

Who is Dr. Julian Somers?

Caleb McMillan

Dr. Julian Somers is a [researcher and professor](#) in the mental health and addiction field in [British Columbia](#), Canada. He is currently a professor at Simon Fraser University and serves as the Research Director of the Mental Health and Addictions Research Program.

In addition to his research, Julian has received numerous awards and recognitions for his contributions to the field of mental health.

But recently, because of his critiques of government policy and established “safe supply” narratives, he’s some “right-winger” retweeted by – trigger warning – Jordan Peterson and Pierre Poilievre.

Of course, as is usually the case, the reality is more nuanced. I caught up with Julian the other day via a Zoom call. I wanted to know: Who is Dr. Julian Somers?

Do his critics have a point?

Who is Dr. Julian Somers?

Dr. Julian Somers told me he admires Portugal's handling of drug decriminalization. “There is no such thing as addiction treatment.”

But what does that mean?

“They’re not saying overcoming addiction means not using drugs anymore,” says Julian. “They say overcoming addiction means being socially reintegrated.”

And indeed, that is the core of my conversation with Dr. Julian Somers, based on decades of extensive research.

How to Solve Addictive Behaviours

Social integration is when an individual feels connected to or is involved with their community. This can be as simple as meaningful conversations with friends, participating in social events, and contributing to local activities.

The idea is that if you build relationships with others, you can create a sense of belonging. Human beings are, after all, social animals. It’s not surprising that research suggests social integration enhances one’s sense of purpose and overall quality of life.

And for many researchers, from experts like Dr. Julian Somers to amateurs like myself, the evidence suggests “addictive behaviour” stems from this lack of purpose and belonging.

“Social integration is very close to what it would mean to have good mental health,” says Julian. “It means you have a job, a place to live, you’re part of a community. You feel good about other people and other people feel good about you.”

What does Dr. Julian Somers tell me? That addictive behaviour is a mental health issue. That fixing

[Vancouver](#)'s Downtown Eastside means addressing the demand for drugs, not the supply.

“If there’s one thing we should have learned from the drug war,” says Julian, “Is that focusing on supply is a wasted effort.” Instead, “all our emphasis should have been on demand. On what’s up with the mental health of people in our population.”

Reasonable positions. And yet, “when I raise that, in one way or another, I am crucified.”

Dr. Julian Somers Says Look at the Research

Why is Julian Somers criticized for his research? Take safe supply and Indigenous communities. He said:

“It seems obvious to me from all the available evidence right now that it would not help those communities to provide them with greater access to addictive drugs. It would help them most to support their growth of things they’re asking for: autonomy, resources, the ability to make decisions.”

Rat Park

This isn’t a controversial statement. Since the 1970s and 80s, researchers have known about “Rat Park.” Conducted by Canadian psychologist Bruce K. Alexander and his colleagues at Simon Fraser University, the studies challenged the prevailing narratives, which held that drug addiction was primarily a result of the pharmacology of the drug themselves.

The researchers set up two environments, a standard laboratory cage with access to only water and [cocaine](#); and the other “Rat Park” full of toys, food, and other rats to socialize with, as well as cocaine. The researchers found the rats in Rat Park were less likely to become addicted to cocaine.

Brain Disease Model is Junk

Of course, rats aren’t people. But the general idea that social and environmental factors play a significant role in addiction is supported by numerous other studies. Somers references the number of American soldiers that used heroin in Vietnam. When they returned after the war, fewer than 5% continued using.

And there’s neuroscientist Mark Lewis’ research on brain imaging and the brain disease model of addiction. Mark’s research highlights the importance of environmental factors in addictive behaviour. He argued that addiction is not solely the result of brain changes but influenced by social and cultural factors. He also suggested social isolation and stress increase the risk of addiction.

Who Are Julian Somers’ Critics?

This [Press Progress](#) article demonstrates the mentality of the people attacking Julian Somers’ position. It posits that Somers and others are in it for the money.

At no point does it grapple with Julian’s ideas but parrots the open letter that his work criticizing safe supply was “critically low quality.”

“It’s a reinvention of ad hominem attacks,” says Julian, recalling a professor of his many years ago. He taught that when your critics shift the discourse from the ideas to the person making the ideas, you can smile. Because you know they’ve got nothing.

And this is likely the case here. The criticisms that Somers and others like him are only in it for the

money are either deeply ironic or blatantly hypocritical.

In his research, Julian and his team have found that “almost all the papers in which authors had been advocating for so-called safe supply, were based in B.C.. They were people who did not have backgrounds in addiction, they came from an HIV centre. And they seem to have simply rolled out a business model that had worked in HIV. Which is obviously, very pharmaceutical.”

Pharmaceutical public-private partnerships are the name of the game.

“They seem to be using the same business model, partnerships with industry, to launch a presence in the addiction field... Their work was conspicuously pharma intensive.”

“And yet, in their documents, in their peer-reviewed publications, not one of them mentions the fact that people need housing, people need help getting jobs. People need help addressing their mental illnesses. Instead they say, we need immediately safe supply. In fact, it goes further. We need safe supply across North America.”

And why is this? Julian Somers believes this might be a follow the money story.

Dr. Julian Somers Says Follow the Money

Julian imagines a scenario that isn't out of the realm of possibility. A conversation like this has undoubtedly happened more than once.

Somewhere in a New York office, suits are reeling from the [oxy scandal](#). One of them is thinking of getting into diet pills or maybe vitamins. But another suit persuades him otherwise. “There's this group out in B.C.,” he says, and they've figured out how to sell not only opioid compounds but stimulants and benzos.

“They're calling it safe supply.”

The B.C. government is promising to get Wall Street's product out front of the Nicaraguans and Colombians. It's a new era of the drug war.

“It's outrageous how it's happened in a ten year period,” says Julian. “Along the way, there are people who are supporting their agenda and I think it's conspicuously physicians.”

Physicians know very little about addiction. It's a small part of med [school](#); when it's taught, it's the brain-disease model. So doctors approach addictive behaviours as if it were a diabetes diagnosis.

What Does Dr. Julian Somers Say?

Julian Somers says that if the country could have a mature conversation about drugs and addictive behaviour and take the necessary steps to create a population with better mental health, we would be “very close to having heroin available for purchase.”

The fact is, says Julian: “Most people who have addictions at one point, don't have them later and they don't all die.”

Brain imaging does not support the brain disease model of addiction. “What [Mark Lewis' research] has pointed out,” says Julian, “is that the changes that occur before, during, and after addiction, are consistent with our understanding of how the brain reflects learning.”

“It's actually tremendously inspiring, optimistic knowledge,” says Julian. “We are capable of changing!” And that's what Julian Somers actually believes.

That the brain disease model of addiction is “vacuous and offensive” since it creates a segregation between rich and poor treatment.

While the rich are sent to places like the Betty Ford Center to work on their mental health, the poor are kept isolated and fed pharmaceuticals.

“It’s like two different worlds. And if you’re a physician, on some level, you know this,” says Julian.

So the question remains: what are his critics’ excuses? Especially the left-wing populists who claim to work and fight for the poor, oppressed, and helpless.

Don’t they know “safe supply” lines the pockets of corporate pharma without addressing the mental health issues of those suffering from addictive behaviours?