

So, practically speaking, traditional natural lawyers will see no difference in the courtroom between their conclusions about intent and the conclusions of a new natural lawyer like Justice Gorsuch. In the classroom, it is another matter. If *Roe v. Wade* were overturned one day, new natural lawyers and traditional natural lawyers would presumably disagree in state legislatures about which procedures are abortions.

Of course, these points about substantive due process and new natural law were never discussed during the Gorsuch confirmation hearings. Instead, the American people were treated to ignorant pontification from senators like Al Franken and shoddy hit-job articles like the one in *Politico* that

baselessly accused Justice Gorsuch of plagiarizing a page in this very book. Since the savage treatment of court nominee Robert Bork in 1987, everyone involved has come to expect this sort of thing during Senate confirmation hearings. Thankfully, however, all attempts failed to derail this intellectually promising and ethically principled American justice. Time will tell if Gorsuch can sway more colleagues on the Court to embrace his arguments against assisted suicide and a host of other evil practices on the political horizon, some currently illegal and others legal.

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Dreamland:
The True Tale of America's Opiate Epidemic
by Sam Quinones

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Many of us are puzzled, confused, and stunned by the wave of addiction to pain-killing medicines that has swept across America in the twenty-first century. According to the Centers for Disease Control and Prevention, "In 2015, more than 15,000 people died from overdoses involving prescription opioids."¹ We always thought that drug addiction was limited to big-city ghettos and Hollywood celebrities; heroin was virtually unknown across the heartland of America. Yet in reality, many small and mid-sized towns contain substantial populations who came to their addiction through entirely legal pain-killing medicines. How could that have happened?

Sam Quinones answers that question with this gripping presentation of the intertwined pathways of prescription drugs and Mexican heroin. The subheading, *True Tale*, indicates that the narrative is accurate, even if names and details were changed. To assemble the information underlying this book, Quinones conducted many interviews across different segments of the population, including

prisoners, between 2009 and 2014. Short chapters skip from a Mexican mountain village to medical conferences to American cities, each providing one more piece of the puzzle. *Dreamland* is a fascinating page-turner, and each chapter leaves the reader anxious to find out what happens next.

In 1980, a one-paragraph letter in the *New England Journal of Medicine* reported that oxycodone provided nonaddictive pain relief to closely supervised patients in hospitals. Doctors had been searching for such a drug for a very long time and desperately wanted to believe the reports. Consequently, many of them were easily convinced by the inflated claims of an unscrupulous pharmaceutical company, Purdue Pharma.

By coating oxycodone with a time-delaying shell, Purdue invented a continuous-release version of oxycodone, named OxyContin. Purdue began a very aggressive marketing campaign, bringing doctors to conferences at fancy resorts to tell them how great OxyContin was. Extrapolating from very scant medical

studies conducted in the 1980s, Purdue claimed that OxyContin's slow time-release feature prevented the high associated with addictive drugs. Since all doctors wanted a nonaddictive pain reliever, it was a fairly easy case to make. When Purdue applied for FDA approval, its assertion of a mere 1 percent addiction rate was very persuasive. The company did not mention that the favorable initial data came from supervised patients in a hospital. Believing Purdue's claims, the FDA licensed OxyContin in late 1995, and soon many doctors were routinely prescribing it for pain relief. It took a decade of adverse experiences for the medical community to realize how addictive opioid medicines are.

In the years following OxyContin's approval, millions of pills were prescribed for a host of routine conditions like knee replacements and high-school sports injuries. All sorts of abuses followed. Unscrupulous doctors opened pill mills where three-minute appointments could get patients a prescription for OxyContin—after paying a several-hundred-dollar fee for the visit, of course. Some of those doctors eventually went to jail. Senior citizens could sell extra OxyContin to desperate addicts for a dollar per milligram—a huge profit. In some of the hardest-hit cities, like Portsmouth, Ohio, OxyContin became a form of local currency, and a thirty-milligram pill was equivalent to a thirty dollar bill.

At roughly the same time, a Mexican farming village became the source of black tar heroin, which was comparatively cheap compared to prescription opioids. It soon became plentiful in the United States, and many people who were addicted to OxyContin switched to the new drug. The remarkably simple retail operation, involving pellets of heroin hidden inside small balloons, made the drug as easy to obtain as having a pizza delivered. If caught by the police, the couriers seemed to be in possession of very little heroin, hardly worth bothering with when authorities were focused on busting kingpins. The epidemic spread to suburbia and heartland America, far beyond the big urban centers where heroin had long been taken for granted.

The confluence of these two advancing trends brought about today's epidemic, and

a fair portion of *Dreamland* tells the parallel stories of those young Mexican entrepreneurs and the law enforcement officers who were trying to understand and contain them. All this is brought out with exceptional clarity in the pages of *Dreamland*, which displays the progressive disintegration of Portsmouth as opiates became ever more commonplace. While Portsmouth presents an egregious archetype, we learn that the same shift from prescription drugs to heroin was going on in countless other American towns.

There is plenty of blame to go around. Purdue's inflated and unsubstantiated claims were readily accepted because too few people understood how numbers and test results can be manipulated. For the deceitful way they promoted OxyContin, Purdue executives reached a plea agreement in 2013 and paid a \$634 million fine to avoid jail time. The porous nature of the United States–Mexico border was taken for granted, barely even mentioned. Mexican farmers and heroin couriers in American cities operated under the radars of both law enforcement and the big-city drug cartels. Most of all, doctors were blinded to the dangers of opioids, because they wanted to believe in a nonaddictive painkiller. Not just marginal sleazy doctors, but reputable physicians believed that opioids were safe. Some years after a young woman accused him of killing her brother, a prominent doctor recalled, “My instructors told me that when you take opioids for pain you can’t become addicted because pain absorbs the euphoria. That was at Harvard Medical School. It was all rubbish, we all know now. Why do we listen to those messages? Because we wanted them to be true” (313).

Decades after his skimpy study of thirty-eight patients in the 1980s became the scientific basis for believing that opioids were safe, Russell Portenoy told the *Wall Street Journal*, “Did I teach about pain management, specifically about opioid therapy, in a way that reflects misinformation? Well, against the standards of 2012, I guess I did. We didn’t know then what we know now.”² Anyone who read the original medical journal paper might easily have seen its

inadequacy; regrettably, too many people did not check up, because they wanted to believe the result.

It is sobering to realize how history repeats itself. A century ago, the synthetic painkiller heroin was sold over-the-counter; a Sherlock Holmes novel featured it. About twenty-five years elapsed before heroin was taken off the market. *Dreamland* describes similar events in recent decades, which led to an epidemic that is still with us today. On one level, Quinones chronicles this debacle. More important, on another level, his strategy of having consecutive chapters take place in different locations weaves the story into one coherent picture. That is what makes this book so gripping. The reader arrives at the final pages with an understanding of how it all fits together into America's worst drug epidemic.

While *Dreamland* is well documented and has an excellent index, Quinones avoids the pitfall of writing a scientific tome that few will read. Everyone who opens this book will realize that it could happen right next door. That shocking reality conveys urgency and makes this book a page-turner, a must-read.

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1. Centers for Disease Control and Prevention, "Prescription Opioid Overdose Data," last updated December 16, 2016, <https://www.cdc.gov/>.

2. Thomas Catan and Evan Perez, "A Pain-Drug Champion Has Second Thoughts," *Wall Street Journal*, December 17, 2012, <https://www.wsj.com/>.

***Science Was Born of Christianity:
The Teaching of Fr. Stanley L. Jaki***
by Stacy Trasancos

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Contemporary apologetics must address the widespread belief that religion opposes science. It is fitting, then, that some recent Catholic writers aim to show first how medieval Latin Christendom begat modern science and, second, that science and religion have no dispute. Much of the effort put into these writings is corrective and refutes modernity's misunderstandings of the so-called Dark Ages.

Benjamin Wiker has made a career out of such contentions with writings that include *The Darwin Myth* and *The Catholic Church and Science*. Robert Spitzer's *New Proofs for the Existence of God* and Karl Giberson and Francis Collins's *The Language of Science and Faith* also argue that science, in fact, buttresses religious belief. The late English Catholic Stratford Caldecott took a more integrated approach, as elucidated in his book *Beauty for Truth's Sake*.

The first question, then, is how Stacy Trasancos's work fits into this tradition. Instead of following many writers who discuss the mathematical foundations of the universe or other attributes that seem to point to an intelligent Creator, she examines how science itself was made possible through the medieval Christian belief in a rational Creator. Such a God implies that the world must work in a rational way. This contrasts with other cultures, such as in India or China, where a true science never got off the ground, because of different intellectual and spiritual assumptions, mostly concerning the cyclical nature of reality. The importance of how a cyclical understanding of nature prevents the development of authentic science is one of the basic teachings of the late Stanley Jaki.

With a doctorate degree in chemistry and a master's degree in theology, Trasancos uses her cross-disciplinary perspective to survey