Historical Perspectives: From old-fashioned Opium Den to their modern version, injection sites

History often repeats itself. We are supposed to learn from our past, so if it repeats itself several times, in theory, we should not repeat our mistakes. At a bare minimum with each occurrence, we should improve upon it. Recent discussions in Massachusetts revolving around funding and designating injection sites is in fact, one of these occurrences. In the 19th century, we called them opium dens, now we call them injection sites.

So what can we learn this time around? What can we do to improve the concept? What mistakes were made?

Opium which is derived from the poppy plant has been in use since 3,000 B.C.E. mentioned in cuneiform tablets from ancient Sumer. Even the ancient Egyptians and Greeks used the "joy plant."



In the early part of the 19th-century opium entered the medical community for its effects on pain through the application of morphine or laudanum tinctures. The side effects were a peaceful, happy, oblivious feeling — something attractive to those who were not undergoing any physical pain and in need of something like morphine. Have insomnia? A migraine? Parents even gave small doses to their cranky children. Even companies like Bayer got involved.

This led to a world gripped by recreational use of opium, and opium dens — establishments where opium could be bought and

smoked at one's leisure — popped up all over the world, including North America. New England loved the stuff so much that at one point in 1840 24,000 pounds of it came in through U.S. Customs who, of course, promptly put a duty fee on it. Large shipments like these were feeding New England's appetite. These opium dens would provide a safe, relaxed environment for opium addicts to get high and even provide the oil lamps and special pipes with which to smoke it. Many had female attendants who would also offer sex for a price.

In the 1870s many large cities in the U.S. began to ban these opium dens and just like the Prohibition that would come in the 1920s it fueled public displays whereby the "product" would be destroyed. Confiscated opium and its paraphernalia would be dumped onto massive bonfires right out in the open.

And just like during the Prohibition it just forced use underground — into back alleys, "Speakeasies" or onto street corners in low-income neighborhoods. This, of course, raised crime, addiction and death rates. Opium use was so prevalent and such a large societal problem that in 1911 the New York Times said "Of all the nations of the world, the United States consumes most habit-forming drugs per capita. Opium, the most pernicious drug known to humanity, is surrounded, in this country, with far fewer safeguards than any other nation in Europe fences it with…we can buy it, in almost any form, in every tenth one of our drug stores."

Consumption of narcotic drugs

Compared to the rest of the world, the U.S. has the highest level of daily doses of narcotics per million inhabitants per day.

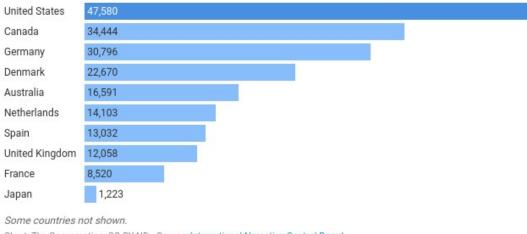


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3 years after that headline the Woodrow Wilson administration would enact Harrison Narcotics Tax Act which restricted the distribution and sale of heroin, opium, and cocaine. Eventually, Congress would make it illegal to produce, import or sell heroin. This had a dramatic effect on users who were addicted, millions of Americans.

Then, as now, opiates affected every stratum of society, rich and poor, homeless and those with extravagant homes, from the plumber to the doctor, men and women alike. So while the form of the poppy plant derivative has changed — from a small, sticky "rock" placed in a pipe bowl to a prescription pill. We now have Vicodin, Demerol, Dilaudid, Percocet, Fentanyl, Codeine, Oxycontin, Methadone and other narcotics handed out to the general populace by doctors.

Our country is now in quite a "pickle." We have an estimated 30 million Americans addicted to some opiate. As addiction rates rise so do crime and overdose rates. We have a fullblown epidemic on our hands and there is no segment of society unaffected — we all know someone who is or was addicted.

So here we are — we've come full circle. The sad aspect of the story is that this means that opiates never went away when it comes to the scale of usage, crime rates, and addiction. It

simply fluctuated. Back "then" we thought putting laws on the books would address the problem, it clearly didn't work. All the laws, the "War On Drugs" has done nothing to address drug use and the crime that comes with it. It is an outdated idea that hasn't been proven to work, yet people persist in promoting it.



So what is the new tact we must take? Do we need to think outside the box? Consider more progressive ideas? Model another nation's success story if that exists?

If we continue to practice an ineffective idea and expect it work we are perpetuating the epidemic. The proverbial maxim states "The definition of insanity is doing something over and over again and expecting the same result." Einstein echoed this maxim when he said: "We can't solve problems by using the same kind of thinking we used when we created them." We need to **see**