



# **How did we get here? An Examination of Opioid Addiction from A Historical Perspective**

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## **ABSTRACT**

**America is facing a drug crisis that is rocking the nation at the cost of one trillion dollars since former President Richard Nixon declared war on drugs more than 40 years ago in 1971. This latest opioid crisis can be identified as the war on drugs 2.0. Research supports that the American public is not interested in fighting the war on drugs; it is interested in creating viable intervention programs that are effective in treating drug addiction and education programs for the drug prescribing medical community. Results revealed statistically significant differences between socioeconomic status and race, family status and criminal background, family status and criminal background related to a drug background, and family status and equally offering drug treatment options.**

**Keywords:** Opioid Addiction, Community Building, Mandatory Minimum, Sentencing Disparities.

## **INTRODUCTION**

America is facing a drug crisis that is rocking the nation at the cost of one trillion dollars since former President Richard Nixon declared war on drugs more than 40 years ago in 1971. This latest opioid crisis can be identified as the war on drugs 2.0. Every state is facing multiple problems on how to address the current issue [1]. In 2010 alone, there were 15 billion dollars in federal spending and 25 billion dollars in state and local government spending. Even with this record-high cost, there were 30,000 deaths associated with opioid addiction, and an estimated 78 people die every day from an opioid overdose from 2015 statistics alone [2].

What is more troubling is that approximately 2.1 million people in the U.S. suffer from opioid addiction. Parallel to addiction problems, the U.S. leads the world in incarceration with 2.2 million men and women [3]. These numbers represent 20% of the world's population, which are troubling, given the United States comprises only 5% of the world's population [4]. By the end of the last decade, Americans, although just 4 % of the world's population, are consuming 80 % of the global opioid supply and 99 % of the world's hydrocodone supply [2].

The consequence of this epidemic is opioid overdose quadrupling from prescription pain relievers rather than illegal opioids like heroin since 1999 [5]. Green and Chambers (2015) indicate that the rise in the number of opioid prescriptions coincides with reducing physicians' fear of opioid addiction. Research supports that opioid addiction is fueled by treating pain as the fifth vital sign,

convincing doctors that opioids were less addictive than other forms of pain medication, and adopting a diagnosis of "pseudoaddiction" [7]. While mentioned in 224 articles by 2014, this clinical concept has no research that empirically tested or confirmed its existence since it first emerged in 1989 as an indication of undertreatment of pain rather than viewing the symptoms as addiction [8]. The largely unaddressed problem has led to opioid addiction becoming the leading cause of accidental death, surpassing deaths caused by automobile accidents, firearms, and slip and falls [8, 9]. Given these statistics, it is the opinion of many that this war has been costly and ineffective in pursuit of what should have been its primary cause: prescription drug practices (creation of pseudoaddiction) and drug addiction [10, 11, 13].

### **THE WAR ON DRUGS**

Given this dire situation, it is crucial to revisit the policies that drive how we will address our nation's crisis. Specifically, drug policies meant to combat the war on crime. These laws were designed to be tough on crime while banning illegal drugs; however, the laws have harmed and unfairly targeted the very communities they were created to protect [13].

This research project is one in a series of three tasked with examining the underlying policies and history of the war on drugs to include the incarceration epidemic, mandatory minimum sentencing, and sentencing disparities. This article specifically focuses on the history of racial and class disparities in the incarceration epidemic.

The theoretical framework consists of Karl Marx's Conflict Theory as the lens for investigating the drug crisis: The War on Drugs 2.0. The application of Conflict Theory will allow for an examination of how racism and classism are embedded in the criminal justice system. Marx indicated that the ruling class makes rules that favor themselves, and race is subordinate to class [13]. The criminal justice system's persistent historical trend is intervention services offered to affluent communities while communities of color and the poor are incarcerated. Will today's crisis approach mirror that of the past? Before addressing today's opioid crisis as an extension of the first War on Drugs, revisiting the historical beginnings and context for the birth of its policies is imperative. As such, the War on Drugs" consisted of:

A series of actions tending toward a prohibition of illegal drug trade. It is a campaign adopted by the U.S. government along with the foreign military aid and with the assistance of participating countries, to both define and to end the import, manufacture, sale, and use of illegal drugs. This initiative includes a set of U.S. drug policies that are proposed to discourage the production, distribution, and consumption of illegal psychoactive drugs. The term "War on Drugs" was first used by President Richard Nixon on June 17, 1971, during which he described illegal drugs as "public enemy number one in the United States." In the U.S., the war on drugs has given rise to a number of well-known anti-drug campaigns such as the "Just Say No" campaign, which was started in the 1980s by First Lady Nancy Reagan to make school children say "no" to anyone who offered them drugs [14].

Research indicates that the war on drugs focused heavily on inner-city communities, which are predominately African American, Latino, and the poor [2]. These population segments are specifically vulnerable because they are typically limited in resources, lack representation of power for decision-making, and policies that represent the best interest of the community

members. Taliaferro, Pham, and Cielinski's (2016) study parallel these findings by noting the intersectionality of race, socioeconomic status, and over-policing most impact African American and Latino communities who generate incomes less than \$20,000 per year. Communities with low socioeconomic status are more vulnerable to being targeted with strict policing policies and police crackdowns because they lack the collective capital to gain an audience with officials to change policies and practices in communities of color and the poor.

The laws and policies that currently guide the War on Drugs epitomize Marx's ideology creating and passing laws that are advantageous to the wealthy and affluent while suppressing lower classes and people of color [13]. Presently, the middle class is dissolving to create two distinct categories of the haves and the have-nots [15]. Provine (2007) parallels Marx's theory by noting the major force in the creation of laws banning certain drugs was based solely on race and class. The goal was to be tough on opium, cocaine, and marijuana because those drugs were associated with Chinese, African Americans, and Latinos, respectively, not well to do white Americans. The laws were then framed as a campaign designed to appeal to the masses' fears by flooding the market with stories of how members of these races are more prone to crime, need excessive force to control them, and are unwanted members of society.

### **INCARCERATION EPIDEMIC**

Mauer (2018) notes a long history of using drug enforcement practices that focus on concentrating efforts in low-income communities of color. A prevailing argument to heavily policing these communities is that the selling of drugs in neighborhoods is debilitating and disruptive. Opponents to heavy policing in these communities note that these same disruptions and debilitations occur in white neighborhoods; therefore, they should be subject to the same treatment [17]. Instead, law enforcement provides support and resources to communities of wealth and influence, while communities of color and the poor are over-policed. To that end, there have been unfair and partial treatment of poor communities for long prison sentencing, while crime in communities with substantially more affluence is treated as a private family matter [18]. The evidence of these policies and practices results in African Americans incarcerated in state prisons at rates five times that of their white counterparts [19]. The incarceration rate in five states is ten African Americans to one white person, and in twelve states, more than half the prison population is African American [21]. These statistics are staggering, given that African Americans and whites use drugs at the same rates [20]. Even more stark is the fact that African Americans comprise roughly 12% of the United States population, yet are 13 times as likely to be charged for buying, selling, and using drugs as their white counterparts and are more likely to have longer sentences for the same offense [22, 23].

A prevailing question then becomes, how did we get here? How were laws drafted that created such an unbalanced landscape of people of color and the poor incarcerated? These questions can be answered examining a time when cocaine use was acceptable. In the early 1900s, it was an elixir for the wealthy that many individuals endorsed, including scientists who thought that cocaine had both medicinal and recreational purposes that could lend itself to be an ingredient well suited for any household's kitchen pantry or medicine cabinet [24]. This perception changed once the adverse physical and mental effects of the drug became widely publicized. In 1914, Edward Huntington Williams, a physician and tabloid owner, wrote an article for the *New York Times* that explained the cause for the increase in crimes against white women was due to black

men's superhuman strength derived from cocaine use, thus requiring the use of excessive force to eliminate the threat. This was when the focus of the criminal shifted to the unemployed, uneducated, and the newly freed African American slave [25]. This view is paralleled by Provine in that drugs are criminalized in two steps. First, the substance must be reconceptualized as dangerous, debilitating, and of no legitimate value. Second, the user must be reconfigured as socially marginal and ignorant, or contemptuous, of community standards and moral decency-the kind who responds only to the stern intervention of the criminal law [26]. The reconceptualization of recreational drug use, from a personal matter to a cause for social alarm, can occur as part of a broad-based movement over time, as exemplified by Prohibition, or in a more centralized way, through the active efforts of a few moral entrepreneurs, as happened with drugs considered illicit today [16].

### **HISTORY OF ILLICIT DRUGS**

The war on drugs was waged to racialize the illegal drug crisis and create a distance among the classes of those who are using and convicted [26]. Opium became associated with the Chinese; cocaine was associated with African Americans and marijuana connected to the "Mexicans" [27]. Each served a purpose in cultivating people of color's anxiety and the perception that these groups were more likely to be the face of crime. What ensued was creating the Harrison Narcotics Tax Act that taxed and regulated the importation of opium and cocaine to include all of its derivatives. A clause in the Act provided a loophole for practitioners and doctors to no longer prescribe opiate-based drugs legally [28]. This caused many doctors who wanted to treat addiction and patients who needed treatment to be targeted by police and later imprisoned. The Act paved the way for federal regulation of narcotics and narcotics creation as an epidemic spreading across the nation infecting the middle class [29].

The Federal Bureau of Narcotics (FBN), developed in 1930, was run by Harry Anslinger. He used propaganda to incite the public's fears by using rhetoric to create a perception that African Americans and Hispanic Americans were predisposed to be criminals and were a threat to the American middle class by way of illegal drugs and marijuana. In 1951 and 1956, the Boggs and Narcotics Control Acts, respectively, were the harshest in U.S. history that lumped marijuana with other narcotics, calling for mandatory prison terms for first-time offenders and the death penalty for anyone convicted for selling to minors. These laws laid the foundation for today's sentencing of crack related offenses [16].

By 1979, the Drug Enforcement Agency was created with its primary goal to pursue the "big fish" criminals and taking drugs off the street. Cocaine continued its pace in raking epidemic status well into the 1980s, with crack following its heels being trendy among women. The drug inherited its name from making a cracking sound while being heated [27]. The cost of the war on drugs continued to grow substantially under President Reagan with 800 million in 1981 to 1.9 billion in 1987, involving the U.S. Customs Service, Coast Guard, Border Patrol, Department of Defense, Federal Aviation Administration, the intelligence agencies, and even NASA. The War on Drugs was started to reduce illegal drug sales in America, but it has further increased the division of the classes, races, and law enforcement. These shifting gears of focus have allowed what should have been the real goal of the war on drugs, eliminating drug addiction, to be skewed. Drug treatment programs are offered to the wealthy, while prison sentencing is given to the poor and people of

color [15]. Research supports the American public is not interested in fighting the war on drugs. It is interested in creating viable intervention programs that effectively treat drug addiction and education programs for the drug prescribing medical community. Unless and until we disassemble the Pyrrhic Defeat Theory of winning the battle to lose the war and change our course of direction, drug addiction will continue to be at epidemic levels here in the United States [29, 2].

## EXPERIMENTS AND ANALYSIS

### Descriptive Data

A survey design was used to collect and analyze the data. Two hundred and sixty-four out of three hundred participants elected to participate in this study. The instrument entitled *Community Perception Instrument* was used for data collection. The data was used to examine family status (poor, working-class, middle class, and white-collar workers) and its impact on socioeconomic status and race of individuals stopped by law enforcement, having a criminal background related to drugs, drug treatment options, equal information to all offenders about drug treatment programs, and drug use among the racial groups. The One-Way Analysis of Variance and the Scheffé Multiple Comparison Test was used to analyze the data.

Descriptive statistics of the participants revealed there were one hundred fifty-three (58%) male participants and one hundred eleven (42%) female participants. The racial demographics revealed that while there were five categories to choose from, only three were selected. One hundred thirty-eight (52%) participants identified themselves as African American, thirty-three (13%) as White, and ninety-three (35%) as Hispanic. Similarly, age has seven categories; however, participants self-reported age in five categories. Eighty-one (31%) participants were between the ages of twenty and thirty, and thirty-eight (14%) were between thirty-one and forty. Sixty-nine (26%) of the participants identified between forty-one through fifty; thirty-two (12%) between fifty-one through sixty; and forty-four (17%) reported they were between sixty-one and seventy. There was a spread from completed high school to obtained a master's degree regarding the level of education. Twenty (8%) reported graduating from high school or earning a GED, and forty-eight (18%) had some college. One hundred three (39%) have an associate's degree, sixty-one (23%) have a bachelor's degree, and thirty-two (12%) have graduated with their master's degrees. In relationship to the income of the participants, fifty-two (20%) reported their incomes between \$20,000 and \$30,000; forty-six (17%) revealed their income as \$31,000 to \$40,000; ninety-one (35%) \$41,000 to \$50,000, thirty-nine (15%) indicated their income as \$51,000 to \$60,000, and thirty-six (13%) revealed their income was over \$61,000.

### *Socioeconomic Status and Race as a Factor for Traffic Stops*

Participants were asked to respond if they felt that socioeconomic status and race is a factor for being stopped by law enforcement. Presented in Table 1 is the One-Way Analysis of Variance results pertaining to the perceptions of community members regarding the impact of socioeconomic status and race as a factor in contact with law enforcement. A statistically significant difference was found among the community members with regard to the level of education, socioeconomic status, and race ( $F = 4.8484$ ,  $df = 4/259$ ,  $p > .05$ ) at the .05 level.

**Table 1. Analysis of Variance summary table of the impact of socioeconomic status and race being a factor for traffic stops on family status**

|                         | Source of Variance | Sum of Squares | df  | Mean Square | F     | Sig.  |
|-------------------------|--------------------|----------------|-----|-------------|-------|-------|
|                         | Between Groups     | 28.769         | 4   | 7.192       | 4.848 | .001* |
| <b>SES Race</b>         | Within Groups      | 384.261        | 259 | 1.484       |       |       |
| <b>On Traffic Stops</b> | Total              | 413.030        | 263 |             |       |       |

\*significant at the .05 level.

Since the Analysis of Variance indicated significance but did not reveal where the differences were, the Scheffé Test was used (See Table 2). Further data analysis revealed that there was a difference between the means of the poor and the middle class. Specifically, individuals who identified as middle class were more likely to associate traffic stops with socioeconomic status and race than individuals who self-identified as any other socioeconomic status.

**Table 2. Scheffé results of traffic stops by family status**

| Mean 1 (Poor) | Mean 2 (Working Class) | Mean 3 (Middle Class) | Mean 4 (White Collar Worker) | Mean 5 (Upper Class) | Observed Mean Differences | p     |
|---------------|------------------------|-----------------------|------------------------------|----------------------|---------------------------|-------|
| 1.72          | 2.07                   |                       |                              |                      | -.346                     | .598  |
| 1.72          |                        | 2.42                  |                              |                      | -.701*                    | .044* |
| 1.72          |                        |                       | 2.54                         |                      | -.821                     | .056  |
| 1.72          |                        |                       |                              | 1.43                 | .292                      | .947  |

### ***Criminal Background***

Reported in Table 3 are the results of community members' perception of family status with respect to knowing someone or the participants themselves having a criminal background related to drugs. Statistically significant differences were found between the means of family status and criminal background ( $F = 47.413$ ,  $df = 4/259$ ,  $p > .05$ ) at the .05 level.

**Table 3. Analysis of Variance summary table of the impact of criminal background related to drugs on family status**

|                            | Source of Variance | Sum of Squares | df  | Mean Square | F      | Sig.  |
|----------------------------|--------------------|----------------|-----|-------------|--------|-------|
| <b>Criminal Background</b> | Between Groups     | 148.565        | 4   | 37.141      | 47.413 | .000* |
|                            | Within Groups      | 202.889        | 259 | .783        |        |       |
|                            | Total              | 351.455        | 263 |             |        |       |

\*significant at the .05 level.

Scheffé Multiple Comparison Test indicated that there was a relationship between the means of all five classes of family status. The finding reveals that regardless of socioeconomic status, individuals from each income bracket know someone or the participants themselves have a criminal background related to drugs. See Table 4 for these results.

**Table 4. Scheffé results of criminal background related to drugs by family status**

| Mean 1<br>(Poor) | Mean 2<br>(Working<br>Class) | Mean 3<br>(Middle<br>Class) | Mean 4<br>(White<br>Collar<br>Worker) | Mean 5<br>(Upper<br>Class) | Observed<br>Mean<br>Differences | p     |
|------------------|------------------------------|-----------------------------|---------------------------------------|----------------------------|---------------------------------|-------|
| 1.48             | 2.20                         |                             |                                       |                            | -.724*                          | .000* |
| 1.48             |                              | 2.42                        |                                       |                            | -.946*                          | .000* |
| 1.48             |                              |                             | 3.67                                  |                            | -2.191*                         | .000* |
| 1.48             |                              |                             |                                       | 3.57                       | -2.096*                         | .000* |

***Drug Treatment Options***

Regarding drug treatment options being offered during sentencing related to drug possession and addiction, Table 5 reveals a statistically significant difference ( $F = 242.478$ ,  $df = 4/259$ ,  $p > .05$ ) between the means at the .05 level. The Scheffé Multiple Comparisons test revealed that regardless of family socioeconomic status, there was a statistically significant difference between drug treatment options offered during sentencing relating to drug possession and addiction and family status. See Table 6 for further details

**Table 5. Analysis of Variance summary table of the impact of drug treatment options on family status**

|                        | Source of Variance | Sum of Squares | df  | Mean Square | F       | Sig.  |
|------------------------|--------------------|----------------|-----|-------------|---------|-------|
|                        | Between Groups     | 294.878        | 4   | 73.720      | 242.478 | .000* |
| Drug Treatment Options | Within Groups      | 78.743         | 259 | .304        |         |       |
|                        | Total              | 373.621        | 263 |             |         |       |

\*significant at the .05 level.

**Table 6. Scheffé results of drug treatment options by family status**

| Mean 1<br>(Poor) | Mean 2<br>(Working<br>Class) | Mean 3<br>(Middle<br>Class) | Mean 4<br>(White<br>Collar<br>Worker) | Mean 5<br>(Upper<br>Class) | Observed<br>Mean<br>Differences | p     |
|------------------|------------------------------|-----------------------------|---------------------------------------|----------------------------|---------------------------------|-------|
| 1.13             | 2.16                         |                             |                                       |                            | -1.030*                         | .000* |
| 1.13             |                              | 2.82                        |                                       |                            | -1.690*                         | .000* |
| 1.13             |                              |                             | 3.79                                  |                            | -2.666*                         | .000* |
| 1.13             |                              |                             |                                       | 4.43                       | -3.303*                         | .000* |

***Equal Drug Treatment Options***

Table 7 indicates that there was a statistically significant difference among the groups of participants when exploring providing drug treatment options equally, regardless of class, race, and gender. Specifically, there was a significant difference between family status and equal drug treatment options ( $F = 17.422$ ,  $df = 4/259$ ,  $p > .05$ ) at the .05 level.

**Table 7. Analysis of Variance summary table of the impact of drug treatment options provided equally on family status**

|                                     | Source of Variance | Sum of Squares | df  | Mean Square | F      | Sig.  |
|-------------------------------------|--------------------|----------------|-----|-------------|--------|-------|
|                                     | Between Groups     | 188.728        | 4   | 47.182      | 17.422 | .000* |
| <b>Equal Drug Treatment Options</b> | Within Groups      | 701.420        | 259 | 2.708       |        |       |
|                                     | Total              | 890.148        | 263 |             |        |       |

\*significant at the .05 level.

Table 8 shows a statistically significant difference among the upper classes of family status. The results indicated participants who identified as middle class, white-collar worker, and upper class perceived that family status impacted everyone equally being offered drug treatment programs for drug-related charges and addiction.

**Table 8. Scheffé results of drug treatment options provided equally by family status**

| Mean 1 (Poor) | Mean 2 (Working Class) | Mean 3 (Middle Class) | Mean 4 (White Collar Worker) | Mean 5 (Upper Class) | Observed Mean Differences | p     |
|---------------|------------------------|-----------------------|------------------------------|----------------------|---------------------------|-------|
| 2.48          | 2.40                   |                       |                              |                      | .076                      | .999  |
| 2.48          |                        | 3.47                  |                              |                      | -.998*                    | .028* |
| 2.48          |                        |                       | 4.88                         |                      | -2.399*                   | .000* |
| 2.48          |                        |                       |                              | 4.71                 | -2.239*                   | .000* |

## DISCUSSION & CONCLUSION

The War on Drugs has been formally engaged since Richard Nixon's presidency; however, the nation has had drug addiction waves since before the Civil War. Given these circumstances, there should have been much more progress in gaining headway in treatment for addiction rather than prison sentencing [20]. This nation's laws regarding illegal drugs have led to the isolationism of races and classes of people [27]. What's more, there has been a separation of these groups and law enforcement, particularly people of color, the poor, and those in lower socioeconomic status levels. There are many policies and times in history where the war on drugs became obscured and lost the focus of what its real mission should have been all along: treating drug addiction as a human rights issue rather than one of race and class [28]. The militarization of police departments and harsh sentencing does not adequately address the problem either. The beginning of fixing this ever-growing problem is acknowledging that the system will continue to produce disparities unless we fix it [2].

A noteworthy finding of the present study was associated with socioeconomic status and race being a determinant of being stopped by law enforcement [31]. The respondents who identified themselves as members of the working class were more likely to view race and socioeconomic status as determining factors in their being pulled over for a traffic stop [32]. These findings were consistent with Bobo & Johnson (2004), Reiman (2007), and Chambers (2011). The aforementioned researchers mentioned that there is a relationship between race, socioeconomic status, and being pulled over by law enforcement.

Another noteworthy finding was the impact of a criminal background on drug possession and addiction and family status. Regardless of socioeconomic status, community members from all levels either knew someone or the participant themselves had a criminal background related to drug possession and

addiction. These findings parallel those of Pickett, Chiricos, Golden, and Gertz (2012), Nellis (2016), and Chambers (2016). The aforementioned authors note that opioid addiction is a fast-growing crisis that impacts all levels of socioeconomic status and is the leading cause of accidental death in the U.S. Similarly, community members, regardless of socioeconomic levels, perceived that there was a connection between family status and being offered drug treatment options during sentencing for drug offenses and addiction [36, 37, 2]. A plausible explanation for this is that residents had previous exposure to the process and were not presented with drug treatment options instead of time served [37]. Likewise, family status from middle class, white-collar, and upper class perceived that there was a relationship with being equally offered drug treatment programs for charges related to drug possession and addiction [38]. A reasonable explanation is that individuals who identify with higher levels of SES are more exposed to resources offered by the court [17, 10, 1].

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