

## Drug Policy and Our Self-Inflicted Harm

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In [The Sum of Us: What Racism Costs Everyone](#), Heather McGhee argues, persuasively, that the white desire to maintain position atop a racial hierarchy impedes us from adopting or changing policies that would benefit everyone; even when white citizens lose out on access to social benefits and economic opportunity, the fear of Black citizens accessing those opportunities and benefits erodes support for universal improvement. The author's analysis, unfortunately, is applicable to my area of study – U.S. drug policy. As Ms. McGhee briefly notes, the failure of American politics to appropriately address the harms of substance use and substance use disorders reflects “a bitter cost of the white majority's willingness to accept the suffering of others” (McGhee p. 47) and the ways in which that willingness also harms white people is an additional cost we bear.

American drug policy, [as I have noted elsewhere](#), and as [others have documented](#), is not incidentally racist – racial animus is at its core. The adoption of laws criminalizing the kinds of substances we now consider to be illicit drugs was a twentieth-century phenomenon, and each wave of criminalization reflected white anxiety about non-white immigrant groups (opium, Chinese immigrants in the beginning of the 20<sup>th</sup> century; marijuana, Mexican immigrants in the 1930s) or Black Americans (cocaine, particularly crack cocaine). The historical association of substance use as intrinsically connected to race never was rooted in reality; even as new laws in the 1980s assumed crack cocaine was associated with Black Americans, the majority of crack cocaine users were [white](#). As with the other areas of policy McGhee identifies, the decision to treat substance use and attendant issues as a problem for criminal law – the decision to remove people from communities and to identify them as persons in need of punishment – is one that disproportionately affects Black Americans, but one where white Americans also experience harm.

When drug pandemics are conceptualized as white, the rhetoric and responsive policy may be less punitive. I [have written](#) about the mid-2000s public concern around methamphetamine use and its portrayal as an epidemic plaguing rural white communities, and the extent to which we did not create new criminal laws and increase available punishments at the pace we saw for the crack cocaine pandemic that was conceptualized as Black. White politicians would describe how methamphetamine use affected their families; a summit of governors generated a list of proposed tools to curtail methamphetamine harms, and mentioned the word “incarceration” only in the context of a proposal to consider “alternatives to incarceration.” Still, while white

empathy was on display, methamphetamine remained an illicit drug punished by arrest and prosecution; when Montana created [a special methamphetamine prison](#) with directed services for persons with substance use disorders, those services still were being provided in an incarcerative facility to people convicted of crimes.

We are now witnessing a new drug pandemic associated with white Americans. The harms of opioid misuse have been widely publicized, often sympathetically; [portraits](#) of persons harmed by substance use often depict either [\(white\) people who start using opioid medication for prescribed pain management and develop a dependence that exceeds the duration of the prescription](#), or [\(white\) people who live in depressed communities who turn to opioid use to medicate despair](#). McGhee briefly notes this development in her book (McGhee p. 47), and, as someone who has been studying the opioid epidemic in the context of our fifty-year War on Drugs, I think she is right to think that how our response to the opioid pandemic is playing out unfortunately supports the thesis for her book.

Even in a drug epidemic that is harming more white people than Black, states and the federal government have largely adhered to a prosecution-and-punishment based approach to the harms of substance use, damaging people and communities who are already vulnerable. Efforts to treat the opioid epidemic as a public health crisis have largely been stymied – when several U.S. cities expressed a willingness to partner with providers to establish supervised consumption sites, as I have [documented elsewhere](#), they faced state and federal opposition, and threats of withdrawn funding and prosecution. When rhetoric is empathetic to people with substance use disorders, it often takes the form of “this person is sick, not a criminal” – the status of being a criminal is what is at stake, as we now commonly understand [the lifetime repercussions of criminal convictions](#) for people who want to be employed, housed, and accepted into communities. White voters may be concerned that, without the ability to mark people as criminal, it is more difficult for them to remain atop the racial hierarchy – and since, even if substance use is consistent across races, the majority of people serving time for drug offenses are nonwhite, equality threatens the ability of white voters to maintain status.

I try to share McGhee’s optimism that we can work together across racial lines to change the drug policy that harms all of our communities. Oregon has recently [decriminalized drug possession](#), and, after years of stalled plans, New York City recently [opened supervised consumption sites](#). Hopefully a recognition of the harms of our failed criminal justice approach to substance use, and a shared desire to help people in need, will change our course for the future.

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