

The War on People

by Devarshi Vasa

Calvin Bryant was a star high school football player from Edgehill Housing Projects in Nashville, Tennessee. Teachers praised his independence and intelligence and peers described him as “loyal, friendly, and generous” (“Calvin”). At age 22, Bryant would be sentenced to 17 years in a state prison, 15 of which would be without parole. A sentence this large parallels the convictions of rapists, murderers, and kidnappers, yet what put Bryant behind bars was nowhere near as extreme: a first-time offense for possession of MDMA, more commonly known as ecstasy (“Calvin”).

Bryant’s story is not unique. Ever since President Nixon named drug use “public enemy number one” at a press conference in June 1971, the US has waged a ‘war on drugs,’ seeking to eradicate them from society. This war arose from a kind of mass hysterical reaction to widespread drug use in the US during the 1960s countercultural movement. As drug use came increasingly into the public eye then, many feared that drugs were “a serious threat to the country and its moral standing” (“The War on Drugs”). To address this public perception, Nixon vowed to put an end to drug use, a line of thinking that has persisted to this day. In fact, the US has remained so steadfast in its approach that an estimated \$1 trillion has been spent waging the war on drugs since 1971; in 2015 alone, approximately \$9.2 million was spent every day on placing drug users behind bars (Pearl). Draconian policies such as mandatory minimum prison sentences have continued to be the model for eliminating drug use and punishing drug users, making stories like Bryant’s far from unusual.

To say that the war on drugs has failed would be an understatement. With continued drug-related violence, millions incarcerated, drug epidemics, and rising overdose

deaths, it seems clear that this iron-fisted campaign has been futile. However, the state of Oregon has recently proposed a controversial solution to ending the war on drugs: decriminalization. Under Ballot Measure 110, Oregon voted to terminate criminal penalties for possession of small amounts of drugs, including heroin and cocaine, and even opted to legalize therapeutic use of psilocybin, a psychoactive compound from magic mushrooms (“America’s War”). Such a departure from the status quo has spurred a heated debate regarding not only the legality of drugs, but also how we perceive those who are addicted to them. This controversy inevitably raises the question: Should the United States push for nationwide decriminalization?

One of the many vocal proponents advocating for widespread drug decriminalization is German Lopez, a Senior Correspondent for *Vox*, who specializes in politics and policy. Lopez claims that the criminal status of drugs and drug addicts has not “prevent[ed] drug use and even large drug epidemics, such as the ongoing opioid crisis” (“America’s War”). Not only that, but Lopez claims that prohibition has worsened the chaos by contributing to “millions of arrests, vast racial disparities in those arrests and any resulting incarceration,” while also establishing an international black market that has “funneled money into drug cartels” (“America’s War”). Even more surprising, he points to a number of research studies that suggest “harsher penalties don’t even reduce drug use more than a less aggressive form of prohibition would” and that “criminalization might even stop some from seeking help for drug addiction” (“America’s War”). Elaine Hyshka, a drug policy expert and Assistant Professor at the University of Alberta’s School of Public Health, corroborates this, explaining to Lopez that “Being liable to criminal charges for drug possession, or criminalizing people who use drugs, is a really significant deterrent for people talking about their substance use problems” (Hyshka qtd. in Lopez). Hyshka and Lopez’s insights suggest that criminalization has done nothing to reduce the amount of drugs or number of drug users, and at most, it has simply scared away those who need help from seeking it.

Many agree with Lopez, including Carl Hart, a psychology and neuroscience professor at Columbia University who has been studying drugs including marijuana, cocaine, and heroin for over three decades. Hilary Brueck, a senior health and science reporter for *Insider*, interviews Hart, who has been a recreational user of heroin for six to seven years (Brueck). Hart's goal is legalization and acceptance of drug use (Brueck). While many may be hesitant to normalize drug use, Hart's reasoning for his approach is worth discussing. Although Hart is a strong proponent of "liv[ing] your life as you choose," he also has a more pragmatic justification for decriminalization, claiming that "many of the 60,000-plus drug overdose deaths across America each year could be eliminated with better education and a cleaner supply" (Hart qtd. in Brueck). Hart believes that the risks of drug use can be reduced by implementing a government-funded system where "people can submit samples of their drugs and learn what they contain," such as any potential toxins or contaminants (Brueck). Hart also believes in shifting the public's view of drugs away from criminalization and toward education, suggesting that "You could have a massive public-service-announcement campaign that says 'If you're going to use opioids, don't use alcohol as a background or other sedatives in combination, because it increases the likelihood of respiratory depression and death'" (Hart qtd. in Brueck).

Establishing a system similar to the one Hart advocates may seem far-fetched, but a music festival in Portugal seems to have demonstrated otherwise. At the Boom Festival, onsite drug-checking services test for drug purity, and "virtually no one is hassled for their supplements of choice" (Franciotti). Kosmicare, an organization committed to "harm-reduction," or "minimizing risk and keeping people from going off the deep end," has provided "round-the-clock care for the more than 30,000 attendees throughout the weeklong event" (Franciotti). This regulation of recreational drugs is conducted by "health officials, not cops," which allows for greater safety and insight when deciding whether or not the drugs in question are safe to use (Franciotti). In fact, due to the regulated screening that Kosmicare provides, many samples of cocaine were

found to contain “no cocaine” and could have been potentially lethal if used (Franciotti). Such a screening system shows not only how decriminalization could work in practice, but also that it can help to protect public health.

Many would consider this push for decriminalization as ill-informed, rushed, and naïve, however. Brueck also cites Keith Humphreys, a professor of psychiatry at Stanford University who has worked closely with drug policy. As a former White House drug-policy advisor for Presidents George W. Bush and Barack Obama, Humphreys expresses concern regarding the recent calls for decriminalization. He believes that advocates of decriminalization fail to account for the role of money in politics, arguing that their position is “basically saying we can trust multibillion-dollar corporations to do the right thing” (Humphreys qtd. in Brueck). Concerned that shrewd marketing campaigns will promote drug use among a much broader audience, Humphreys, like other opponents of drug decriminalization, worries that we risk taking the same “road we have taken with alcohol, and tobacco, and opioids,” only this time with a product that has psychological, physiological, and societal effects that are stronger and far more widespread (Humphreys qtd. in Brueck).

Kevin Sabet, a former White House drug-policy advisor and CEO of Smart Approaches to Marijuana (SAM), echoes Humphrey’s concerns. In her 2017 book, *Grass Roots*, drug historian Emily Dufton interviews Sabet, who claims that the under-regulated capitalist culture of the US is unfit for a movement towards legalization. According to Sabet, the US has a history of discouraging “moderation in our consumer use of products” and fails to “promote responsible corporate advertising” (Sabet qtd. in Dufton 450). Writer Ismael Fernandez supports Sabet’s claim in his *Medium* article, “The Argument Against Drug Legalization,” noting that when tobacco companies were given carte blanche in advertising, “the number of smokers in the United States [became] approximately 40% of the population” (Fernandez). Anti-legalization advocates believe that if companies were permitted to advertise drugs like cocaine or heroin the way they once advertised

cigarettes, the number of addicts would increase and we would face a public health crisis like no other.

While the arguments of both the proponents and opponents of drug decriminalization have merits of their own, seeing this controversy solely through the lens of public health provides an incomplete picture. In fact, this recent shift towards decriminalization may affect those who are addicted as much as the drugs to which they are addicted. Hence, we might also consider the nature of addiction and how decriminalization impacts those suffering from it.

According to Joseph Avery, a psychologist and attorney, and Dr. Jonathan Avery, Director of Addiction Psychiatry at Weill Cornell Medical College, addiction has been falsely defined as a personal choice. In their *Psychology Today* article, "Understanding the Brain Disease Model of Addiction," Avery and Avery note that many make the argument that "[e]xtreme acts of will . . . can certainly prevent future substance use" while also believing that "no act of will, no matter how great, will cure Alzheimer's disease" (Avery and Avery). While some use this logic to emphasize the moral responsibility involved in addiction, and thus to justify its criminality, Avery and Avery consider this line of thinking to be mistaken. By analogizing people with addictions to those who suffer from epilepsy, they expose a common factor between addiction and other diseases. That is, like addiction, conditions like epilepsy carry "diachronous responsibility," or rather, "the responsibility at moments of quiescence for taking whatever actions necessary to prevent likely future harm" (Avery and Avery). In other words, chronic disorders that are clearly not a choice require personal responsibilities often only assigned to addicts. However, despite both epilepsy and drug addiction involving a certain level of personal responsibility in their management, only addiction comes with the added burden of imprisonment for not doing so. This then begs the question: If we can trust those with epilepsy to carry out their responsibilities to prevent future harm, why can't we also encourage those who are addicted to seek treatment

without the threat of harsh punishment? After all, as Judge Morris Hoffman argues in his article “Drug Courts and the Myth of the Addict’s Diseased Brain,” “We don’t send Alzheimer’s patients or the clinically depressed to prison” (Hoffman qtd. in Avery and Avery).

Avery and Avery attribute this discrepancy to the deeply-rooted stigma around addiction, which, they claim, is “largely driven by the perceived blameworthiness of the individual: the thought that he or she is personally irresponsible . . . or morally weak” (Avery and Avery). Likewise, physician Sean Fogler claims addiction stigma is far more deeply ingrained than it may seem, describing it as a “relentless killer, fed by anxiety and uncertainty, and enabled by the attitudes of the health care providers who are supposed to be caring for people.” Fogler cites a study of primary care physicians’ attitudes toward prescription opioids that revealed most were “unwilling to work closely with, or have marry into their family, a person with an addiction to prescription pain medication.” This attitude is not surprising, considering that “The majority of [primary care physicians] also believed that individuals with an addiction are dangerous and employers should be allowed to deny them employment” (Fogler). Such a deeply stigmatized view toward those suffering from addiction becomes especially troubling when it is held by those who have pledged to “‘do no harm or injustice’ to those they serve” (Fogler).

Fogler further claims that stigmas produce a “toxic shame,” which makes drug addicts feel as though they are “never safe” and thus keeps them “silent, hiding and alone.” By shaming those suffering from addiction, we push them to the margins of society, which promotes a cycle of deviance: addicts may internalize societal prejudice, leading to further drug use, which not only exacerbates their disease but also the national drug epidemic. Fogler believes that this stigma is not a mere side effect or symptom of addiction. He argues that “Our health care systems have weaponized stigma,” using it to assert their control over marginalized groups. Indeed, when taking a closer look at

how stigma has been utilized by those in power, it reveals itself to have far more sinister, widespread, and deadly consequences.

On May 25, 2020, Derek Chauvin knelt on George Floyd's neck for nine long minutes, while another officer exclaimed to a horrified crowd: "Don't do drugs, guys."

According to Max Daly, Global Drugs Editor at *Vice*, such a sight was horrific not only because the police brutalized a man based on a false accusation, but also because "for more than 100 years drugs have been used by the authorities as a pretext and a justification for ultra-violence against Black citizens" (Daly). Floyd's tragic death, in other words, was not an isolated incident of drug stigma being weaponized as a 'pretext' for 'ultra-violence' against Black bodies. In 1991, Rodney King was brutally beaten by fifteen police officers who claimed they "were scared he had 'superhuman strength' from being high on PCP, even though King didn't test positive for the drug" (Daly). In 2012, George Zimmerman shot dead a 17-year-old Trayvon Martin, but was later acquitted after "the defense team made a big deal of the fact Martin had (barely traceable amounts of) cannabis in his body" (Daly). In 2014, 18-year-old Michael Brown was fatally shot by police officers because he was suspected of stealing cigarettes, yet the grand jury chose not to indict since the "use of cannabis was flagged as a potential cause of aggressive behavior" (Daly). The same year, Eric Garner was choked to death by a police officer on suspicion of illegally selling loose cigarettes, and Romain Brisbon was fatally shot by police in front of his two children after they had received a false tip that he was dealing drugs. Here, the weaponization of stigma reveals its true potential, where under the guise of protecting the public, authorities use drugs as "a smokescreen, a distraction" to slaughter Black men, to maintain fear and control within minority groups, and to excuse inexcusable actions (Daly).

Decriminalizing drugs will undoubtedly create issues of its own. In addition, it is unlikely that removing the criminality of drug use will end systemic racism or addiction stigma. But decriminalization has never been a silver bullet. Instead, it is part

of a departure from the antiquated and oppressive thinking that has been the foundation of public policy and societal standards. Decriminalization is not about accepting drugs as a normative facet of society. Instead, it's about rejecting the stigma that has dehumanized minorities and drug addicts for decades, resulting in violence, bigotry, and discrimination. It is about disarming those in authority from this powerful and dangerous weapon, and instead, replacing it with values that emphasize human rights and dignity, regardless of an individual's history of drug use. The "war on drugs" was never about controlling illicit substances; it was about controlling marginalized communities and demonizing minorities. Thus, the value of decriminalization arises from our deep need to acknowledge the deeply troubling nature of current policies, to redress the harms of ineffective and intolerant drug policy, and to put an end to this war. The longer we continue to turn a blind eye to the racist and narrow-minded sentiments behind current drug policy, the longer this futile war will wage on. While those in power will claim that drugs are the enemy, in reality, it will be everyday citizens like Calvin Bryant with a target on their backs.

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