

## Confronting the Opioid Crisis: Personal, Professional, and Pastoral Perspectives

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### COMMENTARY

On February 2<sup>nd</sup>, 2017 I discovered the lifeless body of our 24-year old son, Thomas, sitting in a chair in our basement. He was the latest victim of the “Opioid Crisis” of the USA. An estimated 64,000 died of drug overdoses in the USA in 2016, and the majority were due to opioid drugs.

How did this tragedy happen to our beloved youngest son? As an adolescent Thomas developed anxiety associated with obsessive compulsive disorder. A psychiatrist prescribed benzodiazepines (e.g., alprazolam, clonazepam), but side effects developed quickly and were horrible. Years later an oral surgeon removed his wisdom teeth and prescribed an opioid pain medicine. When he experienced the opioid “high” Thomas felt “normal” for the first time in his teen years. He later transitioned from prescription opioids to illegal street opioids (e.g., fentanyl and heroin), from which he ultimately died.

What are the factors contributing to the Opioid Crisis? The problems are numerous. Prescription opioid drugs (e.g., oxycodone, hydrocodone) are routinely prescribed by medical providers for moderate-to-severe pain, and their use has grown considerably. On the street, illegal opioids include heroin and high potency synthetic opioids, such as fentanyl. Fentanyl is 50 x more potent than morphine that is derived from poppies. Fentanyl is likely the major reason that the USA is experiencing so many overdose deaths. It only takes a few milligrams, the equivalent of two grains of salt, to kill an adult.

Why are so many (young) people abusing opioids? The euphoric “high” is extreme and

easily entices users into habitual use. It is easy to become addicted, even starting with legal prescription drugs for a genuine medical need to address pain. Modern communication technologies, such as the Internet, the “dark web”, and smart phones provide easy access to high potency opioid drugs. Young adults have no problem finding sources.

Unlike former heroin drug dealers in prior decades, who “cut” their drugs with inactive ingredients to sell less potent drugs, today’s dealers do the opposite. They now “cut” heroin to make it more potent by including high potency fentanyl. Drug dealers are selfish greedy sociopaths, who actually desire that some of their purchasers overdose, in order to claim high potency on the street! The first time a naive person experiments with high potency opioids he/she can overdose and die. We have never in history had a more effective way of killing our own people with drugs, than with high potency opioids like fentanyl!

A major contributing factor to the Opioid Crisis is mental health, and in particular anxiety disorders. Patients who have anxiety and mood disorders use more than half of opioid prescriptions and are twice as likely to use prescription opioids compared to normal patients [1]. Further confounding this issue, the standard-of-care drugs to treat anxiety are addictive benzodiazepines (e.g., alprazolam, clonazepam) that have other safety concerns, too. Benzodiazepines have the potential for dependence, tolerance, and abuse. In 2016 the US Food and Drug Administration (FDA) issued a black box warning against the coincident use of opioids and benzodiazepines. Thus, there is an “Opioid – Benzodiazepine

Dilemma” within the broader context of the Opioid Crisis.

As a pharmaceutical researcher and entrepreneur I have been aware for two decades of the need for non-addictive alternatives to benzodiazepines for the treatment of anxiety. The life experiences of my son, Thomas, inspired an invention of a new class of anti-anxiety drugs, without using any addictive active ingredients [2]. PanX® drugs are patented combinations of a beta blocker and an antimuscarinic agent (e.g., atenolol and scopolamine, respectively). Initial physician-sponsored open label clinical studies have demonstrated that PanX is effective and fast-acting for the treatment of symptoms of anxiety disorders [3-6]. Had this type of anxiolytic medicine been available a decade ago, perhaps my son would still be alive today. This approach holds promise as one of the needed tools to address one component of the Opioid Crisis, namely the mental health/anxiety disorders aspect.

Where are the opioids coming from? Prescription opioids are manufactured by pharmaceutical firms and sold by pharmacies. Illegal opioids can start as legal drugs that are diverted into street use. But, more significantly there are street drugs like heroin and fentanyl from illegal manufacturing and distribution sources. Currently most heroin is produced from opium in Afghanistan and enters the USA via Mexico. And, most fentanyl is synthesized in China and enters the USA directly or via Mexico.

What can be done to help opioid addicts? Lestley Drake, the pastor of the Lovelady Center in Birmingham, Alabama ([www.LoveladyCenter.org](http://www.LoveladyCenter.org)), was “moved” by the eulogy I shared at my son’s funeral. Therefore, he invited me to become a volunteer member of their pastoral team. This center is among the largest and most successful faith-based recovery centers in the nation, with 400 women in residence. The ministry was started by Brenda Spahn as a “whole-way house”, a holistic program to restore women from lives of addiction and incarceration into fulfilling lives of purpose. The center provides counseling, Biblical teaching and worship, meals, education, medical assistance, and hard work to create a pattern of discipline. This 9-month holistic program brings hope and restores lives. Every week I enjoy speaking with dozens of women whose lives are changing from opioid addicts

into joy-filled “Loveladies”. It is an exemplary model for our nation’s churches, synagogues, and nonprofits to emulate. Faith-based recovery centers work.

### SOLUTIONS

As one involved in the Opioid Crisis at the personal, professional, and pastoral levels, I offer the following suggested solutions:

1. **New Pain Medicines:** Scientists should discover and develop new non-addicting drugs for moderate-to-severe pain. These would preferably be new non-opioids or opioids that act peripherally as analgesics without causing CNS euphoria.
2. **New Anti-Anxiety Medicines:** My company needs to further develop and commercialize the PanX® combination drugs to replace addictive benzodiazepines.
3. **Access to Opioid Antidotes:** Local authorities should provide greater access to naloxone antidote for overdoses for first responders and families of addicts.
4. **Recovery from Addiction:** Churches, nonprofits, and communities should build faith-based residential recovery centers resembling the Lovelady Center. This residential approach coupled to long-term accountability is among the most effective means of recovery from addiction.
5. **Counseling:** Counselors, psychologists, and faith-based ministers should address the root-level issues of mental health disorders, which often drive individuals to abuse opioids and benzodiazepines.
6. **Parental Authority:** The federal and state authorities should remove “privacy” obstacles (e.g., HIPAA) that inhibit concerned parents from consulting with healthcare professionals caring for the mental health and addiction problems of their own children. Parents often know relevant information that could help.
7. **Supply:** Customs & Border Patrol, the US Post Office, and law enforcement need to limit access to high potency synthetic opioids, such as fentanyl.
8. **Information:** Concerned citizens need to warn high school and college students, and the media should provide public service announcements.

## DECLARATIONS

Dr. Dooley is an employee and shareholder of TPD LLC (www.PanX.us), the owner of the PanX® drug technology. This commentary is based upon a presentation delivered on September 16, 2017 to the Eagle Forum's Eagle Council conference in Washington, DC. © 2017 Thomas P. Dooley

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