

Drug Policy Alliance

Criminal Justice Issues and Prisoners' Rights

<https://drugpolicy.org/resource/dpa-podcast-episode-31-what-does-dpa-do-during-pandemic>

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On previous episodes, we've talked about the impact of COVID-19 in the context of public health and incarceration. But, as an organization, how has Drug Policy Alliance been affected? What about our work has changed, and what stays the same? I asked DPAs Managing Director of Policy, Advocacy and Campaigns, Kassandra Frederique, to break it down for us. (Visit www.drugpolicy.org/covid19 for more information about DPAs pandemic response.)

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Welcome to Drugs and Stuff, a podcast from the Drug Policy Alliance.

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Gabriella Miyares (0:09)

Hello everyone, and thanks for tuning in to Drugs and Stuff. I'm your host Gabriella Miyares. Today we're continuing our series of content focused on responses to the COVID-19 pandemic, but keeping things a little more personal this time. We wanted to take a moment to share with our listeners what this time has meant for DPA specifically, beyond the fact that all of us are now working from home -- and, yes, I'm recording this from my bedroom right now -- how is it affecting the essential work that we do? So I asked Kassandra Frederique, DPA's Managing Director of Policy, Advocacy and Campaigns, to come back onto the podcast and break that down for us. Let's listen in.

Gabriella Miyares (0:55)

All right, so I'm here with Kassandra Frederique, who is DPA's Managing Director of Policy, Advocacy and Campaigns, and Kassandra, I just wanted to ask you, I mean, obviously, we're in a really challenging moment right now worldwide. But, you know, DPA as an organization has also never faced anything quite like this. And I was wondering if you could say a little bit about how DPA is responding to this COVID-19 pandemic, and what about our work is staying the same, and what about it has had to change, and what does that mean for the future of DPA?

Kassandra Frederique (1:30)

I think this is an incredible moment, just in its vastness and its pervasiveness, this moment where so many things are being elevated and excavated in society, we're seeing the role of race and class and access, play out in such a dramatic way. It is very difficult to wrap your head, your mind, around all the different ways people are being impacted. And I think that's the case for us here at Drug Policy Alliance as well. I mean, personally, you know, our whole operation has moved remote. We're not seeing each other. I think some departments are having to adjust in different ways. You know, there's a large portion of our staff whose job is going to state legislatures, and meeting with people, and seeing people face to face. And you know, we're all having to figure out, how can we use technology to continue to push? You know, right now, I'm like, on a thread, like, should we do a car protest in front of this governor's office? Because everyone's social distancing, but in New York City, where no one has a car -- someone's like, well, you know, like me, I'm like, I can't do a car protest. I can't even drive. So, you know, there's a lot of that happening. But to our programmatic work, you know, one of the things that we discovered pretty quickly is that our demands and our asks are very much similar, if not just bigger, right? And so I think, for us, we have always been an organization that has focused on decarceration. One of the first organizations focusing on getting rid of mandatory minimums, and saying that people who are drug-involved should not be in the criminal legal system. And I think in the moment of COVID, that ask is being elevated; everyone is talking about decarceration, and this is something that we have pushed for for a while. If you look at the work that we've done around Prop 36, if you look at the -- in California -- or the work that we've done in New York around getting rid of the mandatory minimums for Rockefeller drug laws, the push for us consistently to get prosecutors to decline to prosecute drug charges. In the work that we've done -- Drug Policy Action worked with allies around an election in Oregon, and in Albany, and in Ithaca. In New York City. You know, we've been pushing this conversation that, you know, drugs should not be dealt with in the criminal legal system. Jails and prisons are an inappropriate place for people who are drug-involved. And, and, you know, I think this moment rightfully is calling into question if jails and prisons are an appropriate place period, right? And that's important. And DPA, you know, our work has always focused on the fact that people shouldn't be incarcerated for what they put in their bodies, right? And, more recently, you know, through the publishing of our report about rethinking the drug seller, you know, it's also recognizing that

people who sell drugs are a part of the system around drug prohibition. And if we got rid of prohibition, would we be looking at people who deal drugs in the same way? And really calling to question in our movement, the arbitrary lines between sellers and users, and like, how do we actually come up with a set of demands that's actually more responsive and reflective of the moment of the system of drug prohibition that we're navigating, right? And that's a conversation we were already having, right, when we published the report in December. And now, here in COVID-19, recognizing very quickly that that timeline is a lot shorter, where it was like, no, people who sell and use drugs should not be in jail. Period. And that is the work that we were coming to, and that, arguably different parts of our organization have been. But I think more organizationally and comprehensively, that is the thing -- that people drug-involved should not be incarcerated and they need to get out. And so you know, we've done the decarceration work, you know, moving towards decriminalization, really focusing on declining to prosecute, decriminalizing marijuana, pushing for the conversation around decriminalizing drug possession and low level drug sales. You know, we are a part of the coalition of people in Oregon doing an exciting ballot initiative that people in Oregon can vote in in November around decriminalizing drugs. Literally, prosecutors across the country are saying we're not going to -- we're going to decline to prosecute drugs, we want law enforcement to not arrest people for drugs. We already had a ballot initiative there. There are multiple states that we're talking to right now for decriminalization of drugs legislation. We went to Portugal two years ago, or actually like, two, three years ago to do a study trip on Portugal. We are having the conversations. We are talking to folks. And we are in conversation around doing hydromorphone trials in different parts of the state, having study groups around regulation and safe supply. These are all things that we were, we were doing. I think COVID-19 creates the urgency for us to get to it faster, right? We are in the middle of a pandemic, the people that we work with and the people that we are, we have never had the luxury of slow stepping reform, right? We've always been pushing. But we need to recognize that this moment requires a different level of urgency. And so the things that we have asked for, we're asking for again, and we're asking with more people. And I think that's what's different about this moment, is that more people are recognizing that we don't have time to waste. We don't have the time for perfection, we have the time for now. And I think that is a lot of what we're seeing, where we're signing on to different sign-on letters, public health ones, criminal justice ones, user union ones, recovery ones, really are getting our community here, supporting our allies at Harm Reduction Coalition and Vital Strategies and Pennsylvania Harm Reduction Conference to really push forward the kind of health infrastructure that our folks need, you know, one of the things that we -- also, part of our work is bringing dignity or elevating the dignity of the people in our communities. And I think that, you know, as people talk rightfully about the health care workers that are risking their lives right now, fighting on the forefront of the pandemic in our hospitals. I think people also are recognizing that there are healthcare workers that are not called healthcare workers. Those are homeless outreach folks, right? Those are the people that run the syringe exchanges. Those are the people that run the methadone clinics. Those are the doctors that provide buprenorphine. Our movement has a shadow healthcare system. We are another healthcare system that complements, and supplements, the current healthcare system that we have, because our current healthcare system doesn't recognize our folks. People who use drugs, historically, are not being respected in hospitals and in medical clinics. And so they're getting their primary care at syringe exchanges. They're getting their primary care at the homeless shelter. They're getting their primary care at the methadone clinic, because these are vectors of healthcare for our community. And I think in this moment, as people recognize in this crisis, which is laying out the different structural inequities and imbalances, where people are realizing homeless people can't social distance, people in jails, prisons and detention centers can't social distance... You know, we're having this fight in Pennsylvania where they closed the liquor stores and people are saying alcohol withdrawal is actually the is one of the only withdrawals that people can die from and that's why it's supervised. And we actually do have to keep the alcohol stores open as a matter of public safety, and a matter of public health, right? These are all the things that are being elevated to this moment, because they have to take our people into account, right, because everyone's trying to flatten the curve and you can't flatten the curve without flattening the curve inside of jails, prisons and detention centers, you can't flatten the curve, you cannot ask people to social distance if people are homeless, right? And there are many drug laws that make it very impossible for people to get housing. You can't social distance if people are congregating to use drugs, or to -- because they don't have syringes, and so they're sharing syringes, which creates, which exacerbates a pandemic within a pandemic, around HIV and AIDS, or the overdose crisis. There are so many things that our community, our community's health, and dignity and respect is integral to us being able to flatten the curve, to be able to manage COVID-19. These are the asks that we have always had, right. These are the demands that we have always had. And I think COVID-19 gives us the ability and the urgency but also the courage and the -- the okay for the relentless, determined, unapologetic advocacy of the idea that this is not -- you know, we have always said these are issues of life and death and people did not believe us until it was about life and death. Right? And that this is not hyperbole, this is actually the situation that everybody is realizing it. And so, you know when most of DPA's employees are in New York, in New York City to be exact, right? So we are literally in the epicenter of COVID-19 as a national organization, fighting for the health and dignity of our community. And, you know, it does not, it doesn't -- I don't miss the fact that the Bronx, you know, is two, three times the rate of other places, right? And also the Bronx is the same place that we have the highest overdose rates, right? I don't miss the fact that -- that, in places that don't have access to syringe exchanges also don't have access to ventilators and hospitals, right? That all the things that we have talked about, all the inequities and the structural imbalances that we have talked about, as part of the reason why people are not well, and the overdose crisis is ripping through this country, is that these are the same places that the COVID-19 are going to rip through. Drug policy, and our asks and our demands, we are the canary in the mine, right? We have warned, we have rung this bell before. And what Drug Policy Alliance, what our work is, is to continue to do that. Is to continue to be the canary. To let people know what is coming and what the decisions that people are making set us up for, right? And so, you know, a few days ago, we published a piece with Harm Reduction Coalition, myself and Dr. Kimberly Sue, talking about how U.S. drug policy spreads that. And paying attention, because you know, what we also know is that the drug war, not just in the healthcare ways, not just in the decarceration ways, not just in the ways that we're decriminalizing things or fighting for safe supply, or decriminalizing charges around drugs. It's the way that the drug war is used. We see that immediately when the President of the United States opens his COVID-19 press conference, saying that he's going to send ships to the waters of Latin America to keep fighting the drug war, because we're not going to let this moment -- this moment of weakness, let people -- the cartels and the terrorists, come in and flood our streets with drugs. And it's like, bro, if you're paying attention to anything, the drug supply is drying up everywhere, because COVID is even stopping drug supply, which is making it a particularly precarious situation for people who use drugs, who are our people, right? And you're not going to use the drug war, that is ineffective, which is futile, which is super expensive, which has cost so many lives, which is mostly -- most importantly, ineffective -- as a way to distract from the inability to save lives right now around COVID-19. And so for us at DPA, it's important for us to do this, to be ourselves and to be more audacious, to be bolder, to be louder, to be more innovative, because we see where the cracks are in society, right, because we've been navigating them, and our demands are to not only just fill the cracks but to create a new infrastructure. But also because our issue is the issue that states use to distract from crises that are happening. We know that because it is the same trope that they use over and over -- crime goes down but you want to win an election? Say you're going to get the drug war. You know, addiction is down but you need more money in industry? Create a drug crisis. Let's, you know, put everyone in treatment. These are things that are happening. In the middle of a

worldwide pandemic, something we have never seen before, United States is failing in being able to support people in the United States in their health and wellness. And the President of the United States starts his COVID-19 press conference talking about bringing ships and diverting scarce PPE? That is why DPA is relevant. It's why our work is important, it's because it's not just the stuff on the ground. We have to fight the narrative, so that -- that we get what we need, and we're not distracted. Not only is the president trying to reinvest and double down on a futile drug war, but you have law enforcement -- where every single public health person is saying, we need to get people out of jails and prisons -- you have law enforcement saying no, no, they have to stay in here because we can treat them. And it's like, you can't treat them in the middle of a pandemic. And you also should have never been treating them. Right? Law enforcement, prisons, and jails should not be the largest treatment provider of mental health and substance use treatment. Something is wrong. And so I think it's --this moment is calling the question for a lot of the things that we have been saying. But also challenging us to be more audacious in what we want, right? And so it -- so it is the time for us to have a conversation about safe supply. It is the time for us to have a conversation about regulation. It is the time for us to have a conversation about how liquor stores and syringe exchanges and marijuana dispensaries are essential services. It is that time. And I think, you know, oftentimes people have wondered what they would have been like in these moments of crisis. And our goal is to be the organization that we aspire to be. Because there will be no other time in history, and right now is the moment where you realize what your organization values. Who do they value? And the thing that is most encouraging and inspiring about this moment is that the people that we say we are committed to, are the people that we are committed to right now, even in this crisis. And those are the people that are impacted by the drug war. And those are the people that we are arm and arm with, to protect and push forward.

Gabriella Miyares (17:25)

Fantastic. Cassandra, you've put it so beautifully and so powerfully and yeah, it makes me glad to work alongside you in this fight.

Gabriella Miyares (17:39)

Thanks again to Cassandra. To dig more specifically into the work DPA is doing around COVID-19, visit drugpolicy.org/COVID19. Have feelings about what you just heard? Have a genius idea for new topics or guests? Please tweet at us. We're @drugsnstuffDPA. We here at DPA are so happy to have you all as listeners. If you feel so moved after what you've heard today, and if you're in a place to do so, consider supporting our ongoing work with a donation. Just visit drugpolicy.org/donate. We hope you'll tune in for our next episode. In the meantime, stay safe and stay well.

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