

Faculty Spotlight: Dr. Lee Hoffer

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Faculty Spotlight

AN INTERVIEW WITH

Lee Hoffer

by Viral Mistry

Dr. Hoffer is an Associate Professor in the Department of Anthropology and a Professor in the CWRU School of Medicine Department of Psychiatry. In this interview, he discusses his research background, his take on the opiate epidemic, and the ways we discuss illicit and illegal drugs.

This interview has been edited for length and clarity with Dr. Hoffer's consent.

Could you start by telling us about the research you've been doing, and what your focus is on campus?

Since I started work in 1993, I've been interested in substance use disorder, and how people who are not in treatment use drugs. I work primarily on "hard" drugs, like heroin or cocaine, but I've also done studies on club drugs, study drugs, and inhalants. I'm a medical anthropologist, so my primary methodology is ethnography. In ethnographic research, we go out into the field, talk to people in their natural environment, understand their lifestyle, and let them be the experts. We also observe what is happening around them. In the nine years I've been working at CWRU, I've primarily focused on the opiate epidemic, specifically on heroin use, and how things are changing with that, but also generally on how people understand their use and what their daily life is like.

What got you into this field of study?

I wish there was this grandiose story behind it, but the truth is, when I was in graduate school, one of my professors told me about research project that was looking for a survey interviewer. They were working on HIV prevention research, interviewing active users about their risk behaviors. I did that, and I found it really interesting, and I found talking to the users to be the most interesting. It felt



Photo supplied by Dr. Hoffer

really genuine, the conversations were really free-flowing, and it cemented my desire to do anthropology research. The thing that still keeps me going is the people I meet. There's a lot of media that demonizes drug users; that they're all dangerous and violent. But most of

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the people I meet are nothing like that, and it's working with them that keeps me wanting to keep doing this work and inform the public and the scientific community.

What are you currently working on?

In the last 15 years or so, I've focused on collecting qualitative data on drug use, usually from fairly personal interviews that I get only after spending time building a rapport with

people. In the last few years, I've focused on presenting that data in different ways. I use a complex-systems theory approach, trying to understand the interactions as they move from a micro to a macro level. To do this, I create agent-based models, where the agents represent users or dealers or all different roles, who interact with other agents, and we look at all of them interacting together. I'm currently working on a grant on trying to use this modeling approach to get a better sense for the demand for opiates. I ask questions like how is the market changing around the distribution of the drug, or the use of the drug? So basically, I create computer models of drug markets.

So when you are trying to understand this network, you do so by talking to people, and understanding them?

Basically, yes. When you think and learn about an economy or a market, the appropriate literature is rarely focused on the activity of individuals. They are applying models on a set of assumptions. Here, we are talking to people about their interactions, and use that as a way to reproduce the model in a computer. For example, an important question in drug markets is access. If I were to tell you to try and go buy heroin, it's gonna be much harder for you than if I told you to go buy groceries. And for heroin, it's similar to how people buy marijuana; people access it from people they know who use the drug. We often see that users buy drugs from other users, who are buying from other users or from dealers. So we look at these relationships, and we build a network to understand consumption.

So you focus on the illegal heroin market, but the key problem in the current opiate epidemic has been the intersection of that illegal market with the legal, prescription opioid market. Can you talk about that?

So two years ago, I sat on a National Academies panel discussing that very topic, and from that

came a report, titled Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use. We were trying to go from understanding pain diagnostically to the opiate epidemic. It's a very complex topic, but essentially, as a response to medical trends, there has been an overprescription of opioids, something that was reinforced by both consumer groups and consumers. After all, if you're in pain, and I've got a pill that can make it go away, you are going to want the pill, right? This got out of control, for various reasons that are outlined in the report, and we ended up with an enormous number of people who were using an enormous number of opiate medications. Many of these people have serious, chronic pain issues, but the problem is these medications are not efficacious long-

"If I were to tell you to try and go buy heroin, it's gonna be much harder for you than if I told you to go buy groceries."

term, because people develop a tolerance to them. So a lot of the people I've been meeting here, since I moved here in 2008, have already moved from prescription opiates to heroin. Heroin is cheaper and it kills their pain more effectively. Since then, there have been changes that further promote heroin. For example, when you clamp down on opioid prescriptions, some of those people will switch to heroin. The data shows only about 3% of opioid users will switch to heroin use, but since the number of people with prescriptions was so large, that 3% grew exponentially. Since the population has grown so much, we see that even heroin isn't enough, and we see the use of much more potent derivatives of heroin, like fentanyl and carfentanil. Unfortunately, these drugs are being mixed with heroin without the user realizing it, which is rapidly increasing the mortality rate for overdose. The wide variation in the large market is causing that.

This is clearly a complex issue, but have you been involved with any attempts to change policy, or are you more focused on understanding the issue at hand?

So the report I co-authored has about a dozen policy recommendations in it, as it was commissioned by the Food and Drug Administration. It is a good example of how my research on the street can influence policy. But it is hard to make policy changes, because there are a lot of stakeholders involved. If you make one change in one part, it can have many effects all over the place. For example, you can try to cut down on prescriptions of opiates, in the long term that will be helpful, but in the short term that can create problems. There have been pushes for more medication-assisted treatment, and I'll all for that, but there are a lot of users who are not

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interested in treatment, so what do you do for them? My perspective is that harm reduction is the most important feature of solving this problem. Needle exchanges, safe injection rooms, we really have to push the envelope to make a connection with people who aren't going to just walk into a clinic.

What would you say to a student interested in anthropology research, who wants to learn more?

Take my anthropology methods class! I also teach an illegal drugs in society class, where we cover all major illegal drugs. I think it's important for students to be educated on these topics; college age students have been taught a lot of misinformation about drugs, from the D.A.R.E. program to the media they consume, to the nightly news. Having that basic knowledge is really important, even if you aren't going to go into it any further, and if you are, that's where you start. I've had students contact me, telling me they are interested in this topic because it has affected their friends and family. First, you need to get educated, and then figure out what part of the problem you want to tackle. There are a lot of different topics to tackle, and students can and do help.

A Selection of Lee Hoffer's Work

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