"Trying to Find the Middle Ground": Drug Policy and Harm Reduction in Black Communities

“Trying to Find the Middle Ground”: Drug Policy and Harm Reduction in Black Communities

Michael H. Eversman

Rutgers University—Newark, Newark, NJ, USA

Abstract

U.S. federal drug policy has long emphasized criminalization and incarceration, and many negative policy outcomes have disproportionately impacted communities of color and Blacks in particular. The framework of harm reduction informs a range of alternative policy strategies from decriminalization to legalization, treating drugs more as a public health than a criminal justice issue. While Black communities are seen as opposing harm reduction with illicit drugs, Black leadership has recently supported ending the war on drugs. Using in-depth interviews with 21 substance abuse service providers in a Northeastern U.S. urban hub, this study explores views toward the potential impact of, and support for, harm reduction illicit drug policies in Black U.S. communities. Cognizant of the racially skewed impact of drug policies, respondents endorsed policy changes but were generally mixed on harm reduction, opposing liberalization of “hard” drugs, yet supporting it for marijuana given its link to race-based policing. Respondents indicate many Black communities need more than drug policy change, at best seeing harm reduction as only part of larger scale reinvestment. Findings inform considerations of reforming drug policy strategies and priorities for these communities, given views toward illicit drugs and racially skewed outcomes of current drug policy.

Keywords

African/Black Americans, race/ethnicity, legalization of drugs, war on drugs, drugs, mass incarceration, race and death penalty, bias in the criminal justice system, race and public opinion, drug laws

> I think that communities of color are smarter today . . . in a short amount of time we have come extremely far. Not to say we don’t have extremely far to go, but it didn’t take us you know a thousand years to do this either . . . we’re talking 200 years for us to really affect change to the point where we even have an African-American president (Black male, Drug-free facility).

Introduction

Illicit drug use remains a public health and social policy priority in the United States, as it is linked to multiple societal, health, and legal problems, including increased medical care costs, child and domestic abuse, homelessness, lost work productivity, crime and violence, accidents, and deaths (National Institute on Drug Abuse, 2012). U.S. federal drug policy has long emphasized supply-side strategies as international and domestic criminal interdiction, asset seizures, and incarceration. Annunciated as a "war on drugs" in the early 1970s and notably expanded during the 1980s, this has been the central U.S. illicit drug strategy since World War II (Lusane & Desmond, 1991; Tonry, 2011). Whether intended or not, many negative outcomes of drug policy, including mass incarceration, societal disenfranchisement, and community and family breakdown, have long disproportionately impacted the health and social standing of Blacks in the United States[1] (Alexander, 2010; Chin, 2002; Fellner, 2009; Lurigio & Loose, 2000; Lusane & Desmond, 1991; Mauer, 2004; Meares, 1997; Nunn, 2002; Tonry, 1995, 2011). Concerns regarding health and legal policy, social justice, and well-being in Black communities are thus of interest and relevance.

The demand-side emphasis of harm reduction offers alternative illicit drug policy strategies, in general by supporting and prioritizing efforts to reduce the consequences of drug use over eliminating and/or reducing consumption per se (Riley & O'Hare, 2000). Though abstinence should be an aim of drug policy, harm reduction deems substance use a universal societal behavior and treats it more as a public health than a criminal justice matter (Gleghorn, Rosenbaum, & Garcia, 2001; Marlatt & Tapert, 1993). Harm reduction policies for illicit drugs, for example, range from decriminalizing drug offenses to fully legalizing and regulating drugs, especially "softer" drugs like marijuana (Riley & O'Hare, 2000). In contrast to the United States, harm reduction policies for illicit drugs have been largely embraced elsewhere, notably in Europe and Australia (Heller & Paone, 2011).

While Black leadership has at various times supported drug war policies that notably impact Blacks, such as harsher penalties for crack versus powder cocaine (Block & Obioha, 2012; Schneider, 1998; Stirling, 2004), it has shifted toward drug policy reform more recently (Mauer, 2004); views toward harm reduction in Black communities are not known but are generally believed to oppose it (Quimby & Friedman, 1989; Woods, 1998). Some have recently considered potential benefits to Black communities with the adoption of legalization policies (Block & Obioha, 2012), and in 2011, the National Association for the Advancement of Colored People (NAACP, 2011) called for ending the war on drugs and expanding methadone treatment. Given the racially disparate outcomes associated with current illicit drug policy in the United States, might harm reduction-based policy alternatives better address illicit drug-related problems in Black communities? Using in-depth interviews with a sample of 21 racially diverse substance abuse service providers working in communities of color and/or serving populations predominantly of color, this study explores their views toward the potential impact of and support for harm reduction illicit drug policies in Black U.S. communities.

Harm Reduction: Background

The onset of HIV/AIDS, and Hepatitis C among intravenous drug users in the 1980s encouraged modern public health focused harm reduction programs and policies geared toward preventing disease transmission (Riley & O'Hare, 2000). More widely accepted outside the United States (notably Europe and Australia), harm reduction is commonly depicted as an alternative drug policy approach, and much of its political stance is at odds with the war on drugs (Tammi, 2004). While harm reduction lacks a universal definition and application, a main thrust lies in prioritizing reduced individual and societal consequences of drug use over eliminating and/or reducing consumption per se (Ball, 2007; Riley & O'Hare, 2000). Perhaps most controversial is that harm reduction posits substance abuse as a universal, inevitable societal behavior, a seeming conflict for policy goals as a "drug-free" society (Gleghorn et al., 2001; Marlatt & Tapert, 1993).

Notable harm reduction efforts in the United States include methadone and other opioid substitution treatments, needle- and syringe-exchange and access programs (NEP/SEP's), for which a long-standing Federal funding ban has existed (Egelko, 2011; Watters, 1996), and in some areas naloxone access is used for preventing opiate overdose death. While a federal scheduling system deems marijuana void of medicinal value, highly addictive, and thus illegal, more liberal laws governing its use and possession have been steadily enacted by state legislatures since the 1970s. In the United States, supporters of harm reduction advocate federal drug policy reform that prioritizes demand- over supply-side strategies while deescalating drug war rhetoric and application. Specific harm reduction policies range from expanded drug decriminalization to fully legalized possession and use (especially so-called softer drugs like marijuana) to drug-tolerant public zoning and policing strategies such as safe drug use areas and facilities (Riley & O'Hare, 2000).

Drug Policy and Harm Reduction in Black Communities

While the "War on Drugs" is considered a metaphor for U.S drug policy, it has alternately been deemed a race war long waged on non-Whites in the service of political ends over social policy objectives (Black, 2007; Nunn, 2002; Tonry, 1995). Historically, U.S. drug policy has disproportionately impacted Black America through mass incarceration, societal disenfranchisement, and community and family disruption and destruction (Alexander, 2010; Chin, 2002; Fellner, 2009; Lurigio & Loose, 2000; Lusane & Desmond, 1991; Mauer, 2004; Meares, 1997; Nunn, 2002; Tonry, 1995, 2011).

The impact of drug policy on Blacks has been described as American apartheid, a new Jim Crow sociolegal system creating a new form of slavery and racial segregation (Alexander, 2010; Block & Obioha, 2012; Chin, 2002; Fellner, 2009; Small, 2001). Employing mechanisms of a systemically, racially biased system—from policing methods, to courtroom sentencing, to long-term prison warehousing—the war on drugs is seen by many as a tool to enforce White societal dominance by creating and sustaining a racialized (largely Black, young, male) underclass, disenfranchised and barred from societal participation (Alexander, 2010; Lurigio & Loose, 2000; Tonry, 2011).

In perhaps a broader sense, U.S. drug policy is also described as instilling and reinforcing a racialized, sociopolitical hegemony of "the drug problem" in the United States, such that drug use is falsely

depicted and hence "believed" to be more prevalent in Black communities (Block & Obioha, 2012; Chin, 2002; Fellner, 2009; Lusane & Desmond, 1991; Mauer, 2004; Nunn, 2002; Stirling, 2004; Tonry, 2011). Critics note these perceptions have long legitimized drug enforcement strategies that over-police or otherwise target Black communities, increasing notably during the crack cocaine epidemic and hysteria of the 1980s (Alexander, 2010; Bobo & Thompson, 2006; Fellner, 2009; Lurigio & Loose, 2000; Schneider, 1998; Small, 2001; Stirling, 2004; Tonry, 1995, 2011).

Given these racialized criticisms of current illicit drug policy, it could be that policy alternatives as harm reduction would be embraced by many in the Black community. Yet understanding views toward harm reduction requires first considering community views toward immorality in general and illicit drugs and its nexus with crime, violence, illness (notably HIV/AIDS), and death in particular (Dalton, 1989; VanderWaal et al., 2001; Woods, 1998). Many have long suggested that strong moralistic views against illicit drug use and users and the influence of religious doctrine and morality in the community are such that efforts to merely reduce (i.e., harm reduction) and not eliminate the problems associated with drugs are seen as failure and hence rejected (Quimby & Friedman, 1989; Woods, 1998). Many community members have experienced drug problems firsthand (see below), and there may be ambivalence surrounding how to address it (Dalton, 1989; Woods, 1998).

Given close proximity to drug-related problems, it is believed many in Black communities may support, if not the war on drugs, a "tough" approach toward those who sell and use them (Bobo & Thompson, 2006; Lusane & Desmond, 1991; Meares, 1997; Stirling, 2004). Meares (1997) examined 1980s survey data indicating Blacks may hold unique, more complex views toward drugs than Whites for example. While some have criticized Black political leadership for historic support of policies as discrepant criminal penalties for crack versus powder cocaine which disproportionately impact Blacks for example (Block & Obioha, 2012; Schneider, 1998; Stirling, 2004), more recent sentiment suggests a leadership shift toward embracing drug policy reform (Mauer, 2004; NAACP, 2011). While some specifically note potential benefits of drug legalization to Black communities (Block & Obioha, 2012), others claim the discussion suffers from linguistic confusion (e.g., "legalization" vs. "decriminalization"), and intentional miseducation about harm reduction perpetuated by drug war supporters (Stirling, 2004; Woods, 1998).

While there are scarce empirical data on views toward harm reduction in Black communities, presumed resistance stems largely from dynamics of moral and religious opposition, opposition to drug use per se, and distrust of government (Anderson, 1991; Watters, 1996). Watters (1996) described religious opposition to NEP/SEP's as "more complex" than opposition to it by the primarily White Religious Right. Black political leadership in the United States has long shown greater opposition to NEP/ SEP's than to any other matter related to AIDS (Anderson, 1991; Quimby & Friedman, 1989). Anderson (1991) noted that strong opposition by Black community leaders toward a New York city pilot NEP program was largely fueled by longstanding racial mistrust, with such programs depicted as inferior to treatment, and conducted as an experiment akin to Tuskegee (Watters, 1996). The legacy and history of U.S. domestic race relations inflames conspiratorial narratives about government intent, such that harm reduction is a way to encourage continued drug use (Thomas & Quinn, 1993; Woods, 1998).

There are limited empirical data indicating how harm reduction–focused drug policies could impact Black communities; might harm reduction be better suited to address drug-related problems impacting Black communities? In light of the racialized disproportionate impact of current drug policy, the seemingly growing Black community support for drug policy reform, and the potential benefits offered by harm reduction, might such policies be supported as informing policy reform perhaps particularly benefitting these communities? The study presented here explores views toward the potential impact of harm reduction illicit drug policies in Black U.S. communities with a sample of Black and White substance abuse service providers working in or serving predominantly communities of color.

Methods

The study analyzed interview data collected for a larger exploratory survey of substance abuse service provider views toward harm reduction with illicit drugs in U.S. communities of color. Interview questions gauged respondent views toward harm reduction relevant to personal and professional experiences with illicit drugs, race, and communities of color; research of subjective interpretations as these is akin to phenomenology (McCaslin & Scott, 2003). The study protocol was approved by the author's Institutional Review Board prior to data collection. All aspects of data gathering and processing (excepting interrater reliability handling) were handled by the author.

Recruitment and Sampling

Using a purposeful recruitment strategy, a convenience sampling of substance abuse service providers in a Northeastern U.S. urban hub was conducted between summer 2012 and spring 2013. Purposeful sampling seeks information-rich cases from which "the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned" (Merriam, 1998, p. 61). Suitable respondents were defined as direct clinical service, clinical supervisory, and/or executive employees of substance abuse-related organizations self-identified as serving a clientele significantly composed of persons of color and/or otherwise serving substance abuse and related needs of a community of color. A sampling frame was composed of organizations believed to meet these criteria and was confirmed during preliminary phone contact. Recruitment was done on a "first-come, first served" basis, first of executive directors via telephone and e-mail contact; upon agreeing to participate, suitable personnel were identified and contacted to schedule an interview. In addition, some respondents were referred by study participants (i.e., friends and/or colleagues) who believed they would be suitable and interested in the study. Informed consent was explained before data collection, and participants were given a retail gift card for US$10.00. Sampling continued until theoretical saturation (redundancy) of interview data was confirmed by observing and documenting that incoming interview data were no longer being assigned new codes (discussed below).

Sample Description

Twenty-one individuals from 13 different substance abuse-related service organizations (Table 1) participated in face-to-face interviews averaging 1 hr and conducted in participants workplace or other mutually determined place (i.e., P.I. campus office). Twelve respondents racially self-identified as "African American" or "Black," eight as "Caucasian" or "White", and one as "Bi-racial"; 11 were female and 10 male. Self-reported work experience in substance abuse ranged from 3 to 38 years, and averaged just under 15. Stakeholders were highly formally educated, as 15 reported holding master's degrees, 4 holding bachelor's degree, 1 "some college" and 1 "no college." Stakeholder organizations included NEP/SEP exchange and access, drug free (residential and outpatient) and methadone treatment, HIV-focused community health services, and a harm reduction advocacy program.

Table 1. Study Sample.

N = 21 Individuals		
Race	"African American" or "Black"	12
	"Caucasian" or "White"	8
	"Biracial"	1
Gender	Female	11
	Male	10
Substance abuse work exp.	Range = 3–38 yrs, M = 14.6	
Highest educational credential	Master's	15
	Bachelor's	4
	Some college	1
	No college	1
N = 13 organizations		
Service type	Drug-free (residential & outpatient)	5
	NEP/SEP	3
	Methadone	2
	HIV/Comm. Health	2
	HR advocacy	1

Note. NEP = needle-exchange program; SEP = syringe-exchange program; HR = harm reduction.

Instrumentation

Interviews were facilitated with a semistructured interview guide created by the author, consisting of open-ended questions about illicit drugs and harm reduction interventions and policies as they relate to individuals and communities of color. Harm reduction policies were broadly described as policies that treat drug use more as a public health than a criminal justice matter, and specific policies surveyed included decriminalization and legalization/regulation of illicit drugs, similar to current alcohol policies.

Interviews explored respondent views of such policies as they pertain to their personal and professional experiences with illicit drugs, race, and communities of color in the United States.

Data Analysis

Interviews were audiorecorded, transcribed as word processing files, and entered as qualitative software files (Atlas TI, v.6.2) to facilitate analysis. First-level analysis centered on identifying and marking discrete textual "meaning units," or quotations, deemed independently meaningful and relevant to the research question; using a process of constant comparison, meaning units were assigned codes that ''logically and simply relate to the data they represent (Coleman & Unrau, 2005, p. 412); in this way all data were coded and categorized. Working with a trained student, the credibility of first-level coding was gauged using simultaneous review of instances of agreement and disagreement on a random sampling of 30% (n = 224) of all coded meaning units; a K statistic (.83) indicated "almost perfect" interrater agreement and credibility of the coded data (Viera & Garrett, 2005).

Second-level data analysis identified conceptual themes embedded in the coded data (Coleman & Unrau, 2005). In particular, this process consisted of refining and articulating unified ideas identified in first-level coding and facilitated thematic identification and summation. A modified template analysis was used to order first level coded categories in a conceptually cohesive manner to explore patterns and themes (King, 1998). In this way, all meaning units coded as depicting a view of drug policy (i.e., laws, enforcement, and outcomes) and its impact on Black communities were examined and summarized for this study. The quotations presented below were deemed by the researcher to best depict identified themes.

Results

Respondents described both the current and historic impact of illicit drug policies as uniquely impacting many Black communities, while simultaneously protecting societal power bases and reinforcing false perceptions of drug-related problems. Systemic racial bias was seen as impacting much of drug policy, and many were critical of law enforcement and policy makers. Notable contextual concerns referenced the loss of legitimate opportunities and the entrenchment of illicit drugs in many Black communities. In considering policy alternatives, respondents endorsed changes but not wholesale harm reduction, citing concerns posed by reduced consequences and that such policies undermine community antidrug norms and personal responsibility. Given the drug-related trauma experienced by many in these communities, respondents indicated opposition to liberalizing policies for "hard" drugs, though some supported this for marijuana, particularly linked to what some saw as race-based policing. Respondents noted Black communities would benefit from greater racial equality in drug policy and advocated policy change as part of larger scale community investment. As presented below, respondent racial (Black/White/biracial) and gender (male/female) demographics, and organization type are parenthetically denoted after each quotation.

Drug Policy, Race, and Place

Citing both professional and personal experiences, respondents connected past and current U.S. drug policies to its impact on the lives and social conditions of many in these communities. In general, the war on drugs was viewed as operating from within a larger sociolegal system that is both implicitly and explicitly racially biased against persons of color (notably Blacks) and the poor, while also connected to health, family, and economic concerns relevant to the Black community. Notable were descriptions of the role and lingering impact of drug policy on Black communities:

> It's systematic—and the reality is I mean institutionalized racism, the new Jim Crow and there is literature on it . . . and that is what happens. I have friends who got locked up when they were 17, 18 for drug charges and came home when they were 28, 29—what are they gonna do? They got a felony. They can't get Pell, they have drug offenses, so what are they going to do? (B, M, NEP/SEP)

> One of the things that I see that is really, really troubling is not even so much the incarceration or the felony it is the residual effects once they are released. There's so much policy that is created that does not allow them back into society and say "okay you served your time now you can go back"—there are things that carry with them . . . it is really disenfranchising. (B, M, Drug-free)

Respondents held differing views on whether the impact of drug policies on Black communities was intentional and/or even conspiratorial, and though some suggested it was, none were fully confident it wasn't. More critical views noted that racially skewed drug policy outcomes have never troubled those with societal power and described policy makers largely as indifferent or worse toward Black communities. Respondents linked drug policy to the steady loss of jobs and legitimate opportunities from many Black communities and how drugs have become a central source of income and status, further entrenching unhealthy community conditions. Respondents traced the origin of much of this to the 1980s, noting a strategic enforcement shift, from allowing open-air drug markets to flourish to sudden strict and aggressive policing:

> Now fast-forward ahead what 25–30 years and it looks like an experiment that went wrong somewhere. However in hindsight you can really almost clearly see that there was some sort of strategic effort—there definitely was some. So now again it is "let's take the men of color and remove them from their communities and incarcerate them." (B, M, Drug-free)

Whether a conspiracy or not, respondents noted that illicit drug policy has long served a purpose—namely to help control certain segments of the population in general and Blacks in particular. Described cynically as a "useful tool," the war on drugs was seen as targeting Blacks for drug offenses to remove them from opportunities, while reinforcing long entrenched societal power bases: "Somebody's got to be at the bottom. Historically people of color have been at the bottom. Who's going to go to jail? Who's going to help these rich people stay rich?" (B, F, Methadone).

Respondents typically racially differentiated the impact of current drug policy using a "suburban/urban" heuristic expressing racial residential divides ("suburban" meaning "white," "urban" meaning "black"). In this way, respondents noted that Black communities have long been a main staging area for enforcing drug policy in the United States: "I mean the reality is the war on drugs is a war on drug users . . . how many drug busts occur in the suburbs? And we know people use drugs in the suburbs" (B, M, NEP/SEP).

This suburban/urban heuristic also reflected how current drug policy reinforces exaggerated and/or false perceptions of drugs, notably who uses them (race) and where they live (place), first by defining drug users as criminals and then second as mostly Black. Heavy media coverage, in hand with a high volume of drug arrests, provides political and societal benefits by giving the appearance of lowering crime:

> This is where stigma is created—if all people are seeing is Black people or minorities being arrested they think that they're the only ones that have a drug problem. If those (blacks) are the ones sitting in prison for drug use or drug convictions or drug possession, that pretty much creates an illusion—because it is an illusion—but there is 'proof'— they're (blacks) in jail. (B, M, NEP/SEP)

Respondents indicated additional racial discrimination in this regard by describing and contrasting experiences of Whites, believing for example they are typically not profiled by police as drug users; one notable exception to this is when Whites are in a Black neighborhood, presumably to buy drugs. Citing race-based pretexts as being "guilty of walking black" or race as probable cause, respondents described how drug policy enflames race-based stereotypes of drug users and sellers, and indicated that all else being the same police don't target Whites for drugs as they do Blacks:

> First of all white people aren't going to get pulled over. I drive to work here every day, I watch who is pulled over and who isn't—I'm never stopped. I might be watched . . . because I'm a white woman in a minivan driving in a neighborhood where they are selling drugs (but I'm never stopped). (W, F, Drug-free)

Harm Reduction Policies

Respondents considered drug policy alternatives for Black communities, and generally endorsed changes as reduced penalties for users and incarceration alternatives as drug court. Yet, harm reduction policies per se were only warmly supported and deemed appropriate, as respondents were careful to consider possible outcomes, intended or otherwise. Though believing expanded decriminalization and legalization would reduce violence in many Black communities, respondents were uncertain to what extent it would address racist policing [" . . . they'll (police) find another reason to arrest them (blacks)"], and who harm reduction policies would actually benefit, citing existing socioeconomic structures as (often) White, monied vested interests, White privilege, and racially segregated residential patterns. Though advocating illicit drug policy change—particularly policing—radical change was generally not embraced:

> If you are looking at the African-American community they are by and large going to say they don't do that, and they don't want it legalized . . . Could there be money made off it? The people are going to say "okay well now you're taxing it, you're making money off it" but who is gaining the money for the drugs? (B, F, Methadone)

Respondents expressed concern that policies as harm reduction would not send the message drug policy "should," for example on the grounds that many citizens will obey a law simply because it exists. Others cited the import of encouraging personal accountability and thus needing consequences to reinforce antidrug norms; some advocated even stricter laws as reinstating alcohol prohibition. Reiterating that "dugs are illegal for a reason" and should stay that way, some indicated that "a crime is crime" and thus "you get what you deserve" if you use or sell drugs. Respondents noted the importance of drug policy in reinforcing community values and norms, which some feared would be weakened by harm reduction policies:

> (With harm reduction) you also send a message to this community . . . that we don't really believe in you, you know we're going to make it easy for you to continue to mess up . . . to be a nonparticipant . . . to commit violence and negative acts (and) disrespect your community . . . and not hold you accountable. (B, F, Drug-free)

Support for harm reduction was generally limited to ending marijuana prohibition, believing its use widely accepted in all of U.S. society and that enforcing marijuana prohibition is rife with racial profiling, and its penalties too severe:

> The black community is definitely in support of that (marijuana legalization) because of the marijuana stop and frisk that we're seeing especially in the inner cities, so yeah I think the black community in that way get it (harm reduction). (B, M, HIV/Comm. Health)

> You know the "stop and frisk" laws I believe are unfair and very biased—and especially how it is policed, you know the going after kids of color—those things I would like to change . . . (B, M, Drug-free)

Respondents otherwise expressed strong opposition to softening laws for harder drugs (i.e., heroin and cocaine), citing a dynamic of moralistic conservatism, anger, and fear influenced by the Black community's experience with illicit drugs:

> When we start talking about (liberalizing) the other ones (harder drugs) you start to see the same kind of ... very conservative rhetoric, you know because of the historical trauma of what we have seen—crack babies and mothers—it brings that narrative up again. (B, M, HIV/Comm. Health)

To the extent respondents supported changing drug policies, they believed such changes would benefit all races, not just persons of color. Yet beyond reformed frontline policing for example, respondents advocated greater racial equality in drug policy, instilled with a sense of "leveling the playing the field"

or “treating everyone the same.” This sentiment was typically embedded in references to long-standing disparate penalties for crack over powdered cocaine.

> The only time we really talk about it (drug policy reform) having a specific effect on race is if the law—rather than decriminalize it—if the law were the same for drugs across the board, not having cocaine sanctions be less severe for crack or for some of the other drugs because then they (community members) feel that it would be equal across the board. (B, F, HIV/Comm. Health).

> I think that for communities of color that is the message—that we just want to be equal . . . I think that knowing that our white counterparts are receiving the same decriminalization, the same minor felony for cocaine as for crack, then I don’t think you would have an issue from the Black community. (B, F, Drug-free)

Though harm reduction was not widely embraced as a solution to societal drug-related problems in some Black communities, respondents agreed that the war on drugs isn’t working. Yet while criminalization-focused policies were seen as not addressing— and often worsening—community drug problems, respondents believed some intervention is needed, and that merely changing policies without creating ample, legitimate alternatives are insufficient:

> Are they going to fund more treatment facilities because in the past few years ... they have cut the funding ... so what are the alternatives going to be? Are you going to just make everything legal and then let these people walk around and smoke their weed or sniff their dope or whatever? What are you going to do about it? (B, F, Methadone)

> I also recognize that’s (decriminalization/legalization) a transitional thing too. We can’t just keep on changing laws and not supporting people—it’s like freeing slaves—we freed them but now what? Who’s going to support them in getting their lives together and integrating them into society and what does that look like? (B, M, HR Advocacy)

Respondents noted that drug-related problems run deep in some Black communities and described this as a larger issue needing to be addressed in hand with policy change. Many indicated such change would require “changing thinking,” instilling greater social and financial equality and respect, and in general terms desired a larger plan of community investment in which drug policy reform has a role:

> (Legalization) is not addressing the problem . . . Drug use is a symptom of a problem, it creates a brand-new problem within itself but it’s a symptom of a problem, we need to talk about that. If you want to really reduce use you know let’s look for equality among people . . . building up communities. (B, M, NEP/SEP)

> I think the alternatives would be if money was invested in other areas (in the community), and like I said that goes back to having a larger plan and not just one solution. I would be afraid if they came out and said “OK tomorrow you can smoke all the crack you want” because it’s free,

it's legal, as opposed to approaching it (community building) from a systems perspective. (B, M, HR Advocacy)

Discussion

Respondent accounts of long-standing, often racially biased outcomes of illicit drug policy on Black U.S. communities are consistent with existing accounts in the literature, including those that posit the war on drugs as a new Jim Crow system (Alexander, 2010; Block & Obioha, 2012; Chin, 2002; Fellner, 2009; Small, 2001). Yet given the acknowledged linkage and depth of illicit drugs and racially related harms, these respondents view drug policy reform as only part of what is needed in many Black communities, while showing strong, often disparate views about how expansive reform should and could be. Interestingly, while respondent calls for greater social equality and justice in drug policy are consistent with harm reduction ideology, views supporting large-scale government involvement in managing drug use, for example, are inconsistent with the underlying libertarianism of harm reduction (Tammi, 2004). Either way it's likely these respondents support ideas of harm reduction by another name, as indicated by others (Hamilton, 1999).

Given the long-standing dominance of drug war policies and rhetoric in the United States, finding opposition to harm reduction is perhaps to be expected in many U.S. communities not just those of color. Yet consistent with the findings of others, views toward illicit drugs in the Black community are informed by a particular and unique sociohistoric context and thus are not simplistic (Meares, 1997). This is notable in the seeming contradictory views held by some of these respondents who acknowledge community problems worsened by illicit drugs and furthered by current policy while also holding strongly to calls for personal accountability. While relief from current policy was desired, this tough, punitive, and perhaps even rigid stance toward drugs and drug users actually fits well with a war on drugs policy narrative. Such a dynamic should make policy makers and community stakeholders reconsider the kind of drug policies likeliest to actually serve the interest of Black communities, and whether and to what extent such heavy emphasis on individual behavior toward illicit drugs may actually weaken support for policy and thus contextual change.

Opposition to wide-scale drug legalization for these communities is perhaps also not particularly surprising, but as state sanctioned marijuana legalization is enacted in the United States (in Washington and Colorado as of this writing), social policy scholars should be attentive to whether and how such apparati become racialized. It also remains to be seen whether drug legalization can viably create legitimate opportunities for neighborhoods and communities, and if so whether these becomes viable for Black communities.

Harm reduction is notably principled on pragmatism, employing policies and interventions that address outcomes known or believed most likely to occur, even if not ideal (Riley & O'Hare, 2000). As such we should ask whether adoption of harm reduction policies is more likely to actually net reduced drug-related problems in Black communities than, for example, efforts to rid frontline police profiling and racism while maintaining drug war policies.

Study limitations include the exploratory scope and design, including that it merely generates theoretical understanding and lacks the explanatory power of a larger scale survey for example. As drug service providers based in and working with members of the Black community, respondents possess a unique perspective on the impact of drugs in these communities, yet the views expressed are not necessarily wholly representative of the Black community. In addition, the study doesn't assess views of nonsubstance abuse community stakeholders per se as church leaders, business owners, and nondrug involved residents.

Subsequent research should include wider scale survey of other community members, especially faith-based and religious leaders as they are often among the first consulted for substance abuse–related problems in the Black community. As drug policy in the United States is seemingly in flux and becoming more liberalized, subsequent research should monitor whether Black community hegemony continues to move away from the war on drugs and what kind of policy alternatives it moves toward accepting. Certainly, our historically racially biased drug policies need to be kept in mind as outcomes of policy change are assessed.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Note

1. Throughout, "blacks" and "black community"' are used to denote a unique collective of persons in the United States who racially identify as "black," "African-American," or "of color" yet are distinguished from other persons of color as Latinos/Latinas.

References

Alexander, M. (2010). The new Jim Crow: Mass incarceration in the age of colorblindness. New York, NY: New Press.

Anderson, W. (1991). The New York Needle Trial: The politics of public health in the age of AIDS. American Journal of Public Health, 81, 1506–17.

Ball, A.L. (2007). HIV, injecting drug use, and harm reduction: A public health response. Addiction, 102, 684–690.

Black, A. D. (2007). “The war on people”: Reframing “The war on drugs” by addressing racism within American drug policy through restorative justice and community collaboration. University of Louisville Law Review, 46, 177–198.

Block, W. E., & Obioha, V. (2012). War on Black Men: Arguments for the legalization of drugs. Criminal Justice Ethics, 31, 106–120.

Bobo, L. D., & Thompson, V. (2006). Unfair by design: The war on drugs, race, and the legitimacy of the criminal justice system. Social Research, 73, 445–472.

Chin, G. J. (2002). Race, the war on drugs, and the collateral consequences of criminal conviction. Journal of Gender, Race & Justice, 6, 253–278.

Coleman, H., & Unrau, Y. A. (2005). Analyzing qualitative data. In R. M. Grinnell & Y. A. Unrau (Eds.), Social work research and evaluation: Quantitative and qualitative approaches (7th ed., pp. 404–420). New York, NY: Oxford University Press.

Dalton, H. (1989). AIDS in Blackface. Daedalus 188, 205–227.

Egelko, B. (2011, December 25). GOP restores ban on needle-exchange funding. San Francisco Chronicle. Retrieved from http://www.sfgate.com/cgibin/article.cgi?f=/c/a/2011/12/24/ BA291MG3RO.DTL

Fellner, J. (2009). Race, drugs, and law enforcement in the United States. Stanford Policy Law Review, 20, 257–291.

Gleghorn, A., Rosenbaum, M., & Garcia, B. (2001). Bridging the gap in San Francisco: The process of integrating harm reduction and traditional substance abuse services. Journal of Psychoactive Drugs, 33, 1–7.

Hamilton, M. (1999). Researching harm reduction care and contradictions. Substance Use & Misuse, 34, 119–134.

Heller, D., & Paone, D. (2011). Access to sterile syringes for injecting drug users in New York City: Politics and perception (1984–2010). Substance Use & Misuse, 46, 140–149.

King, N. (1998). Template analysis. In C. Syman & C. Cassell (Eds.), Qualitative methods and analysis in organizational research (pp. 118–134). London, England: Sage.

Lurigio, A. J., & Loose, P. (2000). The disproportionate incarceration of African Americans for drug offenses: The national and Illinois perspective. Journal of Ethnicity in Criminal Justice, 6, 223–247.

Lusane, C., & Desmond, D. (1991). Pipe dream blues: Racism and the war on drugs. Boston, MA: South End Press.

Marlatt, G., & Tapert, S. (1993). Harm reduction: Reducing the risks of addictive behaviors. In J. Baer, G. Marlatt, & R. McMahon (Eds.), Addictive behaviors across the lifespan: Prevention, treatment, and policy issues (pp. 243–273). Newbury Park, CA: Sage.

Mauer, M. (2004). Race, class, and the development of criminal justice policy. Review of Policy Research, 21, 79–92.

McCaslin, M. L., & Scott, K. W. (2003). The five question model for framing a qualitative research study. The Qualitative Report, 8, 447–461.

Meares, T. L. (1997). Charting race and class differences in attitudes toward drug legalization and law enforcement: Lessons for Federal criminal law. Buffalo Criminal Law Review, 1, 137–174.

Merriam, S. B. (1998). Qualitative research and case study applications in education. San Francisco, CA: Jossey-Bass.

National Association for the Advancement of Colored People. (2011). NAACP passes historic resolution calling for end to war on drugs. Retrieved June 2013, from http://www.naacp.org/ press/entry/naacp-passes-historic-resolution-calling-for-end-to-war-on-drugs

National Institute on Drug Abuse. (2012). Drug abuse and addiction: One of America's most challenging public health problems. Retrieved May 2012, from http://archives.drugabuse. gov/about/welcome/aboutdrugabuse/magnitude

Nunn, K. B. (2002). Race, crime and the pool of surplus criminality: Or why the "war on drugs" was a "war on Blacks". Journal of Gender, Race & Justice, 6, 381–445.

Quimby, E., & Friedman, S. R. (1989). Dynamics of Black mobilization against AIDS in New York City. Social Problems, 36, 403–415.

Riley, D., & O'Hare, P. (2000). Harm reduction: History, definition, and practice. In J. Inciardi & L. Harrison (Eds.), Harm reduction: National and international perspectives (pp. 1–26). Thousand Oaks: Sage.

Schneider, C. L. (1998). Racism, drug policy, and AIDS. Political Science Quarterly, 113, 427–446.

Small, D. (2001). The war on drugs is a war on racial justice. Social Research, 68, 896–903.

Stirling, E. E. (2004). Drug policy: A challenge of values. Journal of Religion & Spirituality in Social Work, 23, 51–81.

Tammi, T. (2004). The harm reduction school of thought: Three fractions. Contemporary Drug Problems, 31, 381–399.

Thomas, S. B., & Quinn, S. C. (1993). The burdens of race and history on Black Americans' attitudes toward needle exchange policy to prevent HIV disease. Journal of Public Health Policy, 14, 320–348.

Tonry, M. H. (1995). Malign neglect–race, crime, and punishment in America. New York, NY: Oxford University Press.

Tonry, M. H. (2011). Punishing race: A Continuing American Dilemma. New York, NY: Oxford University Press.

VanderWaal, C. J., Washington, F. L., Drumm, R. D., Terry, Y. M., McBride, D. C., & Finley-Gordon, R. D. (2001). African-American injection drug users: Tensions and barriers in HIV/ AIDS prevention. Substance Use & Misuse, 36, 735–755.

Viera, A. J., & Garrett, J. M. (2005). Understanding interobserver agreement: The kappa statistic. Family Medicine, 37, 360–363.

Watters, J. K. (1996). American and syringe exchange: Roots of resistance. In T. Rhodes & R. Hartnoll (Eds.), AIDS, drugs, and prevention: Perspectives on individual and community action (pp. 22–41). London, England: Routledge.

Woods, I. P. (1998). Bringing harm reduction to the Black community. In G. A. Marlatt (Ed.), Harm reduction: Pragmatic strategies for managing high-risk behaviors (pp. 301–326). New York, NY: The Guilford Press.

Author Biography

Michael H. Eversman, PhD, MSW, has published research on harm reduction, illicit drugs, and related issues in different contexts and settings, and specializes in qualitative and survey research methods. He is an Assistant Professor at Rutgers University - Newark, Department of Social Work, College of Arts and Sciences.