

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

Kassandra Frederique
Drug Policy Alliance
April 2021



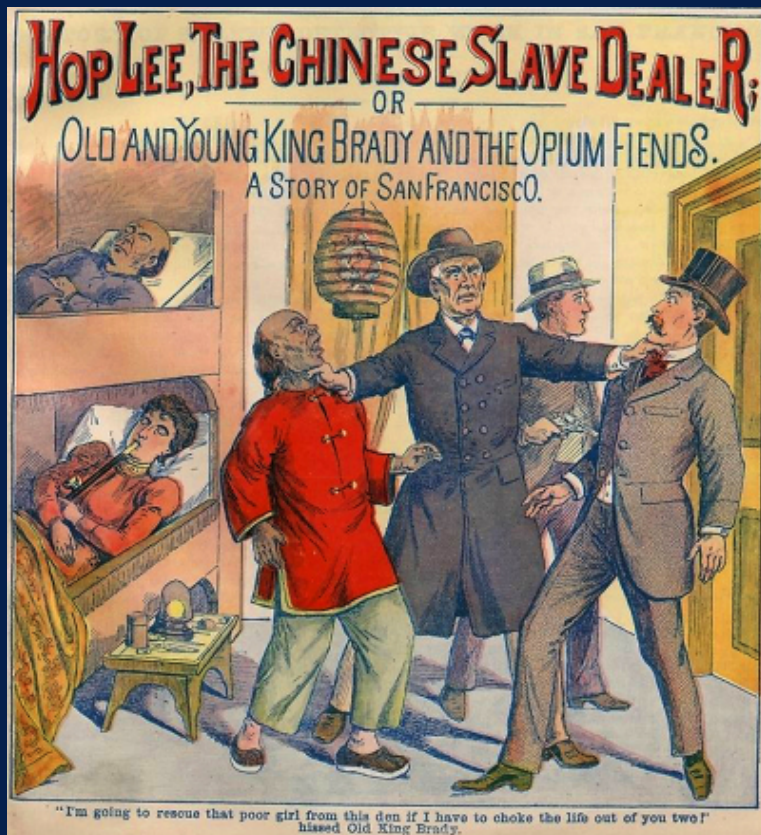
Disclosures

☀ I have no disclosures

Learning Objectives

1. 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

By Edward Hamilton Williams, N. C.

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

With some people there have been rumors about the increase in drug traffic in the South—rumors that the addition to such drugs as cocaine and opium, and heroin to a certain extent. Some of these rumors of alleged conditions read like the village fables of a medieval city.

"The story," however of cocaine and opium, and heroin, followed a wholesale order, was the first evidence of the existence of the drug traffic in the South.

It is said that there was sufficient "proof" of the existence of these drugs, when they were first introduced in the South by means of the "white" man.

It is said that there was sufficient "proof" of the existence of these drugs, when they were first introduced in the South by means of the "white" man.

It is said that there was sufficient "proof" of the existence of these drugs, when they were first introduced in the South by means of the "white" man.



Dr. Edward H. Williams

It is said that there was sufficient "proof" of the existence of these drugs, when they were first introduced in the South by means of the "white" man.

It is said that there was sufficient "proof" of the existence of these drugs, when they were first introduced in the South by means of the "white" man.

It is said that there was sufficient "proof" of the existence of these drugs, when they were first introduced in the South by means of the "white" man.

Race and drug policy are linked in POLITICS



"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"

1937



2016

#ASAM2021

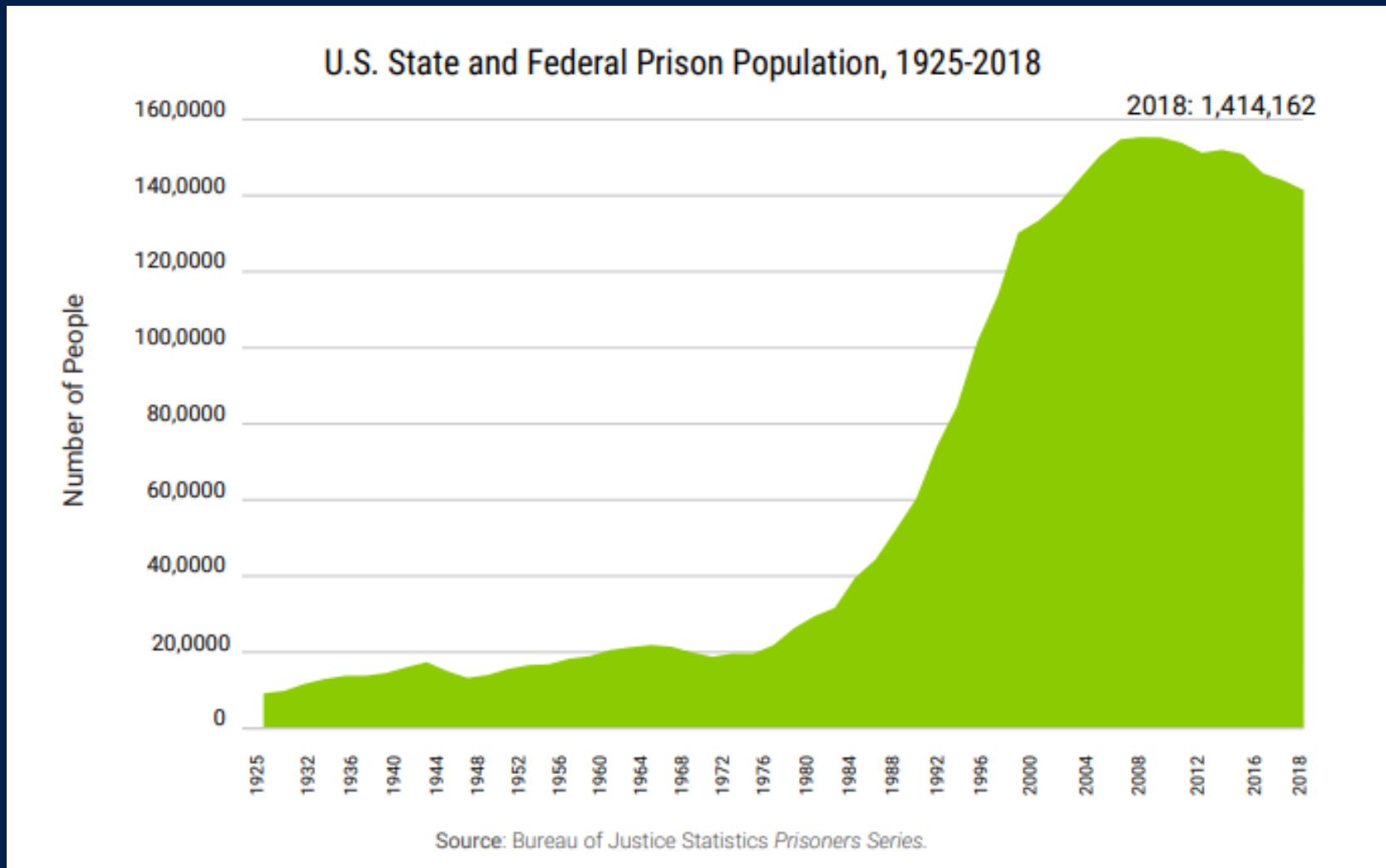
Race and drug policy are linked in PRACTICE

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.*

John Ehrlichman
Counsel and Assistant to President Nixon

Citizens for Peace, Prosperity, and Justice 2015

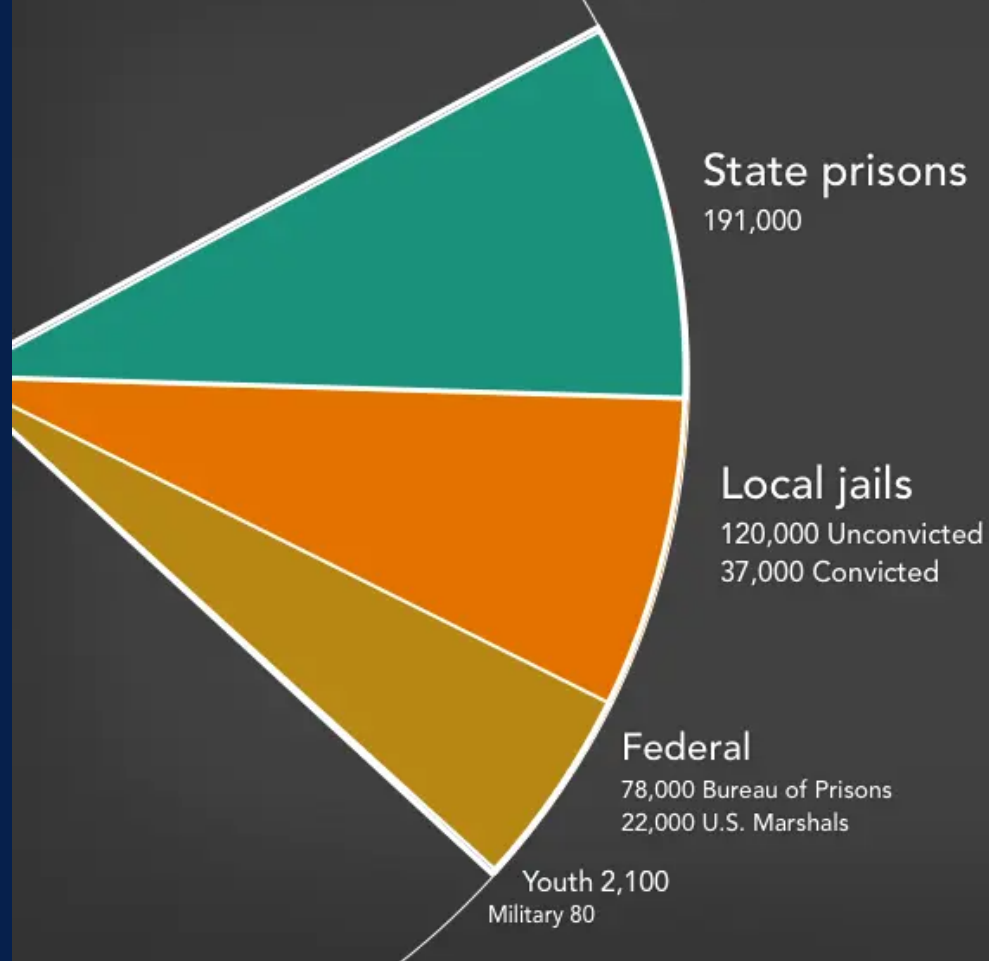
Incarceration in the U.S.¹



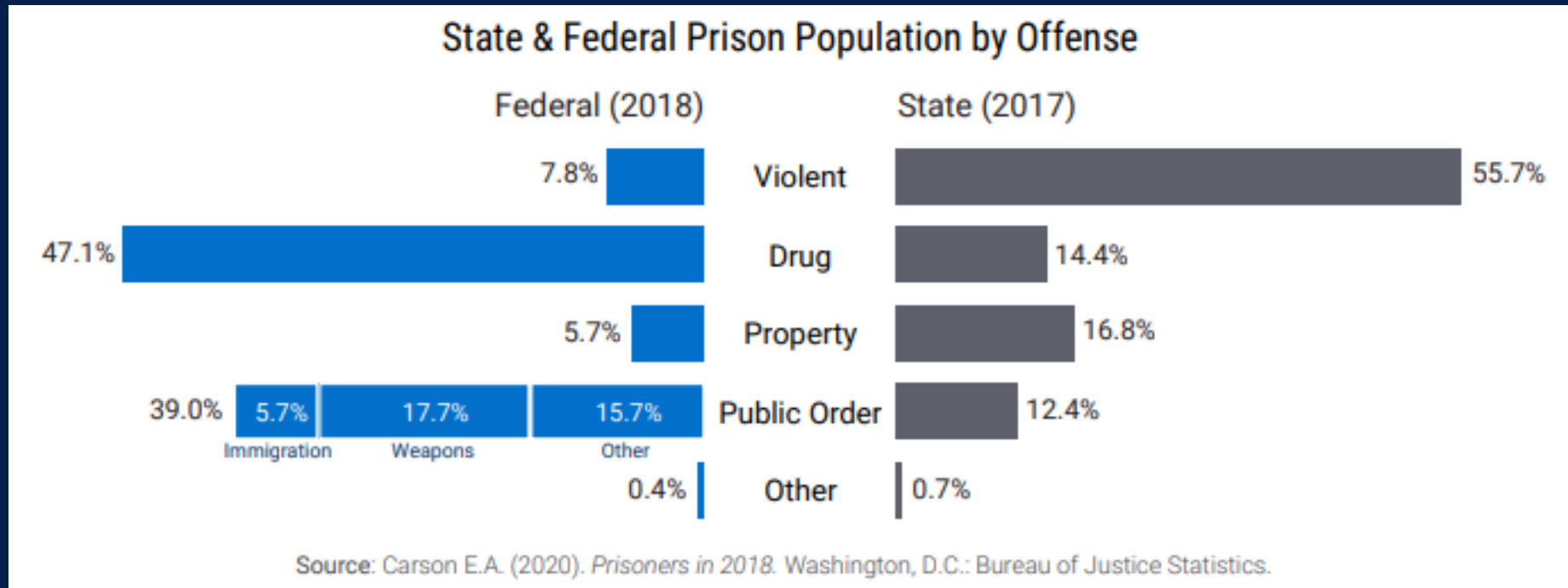
Incarceration for Drug Offenses²

1 in 5 incarcerated people is locked up for a drug offense

450,000 are incarcerated for nonviolent drug offenses on any given day.



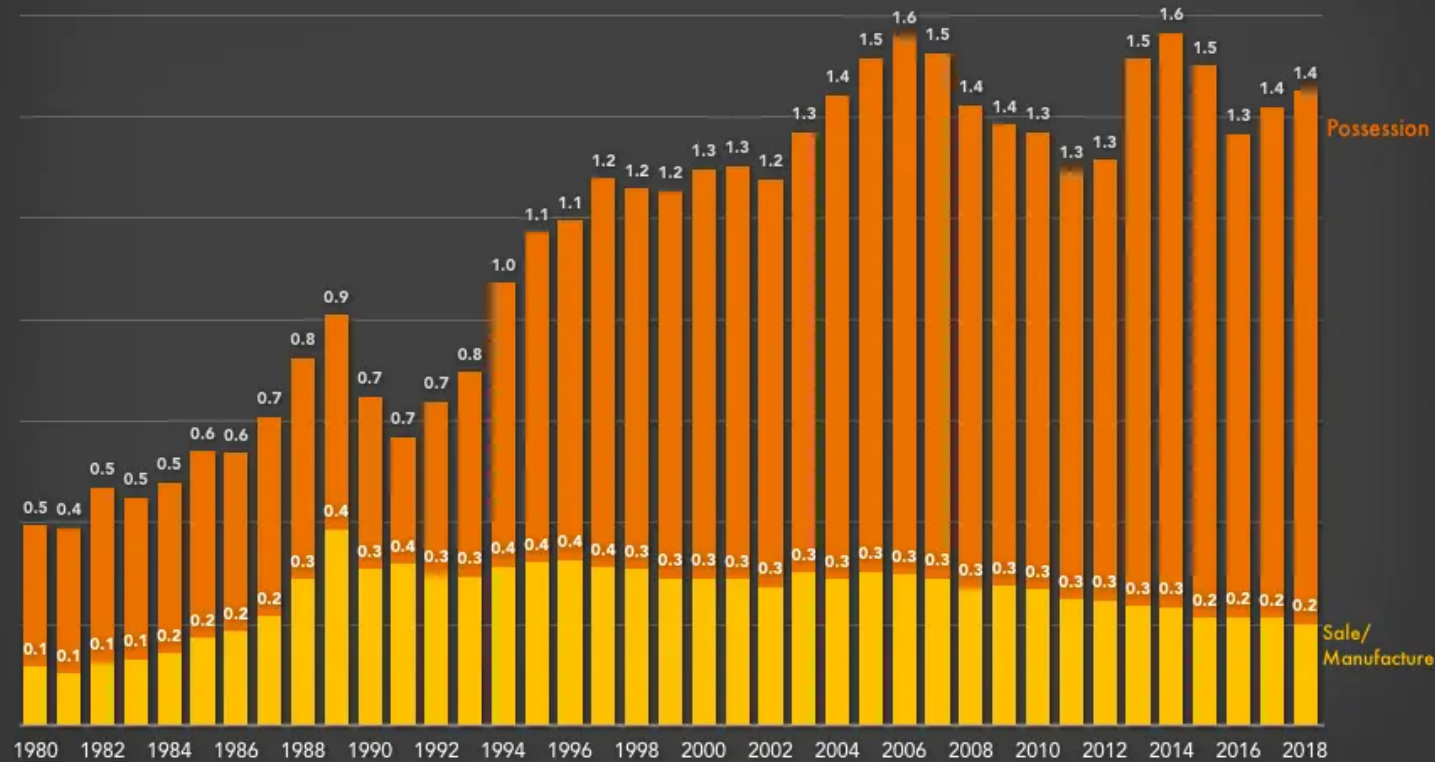
Number of People Incarcerated in Federal and State Prisons, by Offense³



Drug Arrests in the U.S.⁴

There are over 1 million drug possession arrests each year

There are 6 times as many arrests for drug possession as for drug sales.
(Arrests in millions, 1980–2018)



PRISON
POLICY INITIATIVE

Compiled by the Prison Policy Initiative from Federal Bureau of Investigation *Crime in the United States* series.



#ASAM2021

Our country has always used drugs



Am. J. Ph.] 7 [December, 1901

BAYER Pharmaceutical Products HEROIN—HYDROCHLORIDE

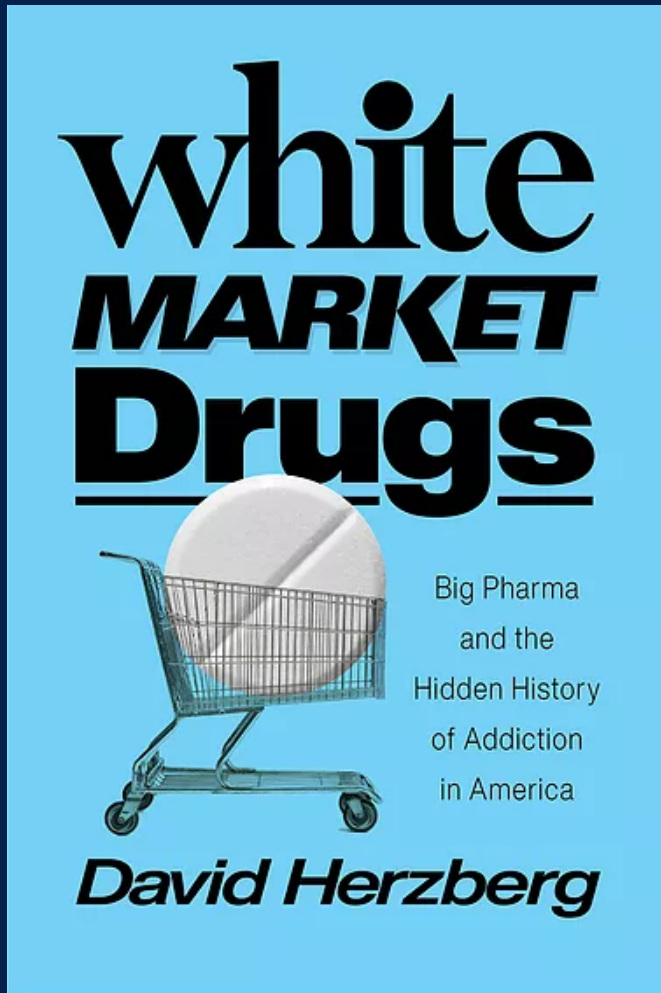
is pre-eminently adapted for the manufacture of cough elixirs, cough balsams, cough drops, cough lozenges, and cough medicines of any kind. Price in 1 oz. packages, \$4.85 per ounce; less in larger quantities. The efficient dose being very small (1-48 to 1-24 gr.), it is

The Cheapest Specific for the Relief of Coughs
(In bronchitis, phthisis, whooping cough, etc., etc.)

WRITE FOR LITERATURE TO
FARBENFABRIKEN OF ELBERFELD COMPANY
SELLING AGENTS
P. O. Box 2100 40 Stone Street, NEW YORK

COCAINE
TOOTHACHE DROPS
Instantaneous Cure!
PRICE 15 CENTS.
Prepared by the
LLOYD MANUFACTURING CO.
219 HUDSON AVE., ALBANY, N. Y.
For sale by all Druggists.
(Registered March 1885.) See other slide.

Whiteness, medicine, drug policy

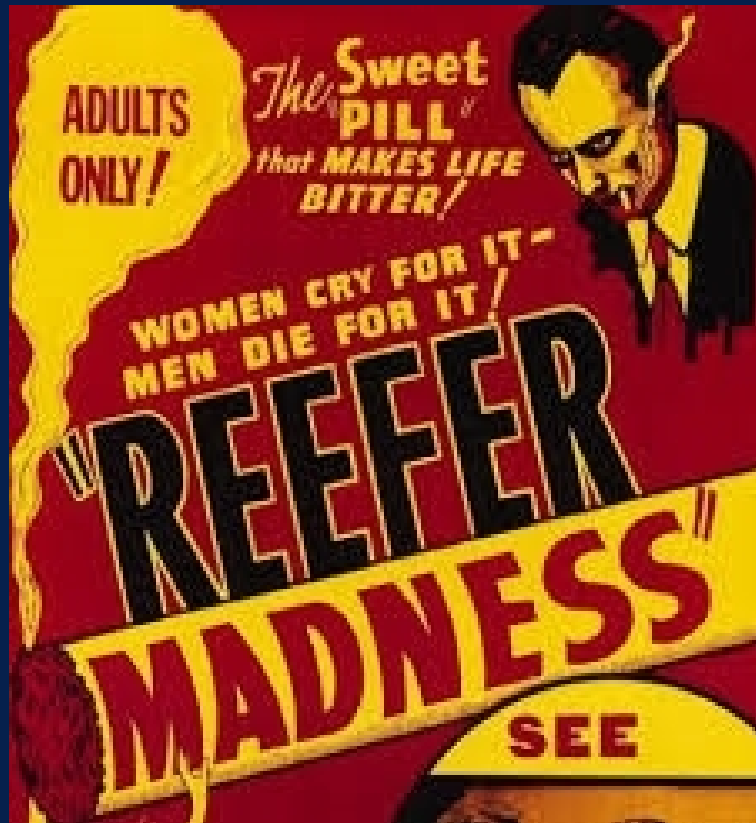


- ★ “*White Market Drugs* explores these historical experiments in drug policy through the stories of three major white market crises: morphine in the late 19th/early 20th century; barbiturates, amphetamine, and Quaalude in the mid 20th century; and opioids again in the 21st century. In response to these 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

U.S.

In Heroin Crisis, White Families Seek Gentler War on Drugs

By KATHARINE Q. SEELYE OCT. 30, 2015



Amanda Jordan with her son Brett Honor outside a meeting for people with addictions and their families

RELATED COVERAGE



Ob
Tol



Ves
Bal



He
Ver



In
Foc



A C
Epi

Race and medicine are linked

CDC Director Declares Racism A 'Serious Public Health Threat'

April 8, 2021 · 6:41 PM ET



LAUREL WAMSLEY



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 discovery 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.

George W. Bush

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

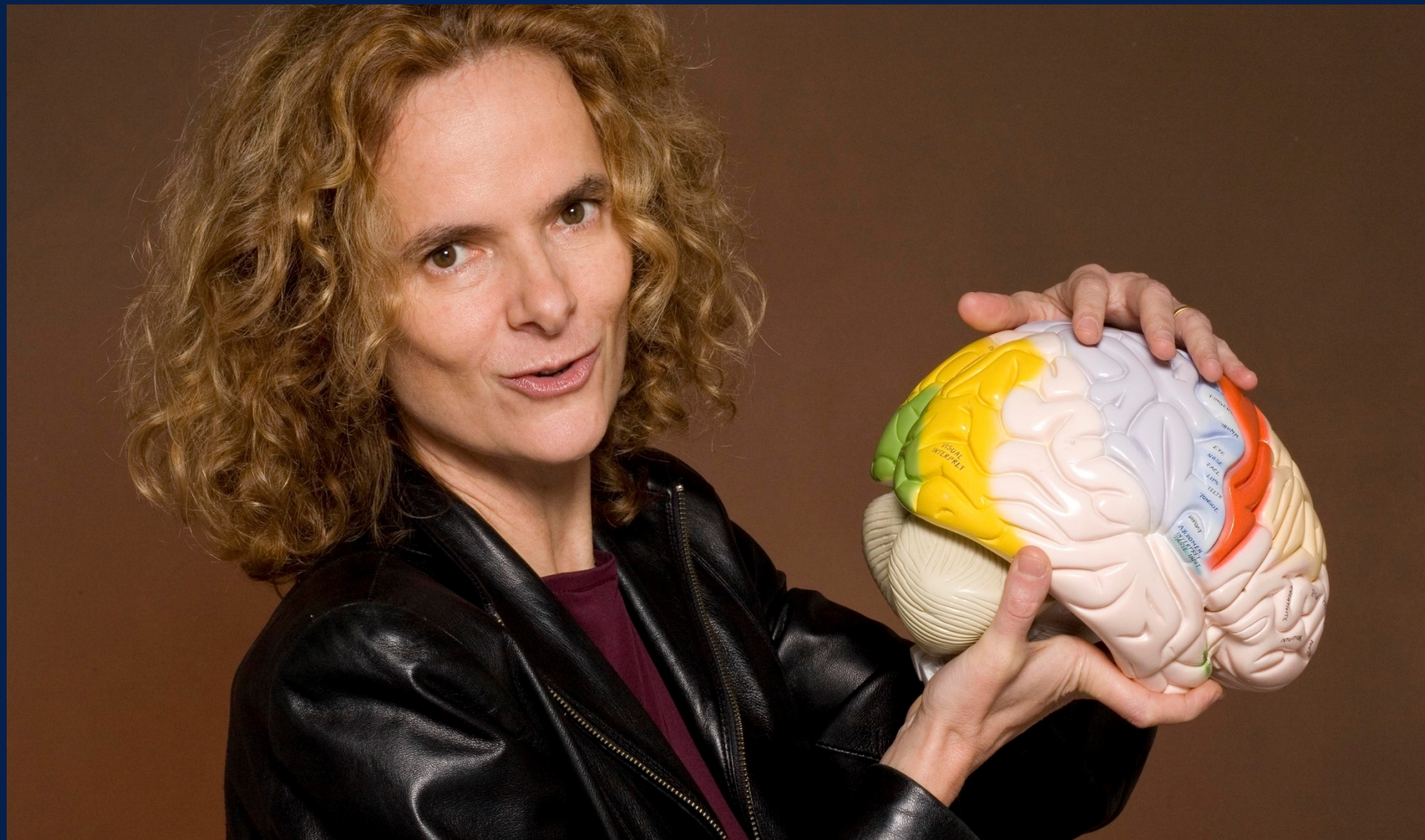
MANY EXPENSIVE AND DISTURBING social problems can be traced directly to drug dependence. Recent studies¹⁻⁴ estimated that drug dependence costs the United States approximately \$67 billion annually in crime, lost work productivity, foster care, and other social problems.²⁻⁴ These expensive effects of drugs on all social systems have been important in shaping the public view that drug dependence is primarily a social problem that requires interdiction and law enforce-

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



CLOSE

UPROOTING THE DRUG WAR

SHARE

The drug war harms everyone and touches every aspect of life. Dig deeper:

[← HOME](#)



HOUSING



EMPLOYMENT



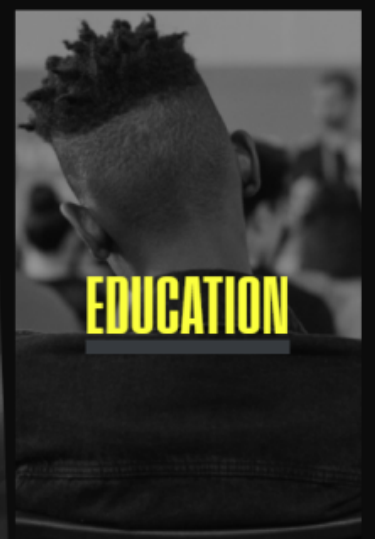
PUBLIC
BENEFITS



IMMIGRATION



CHILD
WELFARE



EDUCATION

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





References

1. The Sentencing Project. Trends in U.S. Corrections 2020.
<https://www.sentencingproject.org/wp-content/uploads/2020/08/Trends-in-US-Corrections.pdf>. Accessed April 16, 2021.
2. Prison Policy Initiative. Mass Incarceration: The Whole Pie 2020.
<https://www.prisonpolicy.org/reports/pie2020.html>. Accessed April 16, 2021.
3. The Sentencing Project. Trends in U.S. Corrections 2020.
<https://www.sentencingproject.org/wp-content/uploads/2020/08/Trends-in-US-Corrections.pdf>. Accessed April 16, 2021.
4. Prison Policy Initiative. Mass Incarceration: The Whole Pie 2020.
<https://www.prisonpolicy.org/reports/pie2020.html>. Accessed April 16, 2021.