# Compassion Not Criminalization: The Chronic Misunderstanding of Drug Addiction

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The opioid crisis is at an all time high, killing around 250 people each day in the US alone (USA Facts, 2024). While controversy ensues over the most effective strategy to address this national health crisis, most everyone can at least agree that the billions of dollars spent up to this point has not worked. With the infamously unsuccessful War on Drugs anchoring our collective understanding of addiction, we must ask ourselves, *is there a better way to address this issue?* Drawing from scholarly research, expert opinions, and global examples, I will be contending that we are gravely misunderstanding addiction, and that the solution to this crisis lies not in increased punishment but in compassion and trauma-informed care.

A quick note on language: I will be mostly using the term "PWUD" (people who use drugs) instead of "addicts". As I discuss the importance of empowering PWUD, I find it appropriate to emphasize the person over the problem. That being said, I know many PWUD who self-select the term "addict", finding it more accessible and less performative. For that reason, there are a few cases where the term "addict" is used.

If I were to ask someone what they think causes drug addiction, chances are they would answer that when someone tries a drug, especially the stronger ones, they are likely to become addicted to it due to the strong chemical hooks of the drug. Makes sense, right? Well, many case studies throughout history seem to suggest an alternate explanation, leaving us to take a look at the numbers and see that something isn't adding up. Take, for example, American soldiers during the Vietnam War. A few years into the conflict, a startling statistic was reported to the American public that 20 percent of active soldiers had become heroin addicts in their time deployed. For a country rallying around Nixon's promise to eradicate drug abuse once and for all, this news was unsettling. As these soldiers arrived back home, however, something peculiar happened: 95 percent of them quit cold turkey, returning smoothly to the comfort of the lives they had left

before the war (Hari, 2015). If addiction was caused principally by the development of a chemical dependency, these men should've been addicts for life. What piece are we missing? Well, according to author Johann Hari (2015), we are attributing addiction to all the wrong sources. He teaches that the opposite of addiction isn't sobriety, but connection. These soldiers were using heroin to survive the hellish conditions of war; when they returned home to their families and places of belonging, there was no need for it anymore. Perhaps even stronger than chemical hooks are social and environmental factors. This realization changes everything.

Further research by Hari (2015) supports this new theory. He references a rat study conducted by psychologist Bruce Alexander in the 1970s. The study involved placing rats in isolated cages with two water bottles: one containing pure water and the other laced with either heroin or cocaine. The rats consistently chose to consume the drug-laced water until they overdosed and died. However, Alexander wondered if any changes would be observed in the rats when placed in a cage filled with toys, other rats for social interaction, and spacious living quarters. When placed in this cage, the rats consumed significantly less of the laced water, even when it was readily available, and *none* overdosed. These observations show that the problem isn't the user, but the user's environment (Gage and Sumnall, 2018). Forced treatment would work if addiction was as simple as reversing chemical dependence, but the reality is that patients return to the same unhealthy environments that caused them to turn to substances in the first place. We need to pursue a comprehensive care plan that locates a person in their environment and addresses the root causes that create pathways toward addiction (Canlis, 2024).

Once we begin seeing addiction as a response to pain rather than the result of moral deficiency, the puzzle pieces begin to fit into place. Why don't people become alcoholics the day after their 21st birthday? In the UK, heroin is a common pain killer given to patients in childbirth

or undergoing surgery (Gossop et al., 2005). Why don't these patients leave the hospital addicted? According to Gabor Maté (2008), a physician who specializes in trauma, addiction, and childhood development, drug addiction has everything to do with childhood trauma. After decades working with people who use drugs (PWUD), he claims that virtually every patient had a childhood of physical or sexual abuse. He explains that when a child's natural attachment processes have been broken by parental neglect, abuse, and other forms of mistreatment, it is forced to find new ways of attachment. This biological human need for connection was never met, so drugs offer an escape from the suffering caused by that trauma. If PWUD are simply responding to pain, is it not obvious that what they need is not further isolation and stigmatization, but care and healing? The tent camps under bridges, the averted eyes of drivers at street corners are all parts of our failed treatment model that functions on isolation and dehumanization – the very things that caused the addiction in the first place.

When we zoom out and recognize the absurdity of our treatment logic (let's take the lonely, hurting, addicted people in our community and alienate and punish them), we're forced to question how we landed at this illogical conclusion in the first place. Well, much of our current understanding about drugs and addiction is informed by the War on Drugs. Masked as a benevolent effort to end the illegal sale and consumption of harmful drugs in the US, a full-fledged attack on people of color (POC) ensued, targeting specifically Black and Latino communities (Earp et al., 2021). President Nixon capitalized on the country's racist beliefs that minority groups were the root of crime, knowing that his so-called war on drugs was really a war on these minorities. If overt discrimination were now technically illegal, a systematic undercover attack on these inconvenient minorities, conducted by the US government, would have to suffice, continuing efforts to incarcerate, separate, and oppress Black and Latino families. A

bone-chilling quote from one of Nixon's top advisors says it as plainly as possible, "We knew we couldn't make it illegal to be either against the war or blacks, but by getting the public to associate the hippies with marijuana and blacks with heroin and then criminalizing them 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 in the evening news. Did we know we were lying about the drugs? Of course we did," (Taifa, 2021).

One of the most glaring examples of racist policies designed to incarcerate Blacks was the Anti Drug Abuse Act of 1986, enforcing disproportionate sentencing laws for crack cocaine versus powder cocaine (Earp et al., 2021). The Act established a 100:1 sentencing disparity between crack and powder cocaine offenses (the former more prevalent in Black communities). Under this law, possession or distribution of five grams of crack cocaine triggered a mandatory minimum sentence of five years in federal prison, while it took 500 grams of powder cocaine to trigger the same sentence. According to a statistic from the Federal Bureau of Investigation, Blacks accounted for only 12 percent of drug-using citizens, but made up 41 percent of those arrested for cocaine and heroin offenses (Crash Course, 2022). Thanks to racist policies such as this, the US government began a second wave of oppression against Black and Brown communities, less overt but equally as strategic, with lasting effects that directly impact today's drug scene. Today, Black and White people consume drugs at similar rates, but Black folks are 2.6 times more likely to get arrested. It is important to see that the war on drugs, and thus today's drug rhetoric, comes not only from unsuccessful tactics, but from explicit attempts to harm the welfare of communities of color.

Despite its evident shortcomings, why are we persisting to use the failed methodology of the drug war? The punitive treatment model clearly hasn't worked, with overdose and addiction

rates higher than ever before. Examples such as the Vietnam veterans and rats in Rat Park suggest that the story of addiction runs deeper than the traditional rhetoric of moral willpower and chemical hooks; environmental and social factors such as childhood trauma and social connectivity play roles of equal, if not stronger, influence. So if isolating and punishing PWUD will only worsen the upstream factors that lead to their addiction in the first place, what alternatives do we have?

The notion of a full-scale drug legalization often unsettles people, as it can communicate a kind of endorsement or indifference to societal problems drugs introduce. What if, however, legalization wasn't a reckless proposal, but an evidence-based theory that has been tested and approved around the world? The idea is that the regulation of drugs will demonetize corrupt and dangerous dealers, such as drug cartels, directing PWUD to doctors instead of dealers. With the tax money collected through the legal distribution, funds will be directed toward expanding rehab and recovery programs, opening more low-income housing, and providing recovering PWUD with the holistic support they need. Overdose rates would plummet with medically pure dosages replacing the laced drugs distributed on the streets, and PWUD could do so safely, under medical supervision and in safer conditions (Fritz, 2021).

As stigmatization and isolation dissipates, so would the dehumanization of PWUD, allowing for dignified reentry into society. Instead of treating patients as broken people in need of fixing, practitioners would utilize a strength-based framework, empowering PWUD to identify inherent skills within themselves to reach their goals. With doctors prescribing instead of cartels dealing, PWUD would gain increased access to essential services such as addiction intervention programs, mental health care, medical counsel, safe injection sites, job opportunities, and other harm reduction-based services.

A common concern regarding drug decriminalization and governmental regulation is the potential increase in overall consumption. If heroin becomes legally available, wouldn't more people try it who may not have otherwise done so? Well, if a non heroin user were asked if they were interested in trying a dangerous drug now that it's legalized, they would likely decline. Conversely, if you ask a heroin user if the law ever deterred them from obtaining their next fix, they'll likely tell you it did not. As Gabor Maté explained, addiction is not a spontaneous curiosity gone wrong; rather, it is a coping mechanism developed in response to an unmet human need for belonging.

Some might view this proposal as idealistic, oversimplified, or unrealistic given the current crisis in our country. Perhaps a century ago it could have worked, but it's now too late. Well fortunately, the US wouldn't be the first to test this approach. In the 1960s, heroin was prescribed to addicts by doctors in the UK in order to provide medically pure dosages. Their total number of addicts was 342. In the US, where a prohibitionist approach was in action, there were hundreds of thousands (TVO Today, 2015). Similarly, after a nation-wide heroin crisis taking place in the 90s, Switzerland decided to legalize the drug and have doctors prescribe it in non-fatal dosages. Alongside this policy change, major social changes were implemented such as the expansion of low-income housing, increased job opportunities, and other harm-reduction efforts. The results were shocking. Between 1991 and 2010, there was a 50 percent decrease in fatal overdoses, 65 percent decrease in HIV infections, and 80 percent decrease in new heroin users (Wolf et al., 2019). In the drug-torn streets of Portugal, which in 1999 ranked highest in overdoses and drug-related HIV cases in the entire European Union, an unprecedented nation-wide drug decriminalization experiment was launched. Treating the crisis as a public health issue rather than a criminal one, the program implemented harm-reduction services similar

to those of Switzerland. As a result, overdose deaths plummeted by 80 percent and HIV and AIDS cases, 52 percent of which were previously represented by PWUD, decreased to six percent (Drug Policy Alliance, n.d.).

To some, the idea of legalizing lethal drugs may seem outright ludicrous. It did for me. I understood addiction as something we could either resist or succumb to – a simple choice. This subliminal messaging that sees addicts as weak-willed hedonists instead of wounded children pollutes our collective rhetoric about this vulnerable population. It paints an incomplete picture of addiction and dehumanizes those that most desperately need acceptance. While I don't have personal experience with drug addiction, my perspective has been profoundly altered by working closely with people that do, and I intend to continue advocating for and with this precious community until they are brought out from the shadows and into the light. I believe that when addiction is seen as a response to pain, the world will begin turning prisons into rehabilitation centers and stigma into love.

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