

Vera Institute of Justice

Criminal Justice Issues and Prisoners' Rights

<https://www.vera.org/blog/a-more-compassionate-public-response-to-addiction>

Public Facing Advocacy Writing

In 1995, at the height of the AIDS epidemic in this country, 48,979 people died from HIV-related mortality. In 2014, more than 47,000 Americans died, not from an emerging infectious disease without existing treatment, but from drug overdoses driven in large part by prescription opioids such as fentanyl and oxycodone. This parallel, on which *The New York Times* recently [reported](#), highlights the new role that overdose has taken as one of today's worst public health epidemics.

While HIV was largely concentrated in urban areas, the recent opioid overdose epidemic has hit America's [rural and suburban communities](#) particularly hard. Over the past 50 years, the demographics of [heroin use](#) have drastically changed; instead of predominantly urban communities of color, white men and women outside of urban centers have become primary users.

During the peak of the HIV/AIDS crisis in the U.S., [stigma](#) against people living with the virus and those people thought to be most impacted, like men who have sex with men, impeded a swift public health response. Because of stigma, people were reluctant to get tested and seek treatment, and [doctors were reluctant](#) to provide treatment. In fact, stigma continues to be a factor in reducing the effectiveness of responses to the disease, obstructing the implementation of comprehensive sex education in schools and making it difficult to locate prevention services in communities.

Similarly, stigma against people who use drugs or suffer from addiction has also impeded a swift public health response. Instead, the country has led with a criminal justice response, hoping to arrest ourselves out of the crisis. However, [evidence](#) proves the effectiveness of what is known as harm reduction policies and services aimed at reducing the adverse health outcomes associated with substance use, as opposed to focusing on abstinence. These services, such as [needle exchange programs](#), save lives and prevent the spread of disease, yet many policymakers are reluctant to institute them. In fact, there was a [federal ban](#) on funding for needle exchange programs up until this year, as it was thought the practice condoned drug use.

But the tide of criminalization is turning. Rural communities most impacted by overdose deaths are no longer calling for a harsh response to addiction, but rather asking for more progressive public health reforms like needle exchange programs, [medication assisted treatment](#) (MAT) including methadone and [suboxone](#), and [behavioral therapy](#). Almost all states, including Pennsylvania, North Carolina, California, and Michigan, have some kind of [Narcan distribution program](#), where the drug naloxone can be administered to those experiencing an overdose to prevent death; and 32 states have [enacted legislation](#) protecting people from prosecution if they are found to be using or possessing drugs when calling 911 to report an overdose.

Because of the scale of this public health crisis, opioid overdose has also become a public and bipartisan issue on the presidential campaign trail. Candidates have [told personal stories](#) about [losing children](#) to drug overdose and [calling for substance use treatment](#) across the board. In New Hampshire, where the country's first presidential primary will take place in early February, the state's chief medical examiner [expects](#) double the number of overdoses in 2015 as 2013. A 2014 report [ranked](#) the state second to last for access to substance abuse treatment. In an [op-ed](#) in a local New Hampshire paper, Democratic candidate Hillary Clinton announced a \$10 billion [initiative](#) to combat the epidemic.

However, we mustn't forget that this new [change in philosophy](#) around criminalizing and punishing drug use comes at a time when [nearly 90%](#) of those who tried heroin for the first time are white, while the earlier response was a war on crack and heroin use that targeted poor, urban areas in predominantly black and brown communities.

It is vital to respond to these issues as public health crises versus questions of criminal activity, regardless of whether or not users are from urban centers, living in poverty, or part of communities of color. As public and political knowledge of this issue grows, let's use this epidemic as an opportunity to learn from the failed war on drugs, rethink its punitive drug policies, move towards a more compassionate and effective response for all, and prevent criminalization, racism, and stigma from worsening the spread of public health epidemics.

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