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Cannabis Legalization and the Opioid Epidemic: A Moment for Transformative Change?

We have a rare opportunity to reframe our nation's approach to drug use and addiction. To achieve this narrative and policy change, we must seize upon the opening in the American mindset driven by two dynamics: marijuana legalization and the opioid/heroin epidemic. If successful, we just might leave forever behind us the madness of the War on Drugs and the mass incarceration it created. Through organizing, narrative work, and policy development, we can contribute to the saving of lives and to winning new policies that support prevention, equity and healing.

The first dynamic concerns the rapid spread of marijuana legalization across the country. A drug that was once demonized has become normalized, particularly for young people. Cannabis is increasingly used as medicine by thousands of people with chronic pain, nausea, anxiety and a range of other conditions. Those states that have legalized are bringing in significant new tax revenues and long term will save millions from reduced incarceration rates. A majority of Republicans now support legalization as do a supermajority of Democrats.[1] It is very possible that the next president will drop the schedule 1 classification of marijuana as an illegal drug, which will further accelerate normalization and the corporatization of the industry.

The second dynamic is the still raging opioid epidemic. Unlike the crack cocaine epidemic of the 1980's, government and law enforcement are taking more of a public health and harm reduction approach to this crisis rather than the harsh criminalization and racist hysteria that accompanied crack cocaine. This is clearly due to the large number of white Americans addicted to prescription drugs and heroin, who are dying at a tragic and unbelievable rate. While we should celebrate the shift to a harm reduction approach, we have to recognize that we respond to a white crisis one way, and a crisis affecting people of color in a very different way. We also have to realize that the opioid epidemic is continually evolving. Recent data from the Centers for Disease Control show that the epidemic has moved into urban areas and that people of color account for the fastest growth in overdose deaths.[2]

Where do marijuana legalization and the opioid epidemic intersect with one another? And from examining these intersections, how might we create a new consensus that abandons the War on Drugs and that elevates prevention and healing over punishment and stigma?

Researchers at RAND exposed one intersection in March of this year when they released a study that shows that states that have legalized marijuana have lower rates of opioid use.[3] The appropriate use of medical marijuana is a far safer way to treat chronic pain than the highly addictive slew of prescription opioids. Dr. Sanjay Gupta recently aired a one-hour CNN special that told the story of NFL players with chronic pain whose lives have been improved

dramatically due to the pain relief magic of medical marijuana and that highlighted credible doctors pushing for this change. Gupta is part of the growing chorus of leaders in the medical field expressing support for legalization, decriminalization and the broader use of weed for medical purposes.

A second intersection concerns the revenues generated by marijuana legalization and by the legal and legislative actions against Big Pharma. In California we will be investing hundreds of millions from marijuana tax revenue in prevention, early intervention and treatment of substance abuse among young people. The legal actions against the pharmaceutical industry promise to generate millions in new revenue as well. How can those revenues help increase our response to the opioid epidemic, and substance abuse more broadly, in both urban communities and in rural areas? How can we invest these revenues to prevent abuse, and treat the underlying conditions around trauma and mental health that drive substance abuse? More and more states are learning that it is smarter to tax and regulate than it is to punish and imprison.

Third, the legalization of marijuana and the response to the opioid epidemic have elevated the harm reduction approach over punishment and stigma. Many states have come a long way from the days in which people had their lives ruined and their families driven into poverty due to felony convictions simply for drug possession. Rather than using illegal drugs to drive racist incarceration and to demonize drug users and addicts, we are having a real conversation that is grounded in a pragmatic approach about how to best reduce the harms of drug abuse. Recent polling shows that a supermajority of Americans believe that opioid addicts should be offered treatment rather than be punished by incarceration.[4] When it comes to decriminalization, marijuana broke the ground and paved the way, though there needs to be a more substantial public health response to fast spreading legalization. We need to do more to reduce harm from marijuana use, particularly among adolescents and pregnant women who are at the greatest risk of adverse health impacts from frequent cannabis use.

Finally, the explosion of opioid addiction in rural and small town America has shifted the conversation around race and drug use. From now on, it will be much more difficult for politicians chasing white voters to paint drug addiction as a sign of the moral decay of the inner city and people of color and to push for solutions grounded primarily in a law enforcement approach. The opioid epidemic is shifting the narrative from addict as criminal to addict as family member, next door neighbor, and victim.

Given the above, how do we seize these trends and elevate a new coherent narrative and policy platform that will move us forward as a nation?

The emerging narrative is about how addiction affects white, brown and black people: all families, from all backgrounds. When we break the silence and talk about addiction, we enable action. Silence is paralysis. We can save lives by taking a pragmatic approach and by offering people struggling with addiction the support they need to stabilize and get better. The pharmaceutical industry created the crisis and has made millions. The industry needs to be held

accountable for the damage it has caused. Revenues raised from taxes and from legal actions should be prioritized for the communities that are most marginalized and that are suffering the most. We can reduce suffering and loss of life by taking a comprehensive approach, with investments in prevention, early intervention and treatment. We need to identify actions at the individual, family and community levels.

In developing narrative, we need to take into account that drug policy is not neutral; government takes a much more punitive approach to communities of color and does not distribute resources equitably. Rural white communities and urban communities of color tend to have far less access to treatment and prevention services than affluent suburbs. In calling for a new approach, we must lift up the big picture, call for equity and build alliances. We must intentionally develop strategies to reach the most marginalized communities.[5]

There is a need to test these elements and to capture phrases that resonate with people. "Harm reduction" does not mean anything outside of a small circle of people trained in public health/substance abuse. We need to test language that captures the strategies we want to promote and that is readily understood and supported by a larger audience.

Research shows that people often hold competing narratives in their minds simultaneously. We have to recognize that we will not extinguish the old narrative (drug use is a moral failure, individuals need to take responsibility…). Rather our goal is to invigorate a different narrative and through promoting it assertively, to create the conditions for new policies to be passed. In advancing a new narrative, it is critical to not attack the old narrative as such an attack creates distraction and actually shifts attention to the competing view. For example, it is ineffective to downplay the role of personal responsibility in combatting substance abuse. Narrative development, of course, by itself is insufficient; it must be accompanied by policy solutions that counter the paralysis and that bring a "can-do" spirit to the crisis.

While the above ideas give us a path forward, there is an opportunity to go further and to develop policy and language that gets at the deeper root causes of substance abuse. Much of our current approach is still grounded in a downstream, medical response and in a reactive mode, not in a community response grounded in prevention and restorative practice. Political leaders are working on legislation to limit opioid prescriptions and to widen access to drugs that reverse overdose (naloxone) and that help addicts through medication-assisted treatment (MAT). These are important steps. To reduce the death rate in the short term, we need to provide addicts with safe alternatives and we need to do so immediately.

We have to question, however, if the medical model can resolve the opioid epidemic when the medical model created the crisis. Will the profit-driven Big Pharma simply create a series of new drugs to replace the old drugs? Will the industry make millions from selling medications to make more tolerable the epidemic it created?

What if enlightened leaders in racial justice, health, business and politics were to seize the moment and call for a response that gets to the root of the problem and that elevates

prevention? What if these leaders were to raise the need to address childhood trauma and the overall hopelessness and despair of rural communities and of poor, urban areas? What if they were to be truly courageous and name the reality that the largely untaxed and unregulated alcohol industry leads to more deaths each year than the opioid epidemic?

We can seize this opportunity to raise the deeper challenge of building the prevention infrastructure we need to strengthen families. One place that has gone deeper is Iceland. Iceland used to have some of the highest rates of teen alcohol and substance use in the world. Over a twenty-year period, Iceland increased its investments in youth development, afterschool and summer programs, and family support and provided young people with productive alternatives to alcohol and marijuana use. The results have been remarkable. The percentage of 15 to 16-year-olds who abuse alcohol dropped from 42 percent in 1998 to 5 percent in 2016.[6] While Iceland represents a stunning contrast to the U.S. policy framework, we will also need to identify examples in the U.S. in which communities have taken a prevention and equity approach and have achieved results. We should lead with those examples. People are more ready to accept solutions from down the road than those from overseas.

While this narrative is important for moving us forward in regard to drug policy, it is also central to making progress on racial justice. The War on Drugs has been the jet fuel for mass incarceration. In more conservative states, political leaders continue to use racial anxiety, fear of crime and demonization of drug use to send thousands to prison. Trump and Sessions have been working hard to keep this playbook alive. We don't get to "schools/not prisons" without addressing drug policy.

There is also an opportunity here to organize in predominantly white rural communities and to build ties between rural and urban communities. As with any good organizing, it will be important to start where people are and to organize in response to the immediate crisis. The greater benefit, however, will come from building a sustained effort that helps a community of people pursue the deeper questions and that engages people in a dialogue around the big picture and root causes. Central to this dialogue must be a conversation about equity. This kind of relational organizing can take time and requires a narrative and a training approach that is distinct from mobilization and from much of today's Resistance-focused organizing. As the effort unfolds, organizers must seek opportunities to connect leaders in rural communities with their counterparts in urban areas and build multi-racial alliances on drug and criminal justice policy.

As deaths from overdoses continue to grow and expand into new regions, public officials, the media and community leaders will be more open to discussing the need for long term solutions. In a crisis environment, those who promote a narrative and that bring forward specific solutions win. If we remain on the sidelines, others will shape the moment, relying on the default playbook of the medical model and downstream interventions.

Given the above analysis, here is a brainstorm on possible next steps (not listed in a sequential order):

- Expand organizing into rural areas and small towns that are being directly affected by the epidemic and set the stage for alliance building long term.

- Investigate how the epidemic is impacting urban areas and communities of color and explore organizing approaches grounded in those communities.

- Form a blue-ribbon type commission informed by on-the-ground efforts and, under a tight time frame, develop a narrative and policy platform grounded in prevention, equity and healing. Disseminate this policy platform broadly, particularly among 2020 presidential candidates and elected officials in impacted areas.

- Engage the faith community. Clergy are on the frontlines of the epidemic; they are burying the dead and counseling grieving family members. They could be powerful messengers in an effort to overcome silence and stigma and to urge people and elected to confront reality.

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[1] Gallup poll, October 2017

[2] As reported by Reid Wilson in *The Hill*, "Opioid crisis is just getting worse," March 8, 2018.

[3] "Do Medical Marijauna Laws Reduce Addictions and Deaths Related to Pain Killers," Journal of Health Economics Volume 58 (March 2018), David Powell, Rosalie Liccardo Pacula, Mireille Jacobson

[4] Robert Blendon and John Benson, "The Public and the Opioid-Abuse Epidemic," NEMJ 378:5, February 1, 2018,

[5] I'm proposing a strategy here grounded in what john powell refers to as "targeted universalism." A description may be found at https://blog.nationalequityproject.org/2011/06/22/targeted-universalism.

[6] Emma Young, "How Iceland Got Teens to Say No to Drugs," *The Atlantic*, Jan 19, 2017.