Endless Barriers:
Addiction, Institutions, and People of Color

By
Juliana Wilson

Submitted to the Board of Study in Sociology
School of Natural and Social Sciences
in partial fulfillment of the requirements
for the degree of Bachelor of Arts

Purchase College
State University of New York
May 2019

Accepted:

_____, Sponsor
Lisa Jean Moore

_____, Second Reader
Shaka McGlotten

Contents

Abstract

There has been an increased understanding that social stratification in healthcare and discrimination in the criminal justice system continue the legacy of inequality within the United States. However, few studies have examined the direct impact that institutions have on the lived experiences of people of color struggling with self medication and their communities. People of color struggling with self medication are much more likely to see the inside of a jail cell rather than being given options and access to treatment and resources. Research shows that although "African Americans and whites use drugs at similar rates the imprisonment rate for African Americans for drug charges is almost 6 times that of whites" (NAACP.org).The difference in institutional responses for people of color struggling with substance use can be a life or death situation due to the fact that those who don't receive quality treatment and harm reductionist resources are left vulnerable to infection, incarceration, overdose, and a myriad of other risks involving continued drug use.

This study seeks to hear the first-hand account of people of color and answer the following questions: How has discrimination in the healthcare and criminal justice system impacted individuals and communities of color struggling with self medication, more specifically have these communities developed their own method of responding to individuals struggling with substance use? If so, do these approaches resemble the punitive response commonly seen in the U.S. or a harm reduction approach? The methods utilized for this study includes the content analysis of three written accounts of people of color who have struggled with self medication. This method of inquiry helps to provide qualitative data and insight into the lived experiences of

people of color in order to show how the criminal justice system and healthcare ideologies have hindered their lives and shaped their experiences with self medication.

Introduction

Struggling with self medication is a devastating experience for both the individual and those who care for them. Although privileged individuals are given the resources and opportunities to decide their own path to recovery and wellbeing many individuals remain excluded from autonomous treatment options resulting a substantial number of loved ones lost to incarceration and overdose. Previous studies have examined the ways in which certain roads to recovery are much more accessible to whites than people of color. This lack of accessibility is due to a combination of discrimination in the criminal justice system (Hall, 1997; Nicosia, MacDonald, & Pacula, 2017; Alexander, 2011; Burton & Lynn, 2017; Kerrison, 2017) and social stratification in the healthcare system (Helfinger, Chatman, & Saunders, 2006; Knudsen & Roman, 2007; Alexander, 2011; Kerrison, 2017; Burton & Lynn, 2017) which work together to negatively impact the lives of people and communities of color, especially those that are struggling with self medication.

I am doing this research because I feel the need to gain a broader understanding of the impact of social factors on individual and communal experiences regarding self medication. This topic became of interest to me due to my own struggle with self medication at the age of 16. As a white woman living in a upper-middle class suburban area my experience was one of privilege. I didn't live under the constant threat of criminal justice involvement and never experienced the emotional and social impact of increased surveillance, incarceration, and family separation. Although people of color use drugs at the same rate as whites, "the imprisonment rate of African

Americans for drug charges is almost 6 times that of whites" (NAACP.org). The mass incarceration of people of color has acted as a mechanism of social control in order to maintain the racial hierarchy in the United States (Hall, 1997; Alexander, 2011). This social control is executed through the systematic removal of those who are found to be "guilty" of violating the law and then extended further through the legal discrimination of individuals with a felony record (Alexander, 2011; Burton & Lynn, 2017). Additionally the implementation of drug courts throughout the country has allowed the criminal justice system to infiltrate the healthcare system in order to determine not only who needs treatment; but who is deserving of it and under what circumstances (Tiger, 2012).

Although I did not take the traditional route to treatment, I was still incredibly privileged due to the financial support of my family. Our socioeconomic status provided me with access to healthcare and treatment centers, the ability to take time off from work, and the autonomy to decide my own route to recovery. Additionally, having adequate healthcare meant that if I was ever hospitalized due to an overdose or other medical complications I could still remain financially secure. The book *Becoming Ms Burton: From Prison to Recovery to Leading the Fight for Incarcerated Women* shows how factors such as poverty disproportionately affect people and families of color, noting that "unemployment rates for blacks in America are consistently twice as high as for whites" (2017). The disparities in income and health insurance contribute to the inaccessibility of many treatment options which places an increased burden on people of color struggling with self medication.

Access to quality healthcare continues to have a significant impact on the experiences of individuals struggling with self medication, providing resources such as therapy, sober houses

and supportive networks. However there are also significant problems that arise from pathologizing self medication. Many treatment facilities operate under the disease model of addiction which views self medication as a "chronic relapsing disease" (NIDA). This model was pushed forward in attempt to increase funding for treatment facilities (Satel & Lilienfeld, 2014). Although there may have been good intentions behind this view of addiction it backfired by putting the focus on genetics causes and potential cures (paths towards abstinence) (Tiger 2012) rather than the social factors that people are attempting to manage.

Cruel Optimism (Berlant, 2011) discusses how attachments to certain objects or feelings (in this case drugs) oftentimes arise as an attempt to cope with the conditions of society. This evaluation provides a new sense of validity to those struggling with self medication because it shows that the desire to numb emotions is an understandable reaction to the emotionally draining society we live in. Additionally this explanation emphasizes the motivation behind self medication rather than the act of using drugs itself. The pervasive medical implications associated with terms such as addiction and substance abuse disorder contributed to my decision to utilize the term self medication more frequently within this research. Although I utilize the term addiction and self medication interchangeably I tend to favor the word self medication because it emphasizes that the use of substances is an attempt to alleviate the symptoms of society. On the other hand terms like addiction and substance abuse disorder point to drug use as the cause of the problem rather than a symptom of social problems that already exist.

The data for this research includes the content analysis of three autobiographies written by women of color who have struggled with self medication. The books utilized for this study are *Becoming Ms. Burton: From Prison to Recovery to Leading the Fight for Incarcerated*

Women by Susan Burton, *The Men we Reaped* by Jesmyn Ward, as well as *Piece of Cake* written by Cupcake Brown. The analysis focuses on the authors' and their communities experiences with, and feelings about healthcare professionals and law enforcement during their early life and in regards to self medication. The author's feelings regarding their experience as well as the response of their community is also examined within this research. The analysis of these texts provide insight into the lived experiences of people of color struggling with self medication in order to better understand the ways in which the healthcare and criminal justice system have impacted their lives. These institutions contribute to the desire to self medicate while simultaneously diminishing the ability to choose and access their own form of recovery. If we as a society acknowledge the role and impact of social institutions and policies then we will be better equipped to prevent and respond to inequality and self medication effectively through institutional and social change.

Literature Review

Systems of social control have been disproportionately implemented on people of color through the processes of medicalization and criminalization. These processes result in prolonged punitive responses for people of color struggling with self medication which is addressed in the discriminatory drug enforcement section. The medical narratives surrounding substance use have contributed to the expansion of drug courts and the systematic subjugation of people of color struggling with self medication through the unprecedented power of judges. Meanwhile, within the healthcare sector, barriers to access prevent people of color from gaining entry into healthcare settings while unequal distribution of resources leaves communities at a loss even

when entry is permitted. Discriminatory drug enforcement and social stratification in healthcare have lasting impacts on wellbeing for people of color struggling with self medication.

Discriminatory Drug Enforcement

Laws in the U.S. have always acted as a mechanism of social control and more often than not have been used to further marginalize vulnerable groups through institutional policies and practices. The War on Drugs targeted people of color (especially those struggling with self medication) through law enforcement and legislation which played off of stereotypes labeling drug users, more specifically drug users of color as dangerous and criminal. The War on Drugs consisted of a series of initiatives enacted by President Reagan which increased the penalties for drug violations and claimed to combat illicit substance use and drug trafficking. As a result of these laws the United States currently has one of the highest incarceration rates of all industrialized nations (Alexander, 2011) and although "African Americans and Hispanics make up approximately 32% of the US population, they comprise 56% of all incarcerated people in 2015" (NAACP.org). The initiatives incorporated into the war on drugs played a significant role in maintaining the social and economic inequality in the U.S. by ripping people of color away from their families and communities through mass incarceration.

Legal epidemiology is the theoretical "framework for understanding how law, like any other social institution, can shape wellbeing on micro and macro scales" (Kerrison, 2017). This concept of legal epidemiology relates to how the U.S. criminal justice system interferes with the lives of people of color by systematically locking them up, separating families, and exploiting their labor. Those with felony records are then excluded from voting rights, public housing, food stamps and other forms of government assistance. These discriminatory laws included the Anti

Drug Abuse Act of 1986 which incorporated mandatory minimum sentences for the sale or distribution of illicit drugs as well as a "far more severe punishment for the distribution of crack" (Alexander, 2011). The difference in sentencing was initiated because crack cocaine was much cheaper and therefore much more available to low income communities while powder cocaine was much more accessible to the upper middle class.

In addition to the economic circumstances the media played a significant role in associating crack cocaine with communities of color and perpetuating racial stereotypes surrounding violence and criminality. In addition to discriminatory sentencing and stereotyped media, police forces have continuously shown disproportionate presence in predominantly low income communities of color emphasizing the ever-present threat of incarceration (Alexander, 2011). Mandatory minimum sentencing also resulted in a large number of innocent individuals accepting plea bargains out of the fear of being wrongly convicted and given a lengthy sentence. According to the documentary *13th* approximately 97% of the people incarcerated in the U.S. are there because of plea bargains (Duvernay, 2016). The use of mandatory minimum sentences results in a gross percentage of individuals losing their freedom for an unjust period of time while simultaneously removing the government's responsibility to provide a fair and just trial as promised by the constitution.

During the implementation of the War on Drugs the "three strikes" policy was also initiated. This policy meant that anyone who had obtained 3 felony convictions was required to serve a mandatory twenty five to life sentence, putting people of color who were already being targeted by law enforcement (particularly those struggling with self medication) in a very vulnerable position. The laws incorporated in the War on Drugs perpetuated the idea that self

medication was a criminal problem that requires punitive measures rather than a symptom of social problems requiring intervention and treatment on the institutional and personal level. The punitive responses to drug use meant that people of color who struggled with substance abuse faced compounded stereotypes labeling them as criminal. The association of criminality and substance use was reiterated by the fact that funding for law enforcement was increased while funding for treatment, educational, and preventative programs was cut substantially (Alexander, 2011; Tiger, 2012). Further examinations of the War on Drugs found that the increased enforcement was rather unsuccessful in decreasing substance abuse rates; however, it was very successful in criminalizing people of color and excluding them from communities, work forces and educational opportunities through the use of the criminal justice system and the legal discrimination of felons (Alexander, 2011). The outcome of the war on drugs shows without a doubt that those who advocate for harsh drug laws aren't doing so with the intention to help people and communities that self medicate.

In the past two decades there has been an increasing number of drug courts emerging across the United States. The substantial growth of drug courts is partially due to the increasing use of the brain disease model of addiction and the idea that those with substance abuse disorders are sick but still require legal interventions. These drug courts offer the defendants the "option" to plead guilty and go to a treatment facility rather than going through a trial and facing the risk of incarceration. *Judging Addicts: Drug Courts and Coercion in the Justice System* by Rebecca Tiger examines the ways in which drug court advocates label people with substance abuse disorder as "both sick and bad" (2013) and use the medicalized perception of addiction to broaden the courts jurisdiction and control over the individual without ever providing a fair trial.

Judges in drug courts oftentimes go unchecked by other authoritative figures and institutions, making their increased power of discretion remarkably dangerous due to the potential for abuse of power. These judges are given the authority to make very specific conditions for the individual's treatment and recovery and although these conditions oftentimes have no legal basis, the violation of them can still result in sanctions sometimes as serious as incarceration. Conditions may include (but are not limited to) a curfew, cutting social ties, maintaining employment and even finding new housing (Tiger, 2012). The broad power of the judge along with the strict set of requirements imposed on the individual make it increasingly difficult for people to rid themselves of the oppressive control of the criminal justice system through program or probation completion. Also considering the fact that many individuals use substances as a form of self medication the added stressors of criminal justice involvement and the shame associated with being labeled as criminal can tend to worsen the problem rather than solving it.

The level of criminal justice involvement in the lives of people of color and their communities becomes increasingly pervasive through the use of drug courts. Tiger's book recognizes the fact that many drug court advocates state that the threat of incarceration and the coercion associated with it are necessary for successful treatment and reduce recidivism rates; however, a five year long study done by the Drug Policy Alliance disputes this claim stating that, "'Incarceration sanctions' are associated with a lower probability of program completion, in part because 'a person's sense of autonomy and motivation- integral to progress in treatment- can be undermined if they feel they are sanctioned unfairly'" (2013). If incarceration or the threat of incarceration lowers the probability of program completion then the criminal justice system is

actively hindering the recovery process of poor people of color by consistently terrorizing their neighborhoods with increased police presence and therefore an increased threat of incarceration. While the criminal justice system works to funnel people of color struggling with substance abuse disorder into courtrooms and prisons the healthcare system also hinders their ability to get better by excluding them from options and access to quality resources and forms of treatment.

Social Stratification and Healthcare

Despite attempts to increase the availability of resources and services through the medicalization of self medication, people of color continue face insurmountable barriers in access to and utilization of comprehensive healthcare resources. Due to the for profit healthcare system as well as racial inequality within the U.S., factors such as socioeconomic status, stereotypes, and improper assessments of health concerns continue disproportionately impact wellbeing for people of color (Smedley, 2003; Copeland, 2005; Abramson, 2015), especially for those struggling with self medication (Knudsen & Roman, 2007; Knudsen & Roman, 2009). The unequal treatment and response for people of color struggling with self medication is a systematic implementation of the necropolitical society we live in. Theorist Achilles Mbembe's concept of "necropolitics" was an extension to Foucault's concept of biopolitics. While biopolitics is the power of control over bodies and their conditions of life, necropolitics is the use of power to enact death on certain populations in order to achieve submission among the rest of society. Although Mbembe defined necropower as the ability to kill, I will draw on the interpretations of other researchers such as Naa Oyo A. Kwate and Shatema Threadcraft who state that "necropolitical projects need not produce a dead body immediately to function" however they function by "producing dysfunctional bodies awaiting death" (2017). This

political distribution of death can be seen in “a process demographers refer to as ‘selective mortality’”(Abramson, 7) which refers to the increased mortality rate at younger ages for more marginalized groups. Factors such as income inequality, access to healthcare, resource availability, as well as criminal justice and healthcare responses all contribute to the various ways powerful institutions can facilitate and enact death on certain populations.

Lack of access to quality health insurance and competent healthcare resources continues to be an insurmountable barrier for many people of color. Statistics have shown that African Americans are “less likely to have private or employment-based health insurance, more likely to be covered by medicaid or other publicly funded insurance, and twice as likely to be uninsured, even though eight of 10 are in working families” (Smedley et al. 2003; Copeland 2005). In capitalist economies with for profit healthcare systems, the economic burden that comes along with healthcare expenses are enough to prevent an individual from seeking care. Participants in research on African American men’s help seeking behaviors stated that “out of pocket costs and lack of transportation were too challenging to overcome” when attempting to access healthcare (Griffith, Allen, & Gunter 2011).

These income barriers can leave marginalized groups vulnerable to hefty hospital bills in the event of an overdose and can even cause an individual to prolong or refrain entirely from seeking emergency medical services if they know they can’t afford them. Additionally financial insecurity and long work hours negatively impact both physical and mental wellbeing making healthcare access even more necessary in the lives of low income individuals. Therefore the financial burden that comes along with doctors visits, medications, and taking time off from work leaves low income individuals in a double bind. The failure to address the ways in which

for profit healthcare systems contribute to unequal health outcomes as well as economic inequality reflects the values of capitalist societies where profit is prioritized over wellbeing and income determines access.

Even when individuals are given the opportunity to enter healthcare institutions such as treatment centers, people of color are more likely to experience a lack of resources within these institutions. Research on substance abuse treatment has found that facilities that take on a higher caseload consisting of minority individuals are less likely to adopt the use of certain medications (naltrexone and disulfiram) that aid in substance abuse recovery (Knudsen et al. 2007; Knudsen & Roman, 2009). Naltrexone (more commonly known as the vivitrol shot) is administered to individuals struggling with alcohol or opioid use because of its ability to block the intoxicating effect of these drugs and decrease cravings that might arise. Disulfiram is also intended to decrease the desire to drink among those struggling with alcohol abuse because it triggers the effects of a hangover when combined with alcohol. The lack of accessibility to these medications makes recovery among people of color much more difficult because they aren't provided with any safety net to fall back on in the event of a relapse.

Even when people of color are able to overcome the various institutional barriers that impede access to adequate healthcare services and resources, they continue to face stereotypes and racism within the healthcare setting. *The New England Journal of Medicine* found that unequal treatment persisted in the healthcare system regardless of equal accessibility. Therefore racial discrimination continues to take place on the institutional level (through insurance and medication access) and the personal level through physician bias (Bach, 2003). When healthcare professionals discriminate against their patients and fail to provide culturally competent

resources they create barriers to honest and trusting relationships within the healthcare setting which actively impedes on the wellbeing of their patients as well as their comfortability reaching out to healthcare professionals regarding sensitive topics (Constantine, 2007; Kuzel, 2004). The comfort level of patients should be a top priority of physicians because it facilitates a more open and honest line of communication which is necessary in order to provide adequate and appropriate resources and advice. This open line of communication is increasingly important for patients of color struggling with self medication due to the fact that they face intersecting stigmas.

The resources currently available to those who are struggling with self medication are reflective of a one size fits all method of treatment and recovery. Treatment programs emphasize goals of abstinence and demonize or exclude those who don't comply with their strict regulations or ideologies (Tiger, 2012). These ideologies oftentimes require for a person to cut off all ties with anyone who continues to utilize drugs which is not always viable or helpful. Harm reductionist approaches to drug use would help move away from the punitive one sided response to drug use. Harm reductionist approaches revolve around the ideology that "drug users should be treated in a nonjudgemental and noncoercive way" and "the goal of any services provided to drug users should be to help them reduce the harms that can be associated with their drug use, without requiring abstinence from drugs to receive these services or punishing them if they continue to use drugs" (2012). This perspective acknowledges the role that the criminal justice system has in enacting harm on people who use drugs and seeks to reduce that harm. This perspective differs from the medical perspectives which continue to justify the use of coercion and punishment within the recovery process.

The medical view of self medication through the disease model of addiction was presented with the aim of destigmatizing self medication and providing more resources to those who were struggling. However, research has shown that "medicalization is not always associated with destigmatization" and that "the social class of drug users is central to questions of stigma" (Kaye, 2013). Therefore even if discourses surrounding drug use emphasize a medicalized narrative the race or socioeconomic status of the individual using continues to impact the way they are perceived by society. A study that analyzed documentaries produced in the late 90's to early 2000's found that people of color struggling with self medication were commonly portrayed as criminals with problems of morality while white people were often addressed as through a more circumstantial lense (Anderson, Scott & Kavanaugh, 2015). The consequences of these race based stereotypes were also reflected in statistics regarding the impact of California's Proposition 36, which claimed to reroute nonviolent offenders into treatment or less punitive programs. Researchers found that "black males remain 17% more likely than similarly situated whites to be sentenced to prison" (Nicosia et al., 2017). These findings show how reform efforts that do not address racial stereotypes and inequalities only perpetuate the disparate outcomes for people of color.

Another major flaw with medicalized narratives surrounding self medication is that this perspective has drawn the focus away from social problems, such as inequalities that contribute to a society that actively hinders wellbeing. In other words, the view of self medication as an uncontrollable illness or disease "does not accommodate the emotional logic that triggers and sustains addiction" (Satel et al. 2014) subsequently invalidating the very real frustrations and conflicts within the individuals life that they are attempting to cope with. Medicalized responses

that utilize medication assistance, therapy and twelve step programs (although helpful in some circumstances) don't address social problems like joblessness, incarceration, and family separation, all of which disproportionately impact people of color. Additionally, as mentioned previously the medicalized framework for self medication has increased the level of oppressive control that institutions have over those who are caught within the system. This systematic method of obtaining social control through a medical and criminal approach to self medication has neglected and reproduced the social conditions that motivate self medication.

Repercussions and Outcomes

The for profit healthcare and criminal justice system along with the severe deficits in government support systems have contributed to a wide range of negative outcomes for people of color who are struggling with self medication. The surrounding community can act as an incredible resource by providing various forms of support in order to alleviate some of the pressures of day to day life that arise with institutional failure. Social capital theory addresses how the connections and social networks that we build can result in various gains due to the increased exchange of various forms of support. However the communities response and ability to provide supportive resources is largely dependent on factors such as the outlook of the community as well as their knowledge of and access to resources.

The response of the community can have an extreme effect on the outcome for people who are struggling with addiction. If the community responds to substance use with compassion, support, and understanding then the trust acquired within that relationship can lead to increased honesty and communication about the social conditions that make feeling numb more desirable. This open line of communication increases the opportunity for community and family members

to recommend and provide resources to people who are struggling with addiction in order to lighten the burdens that surround day to day life. These resources can include funds for treatment facilities and medication assistance, clean needle exchange programs, community organized meetings or support groups, and financial supports. Additionally, if children are involved and at risk of being torn from their families then a supportive community can help out by providing childcare, access to legal counsel, housing resources and even job opportunities in attempt to prevent separation or to speed along the reunification process.

In an ideal world all of the services mentioned above would be provided by federal, state, and local governments, but unfortunately when the government fails to show up it can fall in the hands of the community to act as a safety net for those who are struggling. A communities ability to provide support for their members depends quite heavily on their access to and knowledge of these resources. Therefore marginalized communities that are impoverished, overworked or isolated face an increased difficulty attempting to provide various resources and supports.

On the other hand, communities that follow the more punitive profit driven framework provided by capitalist institutions can prove to be quite detrimental to those who are already struggling with self medication and systematic inequality. Systems of punishment and judgement rather than support and understanding compound the problem by reaffirming the culture of shame surrounding self medication. Brene Brown discusses how destructive feelings of shame can be, and how those who are experiencing shame are less likely to open up about their vulnerabilities and more likely to experience isolation (2012). Therefore if institutions, the professionals within them, and the community respond to individuals who use drugs by rejecting them, then that individual is less likely to reach out for help when they need it allowing the

situation to get worse. For example if an individual got an infection through intravenous drug use and was having trouble affording their medication, they'd be less likely to reach out for help if they have been judged, disregarded or discriminated against in the past. Additionally the guilt and shame that result from being ostracized end up contributing to the social conditions that make using drugs desirable which leaving the individual susceptible to the dangers of continued drug use such as health risks, arrest and overdose.

Cultures of shame within the workplace can also have a severe impact on the individual's financial, physical and emotional wellbeing (Brown, 2012). Hostile work environments can contribute to an increased fear of being fired if their employers were to find out about their substance use or if they needed time off for treatment. Additionally if the employers or companies don't provide access to adequate healthcare and paid time off then they create another barrier to accessing care which disproportionately impacts people of color due to economic inequality.

Quality health insurance has an enormous impact on the experiences of individuals struggling with self medication. An individual's health insurance determines how many forms of treatment options and doctors are available to them. Having a variety of resources and treatment options for people struggling with self medication is important because it increases the likelihood that they will find a comprehensive form of recovery that is compatible with them. Access to a variety of facilities and doctors can be especially important for marginalized communities who may experience discrimination whether it's on the individual or systemic level. If an individual feels judged, uncomfortable or dismissed by a particular doctor and that doctor is the only one covered by their insurance plan, it can create a barrier to adequate care impacting their overall

wellbeing. When doctors are no longer a viable resource it can leave people who struggle with self medication susceptible a myriad of health risks such as unsupervised detox, untreated infections, lack of resource referral, and other unaddressed health concerns. Additionally, insurance plans determine whether we have access to hospitals and treatment centers that have resources like medications, equipment, spaces available and even programs that allow young children to remain with their parents during treatment. If an insurance company only covers a small number of facilities, then it can result in countless numbers of people barred from treatment when those beds are already filled. The inability to access treatment can result in continued drug use, incarceration, family separation and overdose.

As mentioned previously, people of color experience discriminatory and disparate outcomes on virtually every level within the criminal justice system. This overwhelming presence of the criminal justice system in the lives of people of color puts those who are struggling with addiction at an even higher risk of arrest and incarceration. Incarceration is an incredibly traumatic experience considering that the individual is stripped of their basic human rights and separated from their family, friends and communities often times causing irreparable harm to the individual and their loved ones. Research shows that "One in every 125 white children has a parent behind bars" however "for African American children, the rate is one in nine" (85). The disparity between these statistics is absolutely appalling due to the fact that crime rates remain the same across racial demographics (Alexander, 2011; Tiger, 2012; Lynn & Burton 2017). What's particularly concerning about the current criminal justice system is that it continues to disproportionately traumatize individuals and communities of color by tearing their families apart and throwing them in cages with little access to medical services even though

research shows that trauma exposure increases the risk of substance abuse (Shafer, 2003; Sturm, 2012). The persistent failure to address and rectify the oppressive impacts of racist policies and practices reflects how countries with a long standing history of white supremacy allow inequality to persist as long as it is in the favor of white people.

Unfortunately the negative outcomes of criminal justice involvement last far longer than the prison sentence. In the U.S. a criminal record results in "a total of 45,000 collateral consequences that restrict everything from employment, professional licensing, child custody rights, housing, student aid, voting, and even the ability to visit an incarcerated loved one" (Burton and Lynn, 2017). These repercussions devastate families and communities that are desperate just to keep their head above water by creating barriers to education, economic security and intact support systems. "People and their families are more likely to live in poverty and be hungry if they have been incarcerated" (2017) which goes to show how institutional responses to drug use and criminalized activity in general have left a large subset of the population in a state of perpetual suffering.

The institutional and communal responses to self medication determine a multitude of outcomes for people of color who self medicate. Institutions and communities that respond by punishing or shaming individuals for their drug use and/or relapse end up alienating the individual they are claiming to "help" which not only reduces resources and social capital for the individual but also decreases the amount of knowledge that can be gained from an open line of communication with the individual struggling. However communities that deviate from these draconian responses and take on a more harm reductionist approach have proven to be an invaluable resource in mediating the negative outcomes that arise as a result of systematic

inequality and institutional failure. However these communities oftentimes struggle to provide all the resources that they'd like to due to their own constraints in terms of funding and access.

Methodology

This study is based off of data gathered from the content analysis of three books written by women of color about their struggles with self medication as well as the struggles of their loved ones. The books utilized for this research are *Becoming Ms. Burton: From Prison to Recovery to Leading the Fight for Incarcerated Women* by Susan Burton and Cari Lynn, *The Men we Reaped* by Jesmyn Ward, and *A Piece of Cake* by Cupcake Brown. Although my original plan for this study did not include content analysis, I was fortunate enough to be able to find and utilize these incredibly honest accounts from women of color regarding their struggles with self medication and racial inequality. *The Men We Reaped, Piece of Cake* and *Becoming Ms. Burton* are all classified as both biographies and autobiographies because the authors discuss both their experiences as well as the experiences of those in their community and social circles. The tendency for the authors to discuss not only what impacted them but also what impacted the people surrounding them helped provide a sufficient amount of data surrounding experiences with healthcare and the criminal justice system in regards to substance abuse.

Initially this study was going to be based off of interviews with people of color struggling with addiction, however I encountered many obstacles during my attempts to satisfy the Institutional Review Board requirements. When I initially submitted my research proposal to the IRB I intended to scrub all of the data of any potential identifiers of the participants as well as deleting any records of the interviews and correspondence upon the completion of this study. Due to the incredibly sensitive nature of this research the IRB insisted that the participants

identities remain anonymous at every stage of the research, including data collection. They insisted that I, as the researcher, not have access to my participants' names, emails, phone numbers or any other identifiable information. While I do respect and appreciate their diligence in protecting the identities of participants, these requirements created quite a barrier when it came to reaching out and developing a rapport with potential participants. For example in order to appease the IRB's request I had to instruct participants to reach out to me using *67 at the beginning of my number so that the caller would remain anonymous, however upon discussing this with several of my peers and faculty members this method of reaching out was commonly described as "sketchy." However I chose to utilize *67 because I feared that if participants were required to download any type of software that served the same purpose of anonymity, as suggested by the IRB, then it would require participants to have access to a smartphone or personal computer. Requiring participants to have access to a smartphone or personal computer would have created a class based barrier for my participants which is why I did what I could to avoid that method of communication because I wanted to reach participants from a wide variety of socioeconomic backgrounds.

My attempts to create this study within the confines of the IRB requirements caused a delay in data collection for this research. While many of my peers began searching for participants and collecting data over the winter break I had not yet received IRB approval so I began searching for alternative methods of data collection. My advisor suggested that I conduct ethnographic research at syringe exchange programs to get a sense of who's utilizing and organizing these programs while simultaneously observing if there was any differential treatment for patients based on race. Unfortunately when I called multiple syringe exchange programs

requesting their approval to conduct ethnographic research within their facility, I faced additional bureaucratic obstacles. For example, one of the facilities I reached out to never answered the phone, another one never returned my call, and the third one instructed me to email the director of their program, and unfortunately he didn't respond either. Due to the importance of clean needle exchange programs and their attempts to reduce the likelihood of infection and illness from the use of shared needles, I did not want to proceed without the director's approval. Additionally I feared that my presence there might create a distrust between the patients and directors who might feel as though their privacy had been violated even if their identities were kept anonymous.

Once my IRB application was finally approved at the start of the spring semester I began placing fliers for interview participants. I placed fliers at a variety of locations that held Narcotics Anonymous and Alcoholics Anonymous meetings as well as several locations that provided other services in regards to substance abuse such as methadone and suboxone clinics. I went to fourteen locations altogether; six churches, five medical centers, and three community centers. Out of the six churches that I went to three of them didn't have anyone present to discuss hanging up my flier, so I left the fliers either in the church mailbox or at the front desk. Two of the churches stated that they needed the pastor's approval to post the flier and, unfortunately, I never heard back from them. Luckily, the second to last church that I went to was very helpful and agreed without hesitation to post my flier. Out of the five medical centers that I went to three of the directors actually met with me in person and were willing to hang up the flier, one of which actually went the extra mile to make an announcement which I am incredibly appreciative of. The other two medical centers stated that they needed their director's approval and their

directors were unavailable at the time of my visit. Additionally out of the three community centers that I visited two were willing to post my flier while the third was unoccupied at the time of my visit so I left the flier in the mailbox.

Unfortunately I had a lot of difficulty gathering participants for reasons that I can only speculate. I believe that it is possible that the requirement for participants to use *67 when calling may have deterred some people from reaching out even though I did my best to specify that it was just to protect the anonymity of participants. Additionally the topics of self medication and racism can be very emotional to discuss so it's understandable that people may not want to share their experiences surrounding these topics with a stranger, let alone a white one. The long history of exploitation and the abuse of people of color within research settings which includes the Tuskegee experiment where "400 black men with syphilis were left untreated for 40 years" (Washington, 2006; Grady, 2007), the forced sterilization of low income black and Latina women which occurred throughout the U.S., as well as the countless numbers of experiments that have exploited and abused incarcerated people of color exposing them to harmful chemicals and procedures under the claim that they were for research purposes (Washington, 2006) have contributed to a general and understandable mistrust in white researchers among marginalized communities.

Although content analysis was not my intended method of inquiry there were some major benefits that came along with this shift in the research. The individuals whose stories were incorporated were already comfortable with the personal details of their lives being available to the public. This availability of the information allowed me to spend days and even weeks going through the details of every experience they documented rather then hoping to get as much of an

individual's story within the time constraints of an interview and without follow up due to the confidentiality requirements. Although interviews would've allowed the information exchanged to be more subject oriented, the use of content analysis allowed me to examine factors that I may not have addressed as in depth within interviews.

Although this research provides important insight regarding the ways personal and institutional discrimination impacts people of color struggling with self medication and the communities around them, the results are not generalizable due to a myriad of limitations. Considering the short time span and lack of financial resources provided for this study, I was only able to analyze three biographies/ autobiographies by women of color. Due to the complex nature of addiction, trauma and social institutions I was not able to incorporate as much of the data that I would have liked to. This study only briefly discusses factors such as socioeconomic status and gender which inevitably impact both healthcare access and criminal justice involvement. Additionally, all of the authors that shared their stories were born within the U.S. so factors such as immigration experience and documentation are not analyzed within this research. Further studies analyzing how factors such as socioeconomic status, immigration status, and gender impact institutional responses to people of color struggling with self medication are necessary in order to further understand intragroup variation based on social factors.

It is also important to consider that as a white woman studying outside my race, it is possible that there are some factors that I may have overlooked or put too much emphasis on due to the fact that I have not lived or experienced life as a person of color and therefore haven't been systematically oppressed based off the color of my skin. Although my experience with

addiction provides some insight into the desire to self medicate as a way of coping with the world we live in, I must acknowledge that the way racism infiltrates everyday life makes certain aspects of wellbeing even more inaccessible to people of color. Additionally although my experience with addiction provides some level of understanding regarding the resources that can be provided, my whiteness allows me to enter institutional spaces without being subjected to racialized stereotypes and the mistrust that accompanies a long history of exploitation and abuse.

If I had all of the time and resources provided and the opportunity to do this project again I would conduct semi structured interviews because in order to gain knowledge and insight about the ways people of color struggling with self medication are personally impacted by discrimination in healthcare and the criminal justice system, it is necessary to get first hand experiences from the individuals themselves. This method of inquiry also gives the researcher the opportunity to "move beyond our own experiences and ideas to really understand the other person's point of view" (Esterberg, 2002). In an ideal research setting I would use stratified random sampling to gather my sample population so that I could incorporate the experiences of people of color from various backgrounds and socioeconomic status. I would use this method of sampling because it would provide data that could be generalizable to a larger portion of the population while also allowing further examination regarding what social factors might influence an individual's perception of healthcare providers and law enforcement. In addition to the change in sampling method I would also like to include more interviews with individuals who are currently or were previously incarcerated. Due to the increased marginalization that comes with incarceration and the disproportionate impact it has on communities of color I find it particularly important to include the experiences of incarcerated individuals struggling with self medication.

Incarcerated individuals first hand experiences of the abuses within the criminal justice system make them an important resource for knowledge about the short term and long term effects of incarcerating individuals struggling with substance abuse. If given the resources I would also like to do this study on a national scale because even though drug laws vary from state to state, the issue of incarcerating people of color, especially those struggling with substance abuse disorder is a national issue.

Discussion

Throughout my analysis of the experiences of Susan Burton, Jesmyn Ward and Cupcake Brown several themes began to emerge which have been organized into the subtopics for this section. Experiences within healthcare settings during childhood or adolescence are oftentimes traumatic and reflective of institutional control and a loss of autonomy. Moreover early traumatic experiences with law enforcement and the criminal justice system contributed to the recognition of law enforcement as a threat to families and communities of color. This perception of law enforcement was reaffirmed later in life as more experiences of discrimination and loss at the hands of the criminal justice system arose. Meanwhile lack of access was frequently noted as a barrier to treatment while negligence persisted within healthcare settings. Communities surrounding those who were struggling actes as an invaluable resource for information and support deviating from the more punitive responses outlined by institutions. However these communities continued to remain restricted in terms of their own access to resources.

Healthcare and Trauma Early On

Each of the women who wrote about their experiences mentioned negative and traumatic incidents involving healthcare during their childhood and adolescence. Although Jesmyn and

Susan both described instances in their childhood where their families did not take them to a hospital- which they believe was due to financial troubles- all of the authors described especially traumatizing experiences on the occasions when they did end up going to the hospital. Each of the authors were provided with substandard care during their time in various medical settings which supports findings produced by the *New England Journal of Medicine* which state that unequal treatment persisted in the healthcare system regardless of equal accessibility (Bach, 2003). These findings show that discrimination in the healthcare system occurs on the personal level as well as the institutional level. The tendency for medical staff to pretermit the physical and emotional wounds of children of color perpetuates the trauma endured due to the realization that doctors and nurses were discriminatory and not a helpful and caring resource.

When Jesmyn Ward was attacked by a dog she describes being held down by 4 men as the doctor administered a rabies shot and then left her without stitching up multiple "deep puncture wounds" and a "three inch gash" (2013). The doctors completely disregarded Jesmyn's emotional wellbeing when they ordered for strangers to restrain her rather than simply having her parents accompany and comfort her during the shot. By leaving her wounds without stitches Jesmyn was left vulnerable to infection. Neglecting the medical needs of people of color is an undeniable form of systematic oppression which can lead to increased chances of emotional and physical harm to the patient.

Susan also experienced neglect and loss of autonomy within the medical sphere. When Susan became pregnant, resulting from a rape at the age of fourteen, she was sent to, or "hidden away" rather, at Booth Memorial Maternity home for young expecting mothers. Susan was pregnant at a time when abortion was illegal so she was not provided with any options or control

over her own body. The lack of reproductive autonomy, especially in the face of sexual trauma, relates to Foucault's concept of biopower where sovereignty is enacted through various methods in order to control bodies and perpetuate submission (1976). Susan wrote that

> The circumstances [of her pregnancy] didn't seem to matter to anyone at Booth Memorial either. I never received counseling, never spoke with anyone about the rape. The nurses at Booth had a mantra: *don't worry, you'll forget all this.* But I knew I wouldn't (40).

The failure of the doctors and nurse's to address the violent circumstances that led to the pregnancy of a fourteen year old shows a direct disregard for the wellbeing of a young child, while simultaneously promoting and shame and silence among victims of sexual assault.

Susan also recounts racial and class differences separating her from the other girls at Booth Memorial. She notes that most of the other girls were "blondes and brunettes from places like Beverly Hills" (40) and that "girls like them who found themselves unmarried and pregnant were considered 'fallen' or 'wayward.' In my neighborhood, we were trash and whores" (41). The stark difference in social responses and assessments of young pregnant women of color compared to pregnant white women is reflective of racial inequality and stereotypes within the U.S. Susan's experience at Booth Memorial can be described by Du Bois concept of double consciousness because although she was in a similar situation as her peers, the racialized responses of the community surrounding her set her apart from them. The whiteness of the other girls within the institution allowed them to benefit from narratives that induced sympathy while women of color were assigned demonizing labels that played off of sexualized stereotypes of minority women.

Cupcake faced a similar form of negligence in the medical setting which left her vulnerable to additional trauma at the hands of her abusive foster mother. Cupcake was unjustly

placed in the foster care system at eleven years old- something that will be addressed in the section on The Criminal Justice System and Trauma Early On- and ran away multiple times, living on the streets in order to escape the abuse that she was facing at the hands of her foster mother. During this point in her life, there were multiple occasions where she'd end up in the hospital, once from alcohol poisoning, another time due to injuries from her foster mother. Each time the hospital staff failed to respond adequately to this young child who was obviously enduring trauma that no child should have to go through.

Negligence on part of the healthcare system occurred too many times during Cupcake's childhood to include all of them within this research. However, what occured in the upcoming situation I found to be particularly important to discuss for a multitude of reasons. When Cupcake became pregnant at 13 years old with the child of a 25 year old, her foster mother at the time ordered the other foster children, as well as her biological daughter to brutally beat Cupcake in the middle of the night. As a result of the violence that she endured, Cupcake suffered from a miscarriage later that night. What's particularly heartbreaking about this moment is that Cupcake described her pregnancy as a moment of hope, a chance for family and community, something that had been ripped away from her at the age of eleven, and was now torn away from her again.

Although it was her baby's life and her own life on the line, when her abusive foster mother demanded that the hospital staff no longer speak to Cupcake, they complied without protest. Upon reading this I began looking into laws regarding disclosure and transparency between doctors and their underage patients. Although there is no law clearly stating that doctors must disclose any medical information to their underage patient, there is also no law requiring that doctors abide by a legal guardian's request to withhold medical information. By withholding

medical information from Cupcake they prevented her from being informed about her own physical well-being which, in turn, prevented her from being able to make her own decisions regarding the type of care and treatment she received.

The use of information in order to advocate for yourself is a central point of Foucault's discussions on power which emphasized how discourse can lead to knowledge and knowledge can be used as a form of power. Discourse and knowledge leading to power is especially relevant because had the doctors and nurses informed Cupcake about her condition and options regarding treatment, then she would've been better situated to advocate for the type of treatment and resources that she desired. Cupcake wrote about her experience stating that:

> I don't think I was ever formally admitted to the hospital. I was never put in a hospital room. As far as I know, no one questioned Diane about the black eyes, bloody lips, and the bruises that were clearly visible from my recent beating. I lay on the gurney until the pain stopped. Then, I got up and went home. Just like that. The whole ordeal- from the pain that first woke me to the time I walked out of the hospital- took less than twenty four hours (90).

I chose to discuss this experience in particular because the failure of hospital staff to address Cupcake's physical injuries, as seen in Jesmyn's case, and because of the complete and utter neglect of trauma that their patient endured, which also occured in Susan's experience. During Cupcake's time in the hospital she was never given an ultrasound, never referred to any form of therapy or counseling services (something that is commonly offered after an experience such as a miscarriage, especially considering her age), and was never asked any questions regarding how she obtained all these injuries that led to her miscarriage. By removing any conversation with Cupcake the medical staff treated her as if her feelings, wants, and needs were not important or even relevant.

The early experiences within the healthcare system exemplify how negligent care and stereotypes become regularities for people of color seeking medical attention. The lack of proper care received in the experiences of Jesmyn, Cupcake, and Susan were significant in reaffirming the idea that no one cared to help them and that the traumas they experienced didn't call for any significant form of medical intervention. These instances of neglect show how medical settings and responses don't properly address the physical and emotional harm that patients of color have endured. These instances highlight the flaws within the healthcare system that make quality care almost impossible to obtain even when people of color manage to gain access to spaces where care is supposed to be provided.

Criminal Justice System and Trauma Early On

The criminal justice system also played a significant role in perpetuating trauma in the early lives of Jesmyn, Susan, and Cupcake. From a very young age, each of the authors described the criminal justice system as a threat to their community and families. They each mentioned very real fears of being torn apart from their families at the hands of the criminal justice system and therefore did not see the police as an ideal resource, even during potentially dangerous situations.

Jesmyn understood at a very early age that the color of a person's skin impacts the way the police interact with them. She recalls hearing her grandmother and mother vent about their fears that Jesmyn's father or uncles would be arrested and taken away from their family.

> As a child, I listened to my grandmother when she worried about her sons, about them being stopped by the police and searched for no other reasons than they were black and male, about them getting into fights with white men at bars and being arrested for assault while the white men they fought went free. I saw the tight line of my mothers mouth when my father was absent and couldn't be accounted for, and heard her worry about him riding his motorcycle and getting into an accident and being taken to jail for it.

> To an impressionable nine year old, trouble for the black men of my family meant police (99).

What Jesmyn's describing here is being placed in a perpetual state of fear due to the increased police surveillance that commonly occurs in neighborhoods occupied predominantly by people of color (Alexander, 2011). This constant worry about family members being unjustly taken away for indefinite periods of time can really wear down an individual, making it difficult to engage in everyday life. After reflecting on a moment where she witnessed a family friend snorting drugs Jesmyn wrote about how the emotional impact of the constraints faced by her community were alleviated for brief periods of time through self medication.

> I did not know I'd seen some of what grown ups who were poor and felt concerned and at their wits' end did to feel less like themselves for a time. I did not know this need would follow my generation into adulthood too (98).

What Jesmyn is describing here can be related to Lauren Berlant's aforementioned concepts of "Cruel Optimism" and "Slow Death" where the action that allows the individual to continue and cope with day to day life are also the actions that lead to their deterioration. In order to exist within conditions of poverty, discriminatory law enforcement, and racism, some people within Jesmyn's community would self medicate. The result of this method of existing inevitably leads to not only the physical deterioration of the body but also the increased social constraints that come along with the stigma surrounding addiction as well as the inappropriate responses of the criminal justice system to those that struggle with addiction. Therefore the conditions that led to the desire to use in the first place were also exacerbated by the criminalization of drug use.

From an early age Susan also had her own set of negative experiences and perceptions of the criminal justice system due to their involvement in her family. She wrote about how her

mother applied for government assistance because the wages she received for cleaning houses day in and day out was not enough to sustain their family. She wrote that

> Routinely, a white woman came to our house to look in the closets and search under the beds for any sign of my father. But this went beyond making sure my mother was, indeed, supporting us on her own. Years earlier, Daddy had been arrested for possession of marijuana, and with that felony record following him, he wasn't allowed to live with us so long as Mama was, as we called it, on the County. That government money we so desperately needed distanced me further from Daddy (23).

Susan's statement aligns with Kerrison's framework of legal epidemiology where the laws and policies influence the a person, community, or group's ability to prosper (2017). Susan's writing shows first hand how the restrictions that prevent people with criminal records from accessing government assistance (even records as minimal as a possession charge) impede on the social, emotional, and economic wellbeing of those who have a record and families as well. The laws surrounding government assistance turned one minor mistake into an insurmountable barrier that would prevent her father from being as present in her life as he wished to be.

Cupcake's experience also reflects how the justice system is recognized as a threat to children of color at an early age. After Cupcake's mother passed away when she was just eleven years old, she and her brother were placed in the custody of their biological dad who they'd never met, rather than in the care of the man who raised her, her true father, or with her maternal uncle who had helped care for them since they were little. Throughout the legal battle it became apparent that Cupcake's biological father was more interested in the money he anticipated getting for taking them in rather than ensuring the wellbeing of his children, and yet the judge still granted him custody. If the trauma of being ripped away from the only family she knew so soon after the death of her mother wasn't enough, Cupcake's father then placed her in an abusive

foster home. Cupcake wrote about her and her brother being punched just moments after entering her court appointed home:

> I don't think we were crying from the punches, though they did hurt like hell. I think we were crying because we knew that life as we knew it was over (25).

Cupcake and her brother were left traumatized and abused due to the unwarranted control of the justice system over families of color. Additionally the justice system failed to conduct adequate background checks of the people who were taking in foster children leaving Cupcake and her brother in the hands of Diane, a woman who gloated about being responsible for the deaths of two siblings she had taken in years before. Although Cupcake's father and Uncle Jr. fought like hell to keep their children in the safest environment possible, the judge involved in this case claimed to know better and because of that assumption Cupcake and her brother were placed in a situation where they were forced to live a life filled with abuse and instability.

The institutional racism that fuels the separation of children of color from their parents has an undeniable impact on the family and communities wellbeing and emotional support systems. Cupcake ran away multiple times due to the fact that it was her only viable option to escape the abuses of her foster mother and sister, however the social circumstance that she was left in resulted in a strained relationship between her and her father due to the fact that he was rendered powerless to protect her by the oppressive policies in the justice system.

> This became the pattern: every few weeks I'd run away. When I was caught, I'd be placed in a home in whatever city I was caught in. If no home was available, I was returned to Diane's. The first couple of times, I'd called daddy collect. He would cry as he told me his hands were tied and no matter what he or Jr tried, everyone said there was nothing they could do. After a while, I quit calling Daddy. It was useless and I didn't want to bring my pain and trouble down on him (75).

Cupcake stopped informing her father of the trauma she was experiencing as an attempt to protect him from feeling her pain and compounding feelings of failure that had already been instilled in him when the courts told him he was not capable of caring for his children. Racial stereotypes oftentimes label men of color as unsuccessful and unable to care for their children while failing to recognize the role of institutional racism in systematically removing men of color from their children through incarceration and the unwarranted involvement of family courts (Alexander, 2011).

The discriminatory laws that police black bodies to a far greater extent than white bodies are the reason why Susan, Jesmyn, and Cupcake viewed police and the system as threats to their families and wellbeing. The laws that infiltrated the lives of Jesmyn, Susan and Cupcake threatened to pull them away from their familial support systems. Unfortunately in Susan and Cupcake's experiences these fears did eventually play out producing unnecessary amounts of trauma and grief which went unrecognized by the system at fault. However in each of the authors' early lives, the fear of the loss of a loved one through the criminal justice system permeated every day life making the fragility of their support systems everpresent.

Impact of Criminal Justice Responses During Addiction

When Cupcake and her friend were shot in a drive by shooting when she was just fifteen years old and staying with her Aunt Becky while on the run from the foster care system, she mentions the white cops resistance to request an ambulance. As a fifteen year old child was bleeding on the ground the cop wasted precious moments making racist remarks stating "why should we waste time trying to save these guys?" and that "they'll just be dead n***** in a year"

(135). The racialized language and actions of the police officer show how people of color are constantly devalued and treated as subhuman by the larger society, particularly those with power.

The bureaucracy of obtaining medical attention in emergency situations creates a world where law enforcement has the power to determine who lives and who dies, and more often than not, the courts side with the person in a uniform and badge. Unfortunately even on the rare occasion when the courts do attempt to side with the more marginalized and abused person or group it is often too late and the circumstances are set and stone. Law enforcements unreasonable power over life and death is a symptom of the necropolitical society that we find ourselves in (Mbembe, 2003). Law enforcements unwarranted control allows them to choose not only who gets to experience a certain level of freedom within the world but also who they let die, and who they kill. Additionally this experience reaffirmed the community's perception that law enforcement was not a resource that would advocate for them.

Susan also describes multiple occasions throughout her lifetime where law enforcement degraded and devalued the lives of her and her family members resulting in death and increased trauma. When Susan's son K.K. was killed by a police officer in a hit and run her life was forever changed. The officer was never arrested, never charged, and never held accountable for the death of a five year old boy. For the longest time the criminal justice system withheld the police report from Susan and her family. During this time of trauma the community did their best to support Susan. They stood in the spot where K.K. was killed

> chanting about getting a stoplight, chanting about justice. Someone xeroxed K.K.'s obituary and passed it out and my brother Marvin's girlfriend, Marva, started a petition for a stoplight, collecting signatures from people in cars and on the street (64).

As usual, the police enforced their oppressive power over the community demonizing those who had just lost a young child by showing up in riot gear threatening to arrest any demonstrators. K.K.'s death, as well as the police response to it, shows how the legal systems in place impacts the wellbeing of a community and also control who lives and dies under what circumstances aligning with the framework for legal epidemiology and necropolitics (Mbembe, 2003; Kerrison, 2017). The LAPD broke apart the communities act of solidarity and nonviolent protest by storming in in riot gear and threatening to arrest anyone who continued demonstrating. Even when the violence and abuse enacted on communities of color takes place in public settings the unequal power dynamics and use of racial stereotypes surrounding criminality persist. The power structures in place that allow officers to act in a violent and corrupt manner without any consequences allowed the LAPD to shut down any form of community healing and activism by threatening those who protested. They continued terrorizing the community and patrolling Susan's "mother's house rather, trying to intimidate" (64).

The political violence that people of color experience and witness at the hands of the criminal justice system is reflective of the previously mentioned concept of necropolitics where the institutions in power utilize death and the display of death as a way to maintain social control over populations. Susan and her community experienced the tragic and violent loss of K.K. at the hands of a police officers showing that the people and relationships that brought happiness to their lives could be taken in a split second with no repercussions for the person who hurt them. Feelings of impermanence and fragility in regards to social relationships are widespread under the oppressive control of racist policies and law enforcement agencies. When community members petitioned for a stoplight on the corner where K.K. was killed, institutional policies and

bureaucratic systems blocked this attempt by stating that they would only add a stoplight if additional accidents occurred at that location. This negligent response on part of the criminal justice system as well as the local government shows how policies and institutions treat marginalized groups as though they are expendable.

The fact that K.K.'s death became so politicized placed increased pressure on Susan to take action before she could even begin to grief the loss of her son. Although the communities oftentimes have good intentions, when tragedies become highly politicized those who are most affected by the event face increased expectations to pull themselves together and make a statement while their own wellbeing remains in the back seat. Therefore those who are impacted by politicized tragedies face an increased amount of role strain because although they may be completely devoted to the cause, the symptoms of grief that they experience can be debilitating. The immense feelings of anger, guilt and grief caused by the death of Susan's son left her with overwhelming emotions that she could only try to silence with substances.

Given the lack of action and recognition that was taking place in regards to the death of her son, Susan withdrew into a depression where her only recourse was to self medicate

> Alcohol had been numbing me, but it wasn't enough. A hundred proof couldn't seep as deep as my pain. Wandering bleary-eyed onto the street, I found cocaine, and that took me into total blankness. A place devoid of thoughts, empty of feelings, a respite from the debilitating anguish (66).

The desire to find some type of escape from the reality we live in relates to the aforementioned concept of *Cruel Optimism* where people develop attachments to certain objects or actions in order to cope with the state of society and the affect it produces. Susan's experience losing her child created a sufficient amount of role strain due to the increased expectation that mothers face to protect their children from the dangers of society. These pervasive gender norms and

expectations can perpetuate a society where women are met with increased blame and scrutiny when their child is hurt. Women of color tend to experience more difficulty protecting their children due to the impact of institutional racism and the lack of resources available to address issues such as discrimination and police brutality. Therefore the intersection of race and gender impact both a parents ability to protect their child and the amount of judgement they receive if they are unable to.

Impact of Healthcare Responses During Addiction

Throughout the experiences of each of the authors' and their communities there were plenty of occasions where care should've been offered and yet it remained inaccessible or out of the question. More often than not the trauma they experienced was addressed on the criminal justice level, such as being threatened with incarceration rather than resources such as therapy, rehab, housing and/or financial opportunities. Living in impoverished communities, access to healthcare was oftentimes viewed as more of a fantasy then a reality. On the occasions where healthcare institutions were involved, the care they received was often substandard and the doctors they met with frequently objectified them.

When Jesmyn discussed the life and death of her close friend Ronald, she talked about how he struggled to continue living without the brief moments of relief that drugs offered him. She stated that the use of drugs had strained his relationship with his family to the point where he moved out of his family's home.

> They loved him, wanted him to start working and stop using drugs, but he could not. He knew he could not, which is why he told Selina he wanted to go to rehab: he loved his mother and his two sisters, and his estrangement from them pained him (172).

Jesmyn never mentions specifically why Ronald did not go to rehab, however she does go into great lengths to talk about how he struggled to see a future for himself in the South, a place where so many people, and even more people of color suffer from unemployment and poverty, himself included. What's important to mention is that the emphasis placed on work and production within capitalists societies likely exacerbated the emotional impact of Ronald's unemployment due to the tendency to equate one's work with their overall worth (Berlant, 2011). Therefore in a society where work is valued more than emotional wellbeing it is not surprising that many people and families, especially those who are impacted by poverty, might prioritize finding a job which would generate income over accessing treatment which would require money.

With Ronald's socioeconomic status in mind, it is possible that he didn't have access to quality health insurance that would cover the cost of rehab. Had Ronald been given the opportunity to go to a good rehabilitation facility then his attempt to live a life without drugs could have opened up the possibility for reconciliation with his family. However if the facility wasn't equipped with the proper resources to help Ronald get on his feet after the program, then he would have been faced with the same social circumstances (poverty and unemployment) that contributed to his desire to use in the first place. I describe the current system of treatment as a form of cruel optimism (Berlant, 2011), because they oftentimes address addiction as a personal issue rather than a symptom of the social issues surrounding us. Unfortunately all of these "ifs" are rendered useless in Ronald's case, the pressures of society and the despair that they caused resulted in Ronald taking his life at just 19 years old. This is particularly difficult to write about because there is no way for me to know what could have made the difference in Ronald's life,

but what I do know is that so many of the resources that should have been available to him, and are available to whiter, wealthier people, were not provided to him.

Unlike Ronald, Cupcake wound up in healthcare institutions multiple times throughout her life, and unfortunately a majority of the time she was let down by dismissive doctors who allowed her to be placed back in the same abusive foster home, which she had worked so hard to get away from. After Cupcake was placed in a different foster home where she was continuously drugged and sexually abused in exchange for drugs by her foster father, she described being taken away by police in the middle of the night as her foster mother called her a "slut."

> Although it wasn't my first time in a cop car, it was my first time in the back. The metal grate separating me from the cops made me feel like I was in a cage." - "I never found out why Mrs. Bassinet was cussin or why I had to leave. All I knew was that obviously I must have done something wrong to be caged and returned to the place for unwanted kids (66).

The decision to put a young traumatized child in the back of a cop car as though she were a criminal who had done something wrong is a direct display of how children of color are oftentimes demonized and treated as a suspect, regardless of the circumstances. Her identity as a girl, and more specifically a girl involved in the use of illicit drugs compounded these effects because women who are victims of sexual violence are met with suspicion regardless of the amount of evidence provided in their favor. Even now, after the valiant efforts of Tarana Burke's Me Too movement and the well recognized women that came forward telling their stories of abuse and trauma, women are still met with a suspicious eye when they make the decision to open up about the abuses that they've experienced. When Cupcake was dropped off at another facility for "foster children" (I use the quotes because she had two people who were more than willing to take care of her) she was referred to a psychiatrist and for the first time in while, due to

the court's persistence in tearing her away from family, she was able to start opening up. Obviously establishing trust with a stranger takes time so Cupcake opened up about her first foster mother's abuse, but not about the sexual abuse that occurred under the care of her second set of foster parents.

> I left feeling good about my decision to be half assed honest. The good feeling didn't last long. That bastard shrink went back and told that court that he doubted any abuse had occurred, and that, in respect for my 'father's' wishes, I should be returned to Dianes (68).

The treatment that Cupcake endured at the hands of the officers who picked her up that night, as well as the psychiatrist that she opened up to shortly afterwards conditioned her to believe that the people who claimed to want to help her were full of false promises. This response led to almost a lifetime of being unable to recognize any abuse that she endured throughout her life for what is was.

Later on in Cupcake's life when she was in the hospital after being shot, she wrote about her experience, another occasion where she was disregarded and treated as subhuman by medical staff.

> My interaction with the doctor went like this: he came into my room, looked at me with disgust, and said, 'You've been shot with what looks like two guns. X-rays show bullets lodged in between your vertebrae.' He paused and looked at me as is it was time for a question- which was a good thing because I had one. 'So what's that mean?' 'You may not walk again.' He turned and walked out of the room, making it clear that there would be no more questions (136).

The doctor's disapproving looks and dismissive attitude reaffirmed what she had heard from the cop when she was first shot, as well as the cops that took her away from the Bassinets, and the psychiatrist who recommended that she be placed back at first foster home. She heard that the adults around her were not interested in helping her. She was left in that hospital alone and

scared, not knowing what would happen next. She describes how her social situation and her lack of social capital due to the fact that she had been continuously placed in abusive foster homes made the ability to walk and more importantly, run a necessity.

Although any fifteen year old would be impacted immensely by losing the ability to walk, Cupcake's experiences had shown that no one was going to be there to help her along the way. Many fifteen year olds are more privileged in terms of the social capital that they have. Access to a family or caretaker who can help them bathe, eat, and get in to bed at the end of the day can make a profound difference when it comes to maintaining health and living with a physical disability. So in Cupcake's situation where she has been so far removed from every family member that she's known and loved due to institutional failings and policies, the form of support that is ideal and oftentimes necessary was made unavailable to her. Luckily Cupcake did regain her ability to walk and run, however this was not due to any medical care considering that she never received any form of physical therapy to help her regain her strength showing yet another form of negligence on the part of the hospital staff. She was also never offered any therapy in order to process and cope with the trauma of being shot and then devalued at the hands of the criminal justice and healthcare institutions.

Susan's experience within the healthcare system after a gunshot wound was similar to Cupcake's due to the fact that the doctors failed to take their physical and emotional wellbeing, as well as the circumstances of their wounds into account. Susan was shot in front of her four year old daughter Toni, during an altercation with her abusive partner James.

> At the emergency room, my daughter was left with James while I was taken in. The bullet was lodged in my ankle, but the doctor didn't remove it, only bandaged me up, and I was too distraught and worried about Toni to question anything (52).

Unfortunately seeing people as mere objects separate from all emotional and social capacity is a common occurrence within the medical community. When someone is part of a marginalized community, the objectification that they experience is even more common and profound. Separating the person from their emotional capacity and social circumstances prevents any form of meaningful connection from occurring between doctors and patients and leaves the patients without resources to address their emotional wellbeing and social circumstances that brought them there. The doctors and officers involved didn't take into account that they had just left a four year old child with the man that shot her mother, additionally they didn't account for the fact that Susan and Toni were probably in need of some sort of emotional support due to the trauma that they endured. Had Susan been a white woman with access to sufficient health insurance she would have probably been offered counseling, referred to a shelter for victims of domestic violence, and given the opportunity to press charges. However the doctors saw her as merely another object to sew up, without even removing the bullets from within her leaving her susceptible to a myriad of health risks later on.

Community Responses to Institutional Failure

When institutions fail to be a viable and accessible resource for people of color struggling with self medication, the community faces an increased pressure and responsibility to provide for those around them. The resources that the community or family can offer depend on their own socioeconomic status and position within society, though communities often times provide for each other in any way possible. Each of the authors' mentioned various occasions where the support of their family and community helped them or other community members to get through particularly difficult situations. It is important to note that while community based support

proves to do an excellent job at minimizing the impact of institutional failings, the institutions themselves **should** be responsible for rectifying the harm that they have already done.

One way community members provide support for people struggling with substance abuse is by providing childcare in attempt to reduce the threat of family separation through institutional involvement. Unfortunately in Cupcake's situation having two loving relatives who were willing and able to care for her was not enough to protect her and her brother from being trapped in the foster care system, resulting in years of abuse. Her family still did what was in their power to try and protect her. After Cupcake had began using drugs in order to cope and had run away from Diane's, Jr sent her money for a cab and arranged for her to stay with her Aunt Becky and her cousins who had also lost their mother. Cupcake wrote about her time staying with them

> We took to each other immediately. But there was more to our bond than that. I think we connected because we'd shared similar devestations: we'd all lost our mothers suddenly, unexpectedly and tragically…. They seemed to be willing to accept me just as I was. I would learn to love those four boys (100-101).

The emotional support Cupcake felt with her cousins and her Aunt created an environment where she felt cared for and protected. Having spaces of connection and acceptance can impact an individuals well being and perception of themself. During the time that Cupcake spent with her Aunt, the state and federal government didn't provide any financial assistance and actually continued sending checks to her foster mother. Unfortunately while Aunt Becky's home did provide a sense of inclusion, the fear of being taken away by the oppressive structures of the criminal justice system persisted throughout Cupcake's time there and she was eventually sent back to Dianes fracturing the social support system that she'd built up.

Jesmyn also mentioned how her mother attempted to provide support to family members struggling with addiction in the form of childcare. Jesmyn wrote:

> My mother's cousin was struggling with drug addiction, so my mother bought his wife and family food sometimes, allowed her children to come inside our house when they came over to play (158).

When people of color apply for government assistance like food stamps they are left vulnerable to the increased surveillance by and involvement of government agents such as social workers and police officers, as seen earlier when Susan described the social worker searching her house for her father. This increased surveillance can leave families who may have a member struggling with self medication vulnerable to the loss of government assistance, incarceration, or family separation by child protective services. Therefore by providing her family members with food and temporary consensual child care Jesmyn's mother was protecting her family from the impact of institutional racism which fuels family separations, incarceration, and restrictions on state and federal resources. This response of caring for those who are struggling with substance abuse by providing resources to ease the pressures of everyday life is reflective of a harm reductionist response to self medication.

Susan also discussed how her mother cared for her daughter Toni both while she was incarcerated and in treatment in order to keep their family together and prevent Toni from being subjected to the failed foster care system. However even with the support of Susan's mother she still felt the impact that incarceration had on her and her daughters relationship.

> I wrote letters to Toni; sometimes she wrote back. Every week I phoned but the conversations were curt. Any call from prison was a strained call. I never knew what to say. How do you stay involved when you're locked away, when the system is designed to make you irrelevant, no matter if you are a parent? In many ways, it was easier emotionally to remain out of touch with the outside world, and that's what a lot of people did (70).

Although she appreciated that she had a family to return to after her incarceration, the isolation that she experienced and shame associated with being imprisoned created barriers to connection between her and her family. The institutional policies within prisons that only allow for a certain time and number of heavily monitored calls and visits impair incarcerated individuals ability to maintain contact with their family and support systems outside the prison. This heavily implemented control and isolation decreases the incarcerated individuals social capital therefore cutting off their access to countless numbers of resources and depleting their chances of maintaining wellbeing and successfully re-entering society.

Susan's mother did what she could to be supportive of both Susan and Toni by driving to the prison to visit, paying the overpriced fees for calls from prison, and writing letters, however several social, political and institutional factors constrained her ability to maintain a frequent amount of contact within the family. The classist for-profit prison system that currently exists within the United States makes it very difficult for incarcerated individuals and their family members to keep up with all the expenses associated with incarceration. Due to the racial disparities in income and wealth in the U.S. (Alexander, 2011) people of color are disproportionately impacted by these practices. The expenses and time associated with prison visits, commissary needs, and phone calls, leave low income families in an amplified amount of financial stress. The financial strain on families explains why, when Susan was moved to a prison 180 miles away, visiting was no longer an option for her family. Additionally Susan's transfer was due to overcrowding caused by the implementation of harsher drug laws which disproportionately impacted low income communities of color (2017). Susan's and her families

experience trying to maintain their relationships shows how laws and policies continue to have a negative impact on the emotional, social and economic wellbeing of people of color.

When someone is struggling with self medication and the response of the government is to tear them away from their family and community potentially taking their children away they are creating a barrier to establishing and maintaining a strong social support system. Isolating people of color and drug users while failing to provide them with adequate resources (treatment options, financial resources, safe housing, job opportunities, etc.) increases feelings of shame and hopelessness due to the institutional barriers in place that prevent people from reuniting with their families and connecting and succeeding within their communities. Institutions like Child Protective services claim to have the best interest of the child in mind, yet they fail to recognize how children in foster care are left vulnerable to the abuse and stereotypes that commonly follow children that are caught up in the system. The separation from parents can also fuel feelings of abandonment and resentment if children don't fully understand all the barriers in place (housing and job requirements, program completion etc.) that prevent parents from reuniting with their kids.

As mentioned previously there is a vast amount of racial inequality within the economic sphere, so when the additional economic burdens of treatment and incarceration get tacked on the family and community can make a significant difference by providing financial support, housing, or other community based resources. When Cupcake made the difficult decision to go to her job and tell her boss, Ken, that she was quitting because she was struggling with drugs, she was surprised when he immediately began contacting treatment facilities inquiring about a bed for her. "He said, 'I'm going to GIVE you the time off with pay. Don't worry about your job; it

will be there when you get out. You just take care of your life" (337). When employers recognize the humanity of their employees and prioritize their wellbeing over income they are defying the corrupt goals of capitalist societies which places productivity over people. Ken not only provided financial resources which opened up opportunities for treatment but he also provided Cupcake with the assurance that she'd have a job and income when she returned from treatment. This reassurance allowed her to spend more time and energy focusing on her own wellbeing rather than stressing over the financial impact of treatment and unemployment.

Susan also found a way into treatment through the social capital she acquired by maintaining strong bonds within her family and community. When Susan opened up to her friend, Joe, about how she wanted better things for herself, he provided her with a number for a treatment center, something that should have been offered by the countless numbers of defense attorneys, doctors, prosecutors, judges and police officers that crossed paths with Susan and instead chose to take the punitive route of arrest and incarceration. Although Joe's information was helpful, Susan still faced insurmountable economic barriers until her brother Melvin offered to pay for her treatment. "Joe must have told him, and it touched me that either of them cared enough to talk about it" (144). The resources provided by Susan's friends and family not only relieved the restraints of her financial situation, but also provided a space of connection and caring to Susan. Additionally her longtime friend and bailbondsman George provided her with transportation to the facility. "He picked me up and drove me across town to Santa Monica, pep talking me along the way. 'You've always been tough. You've always been a fighter' he said." (114). George's willingness to continue believing in Susan for over thirty years even though he'd seen her in various low points provided her with a relationship where she felt comfortable

reaching out for help when she recognized that she needed it. If George, Joe, or Melvin had mirrored the punitive responses of the criminal justice system by cutting off contact with Susan then they would have removed not only the emotional support and encouragement that their relationship provided but also the knowledge and resources that they had which kept Susan out of jail for periods of time and gained her access to treatment.

When funding for treatment is taken away and put towards more punitive measures, like law enforcement during the war on drugs, treatment centers struggle even more to meet the needs of their patients. Decreased funding ultimately diminishes resources such as qualified staff, medication assistance, and beds available. Many treatment facilities have relied on community organizers to provide A.A. and N.A. meetings to their patients which allows for a space of sharing and acceptance while simultaneously increasing social capital. Cupcake stated that during her time in treatment

> None of the 12-step meetings were sanctioned by the hospital, which simply meant that the hospital wasn't responsible for any of the 12-step meetings. The meeting groups just rented space from Mesa Vista, and each meeting chose its own format etc (349).

What is particularly unsettling about this set up is that even though the community is essentially providing a service and a form of care to the hospital and their patients for free, the for profit nature of the healthcare system exploits these communities further by burdening them with rental fees. Not only is the community absorbing the responsibility compensating for healthcare deficits but they are also forced to give up financial resources to do so.

Finding housing after incarceration and treatment can cause a great deal of emotional and financial stress for an individual. Factors such as discriminatory housing laws excluding people with criminal records, the legacy of racial segregation in the housing market, and gentrification

can severely restrict the ability for people of color with a criminal record to obtain basic necessities like a place to live. Families and the communities that surround them oftentimes band together in order to provide housing to their loved ones when they are released. Cupcake also stayed with her non-biological father for periods of time during her adulthood in order to save rent money, and later on with her friend Mona when she had gotten out of treatment. Jesmyn's friends also spent periods of time staying at the houses of friends or relatives. Housing inequality continues to disproportionately impact people of color who have struggled with self medication due to the fact that "Most public housing authorities automatically deny eligibility to anyone with a criminal record" and while this is oftentimes disregarded as the norm among people within the U.S. who have accepted the exploitative and punitive nature of capitalist economies "no other country deprives people of the right to housing because of their criminal histories" (241). The relationships formed between individuals and communities provide the necessary resources such as food and shelter that should be provided to every individual regardless of race, criminal history, immigration status, income, or any other factor. These resources are commonly accompanied by an increase in both formal and informal emotional support systems, which provide a safety net to fall back on during times of emotional stress.

When Susan got out of treatment with limited financial resources, she called her daughter Toni, hoping for the best while still acknowledging how their relationship had been strained due to the multiple incarcerations, abusive boyfriends, and issues with drugs that Susan had experienced. Although Toni was reluctant to live with her mother again because of their tumultuous past, her eleven year old daughter urged her to take the harm reductionist path and allow Susan to live with them. Toni's decision to let Susan move in with her not only decreased

the amount of financial stress Susan was under, but also provided her with the chance to rebuild her relationship with her daughter and granddaughter.

> One day, Ellesse said to me, 'Grandma I know you did some bad things, but you're not a bad person.' Her words, and the beauty of a child's lack of judgement, meant everything (125).

Ellesse's young but very mature intuition that allowed her to separate some of her grandmothers actions from the person she knew her grandmother to be, allowed Susan to release some of the internalized blame she had placed on herself. The ability to reform a relationship with her daughter and granddaughter based on trust and love alleviated some of the role strain that Susan was experiencing during the time that she was incarcerated and unable to remain involved in her families lives.

After treatment Susan and Cupcake both continued going to community organized N.A. and A.A. meetings, mentioning on more then one occasion how helpful these spaces of belonging were to them. After a brief relapse, Cupcake called her sponsor V who instructed her to go to multiple meetings and reintroduce herself as a newcomer. Cupcake described being reluctant to disclose her relapse at one meeting in particular, one that she had been attending since very early on. The discomfort that she felt could be attributed to the culture of shame and stigma that follows around people who self medicate, especially those within already marginalized communities.

> As usual my fears were unwarranted. Upon learning that I had relapsed, no one cussed me out, called me a failure, or put me down. Instead, they welcomed me with hugs and friendly smiles and told me to 'keep coming back.' I vowed I would (393).

Similarly, Susan wrote about her first time sharing at an A.A. meeting:

> No one seemed to judge my piteous condition. The immediate compassion, the empathy, the love that rolled off these strangers was enough to put a sizable dent in my pain, my shame, my guilt and all that sorrow. In that room, I found hope (117).

The acceptance that Susan and Cupcake experienced created an environment where they felt supported when things got difficult rather than being punished and degraded which frequently occurred in other institutional settings such as prisons and even treatment centers where you can lose certain “privileges” if you fail to adhere to their rules. The unconditional connection and support that they got from community members within the meetings facilitated an environment where they were more comfortable sharing and reaching out in times of distress.

The encouragement and resources provided within families and the community allowed the authors to set goals for themselves without the fear of being judged if they experienced setbacks. The communities awareness of institutional barriers allowed them to create a space where they felt understood and validated if their plans were derailed. Additionally their knowledge oftentimes proved to be a valuable resource when it came to overcoming or finding ways around so many barriers. For example, when Susan and her friends Mitzi and Beverly decided that they wanted to open up recovery home for previously incarcerated women “there was one problem: none of us had the credit to get a mortgage,” (139) however Susan’s nephew Lamont helped them find a way around this barrier by signing for them. Lamont’s willingness and ability to help Susan and her friends allowed them to start up their recovery home, A New Way Of Life, which helps countless numbers of women by providing a vast amount of resources such as food and housing, transportation to jobs, interviews, parenting classes, meetings with parole officers, and doctor appointments. Susan also helped parents regain custody of their kids, and even worked to try and push through legislation that would help break down the endless barriers that face people of color struggling with self medication.

The response of the community oftentimes reflects a more harm reductionist path where individuals are provided supports such as financial resources, healthcare referrals and spaces of belonging for individuals struggling with self medication. It is important to emphasize that although the community can prove to be an excellent resource, they should not have to absorb the responsibility of compensating for institutional and political failings. Major shifts in the healthcare and criminal justice system are required in order to begin alleviating some of the stressors that impact family and community support systems and contribute to the need for self medication. Governments and the various institutions that influence and are influenced by governments should seek to provide more funding and resources to community organizations that aim to provide legal services, housing, job placement, therapy, and various treatment options to their community. Proper measures should also be taken to rectify the problems that have been identified in the existing institutions such as for profit healthcare and justice systems which expedite the slow death of marginalized populations through barriers to access and discriminatory practices.

Conclusion:

Institutions continue to have a profound impact on the lived experiences of individuals as well as the community surrounding them. Previous research has shown that institutional responses and resources are distributed in a way that perpetuates unequal power systems and impedes on the wellbeing of marginalized groups. In the case of self medication, institutional control over the individual is implemented through the processes of both medicalization and criminalization. Medicalized narratives surrounding self medication have drawn the attention away from social factors that may motivate use, while simultaneously broadening the scope of

institutional control through the utilization of drug courts. Additionally, for-profit healthcare and criminal justice systems, within the context of racialized economic inequality, create disproportionate barriers for people of color when attempting to access healthcare resources and avoid the oppressive restrictions associated with criminal justice involvement.

There has been substantial push-back to medicalized narratives surrounding self medication and the impact this view has on institutional responses. However the acceptance of the disease model of addiction remains widespread throughout the United States. Research findings are oftentimes disregarded in the formulation of institutional laws and policies leading me to believe that any type of institutional or legal shift in the view of and response to self medication will require continued efforts by researchers and activists to urge people in positions of power to respond appropriately.

If we, as a society have any hope of addressing self medication in a comprehensive and equal way it will require the recognition of self medication as a symptom of social issues rather than the cause of social problems. This type of recognition requires researchers to continue publishing research on racial inequality, social conditions, and self medication. Researchers should also strive to utilize language that is accessible to people within the general public due to the fact that the utilization of academic language, which is subject specific, creates a barrier to understanding for people with varying degrees of educational attainment as well as different fields of research.

Political shifts away from capitalist for-profit institutions are also required in order to prevent the cycle of economic and racialized inequality. The current criminal justice and insurance system act as locked doors preventing access to freedom and autonomy in everyday

life. Prioritizing profit over wellbeing creates a world where low income individuals face a multiple double binds as they weigh the costs of taking a plea deal or waiting an unprecedented amount of time for a trial; missing a day of work and pay to attend a parole meeting or missing it and risking incarceration; dealing with the financial burden of a hospital visit or the health risks associated with putting off care. Resources within the healthcare and criminal justice system should remain equally available to all individuals regardless of race and socioeconomic status. This type of shift will not only decrease the negative impact of institutional responses on those who are self medicating, but will also resolve some of the social conditions that perpetuate the use of self medication as a coping mechanism.

Although the findings of this study are not generalizable, this research provides important insight into the ways the criminal justice and healthcare systems shape the lived experiences of people of color struggling with self medication. While there is existing research addressing racialized inequalities within these institutions, fewer studies address the social and emotional impact of these inequalities in the context of self medication. The dual stigma associated with being a person of color while simultaneously being labeled an "addict" allowed discriminatory interactions to be a common occurrence when navigating the healthcare and criminal justice system.

Experiences of discrimination oftentimes contribute to feelings of degradation and shame creating an environment where professionals within those institutions are no longer trusted as a viable resource. Additionally structural barriers that restrict employment opportunities, social support systems and overall freedom contribute to feelings of hopelessness along with the recognition that the cards were stacked against them. In the face of these

institutional failings communities bond together to create spaces of solidarity, understanding and support. I suggest that we, as a society, provide more funding and resources for these communities and their organizations. Furthermore, any future shifts in institutional practices, policies and responses should look to these communities for guidance recognizing that their first hand experiences combating structural barriers is of great educational importance.

Works Cited

Abramson, C. M. (2015) ***The end game : how inequality shapes our final years / Corey M. Abramson.***

Alexander, M. (2011). ***The New Jim Crow : mass incarceration in the age of colorblindness*****. New York: New Press.**

Allen, J. D., Kennedy, M., Wilson-Glover, A., & Gilligan, T. D. (2007). African-American men's perceptions about prostate cancer: Implications for designing educational interventions. ***Social Science & Medicine*****,** ***64*****(11), 2189–2200. https://doi.org/10.1016/j.socscimed.2007.01.007**

Anderson, T. L., Scott, B. L., & Kavanaugh, P. R. (2015). Race, inequality and the medicalization of drug addiction: an analysis of documentary films. ***Journal of Substance Use*****,** ***20*****(5), 319–332. https://doi.org/10.3109/14659891.2014.920052**

Bach, P. B. (2003). UNEQUAL TREATMENT: CONFRONTING RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE (Book). ***New England Journal of Medicine*****,** ***349*****(13), 1296–1297.**

Berlant, L. G. (2011). ***Cruel optimism / Lauren Berlant.*** **Duke University Press.**

Brown, B. (2012). ***Daring greatly : how the courage to be vulnerable transforms the way we live, love, parent, and lead*****. New York, NY : Gotham Books, ©2012. (MAIN BF575.A85 B76 2012).**

Brown, C. (2008). ***Piece of cake.*** **Paw Prints.**

Burton, S. (2017). ***Becoming Ms. Burton : from prison to recovery to leading the fight for incarcerated women / Susan Burton and Cari Lynn ; with a foreword by Michelle Alexander.***

Drug War Statistics. (n.d.). Retrieved December 1, 2018, from ***http://www.drugpolicy.org/issues/drug-war-statistics***

Clarke, A. E., Mamo, L., Fishman, J. R., Shim, J. K., & Fosket, J. R. F. (2003). Biomedicalization: Technoscientific Transformations of Health, Illness and U.s. Biomedicine. ***American Sociological Review*****,** ***68*****(2), 161–194.**

Constantine, M. G. (2007). Racial microaggressions against African American clients in cross-racial counseling relationships. ***Journal of Counseling Psychology*****,** ***54*****(1), 1–16. http://dx.doi.org/10.1037/0022-0167.54.1.1**

Copeland, V. C. (2005). African Americans: Disparities in Health Care Access and Utilization. Health & Social Work, 30(3), 265–270. https://doi.org/10.1093/hsw/30.3.265

Esterberg, K. G. (2002). ***Qualitative methods in social research / Kristin G. Esterberg.*** **McGraw-Hill.**

Foucault, M. (1995). ***Discipline and punish : the birth of the prison / Michel Foucault ; translated from the French by Alan Sheridan.*** **Vintage Books.**

Foucault, M. (2008). ***The birth of biopolitics : lectures at the Collège de France, 1978-79 / Michel Foucault ; edited by Michel Senellart ; translated by Graham Burchell.*** **Palgrave Macmillan.**

Foucault, M. (1990). The history of sexuality. Volume 1 An introduction / by Michel Foucault ; translated from the French by Robert Hurley. Vintage.

Galea, S. (2003). Racial/Ethnic Disparities in Overdose Mortality Trends in New York City, 1990-1998. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, *80*(2), 201–211. https://doi.org/10.1093/jurban/jtg023

Grady, D. (2007, January 23). Medical Apartheid - Harriet A. Washington - Review - Books - White Doctors, Black Subjects: Abuse Disguised as Research. *The New York Times*. Retrieved from https://www.nytimes.com/2007/01/23/health/23book.html

Griffith, D. M., Ober Allen, J., & Gunter, K. (2011). Social and Cultural Factors Influence African American Men's Medical Help Seeking. *Research on Social Work Practice*, *21*(3), 337–347. https://doi.org/10.1177/1049731510388669

Hall, M. F. (1997). The "War on Drugs": A Continuation of the War on the African American Family. *Smith College Studies in Social Work*, *67*(3), 609–621.

Kaye, K. (2013). De-Medicalizing Addiction: Toward Biocultural Understandings. *Advances in Medical Sociology*, *14*, 27–51. https://doi.org/10.1108/S1057-6290(2012)0000014006

Kerrison, E. M. (2017). An historical review of racial bias in prison-based substance abuse treatment design. *Journal of Offender Rehabilitation*, *56*(8), 567–592. https://doi.org/10.1080/10509674.2017.1363114

Knudsen, H. K., & Roman, P. M. (2007). Racial and Ethnic Disparities in Access to Medications in Substance Abuse Treatment. *Conference Papers -- American Sociological Association*, 1.

Knudsen, H. K., & Roman, P. M. (2009). Racial and Ethnic Composition as a Correlate of Medication Availability within Addiction Treatment Organizations. *Sociological Focus*, *42*(2), 133–151.

Kuzel, A. J. (2004). Patient Reports of Preventable Problems and Harms in Primary Health Care. *The Annals of Family Medicine*, *2*(4), 333–340. https://doi.org/10.1370/afm.220

Kwate, N. O. A., & Threadcraft, S. (2017). DYING FAST AND DYING SLOW IN BLACK SPACE: Stop and Frisk's Public Health Threat and a Comprehensive Necropolitics. *Du Bois Review; Cambridge*, *14*(2), 535–556. http://dx.doi.org/10.1017/S1742058X17000169

Lin, N., Cook, K. S., & Burt, R. S. (2017). *Social Capital: Theory and Research*. Transaction Publishers.

Mbembe, A., & Meintjes, L. (2003). Necropolitics. *Public Culture*, *15*(1), 11.

McGallagly, J., & McKeganey, N. (2013). Does robust drug enforcement lead to an increase in drug users coming forward for treatment? *Drugs: Education, Prevention & Policy*, *20*(1), 1–4. https://doi.org/10.3109/09687637.2012.733980

NAACP | Criminal Justice. (n.d.). Retrieved April 5, 2019, from NAACP website: https://naacp.org/issues/criminal-justice/

NIDA. (2017, April 24). Trends & Statistics. Retrieved April 5, 2019, from https://www.drugabuse.gov/related-topics/trends-statistics

Nicosia, N., MacDonald, J., & Pacula, R. (2017). Does Mandatory Diversion to Drug Treatment Eliminate Racial Disparities in the Incarceration of Drug Offenders? An Examination of California's Proposition 36. *Journal of Quantitative Criminology*, *33*(1), 179–205. https://doi.org/10.1007/s10940-016-9293-x

Perry, M., Williams, R. L., Wallerstein, N., & Waitzkin, H. (2008). Social Capital and Health Care Experiences Among Low-Income Individuals. American Journal of Public Health, 98(2), 330–336. https://doi.org/10.2105/AJPH.2006.086306

Satel, S., & Lilienfeld, S. O. (2014). Addiction and the Brain-Disease Fallacy. *Frontiers in Psychiatry*, *4*. https://doi.org/10.3389/fpsyt.2013.00141

Shafer, K. C. (2004). Trauma and the Substance-Abusing Older Adult: Innovative Questions for Accurate Assessment. *Journal of Loss & Trauma*, *9*(4), 345–358. https://doi.org/10.1080/15325020490489152

Smedley, B.D., Stith, A.Y., & Nelson, A.R. (Eds.), Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. (2003) *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare.* Washington, DC: National Academy Press.

Sturm, D. C. (2012). *A Review of the Research on the Relationship Between Substance Abuse and a History of Exposure to Trauma*. *1*, 11.

Tiger, R. (2012). *Judging addicts : drug courts and coercion in the justice system / Rebecca Tiger.*

Washington, H. (2010). Medical Apartheid The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present. Paw Prints.

Wallace, S. (1903). W.E.B. Du Bois, The Souls of Black Folk (1903). W.E.B. Du Bois, 14.

Ward, J. (2013). Men we reaped : a memoir / Jesmyn Ward.

10 percent of US adults have drug use disorder at some point in their lives. (2015, November 18). Retrieved December 13, 2018, from https://www.nih.gov/news-events/news-releases/10-percent-us-adults-have-drug-use-disorder-some-point-their-lives

***13th*. (2016). [video] Directed by A. DuVernay. Oakland, USA: Kandoo Films**