

## ESSAY

## The Response of Religious Institutions to the Opioid Epidemic: A Durkheimian Perspective

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The abuse of opioids has become a public health crisis in the United States, resulting in increasing numbers of deaths and emergency room visits from drug overdoses. Christopher Ruhm (2017) found that, between 2000 and 2014, there was a 137% increase in drug poisoning deaths nationwide. Lawrence Scholl and colleagues (2019) reported that in 2017 there were 70,237 drug overdose deaths, over two-thirds of which involved opioids. According to Dionissi Aliprantis and Anne Chen (2017), drug overdoses are now the leading accidental cause of death in the United States, accounting for a greater number of fatalities than either suicides, traffic accidents, or gun violence. Unfortunately, this tragic trend is likely to continue in the future due to the widespread presence of the synthetic opioid fentanyl and its analogs, which Daniel Ciccarone (2017) reports are at least 50 times more potent than heroin.

The human toll of this epidemic extends beyond the users. The reality of the situation is that these overdose deaths are not just numbers. Each occurs to a human being who is a child, parent, grandchild, sister, or brother, and has devastating impact on the loved ones of the deceased opioid user. The increasing prevalence of opioid abuse has resulted in an unprecedented increase in drug-related parental referrals and placement of children in foster care (Mirick and Steenrod 2016). In her 2016 testimony before a U.S. Senate committee, expert witness Nancy K. Young testified that she and other veteran child welfare professionals consider the growing problem of opioid abuse as having the most severe impact on the system that they have ever witnessed (Young 2016). There is also the problem of Neonatal Abstinence Syndrome (NAS) that occurs when infants born to opioid-using mothers experience severe medical problems related to drug withdrawal. Annually, hospitals spend \$1.5 billion (mostly charged to Medicaid) treating NAS infants (Patrick et al. 2015).

Many proposed solutions to the opioid crisis are at the micro-level, such as individual counseling, group counseling, and self-help (such as 12-step) programs. While these are important, it is essential to consider what macroscopic social forces contribute to this terrible crisis. For instance, over-prescribing opioids is clearly a factor in the epidemic. In this essay, we argue that widespread disengagement from participation in social institutions by groups particularly hard hit by opioid abuse is playing a role in the current situation. From a

Durkheimian perspective, this decline in stable institutional bonds can cause feelings of anomie and despair in impacted individuals. According to Durkheim's analysis, religion is the pre-eminent expression of social solidarity. As such, the church can play a role in addressing the situation by re-integrating people into society and providing them with moral guidance and a sense of meaning.

### **Participation in Social Institutions and Deaths of Despair**

Our experience and reading of the literature on opioid abuse shows that the epidemic is related in part to the fundamental decline in participation in social institutions in recent decades among many segments of American society. This is especially true for working class and moderately educated whites. This involves a decreasing rate of participation in family, work, and – most important to the current discussion – religion. The highly influential work of political scientist Robert Putman (1995) documented the decline of civic engagement in contemporary America. He noted the decline in church attendance and participation in church-related groups that began in the 1970s. There was a similar decline in labor union membership, PTA participation, and fraternal organization membership (e.g., Masons, Elks). Putman found that, although more Americans were bowling than ever before, bowling league membership had dropped 40% since the 1980s. He argued that this general yet diverse social disengagement reduces participation in social networks and results in a declining sense of community and erosion of trust within the general public.

Edin and associates (2019) conducted extensive life history interviews with a sample of 109 working-class men from four major metropolitan areas to examine their attachments to key social institutions. They found, for instance, that many of these men were not attached to a traditional job and their workforce participation was irregular. Moreover, while they generally enthusiastically embraced the parental role when possible, they normally retreated from the institution of marriage. This research also found that, while these men were seeking spiritual fulfillment, they held a notable disdain for organized religion. They had a distrust of religious leaders, and cited instances of scandals such as sex abuse in the Catholic Church as reasons. These researchers noted that the diffuse religious identity of these men did not integrate and ground their behavior the way a religious community and accompanying systematic belief system did.

The epidemic of opioid overdose deaths appears to be part of a pattern that Anne Case and Sir Angus Deaton (2017) call “deaths of despair” in their important work. These deaths are associated with a sense of hopelessness, fatalism, perceived helplessness, and deprivation. This concept has been used to describe and account for the increasing mortality in the United States from opioid overdoses, suicides, and liver disease among non-college-educated middle-aged whites. Dasgupta, Beletsky, and Ciccarone (2018) found that these deaths of despair began to

increase noticeably around the time of the economic downturn in the mid-2000s. Case and Deaton argued that deaths of despair are linked to the disappearance of traditional structures that historically provided a meaningful existence. For example, they noted there has been a decline of the well-paying “blue collar aristocracy” jobs and their traditional union associations that provided high school educated adults with both an attractive wage and an important identity. Moreover, marriage has diminished as the preferred way to have a long-term intimate partnership and to rear offspring. Finally, and most important to this discussion, people have strayed from the security of legacy religions and the churches of their parents and grandparents.

### **Role of Religion in Addressing the Problem**

Sociologists would be wise to give serious consideration to the role Emile Durkheim’s ideas (1947; 1951; 1968) regarding religion can play in combating this epidemic. He noted the need for societies to have social integration and moral regulation. According to Durkheim, religion traditionally plays a major role in social integration by uniting people into a moral community. In turn, the belief systems and social relationships associated with religion provided moral constraint to the individual. Thomas Rotolo (1999), for example, emphasizes that Durkheim cautioned that groups and individuals with insufficient social integration and moral regulation face disastrous consequences. Durkheim provided evidence that individual passions could result in a state of normlessness that he called *anomie*. In turn, this *anomie* can translate into self-destructive behavior and ultimately suicide.

Many opioid overdoses may be consistent with the patterns described by Durkheim. In their ground-breaking work on deaths of despair, Case and Deaton (2017) claimed the current decline in institutional participation among working class whites was creating a “Durkheimian recipe” for individual self-destruction. Kathryn Edin and her colleagues (2019) argued that an absence of stable institutional bonds (e.g., work, family, religion) results in failure to establish autonomous selves successfully. Subsequently, there are few social supports to prevent them from falling into despair. Bradford Wilcox and his co-authors (2012) showed that the trend of disengagement from institutional religion is troubling because it is one of the few social structures to which the working class can turn for social and emotional support, as well as a sense of meaning, in the uncertain times of the post-industrial economy. Consequently, individuals may be turning to opioids as a form of self-medication to deal with this despair. Theodore Cicero and Matthew Ellis (2017) summarized the work of many researchers who report the gritty complexity of opioids’ fatal attractions – from getting “high” to abusing the drug to provide an escape from life stressors and emotional turmoil. Believing that their situation is hopeless, users turn to opioids as a temporary reprieve from fatalistic despair. Tragically, this reprieve from an anomic condition often turns into a life threatening addiction.

Joyce Oramel Hertzler (1961) contends that religion can foster human re-integration by providing socially approved modes of reconciliation. Opioid abusers are frequently stigmatized by a devalued identity and the behavior to which they resorted in their addiction. Religion explicitly institutionalizes forgiveness, which emerges as a central theme of Biblical stories and sermons (Wuthnow 2000). For instance, some observers point to the religious doctrines of redemption and grace in welcoming the formerly stigmatized category of single parents as valued members of many religious communities (Uecker, Mayrl, and Stroope 2016). Religious institutions are hopeful communities that offer opioid abusers social support and re-connection to the larger social enterprise.

Religion also offers guidance for socially positive behavior. Traditional religious structures provide stable behavioral norms in place of the amorphous spirituality that serves as a weak basis for behavior (Edin et al. 2019). It can also integrate them into social groups and networks that can provide former abusers with social capital. This will support and encourage abstinence from opioids and other drugs of abuse, as well as encourage disengagement from anti-social peer networks. Additionally, churches and other religious institutions tend to support conventional norms that encourage engagement in the institutions of work and family (Uecker et al. 2016; Wilcox et al. 2012). This will be especially helpful because the opioid epidemic has not only damaged family engagement, but also appears to have played a role in working-class males dropping out of the workforce. According to Alan Krueger (2017), opioid use and abuse may account for as much as 43% of the decline in the U.S. male workforce participation from 1999 to 2015.

Religious institutions seem well suited to the task of alleviating the terrible problem of opioid abuse. With their long history of working with addicted persons through, for example, hosting Alcoholics Anonymous and Narcotics Anonymous meetings, they have an inexpensive, proven, and often trusted record in such work. Moreover, church, synagogue, mosque and other outreach activities not only reaffirm the existence of the religious community outside of their walls (Rotolo 1999), but these activities also offer to engage these opioid abusers in ministry to help others ravaged by this epidemic. There are ample opportunities for opioid abusers to engage through the many works of mercy in sheltering, feeding, educating, vocationally preparing, and visiting others in many ministries.

## Conclusion

Over the last two decades, opioid addiction has become the leading cause of accidental death in America. Sociologists can draw on Emile Durkheim's conclusion that "the religious life [is] the eminent form and ... concentrated expression of the whole collective life.... [T]he idea of society is the soul of religion. Religious forces are therefore human forces, moral forces" (Durkheim 1947:419). Combined with other of its tenets and practices, sociology can validate

the assertion that institutional religious involvement by opioid abusers and others in similar distress has the great benefit of causing one to look outside of oneself to the society and a moral framework.

Churches that are true to the essence of religion and the message of God in the work of Jesus Christ can both cause people to see the macro-social side and also provide micro-social community, support, care, and counsel. That would provide agency to the sociologically identified moral framework that gives sense, meaning, and identity to a life beyond despair and addiction.

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