EQUITY, JUSTICE AND SUBSTANCE USE DISORDERS

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WHY IS THIS CONVERSATION IMPORTANT?

“Racism should never have happened and so you don't get a cookie for reducing it.”
— **Chimamanda Ngozi Adichie, Americanah**

Those who cannot remember the past are condemned to repeat it.

George Santayana

WHY IS THIS CONVERSATION IMPORTANT?

- There have been many opioid epidemics-
  - Civil War
  - Late 1800's/early 1900's
    - "In the late 19th century, as long as the most common kind of narcotic addict was a sick old lady, a morphine or opium user, people weren't really interested in throwing them in jail," Courtwright says. "That was a bad problem, that was a scandal, but it wasn't a crime."That changed in the 1910s and 1920s, he says. "When the typical drug user was a young tough on a street corner, hanging out with his friends and snorting heroin, that's a very different and less sympathetic picture of narcotic addiction."
    - Harrison Narcotics ended ability of doctors to provide long term maintenance therapy
  - Vietnam era
  - Not to mention continued use between crises
    - https://www.smithsonianmag.com/history/inside-story-americas-19th-century-opiate-addiction-180967673/

WHY IS THIS CONVERSATION IMPORTANT?

- There have been many non-opioid substance use crises-those cited above as well as
  - Cocaine early 1900's,
  - Amphetamines –WWII-1950's,
  - Cocaine/crack 1980's
  - Methamphetamine-early 2000's and now
- Responses have often been racialized

NIXON ERA POLICIES

HTTPS://WWW.SMARTDRUGPOLICY.ORG/NIXON-AND-THE-START-OF-THE-DRUG-WAR-1969-1974/

- As heroin use was on the rise, primarily among returning Vietnam War veterans, the Nixon administration:
  - Focused most of its resources on heroin, especially to reduce crime linked to drug use
  - Created the first federal methadone program with 75% of the total drug budget to treatment and rehabilitation.
- In 1970, the Comprehensive Drug Abuse Prevention and Control Act of 1970 was created and became the main legal foundation for drug regulation in the U.S. It consolidated all previous laws regulating the production and distribution of narcotics, stimulants, depressants, hallucinogens, and any other chemical substance considered to have a potential for abuse. To enforce the Act, a new agency was created in 1973, the Drug Enforcement Administration (DEA), into which the former BNDD was merged.

NIXON ERA POLICIES

HTTPS://WWW.SMARTDRUGPOLICY.ORG/NIXON-AND-THE-START-OF-THE-DRUG-WAR-1969-1974/

- Nixon declared drug abuse as “Public Enemy Number One” in his 1971 War on Drugs speech and deployed federal funding for
  - Enforcement Measures
  - Treatment Measures
  - Punitive Framework on which others built
    - https://www.britannica.com/topic/war-on-drugs
  - Racial Inequities purposefully built into the “war”

NIXON'S RACIST POLICIES

- "During a 1994 interview, President Nixon's domestic policy chief, John Ehrlichman, provided inside information suggesting that the War on Drugs campaign had ulterior motives, which mainly involved helping Nixon keep his job.
- In the interview, conducted by journalist Dan Baum and published in Harper magazine, Ehrlichman explained that the Nixon campaign had two enemies: "the antiwar left and black people." His comments led many to question Nixon's intentions in advocating for drug reform and whether racism played a role.
- Ehrlichman was quoted as 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."
    - https://www.history.com/topics/the-war-on-drugs

RACISM AND CRACK COCAINE

- Reagan's War on Crack Cocaine
  - Approximately 80% of crack users were African American meaning mandatory minimums and other drug enforcement efforts led to disproportionate incarceration rates
    - https://www.britannica.com/topic/war-on-drugs
- Anti-Drug Abuse Act of 1986 established a 100:1 cocaine/crack disparity along with a 5 year mandatory minimum
  - The Fair Sentencing Act of 2010 eliminated the 5 year mandatory minimum and though the disparity was reduced to 18:1 the disparity remains.
    - https://www.history.com/topics/crime/history-of-cocaine#section_6

RACISM AND CRACK COCAINE

- The " Crack Baby Myth"-faulty research and media hysteria was based on "a weak proto-study of only 23 children" which has been discredited over and over again
  - "a bio-underclass, a generation of physically damaged cocaine babies whose biological inferiority is stamped at birth
    - Charles Krauthmammer; https://www.theatlantic.com/politics/archive/2017/07/what-the-crack-baby-panic-reveals-about-the-opioid-epidemic/533763/
- Faulty research and dog whistles lead to disproportionate child removal, stereotyping of children, erroneous belief that kids could not succeed and other unfair challenges
    - https://www.npr.org/templates/story/story.php?storyId=207292639

WHY IS THIS SUD CONVERSATION IMPORTANT?

- Yet, with all that history
  - We overprescribed, but even more important we did not and still do not screen for substance use
    - Could we have been in a different place if we had been screening for decades?
  - We do not easily or often willingly provide equitable access to a continuum of evidence informed culturally and linguistically effective SU services-including harm reduction services
  - We are overly reliant on the justice system and not health and social service systems
- “History is not the past. It is the present. We carry our history with us. We are our history. If we pretend otherwise, we are literally criminals.
  - James Baldwin

AND NOW….WE DID NOT LEARN FROM HISTORY

- This is unfortunately another example of how we, as a society, were unprepared for a crises and are not planning for the next
  - Not the first-time doctors have fueled an opioid crises (late 1800's into early 1900's-even Mary Todd Lincoln)
  - Not the first time we have sought to regulate the prescriptions and found that people then turn to illicit drugs
  - This is not the first-time response and concern differs based on demographics; Demonize/Criminalize some patients sympathize with others
  - Criminalize those who provide illicit drugs
  - Try a Moral Response in lieu of a clinical one only to then struggle to provide appropriate clinical responses
  - Rely on an inadequate treatment system with varying levels of quality
  - Limit access to evidence-based services in community and often in the justice system
  - Using the justice system as a response and using justice system actors as diagnosing clinicians
  - Slow to provide care to those who are not ready to enter treatment
  - Not use this as a signal to create a comprehensive community based culturally and linguistically effective substance use system as opposed to one drug system and then act surprised by the next crises

WHAT ARE THE EFFECTS –A SMALL SAMPLE

- In 2020 there were 1,155,610i arrests for drug law violations in the US with the majority being for personal possession. Of those 24 % were Black people even though Black and White people use drugs at similar rates
  - https://drugpolicy.org/issues/drug-war-statistics
- “The “zero tolerance” policies that today are the most extreme form of this punishment paradigm were originally written for the war on drugs in the early 1980s, and later applied to schools.”
  - https://rethinkingschools.org/articles/editorial-stop-the-school-to-prison-pipeline/
- “In 2018, Black children composed approximately 23% of children in foster care, while they were approximately 14% of the total U.S. child population. [14] In the same year, American Indian/Alaska Native children accounted for over 2% of children in foster care, while composing less than 1% of the total U.S. child population. [15] Racial and ethnic minority children are:
  - More likely to experience lengthier placement in out-of-home care
  - More likely to experience group placement
  - Less likely to reunify [16]
    - https://ncsacw.samhsa.gov/topics/disproportionality-and-disparities.aspx

RACIST LAWS AFFECT ALL LIVES

- “Drug Overdose Deaths in the U.S. Top 100,000 Annually”
  - https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm
- “Overdose deaths in Delaware increased in 2020 from the year before, new data show. The state reported **447 overdose deaths statewide last year** – up from 431 in 2019”
  - https://www.usnews.com/news/best-states/delaware/articles/2021-07-17/overdose-deaths-increased-again-in-delaware-in-2020

WE MUST DO BETTER

- Equitable health and social based improved outcomes can happen!
- But we must understand and be honest about the current realities, inequities, past poor policies, lack of access, stigma, racism and other isms
- We must bring in the communities we serve and hear what they need and then advocates for policies and programs that serve their needs
- We must learn and incorporate the science frame not the stigma frame-just as we do with other chronic diseases and then assess outcomes-are our changes working, why? Why not?

WE MUST DO BETTER

- Make policies, programs and practices reflect the fact that SU is a chronic health concern and provide integrated community based culturally and linguistically effective evidence informed physical, mental, substance use and social services
  - Know who you are serving and ask them how they are being served
  - Develop and fund a FULL continuum of culturally and linguistically effective evidence informed care. This requires inclusion of harm reduction services in their broadest definition
    - In New York City, more than 60% of intravenous drug users are HIV positive; by contrast, the figure is less than 1% in Liverpool, England, where clean needles are readily available
  - Evaluate access to services and outcomes from services and disaggregate data along race, ethnicity, immigration status, sexual orientation, gender identity, ability and other intersectional identities
    - Know who is being served, are they being served effectively, if not, why not and what will you do about it?
  - Decouple from punitive responses

WE MUST DO BETTER

- On a clinical level; listen to your patients, their families, and communities. Work towards providing holistic and integrated care. Meet patients where they are. This includes, but is not limited to
  - Universally screen for all substances-not just the people “we think are likely to use substances.” But ask questions
    - Are you screening in equitable manner and are there equitable outcomes? Answer may differ based on intersectional identities. Be honest, assess and rectify
  - Provide culturally and linguistically effective brief intervention and counseling services
  - Have the capacity to provide or refer patients for culturally and linguistically effective secondary prevention services
    - Not everyone wants or is ready to enter treatment; they should have access to services that will keep them as healthy as possible
  - Have the capacity to provide or refer patients for culturally and linguistically effective formal treatment including medications
    - Patients should have access to all types of medications and make decisions with their providers based on their clinical and other needs-NOT on what we as society decide they should have

WE MUST DO BETTER

- Create relationships with patients to understand their journey, be prepared to engage and refer for recovery and other social services throughout their care cycle
- Recognize the stigma that comes with and SUD diagnosis and the external pressures your patients face-including the threats of the justice system, housing and employment barriers and more
- Recognize the racism and other isms your clients are facing
- Learn to collect useful demographic data in non-harmful ways and use data to improve practices being careful that it is used for good
- Provide culturally and linguistically effective healing centered services
- If you feel unable or unwilling to provide certain culturally and linguistically effective services, refer to places that will/can