Drug Policy Reform in a Time of Trump

Presentation transcript

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Can the momentum of drug policy reform be sustained in a time of Trump? Thirty years ago, the inelegant phrase "harm reduction" was invented in Liverpool, rooted in the logic of syringe exchanges, which saved hundreds of thousands of lives. Despite the best efforts of US and UN drug control agencies to suppress Harm Reduction, it has become common-sense public health policy in dozens of countries. This talk traces the progress of the drug policy reform movement and explores whether the current epidemic of opioid overdose deaths combined with the rise of an authoritarian regime will breathe new life into punitive prohibition.

Keywords

Harm reduction, drug policy, prohibition

I would like to talk to you today about some of the broader historical currents that swirl around us in the field of drug scholarship.

This year marks the 500th anniversary of the Protestant Reformation — a slow-motion argument, ostensibly about how to interpret a book, which ruptured the theological structure that dominated the human imagination across the Western world for over fifteen centuries. The Reformation was a key condition of possibility for the Enlightenment and the rise of science, and thus for the materials with which we ply our trades.

This month marks the 50th anniversary of "May '68," a moment of mass protest in Paris and a hundred other cities around the world. It marked the rise of the anti-Vietnam War movement, the growth of the counterculture, and a revolt of the young intelligentsia, all of which took inspiration from and built upon the Civil Rights Movement in the U.S. and the de-colonization movement in the developing world.[1] May '68 was another watershed

[1] Flacks, 1971; Erikson, 1975

moment when social movements shifted the tectonic plates undergirding the dominant culture.

I suggest there is now a less grand but still profound shift underway in how we think about drugs and drug users, of which you are all part: ***the shift from punitive prohibition to harm reduction*** (e.g., Heather et al., 1993). This shift is driven by the drug policy reform movement, which was inspired largely by the health and human rights tragedies of punitive prohibition. This movement has led to extraordinary change in what knowledge gets produced and disseminated, and therefore in institutional practices in the U.S. and dozens of other countries.

Donald Trump and Attorney General Sessions have conscripted all the forces of the right wing in efforts to turn this movement around and to reverse a wide range of drug policy reforms in nearly all 50 states. The question is, will they succeed? Or will the momentum of reform be sustained?

My answer will be cautiously optimistic. Now, if I were you listening to this claim, I might be thinking, "What's he been smoking? What sort of ivory tower utopian could be optimistic in the time of Trump, whose authoritarian regime is rooted in racism and as close as the U.S. has ever come to fascism?" Your skepticism is warranted, but bear with me. Yes, it is tricky to talk about progress with Trump in power, but I suggest that drug policy reform was a long time coming and, try as they may, Trump and company will find it difficult to turn the ship of reform around.

To trace the trajectory of reform I must start with what I call the *punitive turn*, which began in the late 1960s. In the wake of growing mass protests, urban uprisings (often too simply called "riots"), the spread of illicit drug use, and increasing crime, Nixon and the Republican right effectively fomented fear and won power based on a "law and order" campaign. The U.S. drug control system and criminal justice system in general turned increasingly punitive, with more arrests, for more offenses, and bearing longer sentences. The ideal of rehabilitation in prisons was in effect abandoned in favor of harsher punishment (Austin and Irwin, 2001). So-called "truth in sentencing" laws were passed to reduce judges' ability to adjust sentences in the interest of justice. The Kennedy/Johnson War on Poverty was shoved aside by a war on the poor.

By the 1980s there were "three strikes" laws designed to put people with a third serious conviction in prison for life (although in practice there were more third strikes for marijuana possession and petty theft than for murder, rape, and robbery combined [see, e.g., Zimring et al., 2001]). At a moment of national hysteria around crack cocaine, a nearly unanimous Congress passed draconian new laws mandating minimum 5-year sentences for possessing small quantities of the drug (Reinarman and Levine, 1997). The Reagan, Bush-I, Clinton, and Bush-II administrations all gave greater powers to prosecutors and police, and rewarded them for low-level drug arrests with more funding. It all added up to what became known as mass incarceration, which fell disproportionately on poor people of color.[2] In the span of a single generation the punitive turn quadrupled the prison population, giving the U.S. the highest incarceration rate in the world — five to ten times higher than other modern democracies.[3]

[2] See, e.g., Alexander, 2010; Drucker, 2011; Foreman, 2017.

[3] Walmsley, 2018; see also the International Centre for Prison Studies, http://www.prisonstudies.org/sites/default/fi

The first thing to slow this punitive turn was the public health emergency of HIV/AIDS, which sparked the rise of what came to be called *harm reduction*. Once epidemiologists discovered that syringe sharing among injection drug users was a primary vector of transmission, syringe exchange programs (SEPs) began to spring up around the world. SEPs were the seed corn of the harm reduction paradigm. This now includes health services for injection drug users, addiction treatment in and in lieu of prison, medical marijuana, de-carceration, opiate maintenance, distribution of Naloxone to reverse overdoses, and most recently safe consumption spaces for medically-supervised injections to reduce overdose deaths, HIV/AIDS, hepatitis, and other diseases. The basic logic of harm reduction is that drug problems cannot be made to go away, but by adopting public health principles we can reduce the damage that often accompanies them. The harm reduction paradigm in drug policy is part of democracy's long march through the institutions of social control, a kind of begrudging acknowledgement of the basic humanity of the marginalized.

What began with small bands of underground outreach workers distributing sterile syringes in Rotterdam and Liverpool has grown into standard policy in 30 countries in the past 30 years. There is an International Harm Reduction Association with thousands of professionals as members across the globe, harm reduction NGOs in dozens of countries, and peer-review scientific journals devoted to research on harm reduction strategies such as syringe exchanges.

The widespread adoption of harm reduction practices is a public health breakthrough, an historic crack in the stone wall of punitive prohibition with enormous health implications. What was initially opposed as "addiction-enabling" blasphemy has become common sense. Globally, experts estimate that hundreds of thousands of HIV/AIDS deaths have been averted, along with many billions of dollars in health care costs.[4] In addition, together with an array of criminal justice system reform efforts, harm reduction policies have avoided hundreds of thousands of human years of incarceration as well as millions of petty marijuana possession arrests and the stigma of a criminal record (Levine and Small, 2008). The harm reduction movement has opened up greater access to treatment, health, and social services for drug users. A lot of troubled lives have been turned around and a lot of families saved further grief.

The reaction to all this from the right has been to reaffirm the old normative boundaries of the War on Drugs. For example, Attorney General Sessions recently stated that "good people don't use marijuana" — implicitly writing off as "bad" the ~130 million Americans who have used marijuana, according to the National Survey on Drug Use and Health. Despite all evidence to the contrary, Sessions continues to equate marijuana use with heroin use and to instruct U.S. Attorneys to arrest and prosecute marijuana users even (or perhaps especially) in states where voters have made it legal. His attempt to re-stigmatize nearly half the American population over the age of 12 is part of the right's rear-guard action to re-kindle not just the drug war but the broader culture war.

This is not to say, of course, that we are free of drug problems. Opioid addiction and overdose deaths, for example, have reached crisis

les/resources/downloads/world_prison_population_list_11th_edition_0.pdf

[4] See, e.g., Lurie and Drucker, 1997; Aceijas et al., 2004; National Centre in HIV Epidemiology and Clinical Research, 2009.

levels.[5] The Centers for Disease Control reported that 2016 was another record-breaking year for overdose deaths, increasing 17% to 64,000 deaths, or roughly 175 Americans *every day.* Such overdoses have become the leading cause of accidental death for people under 50 years of age.[6]

How does the harm reduction paradigm help us understand this? We might start with a crucial demographic piece of the puzzle: who is dying of opioid overdoses? Ann Case and Angus Deaton (2015, 2017), Princeton economists, discovered a striking decline in average life expectancy unique to white people without a college education. Further research led them to conclude that this group suffers disproportionately from what some have called *diseases of despair* — opiate addiction, alcoholism, suicide. These downwardly mobile, working-class and lower middle-class whites face dwindling life chances — and they know it.

The fact that the iconic addict is now white instead of black and Latino — the "dangerous class" *du jour* mostly "us" rather than "them" — has led policy makers to be more open to harm reduction approaches and other reforms. Since the late 1980s, the drug policy reform movement has broadened the discussion of drug problems to include not just the consequences of drug use but the consequences of drug *policy*. Official responses to the opioid crisis have been noticeably softer. During the crack scare of the late 1980s, for example, politicians called for a prison cell for every user. Now syringe exchanges are widely accepted and there are bipartisan calls for harm reduction policies like more treatment beds and wider distribution of Naloxone to reverse overdoses. More people have come around to the reformers' view that we cannot incarcerate our way out of our drug problems, that decades of "get tough" drug policies led to mass incarceration of the powerless — a costly failure and human rights disaster.

Another vital piece of the opioid puzzle: the leading villain in the story is a *legal* pain reliever, Oxycontin, and its chemical cousins. This has complicated the usual views of addiction, widening the aperture of attribution to include over-prescription by physicians. Over-prescription has led to a sizeable wave of iatrogenic addiction (i.e., addiction originating in the course of medical treatment). Patients often start with a physician's prescription for an opioid pain reliever but once addicted end up turning to a heroin dealer. Street heroin is often partly or entirely Fentanyl, a far more potent synthetic opioid that dramatically increases the risk of overdose.

Overprescribing, in turn, was encouraged by pharmaceutical industry promotional practices (see Angel, 2006). Drug companies oversold the new opioids with massive marketing operations and misleading claims. With tragic irony, they claimed that Oxycontin could and should be widely prescribed for pain relief because there is little or no risk of addiction.

Bringing in working class despair, physician over-prescribing, and pharmaceutical

[5] The opioid crisis has even come to a library near you. The *New York Times* reported that a growing number of librarians are stocking and learning how to administer Naloxone, or Narcan, to have the capacity to reverse opiate overdoses among library patrons.

[6] Alana M. Vivolo-Kantor, et al., 2018. See also https://www.cdc.gov/vitalsigns/opioid-overdoses/index.html. N.B. Not all such deaths are unequivocally caused by ingestion of opiates alone; many times overdoses stem from opioids used in combination with alcohol and other drugs.

industry deception expands our view of the opioid crisis beyond the malevolent molecules of a drug and the alleged psychopathology of the "junkies" who ingest it. This constitutes genuine progress toward a sociologically deeper understanding of the sources of opiate addiction and overdose deaths, which has been an important intellectual aim of the drug policy reform movement.

Let us now return to my initial question: Can drug policy reform keep going in time of Trump? It took decades of work by a variety of reformers to slow the right wing's "get tough" juggernaut and to begin peace talks in the war on drugs. But now Trump and Attorney General Sessions are trying to reverse course and replace hard-won reforms with more punitive policies (e.g., ordering US Attorneys to charge arrestees with the highest possible offence and advocating the death penalty for drug sellers). Will they succeed?

In my view they are likely to fail for several reasons. First, there is a more powerful drug policy reform ***movement*** than has ever existed before, anywhere. It has more organizations, with more members, more media coverage, and more funding than ever before. The National Organization for Reform of Marijuana Laws (NORML) has been around for 50 years. Students for Sensible Drug Policy has chapters at hundreds of college campuses in nearly all 50 states. The Drug Policy Alliance among others has spearheaded successful campaigns for medical marijuana and decriminalization of minor drug offences across the US. Dozens of local NGOs have succeeded in reforming harsh drug laws and policing practices and in advocating for more treatment and social services for problematic drug users. This movement isn't on the decline; it is still growing.

Second, the drug policy reform movement and its myriad allies have called into being and crystalized an articulate ***political constituency*** for a different response to drug problems. Against the simplistic scapegoating mythology of the drug war, the movement has shown that most drug users are not in fact marginalized deviants, but rather educated, employed, and engaged citizens – friends, co-workers, parents, neighbors.[7] Unlike the homeless street addicts of stereotype, they have the social capital to resist stigma. This constituency is far broader than the usual left-libertarian suspects. It now includes conservatives who worry about the size and scope of the state and how costly and counterproductive punitive prohibition has been.[8] Most important, the drug war's disproportionate damage to families and communities of color has made them strong allies in this movement. Drug policy reform has become a top priority for civil rights and racial justice movements, from the NAACP to Black Lives Matter.

Third, this movement and this constituency have been part of a broad process of ***cultural learning*** in which the old demonizing discourse has been supplanted with the more humane lexicon of harm reduction. Most people have figured out that we over-reacted to crack cocaine, with disastrous results. Most people have figured out that drug problems are impervious to all the harsh punishment thrown at them. Most people have figured out that lots of "good" people get into some form of trouble with a drug, legal or illegal, and they often need help getting out of it. Most people have figured out that addiction and other

[7] See, e.g., Parker, Aldridge, and Measham, 1998; Eisenbach-Stangl, Moskalewicz, and Thom, 2009.

[8] Aviram (2015) calls such conservatives "humonetarians".

forms of problematic drug use belong in the realm of public health, not criminal law. In short, the harm reduction paradigm is ascendant in the US as it has been in nearly all other modern democratic societies.

For the past 20 years, voters in the U.S. and elsewhere have taken drug policy into their own hands. Medical marijuana laws have been passed in 30 states and adult use has been legalized under state law in 9 states and Washington, DC. Most European countries have embraced at least some harm reduction policies. Portugal, Uruguay, Australia, the Czech Republic, Italy, Germany and Switzerland have moved toward decriminalization in one form or another. Many Latin American nations that were once drug war allies are in open revolt against U.S.-style punishment-based prohibition.

These are the sounds of the American drug war consensus fracturing.[9] The drug policy reform movement and the harm reduction paradigm have forced global drug policy toward an historic inflection point. I don't see it turning back at the behest of Trump and Sessions, who offer nothing but more prison**.**

We live in a truth-challenged time when George Orwell seems a starry-eyed optimist, a time in which simple fact-checking has become an act of resistance. This is how all these issues connect to what you do, as librarians and information specialists, every day: preserve, organize, and facilitate access to information. Protect that, and citizens will at least have the capacity to figure out the truth.

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[9] The phrase is from Bewley-Taylor (2012).

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