[12]

Charles Terry served as Jacksonville's public health officer from 1910 to 1917. Terry was an aggressive reformer — his efforts in Jacksonville dropped the infant mortality rate per thousand births from 186.5 to 75. He stood strongly for sanitation in the area, lobbying for improvements to the sewage system. He worked to rid the city of rats, ensured medical examinations for school children, and oversaw an in-home program to dispense smallpox vaccination. Terry held this aggressive progressiveness in his view of drug addicts. He established a program that identified and contacted heroin addicts in Jacksonville and offered them, if necessary, a steady supply of their necessary drug. It was the first maintenance program in the United States.[13]

In 1928, Terry wrote this passage in *The Opiate Problem*:

> "The psychology of the drug addict is the psychology of the average human being. It is the psychology of you and me when in pain, of you and me when desiring relief, of you and me when desiring relief, of you and me when either of us finds himself incapacitated and

[11] Dark Paradise pgs.128-9
[12] Dark Paradise pg.129
[13] Fee, Elizabeth. "Charles E. Terry (1878-1945): Early Campaigner Against Drug Addiction."

quite innocently in a situation he has been taught to believe is degrading. It is the psychology of self-defense, of self-protection, and it is the psychology arising from persecution, intolerance, and ignorance. It is the psychology engendered by the attitude of the man who has not suffered and who, without imaginative faculties or scientific knowledge, tries to explain the mental state of others. It is the psychology of the fear of death in one who knows what will avert his end. It is no less natural, no this mental state, no more morbid than the psychology which prompts a thirsty man to drink, a hungry man to eat, a ravished woman to defend herself, an oppressed people to wage war."[14]

Then the Harrison Act, the sweeping government measure to combat narcotics, passed. The government shut down Terry's maintenance program in 1914. But Terry's view of addiction as a natural, deeply human response to outside stimuli held — for a fleeting moment. If that view had held, we might not see today thousands of Americans addicted without a reliable path to recovery. But instead, within the decade from 1920 to 1930, the view that Terry championed of addicts as essentially normal people disappeared. What was the nature of the addict instead, then?

Psychopathy.

The face of addiction changed. Opiate addiction became the affliction of young, poor men, heavily centralized in northern cities. They snorted brown powder in the streets and were forced to crime by the circumstances by their addiction. This demographic change required an explanation.

In 1923, a psychiatrist named Lawrence Kolb began his work as a narcotic addiction investigator at the United States Public Health Service Hygienic Laboratory. It was there, in

[14] Terry, "Some Recent Experiments," 41.

Washington, D.C., that Kolb studied 230 addicts and from that research created a schema that he would use to discredit the previously accepted notions of addiction. He created five categories for addicts:

1. Normal people with some amount of nervousness who fell prey to addiction through medication,
2. Thrill-seeking individuals addicted to narcotics for fun,
3. Those suffering from genuine neuroses,
4. Lifelong criminals who had always been psychopaths, or
5. Inebriates.

This first category, Kolb claimed, was the minority of users. The second and fourth categories made up just over half of users. Kolb theorized that most people did not experience the euphoria of opiates, but those who were psychologically maladjusted did — and the use of opiates could act as a sort of crutch to bring lesser men to the posture of normal people. But Kolb's ideas also explained how addicts could commit crimes and lie seemingly without remorse: They had always been that way.

Kolb always held that addiction was a medical issue, and he stood up for prolonged treatment in specialized facilities (not prisons) at a time when people were even advocating for the execution of addicts. Kolb would go on to write in 1962, "We should keep in mind that this country suffers less from the disease than from the misguided frenzy of suppressing it."

But Kolb's sympathy was not his lasting contribution to medical opinion. His psychopathy theories vastly overshadowed his mercy towards addicts. Other doctors who studied addiction, like Charles Terry, lost their ability to influence the conversation and were slowly rooted out of their positions of authority. (Terry ended up retiring to a turkey farm in Connecticut.)[15] More and more doctors bought into this idea that drug addicts were driven by rotten morality.

Unsurprisingly, this new, nonmedical addict brought out less merciful responses from American society, now threatened by droves of what they saw as delinquents, unable to deny themselves the pleasures of heroin-sniffing. Attempts at regulation and criminal punishment could only result in one thing: The birth of an underworld.

Under the skin

"First, I have to tell you that dope back then was handled entirely differently from what it is now. People that were dope fiends, you'd never know they were dope fiends, for the simple reason that they didn't nod on no corners, they weren't greasy, and if they stole anything, you would never know. They were clean, their clothes looked good, and they only stole the best. They kept money in their pockets, and nobody talked, nobody said, 'Oh, listen, there's Teddy who's a dope fiend.' It was a quietly kept thing."[16]

That's Teddy. He was born in 1927. He was Black. His mother ran away to New York City after his father drank himself to death in Savannah. Teddy caught up with her and spent the rest of his youth in Harlem where, unlike Georgia, schooling was compulsory. He went until about the ninth grade, but then he started to lose interest and eventually stopped showing up altogether. His

[15] *Dark Paradise* pgs. 134-137
[16] *Addicts Who Survived* pg. 49

mother was a maid on Long Island — she'd go out and come home two days later, leaving Teddy only one companion: the streets.

The cops knew the streets back then, and they knew all the kids too. Teddy got picked up a couple times, and the police would either take him back to his mother and tell on his bad behavior, or when she wasn't there, they'd slap him around. Teddy cut a guy when he was fifteen in a turf conflict. He consecrated himself as a part of that world.

If you were an addict back then, your life would've looked something like Teddy's. You're born to a poor family somewhere — maybe it's West Virginia, maybe it's Texas, maybe it's Chicago or Los Angeles or Jersey or Brooklyn. You know what abuse feels like. Your parents are in and out of your life, or maybe your father died before you knew him, or maybe your mother is running away. You'll run with a crowd of kids. Someone hands you a joint when you're nine. Maybe you make it to high school, but you won't make it all four years. Maybe someone offers you a line of coke. You probably work some odd jobs, and for one reason or another, you leave.

There's only one place to go: New York City. ""When I was seventeen I came to New York by myself. I ran away from home for no apparent reason, no reason whatsoever, other than that I wanted to go on my own. I just wanted to spread my wings," Sophia, one of thirteen children born to work-class Italian parents, tells us. Then she adds the kicker: "Believe it or not, the first man I ever met in New York was a pimp."

That's always what happens. New York holds opportunities, employment, new people, a new life. You find a job as a driver, you're a veteran coming back from the Pacific and pick up an office job, you're a young woman and you manage to find work in nightclubs, you settle into a new routine — only now you're packed into the crisscross of New York City, where there's always

someone with the powder or the needle a couple blocks away. And eventually the molecule will pull your body towards its all-consuming mass.

The first time Teddy touched heroin, he was fourteen. He wasn't using, but it was all around him. Kids on the streets heard things: who's moving product, who's got a house where the guys gamble, who's trying to run whiskey from here to there. The dealers liked hiring kids — first off, it was less suspicious to have some kids running dope for you, and then you could flick the kids a couple dimes, a quarter, and that was big money for them. Teddy liked it. He found a job in a house that sold heroin, cocaine, liquor, and women. The police were paid off.

Teddy worked a couple jobs: he filled bottles with liquor and a shot of brown sugar to make it look like whiskey. He sat outside on the stoop waiting for customers to roll up, and he'd run it out to them. If there was a cop, he rang the bell and sprinted.

Teddy noticed something about the johns who came through: they were mostly White, usually in suits. Discrete. They came in twos or threes and didn't make any trouble. "With a White person, they'd come in and do what they gotta do and leave. No problems. Get in their car and—phewww!—they're gone."[17]

But the people buying the dope were Black, mostly musicians and waiters and showgirls. They came in at regular hours, they treated the place like a store, or they called and asked for Teddy to run some over a couple blocks. Some of them were shoplifters or pickpockets, but none of them were real *criminals* — they didn't injure people. Some of them hustled, some of them nabbed clothing from department stores. Nothing was locked up in the stores back then, so nobody mugged anybody.

[17] *Addicts Who Survived* pg. 50

Teddy saw people shooting up in the house. He thought it was medicine. One day when he was sixteen, he ran an errand for one of the girls and she offered him some white powder. He did it. He got itchy all over, and then he got sick — and then he was floating. He was high the whole day. "See, the grade of heroin they sold back then would probably O.D. a couple of people out here now."

A few days later, he did it again. Why? "It was *there.*"

And that's how it happened. That's how it happens for everyone — maybe by circumstance, maybe by accident, maybe by doctor. Plenty of them had their first pill prescribed for pain, like Sam, who had head-splitting migraines. "I would go immediately into the bathroom, turn the water on full, put a little chair in front of the basin, and scream into the water so that my guests shouldn't hear what I was going through … I'd be screaming into this water, just trying to count the seconds – – that was the ferocity of these attacks. They terrify me to this day."[18] He was first prescribed Demerol, which helped, but then switched to a drug called Alvodine. When he started injecting Alvodine, he found a euphoria came with it. And then, slowly and suddenly, he woke up in the mornings unsure if he shot up for fear of the migraine or for the sake of the high.

But you'll probably come to it another way: someone offers it to you. You're working at a brothel or you're out at a party, and someone brings out the pipe, the powder, the needle. Curiosity gets the best of you, and you do it — then you puke, then you're high, then you're wondering what that was, or how you can get more. Maybe a doc shot you up with morphine during the war and you never quite forgot that glow, that chemical calm that made everything else go away except for one message: you are at peace, you are whole, you are complete.

[18] *Addicts Who Survived* pg. 71

You don't turn into a junkie. You're scoring every weekend maybe, you're smoking dope with jazz singers and band members. It's a glamorous scene, the cops are paid off and leave you all free to pass around the pipe in peace, blowing smoke into the air in high-society triumph. Maybe that's what you left home for.

Lotty left West Virginia. When she found herself in an opium den, she took a good first hit and felt the buzz. She managed not to puke, to the astonishment of her company. "They said, 'This girl's going to be a junkie.' I said, 'What's a junkie?' They said, 'That's when you get on the white stuff.'"[19]

You will get on the white stuff. The hop supply slowed and the Italians were pushing more and more powder heroin onto the streets. So then you start sniffing, which is good — but by the time you're picking up regularly, the powder does nothing when you're sniffing. So someone shows you the ropes. There are two ways to shoot up. Subcutaneous injection, also called "skin popping," puts the dope under your skin. You don't ruin your nose. The high's better, and it's not what the real junkies are doing — the real junkies are mainlining, straight into their veins, delivering dope into their blood.

"What was it about the morphine that you liked so much?"

"Peace. Peace. An inner peace. Yes, an inner peace. Relaxed. Yeah, relaxed. Away from all the goddam tension and anxieties and dissatisfaction and all that stuff that 'reality' is about. Everybody says that when you use dope you're escaping from reality. You're goddam right — what do you think reality is, something funny? Or something pleasant? Shit. Damn right: who the hell wants to look at reality?"[20]

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[19] *Addicts Who Survived* pg. 81
[20] *Addicts Who Survived* pg. 52

That's what Stick said after they shot him up with morphine in the war. A Japanese soldier stabbed him in his shoulder with a bayonet. He stayed at his post three days before he started having trouble breathing. His lung was infected and filling up with blood. The doctor didn't know how the blade didn't hit a nerve — just went straight through Stick's shoulder and punctured his lung. The shock afterwards set him still and probably saved his life.

He got three shots total of morphine in the hospital. That was enough to get him curious about what it was, how he could get his hands on it. He found opium when he was stationed in Japan, and he liked it. Stick was Black, and he said there wasn't any patriotism among the Black soldiers he knew. It was a job — they put you in a position with a weapon, you kill and go home or you don't go home. "It was about fighting for your life, not no country."[21] The first time he felt any patriotism was in Belgium, when a French soldier waved his jeep over, yelling, "Roosevelt *kaput!*" The second was when they killed Kennedy.

He remembered before the war, running the streets in East Harlem. There were Spanish, Italians, Irish. He dropped out of school at seventeen to run with a gang and hit parties nightly. He would hang out at the houses of his gangmates. The mothers knew everyone. They'd beat him when he did something wrong.

But when he got back, in 1947, nobody would hire a Black driver. He got married and his wife found him a little office job. The company gave him ten extra points on the application because he was a veteran. But the streets called.

He quit after four days and ended up running dope on the East Side for an Italian pusher. That's when he really started using. The first time he got high in America, he puked. Then he sat

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[21] *Addicts Who Survived* pg.54

outside on the stoop and let the nausea pass into a peace that ran through his mind, erasing the memories of the war, the job, the trouble, the stress. He sat on that stoop in the summertime, the door of his house open, welcoming the bulging heat of the night, and he listened to Billy Eckstine's baritone-bass. He was hooked.

And you're still working, or you're doing odd jobs to stay afloat, or you're a woman hooking to make a buck, or you're stealing from your partner, or you're hustling pool games to keep it going. You can pay the rent, you can see your dealer, you can shoot up, and you can maintain the habit. Eventually, skin popping doesn't work, and you'll start hitting the veins in your body, one by one, and they'll shrivel and collapse and the track marks will crawl up your arms. You'll end up in a doctor's office trying to get blood drawn — "There were about five or six attempts to get blood out of me," Arthur says. He found heroin in 1935. "But at that time my arms were swollen, my veins were collapsed; they couldn't get blood out of me anyplace." He said he rarely sterilized the needle.

And that's your life. Maybe it's decades, maybe you and your husband shoot up together for the rest of your lives, or maybe you end up overdosing in an alley on a weekday morning. But the system for it exists, the support is there — there's a community of pushers and cutters and dealers and addicts and junkies and users, and it the network will always be something you can tap right into. The molecule is only ever a couple blocks away.

The trade

In 1914, Congress passed the Harrison Act, the first sweeping legislation attempting to control the sale and use of narcotics in the United States. There were 200,000 opiate addicts in the country. These were people purchasing opiates over-the-counter at pharmacies, smoking opium in opium

dens, finding addiction through physicians' heavy use of morphine. These were heavy habits, too — two to 10 grains per day on the low end, some as high as 20 to 40 grains. Cocaine use was mixed in liberally. One out of every 400 Americans had a habit.

The Harrison Act would dramatically reduce opiate use through the course of the century. By 1936 alone, the number of opiate addicts was already down to 60,000, or one in every 2,100 Americans. During the early 1940s, combined with the scarcity of the opium supply due to the war effort, the number of opiate addicts hit the century's low at around 20,000. The government pressed its fist down, and it worked. But as the number of addicts diminished, a new community and change in the demographics of opiate addicts resulted. Habits grew lighter, and the use of cocaine diminished greatly. The opiate scene became predominantly male — there were five male addicts to every one female addict. Opium dens grew less common.[22]

In the face of the government crackdown, the world of American opium use would obviously have to change.. In the attempt to dodge regulation, the opiate underground was born. The supply changed from taxed imports from Chinese, Persian, and Indian merchants to smuggling in opiates manufactured in Switzerland, Germany, and France. Clandestine factories in Europe and the Near East churned out steady supply of opiates for illegal sale. Addicts made use of forged prescriptions to get medical-grade opiates. Around 1940, the supply changed and broadened to include Turkish, Lebanese, and Syrian opiates coming through Italy and France, via Marseille (as seen in *The French Connection*). In a development not long after, a steady supply of opium and heroin would come from somewhere much closer: Mexico.

[22] *Addicts Who Survived* pg. 20

On the ground, this multi-faction, covert, international drug trade played out in large metropolitan areas, on the East Coast cities like Philadelphia and Los Angeles in the West. Most important, of course, was New York City. And so, a brick of heroin made its way from the faraway Mideast or Japan or China only to end up being cut, moved by Italian and Jewish street gangs, and distributed to American teenagers to be sold a couple blocks away. That was the power of the molecule — users' demand was so intense and so lucrative that it drove product from halfway around the world.

America was a sweet spot for smugglers. It was an open society with easy transportation throughout the entire country, not to mention its 88,633 miles of shoreline and two long borders with Canada and Mexico. Two kilos of opium were small, easy to conceal, and worth a fortune. There was an already-large production of opium, and a small portion of the world's total haul more than satisfied American opiate markets. And better yet — the demand for opiates would always remain steady, thanks to a base of addicts.[24]

The American opiate trade was tied up with every other shady industry — prostitution, gambling, liquor, entertainment — there were connections that linked everyone to one another. And in the 1930s through the 1950s, one of the most prominent changes was the change in dominion over the opiate trade from Jewish gangs to Italian gangs. Before World War II, Jewish gangs held a steady hand in the industry, but following the takedown of Louis Lepke (head of the organized crime group labeled "Murder, Inc." by the media), Jewish gangs began to see narcotics as a dirty and troubling industry that carried too much heat, and they preferred the relative security and peace of running gambling businesses and the like.

[24] *Addicts Who Survived* pg. 21

So the Italian crime families took over. Ralph Salerno, an intelligence specialist who spent over twenty years with the NYPD, saw this development firsthand. "Outside the United States, the control fell to six literal Corsican *families*, people actually related to each other. Almost all of the heroin the United States wanted, they could supply it," Salerno told David Courtwright. "Who had the bona fides to sit down with these six Corsican families? Only the Italians, and a few Jews who lingered after Lepke passed from the scene — and they were in the field largely through their affiliation with some Italian. You could have 40 million dollars and, of you were a black man, you couldn't even get to sit down with that Corsican."[25]

If an American made a deal with one of these Corsicans, usually sitting down in Paris or Marseilles, he'd either pay extra for the Corsicans to smuggle the product into the United States or arrange for its transatlantic delivery himself. From there, the Italian or Jewish head cut the product a couple times and started distributing it throughout the city, and only when the product got to "ounce men" would it leave the hands of the original purchasing group. The ounce men bought a half-kilo or so and cut it, then distributed it to street-level dealers.

That's how the machine ran. But at the same time, the transition in control meant a drop in purity. Opiate users reflect fondly on the relative purity of the 1930s' heroin, which had a purity of somewhere around 30-35%. After the Italians took over, purity dropped to 3-5%.

But what stands through all of this development and attempted regulation is the consistency of the underground. People got their fix, even during the war when it meant driving eight hours to unwitting mid-Pennsylvania doctors and faking illnesses for prescriptions — people found a way and the molecule kept flowing, and there were always people looking to exploit that demand. There was

[25] *Addicts Who Survived* pg. 202

always a network that existed of dealers a couple blocks away, of parties where someone had some dope, of pushers who maintained discretion. The passage of the Harrison Act may have defeated much of the nationwide heroin dependency, but it also created a strong, flexible, almost-invisible drug trade that found strong roots in American cities. That network, and its dependability, made sure that opiate addicts would always be able to buy. No crackdown, no regulation, no renewed enforcement was strong enough to break the market. The molecule persists.

The switch

In the late 1980s through the 90s, the heroin trade in America changed. As captured in Sam Quinones' popular book *Dreamland*, farmers in a little town called Xalisco, Mexico, realized that they were at the appropriate climate to grow a little cash crop called poppy.

It was a rural town of families, and soon young men started moving up to Los Angeles for a couple months and returning with bundles of cash and fresh American goods. What they had done was a revolution in the drug trade. Their system worked like this: one guy, the boss, sets up shop inside of an apartment in south L.A. He's got a telephone and a pager. He sits there and the calls come in — callers request an amount and the boss gives them an address and a time. The boss has four or five drivers circling through the area. Each of them sits behind the wheel with puffed-up cheeks — they're holding some thirty bags of heroin in their mouths, and if the police pull them over, they take a swig of water and swallow every one. The boss sends them a coded location and an amount for the deal. Usually they'll meet in parking lots near fast food joints, inconspicuous places in not-terribly-shady areas. Then, the client gets in the care, produces the cash, the driver spits out a couple bags, and the deal is done right there in broad daylight. The Xalisco Boys, as they came to be

known, had rules that they followed: don't carry guns, don't cause trouble, don't interact with Black people, don't compete with other Xalisco Boy cells. All the drivers came up for six months at a time. They never carried too much product on them, so if they were caught, they were only deported.

The system worked. And over a period of fifteen years, new cells popped up in Denver, Salt Lake City, Portland — then farther east, until these quiet dealers were operating in Nashville, Charlotte, and Columbus as well.

They found a quirk in American society: as soon as White people didn't have to go to threatening neighborhoods, as soon as the drugs could come to them securely and without hassle, they were ravenous. These drug cells served a newfound market in the middle of America, avoiding the traditional heroin hubs of Baltimore and Philly and New York, where sales were controlled primarily by Black gangs.

The Xalisco Boys had one more advantage: after a century of common agreement that opiates were simply too addictive to be useful in pain treatment, there was a turnaround. Pharmaceutical companies like Purdue Pharma offered supposedly non-addictive painkillers, the first being OxyContin. They marketed the pill like crazy — they paid marketers to meet with individual doctors and focused their efforts on doctors that they knew had a history of prescribing opiates, they offered coupons, they had ads in magazines and on television, they offered branded OxyContin merchandise. They asked doctors to buy in to two ideas: that pain was a major health issue to be solved by doctors and that the solution was pills.

Efforts by pharmaceutical companies to understand pain as the "fifth vital sign" — meaning the doctor treats patients' personal description of their pain as a metric alongside body temperature, pulse, respiration rate, and blood pressure — worked. Doctors were encouraged to ask about pain

and take responses seriously. It was their medical responsibility to cure pain in patients. But chronic pain is something that is difficult to understand, because it requires an understand of the patient's daily life, their other possibly-contributing health issues, sessions with specialized doctors, and expensive tests. Even then, patients might not be happy hearing that their chronic pain can only be solved by changing their lifestyle: exercise more, stop smoking, change your diet. The vastly easier solution, and the one that health insurance companies would rather cover, is to prescribe a painkiller.

The reality is this: the opiate epidemic would not have struck the United States and dug its roots so firmly into this country's structure if not for the massive oversupply of prescription painkillers pushed onto the population by pharmaceutical companies and drug suppliers. The epidemic, which has killed tens of thousands of Americans and will go on to kill tens of thousands more, was caused by decisions made by people. With more deliberation, with more care, with more consideration for society, we wouldn't have our cities and towns crowded by lost souls filling their veins with poison, crawling micrometer by micrometer to quiet, lonely deaths.

There's no *there* there

While working on this piece, I found myself with the opportunity to interview a higher-up at a health insurance company you've heard of. His fake name is Scott. He introduced himself with his greatest personal achievement: convincing the company to lower the co-pay for naloxone to zero dollars.

We sat down on a Tuesday night at a Vietnamese restaurant. He's built like a linebacker, and he tells me how the best thing his mother ever did was stop him from playing football after middle school, because she was worried about head trauma.

Over the past half-century, heroin use transformed. What had found its footing in opium dens and jazz clubs and punk band green rooms, scenes from an underground counter-culture, had become a nation-wide epidemic spanning all socioeconomic classes and all environments. People shot up in Kensington, Philadelphia and in Youngstown, Ohio — and they shot up purer dope.

"Here's why I wanted to get rid of the Narcan co-pay," he said. "Someone at Mass General told me this. They had a guy come in who needed *fifteen* Narcans to be revived. He was on *Carfentanil*, an elephant sedative. They knock elephants out to do surgery on them. And basically, he said, it binds so close to the receptor, you have to keep throwing Narcan at it. And the family couldn't afford this. They can't get this guy ten. Just bring him to the emergency room and hope for the best. And he said to me, 'That's when you realize the strength — the potency — of these drugs.' Because when I was a kid, at Temple Medical School emergency room, you give a person Narcan, they'd wake up. One dose. There's nothing. There's not a 'Holy shit, we gotta keep going.'"

That's the power of the purity explosion. Street dope in the 1930s in New York City was somewhere around 30-35% pure. After the war, when the Italian mob took over, that dropped to about 3-5% purity. All of that dope was coming from abroad, from the Mideast through west Europe. But the new supply was black tar straight out of Mexico, and the dealers weren't cutting it much. The purity rate sat somewhere around 97%.

"In addition to the growth of Mexican heroin production and the spreading availability of black tar heroin, a new synthetic form of heroin, fentanyl, promises to be even more deadly and

more of a drug problem for the United States," reads a 1989 report to the President of the United States on the subject of drug trafficking. "Fentanyl may be produced in forms a thousand times as powerful as any Mexican heroin. From the user's point of view, fentanyl and heroin are functionally interchangeable."[26] That's a warning almost thirty years old predicting the danger of widespread heroin addiction morphing into a reliance on opioids — and already we see fentanyl becoming Carfentanil while new chemical structures continue being developed.

There are these drugs that are exponentially more potent than old-school dope combined with a supply network reaching its tendrils into every corner of America. It becomes clear that this is a national-scale health epidemic. At the same time, we are as a society largely unequipped to handle this as a healthcare issue. The burden, then, falls to individuals. As heroin drifted out of the cities, along the overpasses and highways, making its exits at every American town, it was not met by readied treatment centers and counseling and well-equipped doctors. It was met by families. There's an insidious effect — your kid starts shooting up and the entire family falls in.

"When things like this happen, they happen to the whole family. If you have a biological vulnerability, which we don't understand, or your mid-brain just gets hijacked by it, or you're exposed to it, or you had too many meds for your elbow boo-boo, if you're living in a family system, it's in the family. This is a family condition as much as it's a mid-brain condition. It happens to the family.

"So that component is quite real. And then, of course, the families go through all these different stages of hopefulness, despair, trying to help, an acute crisis response versus a chronic crisis response. You have appendicitis, it's an acute response, everyone in the family comes together,

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[26] Attorney General of the United States, "Drug Trafficking: A Report to the President of the United States." 3 August 1989.

everybody rallies. You have irritable bowel disease, chronic crisis. You're like, 'Dude, how's it goin'?" And addiction is a chronic crisis until it's resolved.

"A lot of families have to figure out: how do I take care of myself? How much do I engage? How much do I let go? How much do I convey love? How much do I try to engage the authorities, the law? These are virtually impossible problems."

At the same time that families are taking on these heavy questions, doctors are taking on another burden: figuring out how to beat addiction, one of the most stigmatized and misunderstood topics in the field. Still today, people are fired from their jobs for seeking help through methadone, and the public proclamations of the ills of any drug assistance are plentiful. Many advise the Twelve Steps, a sponsor, and a person's willpower.

But Scott was adamant that drug-assisted rehabilitation is the answer. He referred to his friend, an addictionologist. She stressed the importance of M.A.T., medication-assisted treatment. "She would say that all the time in a rehab is wasted if you haven't dealt with the biological craving," he told me. "It's all wasted time if you don't have suboxone, or methadone, or vivitrol on board you're wasting time, because given the nature of the current strength of the opiates, you have to block the receptors, then you have to deal with all the other stuff. You need a community, you need people to help you, you need a sponsor, you need to think of a way to live life without drugs, you need to make amends if that's your Twelve Step thing. But she would say that the linchpin of this whole thing is M.A.T."

The conversation turned to his childhood. He grew up in Michigan in a town built around a Ford factory. "The idea that the Ford transmission plant would provide for you was a universal concept," he said. His neighbor pushed a broom at the factory and earned enough to support three

kids, a wife, and own a home on a lake in northern Michigan and a boat. Scott remembers the summer before he left for college when his neighbor told him to forget about school, because he could get into the union with a gig at the Ford factory. Scott declined.

"I thought to myself, 'This can't be sustainable.' I actually had that thought, this is a seventeen-year-old kid. 'This is unsustainable,' I thought to myself. There's no way a man with no education and no skills gets to have a boat and a house on a lake in northern Michigan. It seems unbelievable. But of course, growing up in that culture, the Fords were unbelievable. The Mustang, oh wow, we were kicking the shit out of everyone else. Toyotas were these crappy little tin cans."

This was an easier America, before the downfall of blue collar labor. And Scott understood the value of that: reliable infrastructure and public services, civic engagement, a sense of community embodied in locally-owned shops and goods and services. And all of these things were thanks to one glorious benefactor, one plentiful source that provided: The factory.

"In the third grade, that's where we went on our school trip," he told me. "We went to the River Rouge Ford plant. And they poured molten steel into molds, and you walked on all these catwalks, and steam was exploding all around you. And then you'd come down, you'd walk a half a mile, and there'd be a gorgeous Ford Mustang going *duh-dun duh-dun*, *duh-dun, duh-dun*. And you'd be like, 'We rule the world.' I remember that feeling: *we rule the world*. And everybody believed it. And then it was taken from us. Now my elementary school's gone, my high school's gone, the state hospital, which saved my father's life from his bipolar disorder, is closed. There's no *there* there."

Today

116 Americans die every day from opioid-related drug overdoses.[27] In 2016, 39,437 people died from an opioid overdose. In 2017, that number rose to 45,657.[28] Around 80 percent of heroin users had previously misused prescription opioids. For every 100 people prescribed painkillers by doctors, roughly 21 to 29 of them will misuse them, 8 to 12 will develop an opioid use disorder, and 4 to 6 of them will transition from prescription pills to heroin.[29] In 2012, 259 million opioid prescriptions were written.[30] In a 2014 survey, 94% of respondents said that the cheaper price and wider availability of heroin caused them to switch from opioids.[31]

From 1999 to 2014, despite no change in the amount of pain Americans reported to their doctors, sales of prescription opioids nearly quadrupled.[32] 259 million opioid prescriptions were written in 2012, more than enough to give every American adult their own bottle.[33] And the supply remains high: 1 out of 5 patients with pain-related diagnoses are prescribed prescription painkillers, and while pain specialists' rates of prescribing have increased, about half of the opioid prescriptions are given by primary care doctors.[34]

By 2015, America was consuming 83 percent of the world's oxycodone and 99 percent of the world's hydrocodone, which operates in Vicodin and Lortab. A group of experts wrote in *Pain Physician* in 2012: "Gram for gram, people in the United States consume more narcotic medication than any other nation worldwide." In a 2004 survey, more people had used a prescription painkiller

[27] U.S. Department of Health and Human Services. "National Opioids Crisis."
[28] National Center for Health Statistics. "Provisional Drug Overdose Death Counts."
[29] National Institute on Drug Abuse. "Opioid Overdose Crisis."
[30] American Society of Addiction Medicine. "Opioid Addiction 2016 Facts & Figures."
[31] see footnote 30
[32] Centers for Disease Control and Prevention. "Prescribing Data."
[33] see footnote 30
[34] see footnote 32

nonmedically for the first time within the previous year than had used marijuana for the first time. In 1999, there were ten opiate deaths a day. In 2012, there was one every half hour.[35]

If the epidemic continues unabated, some estimates claim that within the decade from 2017 to 2027, the death toll from opioids could reach 500,000 Americans, more than all the American fatalities in World War II.[36]

The response by government and law enforcement has been lackluster. Earlier this year, Attorney General Jeff Sessions blamed marijuana for opiate addiction, saying, "The DEA said that a huge percentage of the heroin addiction starts with prescriptions. That may be an exaggerated number; they had it as high as 80 percent. We think a lot of this is starting with marijuana and other drugs too."[37]

The new budget deal in Congress allocated only $6 billion more for opiate addiction and mental health treatment over two years.[38] In February, Purdue Pharma announced that it would stop marketing painkillers, most notably its product OxyContin, to doctors. They said, "We have restructured and significantly reduced our commercial operation and will no longer be promoting opioids to prescribers." Purdue had been marketing OxyContin directly to doctors for twenty-one years, since its release in 1996.[39]

President Trump has yet to name a head to the Office of National Drug Control Policy or the Drug Enforcement Agency.[40] Meanwhile, the Administration's efforts to strip back healthcare

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[35] Quinones, Sam. *Dreamland*. 2015.
[36] Blau, Max. "STAT forecast: Opioids could kill nearly 500,000 Americans in the next decade."
[37] Lopez, German. "Jeff Sessions: marijuana helped cause the opioid epidemic. The research: no."
[38] Yglesias, Matthew. "Congress still isn't taking the opioid crisis seriously."
[39] Lopez, German. "The maker of Oxycontin"
[40] Lopez, German. "Trump's pathetic response to the opioid epidemic."

coverage from millions of Americans all but assure that more and more addicts will not be able to receive the care or recovery that they need.

Charles Terry, the Jacksonville public health official from a century ago, understood that medication-assisted treatment was necessary, that the afflicted population is responding in accordance with our human nature to escape pain and seek relief. This idea has not caught on.

Prescription methadone treatment, which can cut the mortality rate among addicts by half or more,[41] still faces stigma. Narcotics Anonymous attendees who are on methadone are forbidden from chairing a meeting or even speaking as a participant.[42] At my local meeting for parents of children suffering from substance abuse issues, the priest chairing the meeting warns again and again of the dangers of methadone, saying it is just as bad as heroin or fentanyl or any other opioid. Methadone dose-capping, which prevents individuals being prescribed different amounts on a case-by-case basis so as to suit their individual needs, is was banned by the Substance Abuse and Mental Health Services Administration in 2007 but continues at the state-level.[43]

Naloxone, the drug that reverses the effects of an opioid overdose and is commonly known by the brand name Narcan, has created a gross pushback among the public. Because Narcan is administered only for the purpose of preventing an overdose death, the saved addict does not have their underlying issue with substance use treated and very often will return to using — as should be expected. Narcan is not meant to defeat illicit opioid use, it is simply meant to reduce the number of deaths by opioid overdose, which is the most concerning effect of the opioid epidemic and the largest concern to public health. However, this has led to people suggesting that we reduce the

[41] Pierce, Matthias et al. "Impact of treatment for opioid dependence on fatal drug-related poisoning: a national cohort study in England."
[42] Narcotics Anonymous. "Bulletin #29."
[43] Addiction Treatment Forum. "Methadone Dose-capping Still Continues in Practice, If Not in Policy."

amount of naloxone administered. A recent paper, "The Moral Hazard of Lifesaving Innovations: Naloxone Access, Opioid Abuse, and Crime," observed that naloxone access may increase opioid use overall by "(1) reducing the risk of death per use, thereby making riskier opioid use more appealing, and (2) saving the lives of active drug users, who survive to continue abusing opioids."[44] While this is true, this kind of information is used by politicians and law enforcement to falsely claim that there are "Narcan parties" where users show up ready to administer Narcan to one another while they chase ever-increasing highs.[45] These kinds of regressive opinions matter, and they led to an eye-grabbing April 29th *New York Times* headline that read, "'Don't let me die,' begged a woman who got a deadly heart infection after injecting drugs. If she shot up again, doctors warned, they might."

The fact is that the public and health professionals do not treat any other group of people with so much disdain. For no other group of Americans is the question being asked, "Is it worth keeping these people alive?" No one slaps a bottle of cholesterol medication out of someone's hands, no one prevents type 2 diabetes from seeking insulin, no one suggests that cancer patients aren't worth saving because the cancer might recur. But for victims of the opioid epidemic — four out of five having first started on prescription opioids, illicit or otherwise — society is ready to let innocent people be denied the care they need and die on the street.

These are our neighbors, our coworkers, our cousins, our sisters, our brothers, our passerbys on the street, our homeless, our mothers, our fathers, our society. Each day, there are 116 fresh bodies — some splayed out in alleyways with needles still tucked between their tightened skin, some abandoned in stairways and abandoned buildings, some in Taco Bell restrooms or on the lawns of

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[44] Doleac, Jennifer L. and Mukherjee, Anita. "The Moral Hazard of Lifesaving Innovations: Naloxone Access, Opioid Abuse, and Crime." 6 March 2018.
[45] The Recovery Village

our public libraries, their cold cheeks pressed against our concrete, their foreheads nestled against our cardboard, their fingers curled around our drug. They die in New York, Denver, Cleveland, Philadelphia, Chicago, Odessa, Terre Haute, Jacksonville, Tuscaloosa, Montgomery, Pensacola, Anniston, and Wilmington.[46] Some still wander the streets, knowing the eventuality — they nod on SEPTA buses with their brightly-dressed children pulling at their sleeves, they stand behind the counter, heads tilted back and eyes dropped, they claw at machines trying to swipe their subway tickets with empty hands.

These are our neighbors, this is our country.

The power and the sorrow

Had doctors been more discrete with their administering of intravenous morphine, we might not have an epidemic. Had the conventional wisdom held that opiates were too addictive to be useful painkillers, we might not have an epidemic. Had Charles Terry's medication-assisted rehabilitation efforts been noticed and praised, we might not have an epidemic. Had the government helped recover the afflicted population while they cracked down on the sale of narcotics with the Harrison Act, we might not have an epidemic. Had law enforcement worried more about ending the desire for drugs rather than the supply, we might not have an epidemic. Had the pharmaceutical companies not placed profit first, we might not have an epidemic.

But we do. And surrounded by tens of thousands of American corpses, there is little more to look forward to than tens of thousands more. In 1987, David F. Musto wrote an introduction to the expanded edition of his 1973 history of American narcotics control, *The American Disease.* He wrote,

[46] Elliott, Megan. "The 15 Most Addicted Cities Behind the $8 Billion Opiate Epidemic."

"The messages contained in *The American Disease* have not been a source of great optimism that the drug problem can be easily controlled or solved by some simple formula. What has most impressed me is that our use of drugs and the social damage that inevitably follows has so closely paralleled our earlier fascination with drugs, which peaked around the turn of the century." In a third edition released in 1998, Musto added, "Over the last decade, environmental and developmental explanations for human behavior that were so popular in the 1960s have given way to increasingly persuasive biological explanations. Now that studies can be conducted on a molecular scale, we can assume that much of the biological nature of addiction will soon be explained, perhaps in the next decade."[47] Musto's pessimism was more prescient than his hopes.

When I set out to write this essay, I asked the question: What is American about opiates? From the beginning of the history of opiate use in America, this country has been rattled by the questions of how we treat the dispossessed members of our society, how we treat the less fortunate, what we make of the drug use of the dominant social group versus the minority social group, how we consider personal responsibility, what we expect people to give to society, and what we expect society to give to people. After grappling with these questions for more than a century, we do not have an answer. Our inability to learn from our mistakes has caused this epidemic, which promises to approach the Civil War as one of the most catastrophic events for American lives.

The reason these opioids have been able to wrap their fingers around American society, though, is because of our desire to end pain. American invention, perhaps the best quality of our country, gave us the mindset that when someone walks in the doctor's office with a problem, that problem is meant to be solved, finished, figured out, done away with, eliminated. We are unwilling

[47] Musto, David F. *The American Disease*, 1998.

to accept the reminder of our mortality, the reminder that our bodies are not devices we occupy. While our dependency on these painkillers grew, so did our anguish — in 2016, the suicide rate surged to a 30-year high.[48] Teenagers saw a 37 percent increase in depression from 2005 to 2014.[49] The American College Health Association saw undergraduate reports of "overwhelming anxiety" increase from 50 percent in 2011 to 62 percent in 2016, while the number of hospital admissions for suicidal teenagers doubled in the last decade.[50] We are becoming an increasingly connected, increasingly digital society while social media and smartphones are making us depressed.[51] Per percentage of population, Americans consume more antidepressants than any other country, while recent studies show modest effects at best.[52]

Depression and opiate use are not the same, but the way in which Americans expect problems to be solved is. The reality is this: The path forward, the path to a more connected, better cared-for society is difficult and complicated. Some might see the epidemic as signs of our collapsing empire — the infrastructure broke down, the jobs disappeared, the safety net was cut, and there was no clear upward path for these people when they first popped a pill. As the wealth gap grows and middle-class existence disappears, we are going to create more people without an upward path, and we cannot seek every answer in a pill. Our national issues with health, both mental and physical, are so wrapped up in morality and personal responsibility that we refuse to ask what kind of country we've created that might be creating our own sicknesses.

[48] Tavernise, Sabrina. "U.S. Suicide Rate Surges to a 30-Year High."
[49] Schrobsdorff, Susanna. "There's a Startling Increase in Major Depression Among Teens in U.S."
[50] Denizit-Lewis, Benoit. "Why Are More American Teenagers Than Ever Suffering From Severe Anxiety?"
[51] Twenge, Jean. "Teenage depression and suicide are way up — and so is smartphone use."
[52] Carroll, Aaron E. "Do Antidepressants Work?"

James Baldwin's protagonist in *Giovanni's Room* describes the experience of seeing a crowd of Americans in the Parisian American Express office. He sees their department store clothes and smells their soaps and senses the way they all cover up the facts of the body, the important unpleasantries of existence, with artificialities and products. And he realizes, "I also suspected that what I was seeing was but a part of the truth and perhaps not even the most important part; beneath these faces, these clothes, accents, rudenesses, was power and sorrow, both unadmitted, unrealized, the power of inventors, the sorrow of the disconnected."

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