

Humanization vs. Criminalization: Comparing Governmental Responses to the Opioid

Crisis and the Crack Epidemic

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by

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Abstract

As of 2019, thousands of Americans have lost their lives to opioid addiction and this number is quickly growing. The current devastation that stems from the opioid crisis mirrors the devastation that occurred in the crack epidemic during the 1980s and 1990s. While the two drug epidemics parallel each other in terms of the depredation caused by addiction, they differ in how they were treated by the government – humanization vs. criminalization. To explore this disparity, this research examines the ways in which the Department of Health and Human Services and the Department of Justice show bias in their treatment of opioid users and crack users. Specifically, this study reviews documents and statements released by these departments from the 1980s to the present about the opioid crisis and the crack epidemic. It also examines passed and proposed legislation, such as the Antidrug Act of 1986 and the Opioid Crisis Response Act of 2018. Qualitative analysis is used to find patterns and reoccurring themes in the reviewed documents. What was found from this analysis was used to determine how the crack epidemic and opioid crisis were addressed by the Department of Justice and the Department of Health and Human Services and if the agencies made any differences in approaching these crises. The results of the analysis display that both the Department of Health and Human Services and the Department of Justice utilized a more humanizing approach with the opioid crisis than they did with the crack epidemic. The data also shows that there has been a shift in the roles that the agencies played in the crises.

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Process Analysis Statement

When I first began this project, I was not exactly sure of how I would conduct my research. I knew that I needed to do some form of analysis, but I did not know which kind to apply to my study. In my previous research projects, I worked with elements that could be numerically measured and as a result I did quantitative analysis. For my thesis, I am working with a topic that cannot necessarily be measured with numbers or statistics so the research techniques I had used earlier could not be applied to it. After conversing with my thesis advisor, she suggested that I do qualitative analysis. I decided to utilize this technique in my study. In this form of analysis, I looked for reoccurring themes and codes that I found when reading through my resources. I learned that qualitative analysis is not necessarily the easiest kind of research to do, but it is very interesting. This form of analysis pushed me to think critically and make connections to things that I normally would not think are related.

Humanization vs. Criminalization: Comparing Governmental Responses to the Opioid Crisis and the Crack Epidemic

Introduction

The crack epidemic and opioid crisis are two similar events that the government has treated in two distinctive ways. Many critics have noticed these differences in treatment and have spoken out about this issue. The consensus among those who are vocal about these disparities is that the crack epidemic was framed as a crime issue and the opioid crisis as a health issue. German Lopez (2017) touched on this idea in his article entitled “The deadliness of the Opioid Roots in America’s Failed Response to Crack”, saying that “Crack largely afflicted black communities, and the response at the time was not public health-oriented. Instead, it focused almost entirely on criminalizing addiction,”(para. 5). This sentiment can be seen in many newspaper articles, policy reports, and academic journal articles such as the *Journal of Public Health* piece, “The Opioid Crisis in Black and White,” written by Anjali Om and the Washington Post article, “Lock Them up: My Double Standard in Responding to the Crack Crisis vs the Opioid Epidemic,” written by Ed Stetzer. The actions that the government has taken against the crack epidemic and the opioid crisis seem to show that it treats certain demographics and communities differently than others. Crack addicts, who were predominately black and living in inner city communities, were criminalized by the government while opioid addicts, who are predominantly white and living in suburban and rural communities, are humanized by politicians and lawmakers.

The differences that the government has shown in responding to these two drug crises are important to recognize. It is important to recognize these differences because unfortunately at

times public policy often favors certain groups of Americans rather than all citizens. Public policy should not fuel inequality and bias. This study will examine the government's treatment of the crack epidemic and the opioid crisis to expose this issue and start a discussion on what can be done to correct these disparities. This research will explore two questions. (1) How did two governmental agencies—Department of Justice and Department of Health and Human Services—address the opioid crisis and the crack epidemic? (2) Are there any changes in their policy approaches and roles in addressing opioid and crack epidemic? To get a better understanding of this disparity, it is important to know the origins of both of these drug crises. The crack epidemic was the first to occur out of these two waves of addiction.

Policy Backgrounds

The drug that drove the crack epidemic was crack cocaine. Crack is a fairly new form of cocaine, but coke itself has been present in the U.S for a long time. When it was first introduced, the drug was used both commercially and recreationally. It was used in this manner during the 1850s and the early 1900s. For example, Coca Cola used the drug in its products, some doctors suggested it for medical use, and many individuals used it as a means of productivity (“History of Cocaine,” n.d., para. 9). The stigma and fear of cocaine rose in the 1890's. Although there was genuine reason to be concerned about cocaine such as its negative health effects and addictiveness, media reports about cocaine at this time were hysterical and sensational. Many of these sensationalized reports used black people and more specifically black addicts as a means of fueling the fear of cocaine use. The 1914 *Times* article, “Murder and Insanity Increasing Among Lower Class Blacks Because They Have Taken to ‘Sniffing’ Since Deprived of Whisky by Prohibition”, written by Edward Huntington, displays this racist sensationalism. In the article, black addicts are described as “negro fiends” and as a “new southern menace” (Huntington, 1914,

p. 1). Fear mongering and sensationalism helped lead the drug to be officially banned in 1922.

After the banning of the drug, use of cocaine in the U.S significantly decreased. It eventually had a resurgence in the 1970's spurred by Colombian traffickers reintroducing it. During this period, the government was focused on cracking down on marijuana. As a result, many people began using cocaine as an alternative. At that time, cocaine was a drug that was usually associated with wealth and glamour. It was the drug of choice for the elite ("History of Cocaine," n.d., para. 15). This changed when crack was introduced.

The crack epidemic occurred mostly in the 1980s and early 1990's. Crack is a crystalized form of cocaine. It is cheaper to make than the more traditional powdered form of the drug. Because of crack's low cost to make, dealers were able to sell it at low prices. This made cocaine, which was previously thought of as something that only upper class could afford, much more accessible. The drug began appearing on the streets in the early 1980s and hit the ground running. Because crack was affordable, many people who previously were not able to purchase cocaine now could; this resulted in a significant increase in users of the drug . The biggest increase in the use of crack occurred between 1984 and 1990 ("Crack Cocaine: A Short History", n.d., para. 2). During this time, millions of Americans developed an addiction to this cheap form of cocaine. Crack addiction ravaged several places in the U.S, many of which were black and brown communities in urban areas (Lopez,2017, para. 5). The sensationalizing language that was used in the past by the media to describe cocaine was now being used to describe the crack epidemic. The same tropes of violence and delinquency that were used to describe black cocaine addicts in late 1890s and early 1990s were now similarly being applied to black crack addicts. The quick rise of crack addiction in the U.S prompted the government to respond to this issue.

The government responded to the crack epidemic by creating legislation such as the Anti-Drug Abuse Act of 1986 and its follow up in 1988. This legislation mainly called for stricter sentencing in the form of mandatory sentencing minimums. These sentencing changes disproportionately affected African Americans (“ACLU Releases Crack Cocaine Report, Anti-Drug Abuse Act of 1986 Deepened Racial Inequity in Sentencing”, 2006, para. 7). According to the American Civil Liberties Union, before the mandatory minimums introduced by the Anti-Drug Abuse Act of 1986 were enacted the average federal drug sentence for African Americans was 11% higher than for white Americans (“ACLU Releases Crack Cocaine Report, Anti-Drug Abuse Act of 1986 Deepened Racial Inequity in Sentencing”, 2006, para. 8). In four years, this number soared to 45% (“ACLU Releases Crack Cocaine Report, Anti-Drug Abuse Act of 1986 Deepened Racial Inequity in Sentencing”, 2006, para. 8). Legislation meant to combat the crack epidemic undoubtedly had a hand in increasing the already disproportionate amount of black people in prison. The government’s response to opioid crisis has seemingly focused less criminalization and more on humanization.

According to the Centers for Disease Control and Prevention’s article, “Understanding the Epidemic: Opioid Overdose Deaths,” the opioid crisis has occurred in three stages in the U.S. The first stage of this crisis took place in the 1990s (“Understanding the Epidemic: Opioid Overdose Deaths,” 2018, para. 3). The occurrence of it stemmed from commercial pharmaceutical companies like Purdue Pharma, the maker of Oxycontin, promoting the message that pain relievers containing opioids were not addictive. This was ultimately found to be untrue. Although opioid relievers are in actuality very addictive, doctors who believed pharmaceutical companies’ claims felt comfortable prescribing these drugs to patients and often did so. Because of the spread of misinformation, many people developed opioid addictions. Overdoses caused by

opioid addiction became more common place during this time. The second stage of the opioid crisis occurred in 2010. This time the opioid drug of choice was heroin. Many users turned to the street drug after regulations on prescribing opioids were enacted. The U.S is currently in its third wave of the crisis. This wave began in 2013 after the rise in the use of fentanyl, a synthetic opioid. Unlike crack, opioids are known as drugs that affect middle class, rural, and not just urban communities. The majority of people who are dying from opioid overdoses are white. According to the Henry J Kaiser Foundation, 78% of people who passed away from opioid addiction in 2017 were white non-Hispanics (“Opioid Overdose Deaths by Race/Ethnicity”, 2019, p. 1). The government has responded to the opioid crisis with proposed legislation like the Opioid Response Crisis Act of 2018. This act focuses on more than just stricter guidelines and prison expansion. It heavily focuses on treatment and rehabilitation; it humanizes addicts. Much research has been done about the different ways that the crack epidemic and the opioid crisis have been treated.

Literature Review

There are many layers to the opioid crisis and the crack epidemic. To peel back these layers, it is necessary to delve into the various studies that have been composed about these subjects. Some of these studies focus on policy, some examine the role of race in these events, while others hone in on the significance of framing these issues. These areas of research all are extremely relevant to the comparison being made in this paper. Looking at each of these elements will help map out the similarities and differences between the opioid crisis and crack epidemic. This literature review will focus on all three of these areas.

To understand the handling of the opioid crisis and crack epidemic, it is important to understand the policies created to combat these issues. Looking at the public's perception of these policies can add some insight to the research. Timberlake, Lock, and Rasinski (2003) examined possible determinants of public preferences for drug control alternatives. The authors examined possible determinants to understand why members of the public support some policy solutions over others. To do this, the authors analyzed the results of a survey of residents of the five largest metropolitan areas in the U.S. While analyzing the survey, Timberlake, Lock, and Rasinski (2003) mainly focused on public support for law enforcement programs, rehabilitative services for addicts, and school-based prevention programs. They found that the factors of race and the belief that addiction is an important social problem were significantly associated with support for drug spending while measures of self-interest relating to political socialization were not. When examining support for drug control policy alternatives, political socialization played a much larger role. For example, conservatives were far more likely than democrats to favor support for law enforcement over rehabilitation.

While the prior study primarily focused on the general public's perception of drug policy, this source analyzes the perspective of drug users. Lancaster, Santana, and Ritter (2014) examined the way people who inject drugs feel about drug policy. They also looked at the roles stigma and personal experience play in these feelings. The authors used a community-based participatory research approach to understand how drug users feel about drug policy. They did this through undertaking three focus groups and asking participants questions about drug policies. The authors found that the participants were knowledgeable about drug reform movements, but internalized stigma and stereotypes of addiction. Many of them also felt

disenfranchised and that they were treated punitively in their past experiences of treatment. It is hard to discuss drug policy in the U.S without discussing race.

Cooper (2015) explored the interconnectivity between War on Drugs Policing and police brutality specifically pertaining to black adolescents and adults. The author examined this interconnectedness through reviewing historical connections between policing in the U.S and race/ethnicity, how the War on Drugs eroded legal protections to decrease police powers and the effects of this erosion on police brutality in black communities. He does this through focusing on the 4th amendment and the Pose Comitatus; he examined how the development of these polices affected policing in black neighborhoods. Cooper found that War on Drugs policing seemed to increase police brutality. He suggests that the erosions of the 4th amendment and the Pose Comitatus set the stage for the development of stop and frisk , and the use of SWAT teams in War on Drugs policing strategies.

While Cooper zones in on the War on Drugs, this study looks more at the recent effects of the opioid crisis. James and Jordan (2018) examine how the opioid crisis has affected Black communities in the U.S. The authors acknowledge that a large majority of the people who die from opioid use are White, but they also acknowledge that use of the drug amongst Black people have increased as well. Heroin overdoses among Black Americans have doubled since 2000. They also mention that Black users are not as included in the conversation about the opioid crisis. Less than one page in the Commission on Combatting Drug Addiction and the Opioid Crisis' report about what the government's response should be discussed the impact of the crisis on Black and Brown communities. The authors also examine how the opioid crisis was framed differently than the crack epidemic. While race plays a part in the differences between the two events, framing contributes to this as well.

Language is definitely a component of framing. Barry and McGinty mention that safe consumption sites have not been as widely implemented as they could be. They suggest that this is in part due to low public support of this intervention method. The authors examined if a change in language could shift public opinions about this issue through conducting two surveys. One survey used the term overdose prevention site and the other used safe consumption site. They found that 45% of respondents supported overdose prevention sites in the first survey while only 29% of respondents in the other survey supported safe consumption sites. Barry and McGinty claim that this difference is due to the stigma of drug use and that “person first language” can help decrease this stigma. This first person method is now being utilized more by the federal government. The White House, in a 2017 memorandum, urged federal agencies to change the language they use when speaking about addiction.

Netherland and Hansen (2016) compared coverage of white opioid users with coverage of black and brown heroin users. The authors compared coverage through composing a content analysis of 100 press articles from 2001 and 2011. They found that opioid drug use in black and latino urban communities was not particularly newsworthy. There were few stories about increased prescription drug use or heroin in these communities and when there were they tend to be short arrest reports that list criminal charges. These reports often did not include any details about the users’ lives, families or backstories unlike their white counterparts in suburban communities. Netherland and Hansen argue that this is due to the underlying assumption that drug use is to be expected in poor urban communities of color and not in white suburban America. Because of defied expectations, white users in suburbia are considered more newsworthy.

Each of these studies and articles help outline issues surrounding both the opioid crisis and crack epidemic. They highlight possible reasons for why these two situations are treated the way they are by the public and the government. Things like political socialization and framing play a big role in the perception of drug crises. Using the framing method of humanization versus criminalization can change the way that drug users and epidemics are perceived. It is also should be noted that race and class often affects what kind of language and policy is used. These are all things that should be kept in mind when comparing the opioid crisis and crack epidemic.

Research Methods

This paper will primarily focus on answering the following questions: (1)How did two governmental agencies—Department of Justice and Department of Health and Human Services—address the opioid crisis and the crack epidemic? (2)Are there any changes in their policy approaches and roles in addressing opioid and crack epidemic? These questions will be answered through reviewing passed and proposed legislation and policies that were created by politicians and lawmakers to address the crack epidemic and the opioid crisis. A piece of legislation relating to the crack epidemic that will be examined is the Antidrug Act of 1986. A piece of proposed legislation related to the opioid crisis that will be investigated is the Opioid Crisis Response Act of 2018. Documents, statements, and information posted and or released by federal departments, such as the Health Resources & Services Administration and the Department of Justice about these two events will be examined as well. For example, the Health Resources & Services Administration has a page dedicated to the opioid crisis. This page and the resources on it will be used for analysis. Archived articles and statements from this department about the crack

epidemic will also be examined. A comparison of language and tone in each of these sources will then be made.

The texts that are utilized will be looked over to see how often key terms related to humanization and criminalization are used. Words such as rehabilitate, and treatment will be kept track of. The use of other terms that refer more to crime and punishment such as sentencing and enforcement will be monitored as well. The goal is to compare this word usage in policies and documents created to combat the opioid crisis with the word usage in policies that pertained to the crack epidemic. This will be done through using qualitative analysis which will result in finding reoccurring themes in the various texts that are examined (Miles and Huberman, 1994, p. 18). Codes that fall into these themes will be kept track of as well. Ultimately themes that are recognized throughout the research will be tied to either criminalization or humanization. The data from this process will then be used to answer the research questions.

Findings

Question 1: How did two governmental agencies—Department of Justice and Department of Health and Human Services— address the opioid crisis and the crack epidemic?

Three major findings were observed in answering the first research question. The first finding focuses specifically on how the Department of Justice addressed the opioid crisis and the crack epidemic. The analysis of the texts revealed that there were some differences in how the agency addressed these two issues. It was observed that the Department of Justice adopted a more humanizing approach with the opioid crisis and a criminalizing approach with the crack epidemic. In its approach to the crack epidemic, there is a consistent theme of “enforcement.” In

the Anti-Drug Abuse Act of 1986, the word enforcement is used several times throughout the document. The first big section of the legislation is titled “Anti-Drug Enforcement”. A few of the subsequent subtitles in this section also include this term. Subtitle A, Subtitle E, Subtitle J all include the use of the word enforcement. Not only is the direct use of the term prevalent in the Anti-Drug Abuse Act of 1986 so is the essence of it. A majority of this document is dedicated towards the theme of enforcement whether it is through speaking about law enforcement, enforcing drug penalties or enforcing stronger sentencing guidelines. A large chunk of the document focuses on using enforcement as a means of addressing the crack addiction issue that was sweeping the U.S at this time. The codes that were under this theme include “punishment”, “imprisonment”, and “offender.” Each of these codes were repeatedly identified in the document and all fall under the theme of enforcement. Enforcement through punishment is heavily embedded in this legislation. It should be noted that this punishment is usually enforced through imprisonment, “such person shall be sentenced to a term of imprisonment which may not be less than 10 years or more than life and if death or serious bodily injury results from the use of such substance shall be not less than 20 years or more than life” (“Anti-Drug Abuse Act of 1986,”1986, p. 3). There are many guidelines similar to the example that was just used. The legislation’s use of enforcement leads those who rack up a drug charge to be punished for it through imprisonment whether they are big time traffickers, low-level dealers or addicts who are in possession of street drugs. While the Department of Justice focused on enforcement when addressing the crack epidemic, it took a much more well-rounded approach with addressing the opioid crisis.

Another big theme that was found in analyzing the texts was “well-roundedness.” Well-roundedness refers to the Department of Justice not just focusing on enforcement when trying to

combat the opioid crisis. Instead of mostly concentrating on enforcing drug penalties and drug sentencing guidelines, the agency also makes treatment and prevention an important priority by saying that "Today we are announcing our next steps: investing \$320 million into all three parts of the President's comprehensive plan to end the epidemic: prevention, treatment, and enforcement. We are attacking this crisis from every angle—and we will not let up until we bring it to an end," (Sessions,2018, para. 2). This concept of attacking the opioid crisis from every angle is something that is now important to the Department of Justice. Investing in comprehensive opioid abuse sites and addressing treatments is just as important as investing in enforcement. Enforcement is no longer the agency's main means of solving drug addiction issues. The department now uses a far more diverse portfolio of methods in addressing the drug crisis. Whereas in the 1980s and 1990s the agency mostly depended on mandatory minimum sentencing and imprisonment to resolve the crack epidemic, it now is much more well-rounded in its approach. The department now puts more efforts into addressing treatment needs and improving its methods in drug prevention. While the first finding focuses on the Department of Justice's treatment of the crack epidemic and opioid crisis, the second finding focuses on the Department of Health and Human Services' treatment of these issues.

The second finding that was observed in answering the research question is that the Department of Health and Human services seems to humanize the opioid crisis more than the crack epidemic. In general, it is hard to find any press release statements or documents that the department has released about the crack epidemic. The department does have some presence in the Anti-Drug Abuse Act of 1986, but it's role is more broad. In the few documents that can be found, it can be seen that the Department of Health and Human Services does not humanize crack addicts in the way it humanizes opioid addicts. A theme that is often found in the

department's approach to the opioid crisis is the "individualization of addicts." Personal profiles and stories about addicts and their families are often found in the department's content about the opioid crisis; this is hardly the case for the crack epidemic. Crack addicts are not given names and faces in the way that opioid addicts are. The Department of Health and Human Services seems to be making an effort to humanize those who are affected by the opioid crisis to the public. For instance, this following statement shows that

Americans who have followed the opioid crisis plaguing our land know that this is a scourge of unprecedented scale. But it's not until you get out there to talk to people who have lived this crisis, as a team from HHS has been able to do this week, starting with a trip to Michigan and West Virginia on Tuesday, that you can really grasp its enormity. (Price, 2017, para. 1).

Many of the efforts to humanize opioid addicts can be seen on the agency's website.

When looking at articles about the opioid crisis on the department site, blogs written by former opioid addicts of those affected by the opioid issue can be found. "My Story of Recovery," written by Christopher Jones (2018), a captain in the Commissioned Corps of the U.S Public Health Service, is an article posted by the department about his personal experience with opioid abuse. Jones' article was released as a part of a series about people have been affected by the opioid crisis. Other stories in the series include one about a mother losing her son to opioid addiction and another about an adoptive mother and her experience with raising a son who was born dependent on heroin. Although there are quite a few articles about individuals and their personal stories about opioid addiction on the Department of Health and Human Services website, a visitor of the site would be hard pressed to find similar content about those affected by crack addiction. While this second finding focuses solely on the Department of Health and Human Services' approach to addressing the crack epidemic and the opioid crisis, the third

finding focuses on what this agency and the Department of Justice both had in common when addressing these crises.

The third finding observed in answering the research question is that the Department of Justice and the Department of Health and Human Services are very similar in their focus on finding innovative means of combatting the opioid crisis. Both are putting resources towards innovation. Finding innovative means of resolving the opioid crisis is very important to these two departments. Both of these agencies are trying to apply innovation in a multitude of areas including in research, treatment, prevention, and in the court system specifically in drug courts. The Department of Justice and the Department of Health and Human Services seem to now understand that it takes more than just enhancing sentences to resolve a drug crisis. Both of these agencies see the importance in developing innovative strategies to fix the problem. The Department of Justice is applying innovative methods in many fields including in prosecutors' offices. The agency claims to be investing 4.1 million dollars in this area (Department of Justice, 2018, para. 6). The Department of Health and Human Services is putting a lot of its efforts into making innovative treatments like Medication-Assistant Treatments more available to communities heavily affected by the opioid crisis (Agency for Healthcare Research and Quality, 2016, para. 3). These departments show more initiative in using innovative strategies for the opioid crisis than they did for the crack epidemic.

Question 2: Are there any changes in their policy approaches and roles in addressing opioid and crack epidemic?

Regarding the second question, this study identified three major findings through the qualitative analysis. First, the Department of Justice has evolved from having the predominant

role in the crack epidemic to having an equally important role as the Department of Health and Human Services. Although the Department of Health and Human Services did have some involvement in combatting the crack epidemic, the government seemed to more heavily rely on the Department of Justice to solve the issue. The Anti-Drug Abuse Act of 1986 heavily relied on the Department of Justice specifically for enforcement of mandatory minimum sentencing and expanding prisons. The role of this agency was clearly spelled out in the document. The Department of Health and Human Services is mentioned in the legislation, but not nearly as much. When analyzing the data, a clear difference appears in how the federal government combatted the crack epidemic and how it combatted the opioid crisis. The government's approach to fixing the crack epidemic mainly focused on the enforcement of drug laws and punishment that stemmed from violating these laws. The Anti-Drug Abuse Act of 1986 is very much Department of Justice oriented and it shows. Much of this legislation focuses on drug related penalties and offenses, and the punishment that offenders will face if they are convicted of these crimes. The Anti-Drug Abuse Act of 1986 used mandatory sentencing as a means of solving the U.S' drug issue at that time. It is also important to point out that disparities in the mandatory sentencing of possession of crack cocaine and possession powder cocaine stemmed from this piece of legislation; it established a 100:1 mandatory minimum disparity between the two crimes. The Opioid Crisis Act of 2018 takes a completely different approach to addressing the opioid crisis.

Although the Department of Justice plays a role in this legislation, the Department of Human Health and Services plays just as big of a part or even bigger in it. Much of this is because there is not simply a reliance on enforcement and punishment to fix the problem .In recent times, there has been a shift. Currently the Department of Justice and the Department of

Health and Human Services are both equally important players in addressing the opioid crisis. Unlike in the crack epidemic, the Department of Health and Human Services plays a pivotal role in the fight against America's opioid issue. This can be seen in the Opioid Crisis Response Act of 2018. The Department of Health and Human services and the agencies within it are frequently mentioned as important players in this legislation. The role of the department is no longer broad or unclear. The agency has developed a 5 point strategy that is publicly available for all to see. This strategy describes all of the actions that the Department of Health and Human Services are taking to combat the opioid crisis. There is no question about what the department's role is in the crisis. The government does not mostly rely on the justice system and sentencing to combat the opioid problem.

The second finding observed in answering this research question is that the government now considers widespread addiction to be a health issue instead of a crime issue. In the Anti-Drug Abuse Act of 1986, crack users were affected by the mandatory minimum sentencing that was enacted; possession fell under these sentencing guidelines. Crack addiction did not qualify as a disability as opioid addiction does now; this led to crack addicts being criminalized more and going to prison more. The Department of Health and Human Services refers to opioid addiction as a disability, "Drug addiction, including an addiction to opioids, is a disability under Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and Section 1557 of the Affordable Care Act, when the opioid addiction substantially limits a major life activity" ("Joining the Fight Against the Opioid Crisis," 2017, p. 1). The Department of Justice shares this same sentiment. In a Department of Justice statement release about a settlement the U.S Attorney's Office reached about a nursing facility refusing to accept a patient who was being treated Opioid Use Disorder, the department reaffirmed this belief that addiction is a disability,

“Our office is committed to protecting the rights of people with disabilities, which includes those in treatment for an Opioid Use Disorder,” (“U.S. Attorney’s Office Settles Disability Discrimination Allegations at Skilled Nursing Facility,”2018, para. 3). In this same settlement, the U.S Attorney’s office confirmed that those with Opioid Use Disorder should be protected by the American Disability Act and should not be discriminated against by health care providers. The concept of drug addiction qualifying as a disability under legislation is very recent and coincides with the rise of the opioid crisis in the U.S. When examining the data, it is clear that the same grace that was given to opioid addiction was not given to crack addiction. The Anti-Drug Abuse Act of 1986 mentions the word disabilities once and it is not in any relation to drug addiction or disorders. When it comes to newspaper articles about the crack epidemic, disability is more associated with “crack babies” than it is to actual addiction. “Crack babies” were sensationalized by the media and were characterized as children who were predicted to be disabled on many fronts. Outside of the stigmatization of children who were given birth from crack addicted mothers, disability was not really equivocated with crack addiction.. The crack epidemic was not labeled as a public health issue by these two agencies in the past. It was much more tied with being a crime issue that should be solved through enforcing mandatory minimums and expanding the prison system. Because opioid addiction can fall under disability, the government is more understanding of the importance of treatment and recovery; prison is not the default response for opioid addicts. Addiction is now rightfully identified as a disorder. This results in the opioid crisis being painted as a health issue by both the Department of Justice and the Department of Health and Human Services. The Department of Health and Human Services has specifically labelled the crisis as a public health emergency, “In 2017 HHS declared a public health emergency and announced a 5-Point Strategy to Combat the Opioid Crisis,” (Digital

Communications Division, 2018, p. 1). This language signals a medicalizing of the opioid crisis.

The data shows that the term disorder is used quite frequently in documents and articles addressing the opioid crisis. The Opioid Crisis Response Act constantly uses the term disorder when describing addiction. The Department of Health and Human Services also follows suit in its use of the word. Many articles on the department's site including the article, "Joining the Fight Against the Opioid crisis," often use the term disorder. Similar language is used in the media's reporting of the epidemic issue. According to the U.S National Library of Medicine, which is a subset of the Department of Health and Human Services, "Substance use disorder occurs when a person's use of alcohol or another substance (drug) leads to health issues or problems at work, school, or home," ("Substance use Disorder: MedlinePlus Encyclopedia," 2019, p. 1). When examining the data it is clear to see that the term disorder and this definition were not applied to the crack epidemic as nearly as much as it is to the opioid epidemic. The Anti-Drug act of 1986 does use the term disorder, but not anywhere as frequently as the Opioid Crisis Act of 2018. This can also be seen in newspaper articles. Articles about opioid addiction tend to refer to it as a disorder or disease more than articles that focused on crack addiction.

The third finding observed when answering the research question is that there is a sense of empathy that the departments have when discussing the opioid crisis. Opioid addicts are often referred to as fellow Americans and places affected by the crisis are referred to as "our communities". This is more empathetic language than what was used by the departments to describe the crack epidemic in the past. In the Anti-Drug Abuse Act of 1986, the word offender is repeatedly thrown around in reference to those possessing drugs. This is a big difference from how the departments now view those affected by the opioid crisis. Opioid addicts are not

automatically referred to as offenders; they are “sons”, “daughters”, and “people who have loved ones.” They are presented as individuals who are dealing with a health disorder. This table below contains my findings that were found from conducting qualitative analysis on the selected sources.

Table. Qualitative Data Analysis Results

Category	Code	Example	Source
Enforcement	Punishment	“such person shall be sentenced to a term of imprisonment which may not be less than 10 years or more than life,”	Anti-Drug Abuse Act of 1986
Well-Roundedness	Multiple angles	Today we are announcing our next steps: investing \$320 million into all three parts of the President’s comprehensive plan to end the epidemic: prevention, treatment, and enforcement. We are attacking this crisis from every angle	Press Release, Jeff Sessions, 2018
Humanization	Individualization	“Americans who have followed the opioid crisis plaguing our land know that this is a scourge of unprecedented scale. But it’s not until you get out there to talk to people who have lived this crisis, as a team from HHS has been able to do this week, starting with a trip to Michigan and West Virginia on Tuesday, that you can really grasp its enormity,”	Slipping Through the Cracks: Stories from the Front Lines of the Opioid Crisis, Department of Health and Human Services
Innovation	Medication-Assistant Treatment	This initiative will bring together innovative teams of State health departments, academic health centers, researchers, local community organizations, physicians, nurses, and patients to bring MAT(Medication-Assistant Treatment) to hundreds of rural practices,”	Increasing Access to Medication-Assisted Treatment of Opioid Abuse in Rural Primary Care Practices

Addiction as a Health Issue	Disability	“Drug addiction, including an addiction to opioids, is a disability under Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and Section 1557 of the Affordable Care Act, when the opioid addiction substantially limits a major life activity”	Joining the Fight Against the Opioid Crisis, 2017
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Conclusion

It may be that because the crack epidemic was portrayed as an urban inner city problem, that it was seen as a crime issue. When opioid addiction started to hit middle class and rural communities harder this tune changed; addiction became a health issue and addicts were no longer automatically characterized as criminals but individuals who have a disorder. Although class could possibly play a part in these differences, it does not explain everything. White suburbs have been heavily affected by the opioid crisis, but poor white rural communities are the ones who have been impacted the most. Galvin (2019) in the article, “How Racial Bias has Shaped the Opioid Epidemic,” states, “While affecting people across race and ethnicity, the opioid crisis gripping the nation has been concentrated largely among low-income whites,”(p. 1). White opioid addicts living in rural neighborhoods, like many black crack addicts living in inner city neighborhoods during the epidemic were, are living in poverty. The biggest differences between the two groups is not class, but race, access, and environment. Access refers to the ability to be prescribed opioids. Lower income white people are prescribed opioids much more than lower income black people are; racial bias in medicine is a factor in this disparity (Galvin, 2019, p. 1). The findings from the qualitative analysis show that the government humanizes opioid users more than it did crack users and is more dependent on the justice system with one group over the other. When the dots are connected, it is not hard to see that the government

criminalized black lower income addicts, but humanizes white lower income addicts. This finding points to racial bias in federal agencies.

The government needs to not only acknowledge the institutional racism that created this disparity, but also actually do something about it. Correcting this issue, needs to involve creating policy that directly addresses racial bias. Efforts to correct sentencing such as the Fair-Sentencing Act have been made, but unfortunately there are still people who are in prisons due to the mandatory minimums precedent set by the Anti-Drug Abuse Act of 1986. The government should create policy that will result in releasing offenders who are still serving sentences based on the old guidelines. The government should also try to make policies that will reduce the amount of racial bias that is present in its decision making so more disparities like the one between the crack epidemic and the opioid crisis do not occur.

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