Do No Harm: Racial bias, Medicine, Addiction, and the drug war

Kassandra Frederique Drug Policy Alliance April 2021



Disclosures

I have no disclosures



Learning Objectives

- Participants will be able to describe the history of the opioid overdose problem, with particular attention to the role that racism and white supremacy have played.
- 2. Participants will be able to contextualize the undertreatment of Black pain and addiction, while avoiding the dangers of pathologizing individuals and communities.
- **3.** Participants will learn the concrete ways addiction medicine professionals can contribute to drug policy reform.



In the US, race & drug policy are linked



"There are 100,000 total marijuana smokers in the US, and most are Negroes, Hispanics, Filipinos and entertainers. Their Satanic music, jazz and swing, result from marijuana usage. This marijuana causes white women to seek sexual relations with Negroes, entertainers and any others."

- Harry J. Anslinger, "Testimony to US Congress supporting Marihuana Tax Act, 1937"



Race and drug Policy are linked in **MEDIA**

NEGRO COCAINE "FIENDS" ARE A NEW SOUTHERN MENACE

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Murder and Insanity Increasing Among Lower Class Blacks Because They Have Taken to "Sniffing" Since Deprived of Whisky by Prohibition.



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Race and drug policy are linked in POLITICS



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- Harry J. Anslinger, "Testimony to US Congress supporting Marihuana Tax Act, 1937"





1937

2016

#ASAM2021

Race and drug policy are linked in PRACTICE

The Nixon campaign in 1968, and the Nixon White House after that. had two enemies: the antiwar Left, and black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black. But by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.

President



Citizens for Peace, Prosperity, and Justice 2015

Incarceration in the U.S.¹



Number of People



Incarceration for Drug Offenses²





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Number of People Incarcerated in Federal and State Prisons, by Offense³



Source: Carson E.A. (2020). Prisoners in 2018. Washington, D.C.: Bureau of Justice Statistics.



Drug Arrests in the U.S.⁴





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Our country has always used drugs









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Whiteness, medicine, drug policy

white MARKET **Big Pharma** and the Hidden History of Addiction in America David Herzberg

White Market Drugs explores these historical experiments in drug policy through the stories of three major white market crises: morphine in the late 19th/early 20th century; barbiturates, amphetamine, and Quaalude in the mid 20th century; and opioids again in the 21st century. In response to these crises reformers sought to protect rather than punish drug consumers, and did so by regulating major market actors (such as drug companies, physicians, and pharmacists)."



Drugs aren't "good" or "bad"











What myths have driven drug policy?



Illegal drugs are more dangerous or harmful than the legal ones.

People who use drugs:

- Are "others"
- Lack morality
- Have no willpower
- Are dangerous and unpredictable
- Are bad parents

Drugs are the problem, not societal, cultural, or economic circumstances.



To no one's surprise race is shaping the current overdose crisis response/addiction medicine





Race and medicine are linked

CDC Director Declares Racism A 'Serious Public Health Threat'

April 8, 2021 · 6:41 PM ET







Medicine is inherently racially biased....







Spirometers

Vaginal Speculums

Phrenology



Pain treatment is a clear example of medicine/addiction treatment's shortcomings

Structural Competency Meets Structural Racism

Race, Politics, and the Structure of Medical Knowledge

Jonathan M. Metzl and Dorothy E. Roberts

Physicians in the United States have long been trained to assess race and ethnicity in the context of clinical interactions. Medical students learn to identify how their patients' "demographic and cultural factors" influence their health behaviors.¹ Interns and residents receive "cultural competency" training to help them communicate with persons of differing "ethnic" backgrounds.² And clinicians are taught to observe the races of their patients and to dictate these observations into medical records—"Mr. Smith is a 45-year-old African American man"—as a matter of course.³

Buprenorphine Treatment Divide by Race/Ethnicity and Payment

Pooja A. Lagisetty, MD, MSc^{1,2,3}; Ryan Ross, BS⁴; Amy Bohnert, PhD^{2,3,5}; Michael Clay, MD ^{1,6}; Donovan T. Maust, MD, MSc^{2,3,5}

» Author Affiliations | Article Information

JAMA Psychiatry. 2019;76(9):979-981. doi:10.1001/jamapsychiatry.2019.0876

Opioid mortality rates continue to increase throughout the United States¹; however, growth in buprenorphine hydrochloride treatment for opioid use disorder (OUD) might be limited to communities with higher income and low percentages of racial/ethnic minorities.² Buprenorphine, a partial opioid agonist, is 1 of 3 evidence-based medications for treating OUD and can legally be prescribed in



Intent versus Impact





Decade of the Brain 1990-1999

By the President of the United States of America A PROCLAMATION

The human brain, a 3-pound mass of interwoven nerve cells that controls our activity. is one of the most magnificent-and mysterious-wonders of creation. The seat of human intelligence. interpreter of senses. and controller of movement. this incredible organ continues to intrigue scientist and layman alike.

Over the years, our understanding of the brain-how it works. what goes wrong when it is injured or diseased-has increased dramatically. However, we still have much more to learn. The need for continued study of the brain is compelling: millions of Americans are affected each year by disorders of the brain ranging from neurogenetic diseases to degenerative disorders such as Alzheimer's, as well as stroke, schizophrenia, autism. and impairments of speech, language. and hearing.

Today, these individuals and their families are justifiably hopeful, for a new era of d iscovery is dawning in brain research. Powerful microscopes. major strides in the study of genetics, and advanced brain ' imaging devices are giving physicians and scientists ever greater insight into the brain. Neuroscientists are mapping the brain's biochemical circuitry, which may help produce more effective drugs for alleviating the suffering of those who have Alzheimer's or Parkinson's disease. By studying how the brain's cells and chemicals develop, interact, and communicate with the rest of the body, investigators are also developing improved treatments for people incapacitated by spinal cord injuries, depressive disorders, and epileptic seizures. Breakthroughs in molecular genetics show great promise of yielding methods to treat and prevent Huntington's disease, the muscular dystrophies, and other life-threatening

disorders. On Birch St



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Drug Dependence, a Chronic Medical Illness Implications for Treatment, Insurance, and Outcomes Evaluation

A. Thomas McLellan, PhD	
David C. Lewis, MD	
Charles P. O'Brien, MD, PhD	
Herbert D. Kleber, MD	

ANY EXPENSIVE AND DISturbing social problems can be traced directly to drug dependence. Recent studies^{1.4} estimated that drug dependence costs the United States approximately \$67 billion annually in crime, lost work productivity, foster care, and other social problems.²⁴ These expensive effects of drugs on all social systems have been important in shaping the public view that drug dependence is primarily a social problem that

The effects of drug dependence on social systems has helped shape the generally held view that drug dependence is primarily a social problem, not a health problem. In turn, medical approaches to prevention and treatment are lacking. We examined evidence that drug (including alcohol) dependence is a chronic medical illness. A literature review compared the diagnoses, heritability, etiology (genetic and environmental factors), pathophysiology, and response to treatments (adherence and relapse) of drug dependence vs type 2 diabetes mellitus, hypertension, and asthma. Genetic heritability, personal choice, and environmental factors are comparably involved in the etiology and course of all of these disorders. Drug dependence produces significant and lasting changes in brain chemistry and function. Effective medications are available for treating nicotine, alcohol, and opiate dependence but not stimulant or marijuana dependence. Medication adherence and relapse rates are similar across these illnesses. Drug dependence generally has been treated as if it were an acute illness. Review results suggest that long-term care strategies of medication management and continued monitoring produce lasting benefits. Drug dependence should be insured, treated, and evaluated like other chronic illnesses.

JAMA. 2000;284:1689-1695



www.jama.com

NIDA's framework for addiction





Medicine isn't alone



What is our research in service of & how can it make it a difference?



"Two considerations thereafter broke in upon my work and eventually disrupted it: first, one could not be a calm, cool, and detached scientist while Negroes were lynched, murdered, and starved; and secondly, there was no such definite demand for scientific work of the sort I was doing." -W.E.B. DuBois







Call to Action

- **Prioritize Impact:** Work with communities to see what research they want to see, what questions do they have, what practices do they incorporate that can use research.
- Conduct research WITH people who use drugs: include their work in every part of your process from design to implementation – not after you are done and looking for validation
- Pay people who use drugs that are part of your research team
- Do this work with others : connect with Drug Policy Alliance's Department of Research and Academic Engagement – contact Aliza Cohen acohen@drugpolicy.org





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