

Drugs, Divide-and-Conquer and Dissent: Perspectives on the opioid crisis

By Caitlin MacLaren, Savina Martin and Aaron Scott

Before Covid-19, there was another health crisis grabbing headlines in our country. An estimated [128 people in this country die each day](#) from an overdose of opioids, a class of drugs that includes legal prescription medications like oxycodone and illegal substances like heroin. Prescription [opioids gained popularity in the 1990s](#) when drug companies manufactured new medications such as OxyContin and [marketed them as having a low-risk for addiction](#). Many users of prescription opioids go on to abuse them, then turn to heroin and the much more potent and fatal fentanyl. While opioid prescriptions have fallen in recent years, [deaths from heroin and synthetic opioid overdoses continue to rise](#). Every demographic group has been touched by the opioid crisis, although [low-income whites](#) are the most likely to be prescribed opioids and die from overdoses.

[Blame](#) for the shocking levels of addiction and death has been placed not only on pharmaceutical companies, but also the FDA, the DEA, Congress and doctors who allegedly over-prescribed medications. Researchers have also noted how [economic distress](#) contributes to drug abuse. A two-fold issue of a profit-driven health care system and poverty has created a perfect storm of despair. Of course, there are many who will place all the blame on the users themselves, advocating “personal responsibility” as the cure for what ails our society. Across the country, communities that have been affected by substance abuse have fought back against the narrative that villainizes drug users and divides our class, demanding a transformation of how we understand and treat addiction.

Fighting back in Washington state

[Chaplains on the Harbor](#) is a parish in the Episcopal Diocese of Olympia with around 500 poor, homeless and incarcerated people. It is based in [the most economically distressed county in Washington](#) state—Grays Harbor.

James Petersen-Yeager and Chris Olive are two members of COH. Petersen-Yeager says, “I was an addict of a few different things for the majority of my adult life so far. I drank my way through my twenties. Also popped a lot of pills, snorted some cocaine, smoked weed and tried shrooms a few times. I’m now almost two years clean and making the most out of my life. I’m a proud father of two great boys and I’m married to the best woman on the planet.”

Olive says, “I grew up in a small town and never had any childhood trauma. I became addicted to opiate-based pain medications while on active duty in the US Air Force. I had no idea about the science of addiction at the time and I didn’t even know that being physically addicted to a substance was possible until it was far too late.”

In Grays Harbor County the opioid overdose death rate is [well above the state average](#). Yet COH organizer Aaron Scott [wrote recently](#) that the “region has invested far more heavily in incarceration and policing than in healing.” Washington surpasses the rest of the country in [juvenile detention](#), with Grays Harbor the leading the pack in terms of detaining kids for noncriminal offenses, such as truancy.

“People can’t get housing and jobs with their records,” says COH co-founder Rev. Sarah Monroe. “Only this year, the courts finally offered drug court as a diversion program, the first time the criminal justice system in this area has ever done anything to reduce the street- and school-to-jail pipeline.”

Both Petersen-Yeager and Olive want to see major changes in how addiction is addressed.

“I want a detox center that takes care of everyone in need,” Petersen-Yeager says. “Addiction has killed a handful of my friends. I can never get them back. I’ve seen families ripped apart. I’ve watched friends die and be revived in my arms. I’m sick of people dying when it can be helped, it can be stopped. Quit blaming homeless people and assist those in need.”

Olive says, “In my community, I would love to see a Medicare-accessible detox facility and a treatment facility be built because there is currently no option for people who don’t have private insurance.”



Chris Olive testifies before Congress in 2018 as part of the Poor People’s Campaign: A National Call for Moral Revival. (Poor People’s Campaign Twitter)

Chaplains on the Harbor runs six feeding programs a week, hosts a cold weather shelter, distributes Narcan (the opioid overdose reversal drug), does street outreach, makes weekly jail visits, publishes a jail and prison newsletter, offers supportive employment for people getting off the street and out of jail, operates a four-acre farm; and does weekly worship, popular education and human rights organizing.

Petersen-Yeager says, “I help feed the hungry, I help clothe the cold, I help give back to people I used to treat wrong. I’m not alone now; I guess I can say we as a fellowship do that.”

Olive takes a historical view of the situation. “The fact that much of America is dealing with opiate and heroin addiction in my generation reminds me of the crack epidemic of the 1980s,” he said. “The only difference is the way most people are being treated. In the 80s, the African American population was largely ignored and/or blamed for what was happening in their communities. I don’t see that happening now and it seems to be only because most of the affected population today is white.”

Treatment on Demand

On the other side of the country, in Massachusetts, the opioid-related death rate has surpassed the national average. In 2017, it was [twice as high](#) as the national average.

In Boston, activists have rallied around a middle school that has been hit hard by the crisis. Orchard Gardens Pilot School is located in a low-income multi-racial neighborhood of Greater Boston called Roxbury. The school is located on the periphery of what has been deemed “Methadone Mile,” a one-mile stretch of land that is home to homeless shelters, a jail, a safety-net hospital, as well as a one-million dollar tent erected by the city of Boston called the Engagement Center. This center operates primarily for those who are actively using opioids and other substances, with the stated intention of providing a shaded space where participants can get off the streets and access housing and recovery services.

The students and parents of the K-8 school have been [protesting](#) against the [used syringes found in their playground](#). Some of them are active in the Massachusetts Poor People’s Campaign and spoke during the Poverty Tour in April 2019 and went to Washington, D.C. last June to the Poor People’s Congress.

Organizing around addiction is not new to Boston. In the 80s and 90s, in the midst of the War on Drugs, recovering addicts in Roxbury fought for “Treatment on Demand,” policies that would support immediate access to rehabilitation for anyone asking for it.

Rev. Savina Martin remembers the long wait lists for treatment beds, “up to 1500 a night.” Martin was a leader in the National Union of the Homeless and founded WINGS (Women’s Institute for New Growth and Support), using a house the community took over as a transitional home for women in recovery.

During the Clinton Administration, [harsh prison sentences for minor drug offenses](#) were handed out rather than offering more treatment beds and health care, resulting in addicts being locked up for years. For an active addict, being thrown in jail was a life-threatening situation and at times an addict would go into withdrawal without proper medication and suffer a drug-induced psychosis or death.

Children were removed from their parents, placed into foster care and mothers who were now homeless were given nearly impossible case plans from Social Services to follow. According to the Treatment Plans, they had to find housing for their children, attend meetings every day to recover from drugs, take urinalysis tests each week and have supervised visits with their children, not to mention attend a methadone clinic each week. On top of this, parents needed to find employment. Having a criminal record from committing an economic crime to keep your addiction afloat while waiting for a treatment bed also made it difficult for ex-offenders to obtain decent employment and housing. If you had a drug offense while living in subsidized housing and were evicted or jailed you were barred for life from obtaining another Section 8 certificate or accessing public housing. Thus, ex-offenders were caught in a vicious cycle of homelessness, joblessness and loneliness. Mothers would lose their child and over time the child would be adopted.

Over one hundred recovering addicts in Roxbury organized and fought at the state level for Treatment on Demand. They helped themselves to recover without the use of drugs.

Today, Rev. Savina Martin and others have [reestablished the National Union of the Homeless](#), which is rapidly growing with new locals emerging all across the country.

Rev. Sarah Monroe of Chaplains on the Harbor says much of this is familiar to them in Grays Harbor County:

“In our community, poor people’s pain is rarely treated, because we are labeled as drug seeking,” she says. “Drugs are still the top reason for child removal in our county; we have 1 in 17 of our kids in state custody and generations of family breakup because moms lose their kids, often at birth. Almost every addict I know has gone to jail and prison for addiction. Many have almost died on jail floors detoxing. Poor Natives and Black folks usually get higher sentencing and racism is super real in our community, but all the white kids get locked up too.

In my community, we have been heavily addicted and criminalized for the last 30 years, and no one treated meth addiction when only poor whites were dying while rich whites got cocaine and never spent jail time.”

Uniting the Class

The narrative about addiction—that it’s exclusively about personal choice or personal moral failure—is so tightly tied to the narrative on poverty, which says the same thing. Blame addicts for their addiction and blame poor people for their poverty, without seeing the enormous structures that are shaping both of these epidemics. Poverty is man-made. The crisis of addiction is also man-made—it is made by lack of access to meaningful, human, relevant healthcare. It is made by generational trauma. And it is made by an economy that views rapidly increasing numbers of people as ‘surplus.’ Flooding poor, deindustrialized and otherwise struggling communities with drugs is at the end of the day a means of dealing with surplus population—at least in the eyes those in power. But it doesn’t have to be this way.

We can understand the opioid crisis as another facet of the class warfare that is being waged in this country. Those of us who are interested in building a movement of the poor and dispossessed need to pay attention to the opioid crisis for two reasons. First, those directly impacted are exactly the people we seek to unite with. Second, addiction and substance abuse are used to disorganize, isolate and stigmatize the poor and dispossessed of this country. It is a way the power structure of this society chooses—concretely as well as rhetorically—who is worthy of life. Substance abuse and struggles with addiction are treated like a contaminant, and [used to justify cutting human beings’ access to the things they need most](#)—food, shelter, healing, community—*precisely at the time when people need those things the most*. It is part of an ongoing divide-and-conquer campaign by the ruling class to pit the “good” poor people against the so-called “junkies,” “criminals” or “illegals” thereby generating buy-in for their horrific policies.

The issue of addiction connects two strategic fronts of struggle today—homelessness and healthcare. As an extremely visible and morally repugnant failure of our current economic system, homelessness represents a point of vulnerability in the narratives of the ruling class. However, the way that addiction is understood and treated, combined with the overlap between homelessness and addiction (both real and perceived) is used to justify violence against the homeless and hide the fact that homelessness is a result of the systemic failures of our society. The lack of health care (including treatment for addiction), as a potential point of unity of the poor and dispossessed across many lines of division, also represents a real point of weakness for the ruling class. It is only by understanding the many struggles facing our class, finding ways to politically coordinate and unite those struggles, and rejecting the labels chosen to separate us and instead uniting the bottom, that we can become [“a new and unsettling force.”](#)