

Generations Now

Two Faces of the Same Crisis

December 2, 2025

How opioids and psychotropics became a symptom of overmedicalization in our care for the young and old.

By James Lomastro

We need to rebuild our care system from the ground up.

[Studies](#) show these medications increase the risk of death, yet they remain the industry's silent workforce multiplier. A nurse with too many residents to attend to can calm a room with a single pill. The resemblance between these two crises is structural. Both rely upon reframing human need as medical disorder, both extract profit from the illusion of relief, and both depend upon regulatory complicity that mistakes sedation for care. In both cases, the product, whether OxyContin or Risperdal, becomes the substitute for human presence. We have redefined the purpose of care itself. [The goal is no longer healing or accompaniment, but containment.](#)

Those who benefit are not the caregivers but the intermediaries: the distributors, the management companies, the [private equity firms](#) that buy up struggling facilities, squeeze labor costs, and recode human distress into billable minutes. The “care economy” has become a chain of extractions—each link taking a percentage of the suffering below it.

We are told this is efficiency. We are told this is progress. But what kind of progress ends with a generation sedated into silence and another buried in addiction? This is not a failure of individual morality or even of regulation. It is [the moral economy of a system](#) that has replaced compassion with cost control, attention with throughput, and meaning with metrics. Both the opioid victim and the nursing home resident were made invisible. The young man's death was written off as personal tragedy, the older woman's muteness as the natural course of decline. In truth, each was a casualty of the same machinery that measures success by the quiet it produces. We do not tolerate pain; we monetize it. We do not honor aging; we medicalize it.

The true scandal is not that some people died, but that their deaths made sense to the system—that every pill, every claim, every sedation order fit neatly into a ledger somewhere. The young man's overdose and the older woman's chemical restraint were not aberrations. They were outcomes. Predictable, priced, and paid for. If you trace the line from the opioid crisis to the antipsychotic epidemic, you will find the same fingerprints: [corporate capture, regulatory inertia, and a culture that equates care with control.](#) These are not parallel stories but one long narrative of commodified suffering. It is America's mirror, and we are reflected in both faces.

The way forward is not another task force or another set of guidelines. It is not more training on “appropriate prescribing” or better monitoring of pill counts. These are the solutions of a system trying to reform itself without confronting what it has become. Real change requires something more fundamental: [a rejection of the premise that human suffering is a problem to be managed rather than a reality to be met with presence.](#)

This means rebuilding care from the ground up—not as an industry, but as a practice. It means facilities staffed well enough that a confused resident can be walked down a hallway instead of sedated into a chair. It means pain management that begins with listening, not dispensing. It means a [healthcare system accountable](#) not to shareholders but to the people it claims to serve.

Above all, it means recognizing that the opioid crisis and the chemical restraint of elders are not separate tragedies to be mourned in turn, but a single, ongoing choice we make every time we value efficiency over dignity, profit over presence, silence over the messy, irreducible fact of human need. The two faces of this crisis ask us the same question: What are we willing to become to avoid the vulnerability of truly caring for one another?

Until we answer that honestly, the prescriptions will keep flowing, the deaths will keep mounting, and we will continue to mistake the quiet we have purchased for the peace we have lost.

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