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Race, Class, and Socioeconomic and Sentencing Laws in Opioid Cases

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Walden University
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Abstract

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Dissertation Submitted in Fulfillment

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Abstract

The purpose of the study was to explore social constructs and bureaucratic decisions to assess their effects on sentencing laws based on race, class, and socioeconomic status (SES). The research question guiding the study whether there was a relationship between race, class, SES, and arrests among opioid users. A cross-sectional correlational design using secondary data from Substance Abuse and Mental Health Services Administration 2010-2018 surveys of 265,442 participants and FBI Uniform Crime Reports were assessed to understand the bureaucracy of the opioid epidemic. Lipsky's street-level bureaucracy theory was used to examine the historical, political, and racial structures within the judicial system. Social construction theory was used to address public personification, societal values on social constructs, and their effects on governmental procedures. Logistic regression was used to identify predictive relationships. The findings revealed that race, class, and SES were significant factors in disparity in sentencing in opioid cases. Recommendations for drug policy included increasing the fiscal budget to add significant investments in drug control policies. Also, policies and resources should be aligned across agencies for greater communication and collaboration among low-level bureaucrats, public health officials, and insurance agencies to target interventions and improve surveillance and data sharing across agencies. The implications for positive social change include providing invaluable information for policymakers on how to create parity and equity in sentencing across all types of drug use, focusing on criminal activity resulting from the use of the illicit drug versus the drug itself.

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Dedication

This is dedicated to my heartbeat, my love, my lifeline, my daughter: Sarai, you are my reason for striving for a better existence. To my rock, my mother, you have stood beside me throughout this journey and behind me to prevent me from falling. This would not be possible without you. This is also dedicated to the ones we lost: Marion E. Jackson Sr., Marion E. Jackson Jr., Thurman Smith, Jacqueline Lavette, Mary W. Smith, Taffii Vincent, John Lewis, and Benjamin Elijah Mays.

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Chapter 1: Introduction to the Study

Introduction

The opioid epidemic is a public policy issue that for years has plagued lawmakers in education, legislature, treatment, and punishment (Collins, 2017). The problem in addressing the issue over the last three decades has been the complex nature of the drug, its various uses (prescription and illicit), and the multifarious dynamics of the drug dealers (pharmaceutical companies, pharmacists, physicians, street hustlers, and traffickers) dispensing the drugs (Tiger, 2017). One such example is one of the largest pharmaceutical companies: Johnson & Johnson. The company was forced to pay over 500 million dollars in compensation for ignoring the dangers of opioids while exaggerating the benefits of opioids (Hoffman, 2019).

Additionally, physicians, including Dr. Joel Smithers, have been sentenced to prison for running *pill mills*, overprescribing, and prescribing opioids without a medical need (Booker, 2019). According to Hansen and Netherland (2016), pharmaceutical companies have driven the current wave of opioid addiction via for-profit conglomerates that expand all coasts and have become a billion-dollar business. Notably, pharmaceutical companies have been ingenious in their marketing ploys, using commercial advertisements and incentivized doctor initiatives to build public trust for opioid use (Hansen & Netherland, 2016). These marketing schemes created profits for pharmaceutical companies, but they also created a widespread epidemic in the United States (Lyapustina & Alexander, 2014).

Another reason for the rise in opioid addiction among White people is limited access to health care among non-White people and selective dispensing of opioids among physicians (Om, 2018). Lack of healthcare has prevented many non-White people from seeking treatment for chronic illnesses, which limited access to opioid treatment for pain tolerance (Rosenblum et al., 2008). Further, physicians' lack of dispensing opioids to people of color based on unfounded medical beliefs of pain tolerance limited the influx of opioid abuse among non-White people (Santoro & Santoro, 2018). This rise in opioid cases is based on doctor assertions of race and pain tolerance in chronically ill non-White patients (Lyapustina & Alexander, 2014). As opioid addiction rose to epidemic proportions in the White community and 1 in 4 users overdosed, a call to justice was enlisted (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020), and Congress and the president alike sought strategies to curb the epidemic. The Support for Patients and Communities Act (HR6) was enacted by President Trump to increase access to buprenorphine treatment, more education on opioid use disorder, and additional training, treatment, and recovery services (White House, 2019). The enactment of laws to decriminalize opioid use is governmental diplomacy that protects White privilege by labeling addiction a biomedical issue (Hansen & Netherland, 2016). Moving dependency from a punitive to a medical paradigm that protects White addicts from punishment ensures their fundamental rights (Hansen & Netherland, 2016).

Similarly, Netherland and Hansen (2017) argued that the shift created a renewed interest in neurological studies and drug treatment facilities to maintain White supremacy. Cooper (2015) argued that police officers' original intent was to institute and

emphasize hierarchies from a bureaucratic perspective. Therefore, law enforcement tactics, such as stop-and-frisk policies, have been essential to the formation and sustainability of racial hierarchies (Cooper, 2015).

While the current opioid crisis reestablished interest in assisting opioid users, there is a divide in who receives treatment and who receives punitive measures (Hansen & Netherland, 2016). As can be seen in the current sentencing laws, there is a distinct difference in how individuals are charged with drug crimes (Laslo, 2018). While many researchers have identified race as an issue affecting crime and punishment in opioid cases, other factors also prevent drug reform (Bobo & Thompson, 2006; Ghandnoosh, 2014; Netherland & Hansen, 2016).

During the last 12 years, two presidents have enacted two separate laws concerning drug policies. Barack Obama addressed the disparaging sentencing laws by passing the Fair Sentencing Act (2010), which decreased the crack cocaine and powder cocaine ratio from 100:1 to 18:1, thus preventing the agents that triggered federal criminal penalties (U.S. Sentencing Commission, 2015). Additionally, the law eliminated the mandatory minimum sentence of 5 years for possession of crack cocaine (U.S. Sentencing Commission, 2015). However, Black drug users with similar usage patterns are sentenced more harshly than White drug users for using a substance with the same chemical breakdown. Rosenberg et al. (2016) reported that Black people have been charged at four times the rate of their White counterparts for nonviolent drug offenses, although statistics indicate a comparison of similar drug use. Delgado (1988) noted that there is a distinct intersection between the criminal justice system and race. The

interchange consists of capitalism, control, and conformity, with reform being the missing element (Delgado, 1988). Alexander (2012) noted that capitalism, via the penal system, has created a new caste system that has safeguarded systemic racism grounded in slavery, extended to Jim Crow, and currently lies in colorblind racism. Other factors that burden opioid users are economically challenged communities, mass unemployment, police profiling, and social neglect, which leads to the mass incarceration of people of color (Bonilla-Silva, 2014). If America stands on the foundation of the American Creed of democracy and a government that is of the people, governed by the people, and issues justice for the people, then substance use disorder is an issue for all, not a selected few, people (Bobo & Thompson, 2006).

Many researchers agree that systemic racism is at the core of sentencing laws and the opioid epidemic; race, power, politics, policies, and law are all factors that affect equity and equality in the United States (Raphael, 2007; Rosenberg et al., 2016; Santoro & Santoro, 2018; Schneider & Ingram, 1993; Tiger, 2017). Due to an imbalance of power and resources, many researchers suggest it is impossible to attain due process in opioid cases; this results in extended sentences and mandatory minimums that primarily affect people of color (Netherland & Hansen, 2016; Om, 2018; Tiger, 2017).

White hierarchies are at the center of social control and legislation (Mendoza, Rivera, & Hansen, 2018). Bell (1999) argued that White people denigrate what they cannot control or profit from, and opioids became not only profitable but detrimental in the White community. Alexander (2012) theorized that the United States is a capitalist country that built its wealth on chattel slavery, a legacy that has continuously prospered

yet haunted the country. The prosperity lies in the continual evolution of bondage and its ability to take on numerous forms (Cooper, 2015).

The United States began with slavery and evolved to colorblind racism, which has allowed the country to ignore or deny that race holds any bearing in society while allowing it to dictate who shall be exonerated and who is held accountable for opioid crimes (Bonilla-Silva, 2014). Opioid users should be punished or rehabilitated equally or the issue of race will perpetually divide the nation. The purpose of examining the opioid phenomenon is to understand the biases among systems of crime and punishment for opioid users. By understanding the causes of drug addiction, bureaucrats and healthcare officials are better suited to understand and treat addiction (SAMHSA, 2019). The experiences will help policymakers with policies related to drug education and intervention versus criminal penalization. Further, policymakers may better understand how to allocate money to combat drug use and abuse. A comprehensive discussion on race, class, socioeconomic status (SES), opioids, and the criminal justice system will occur in Chapter 2.

Moreover, in the following chapter, social constructs will be discussed to examine the historic roles they play in assessing clinical or criminal culpability to drug use. Opioid use and misuse will also be addressed as well as the effects of opioid and other drug use on neuroreceptors in the brain, which affect mobility, decision-making, and adjudication in the drug user. The next section will serve as a synopsis for the research and consist of the problem statement, research questions, nature of the study, framework, definition of

terms, assumptions, limitations, and delimitations. Also included will be the significance of the research and its relevance to social change.

Background

For over four decades, investigative research has been conducted on the use and abuse of opioids and other drugs. Opioids are drugs that are generally used to aid in moderate to severe pain management. They are Schedule II-controlled substances that can cause physical and psychological dependence (National Institutes of Health, 2019). Opioids consist of three categories: agonists, partial antagonists, and antagonists (Mathre & Nichols, n.d.). Other classifications of opioids include endogenous (dynorphins, endorphins, and enkephalins), opium alkaloids (codeine and morphine), semisynthetic drugs (oxycodone), and synthetic drugs (fentanyl and methadone) (Mathre & Nichols, n.d.). The effectiveness of opioids lies in their binding to specific receptors in the central nervous system (NIH, 2019). The receptors affected by opioid use include the kappa, mu, and delta-opioid receptors (Kane et al., 2006). The mu receptors are the most beneficial and damaging because they are linked to pain relief's euphoric and analgesic aspects (Trescot et al., 2008). The analgesic aspect assists with the ease of pain; however, the euphoric elements are connected with the "high" that addicts continuously seek (Mathre & Nichols, n.d.).

Neurons are the fundamental working components in the brain (Byrne, 2016). National Institutes on Drug Abuse (NIDA, 2020), stated that although neurotransmitters may inhibit or stimulate neurons to generate distinct neurotransmitters, the disruption of one neurotransmitter can have auxiliary impacts on other neurotransmitters. The National

Institutes of Health established a common link between the neurotransmitter dopamine and all types of drug use (NIDA, 2020). In drug use, the chemical dopamine transmits a signal to the nucleus accumbens that produces euphoria in the users, leading to addiction or dependency on the desirous nature to repeat the experience (NIDA, 2020).

Research indicates that although neurotransmitters are affected in all illicit drug use, drug effects may differ based on neurotransmitters or class of neurotransmitters (NIDA, 2017). For example, heroin and prescription opioids have similar effects on enkephalin and endorphins, though more substantial, resulting in decreased respiration and alertness while increasing analgesia (NIDA, 2017). Cocaine affects dopamine regulation; this is another class of neurotransmitters that produces euphoria and changes in norepinephrine (NIDA, 2020).

When cocaine is smoked or snorted, it rapidly travels to the brain (NIDA, 2020). Although cocaine treks throughout the brain, it concentrates on the ventral tegmental area, the nucleus accumbens, and the caudate nucleus. Because cocaine is not confined to these areas, additional effects may include pacing, nail-biting, and scratching (NIDA, 2020). Likewise, when morphine or heroin are injected, they quickly travel to the brain. Opioids bind to opioid receptors (endorphins) that are centralized in regions within the reward system and stimulate the reward system using the nucleus accumbens, which causes increased impulses that activate the reward system (NIDA, 2017). While cocaine abuse involves the activation of two neurons, three neurons are required to initiate an opioid action: the dopamine pathway, gamma-aminobutyric acid pathways, and the postsynaptic cell (dopamine receptors; NIDA, 2020). Opioids bind to opioid receptors via

adjoining pathways, sending signals to the dopamine pathway to release more dopamine (NIDA, 2020). Like cocaine, sustained use of opioids leads to opioid dependence to preserve rewarding feelings and other customary behaviors (NIDA, 2020). Continued use of opioids inhibits the body's ability to garner natural rewards and disrupts habitual functioning without its presence (NIDA, 2017).

Marijuana is a drug that researchers believe has similar reactions on the brain as opioids. Identical to opiates, THC accumulates in the ventral tegmental area, nucleus accumbens, and caudate nucleus (NIDA, 2017). Marijuana also concentrates in the hippocampus and the cerebellum. THC, the active ingredient in marijuana, reacts rapidly to the brain when smoked (NIDA, 2017). Also, similar to the way opioids bind on their receptors, THC binds to cannabinoid receptors that affect the reward system via the same three neurons: dopamine, gamma-aminobutyric acid pathways, and the postsynaptic cell. The postsynaptic cell comprises dopamine receptors that affect the reward system in the brain (NIDA, 2017). When THC binds to its endocannabinoids, it obstructs the gamma-aminobutyric acid signal causing the dopamine terminal to excrete additional dopamine. The increased dopamine creates the high that users seek (NIDA, 2017).

THC's accumulation in the hippocampus and cerebellum affects balance and coordination (NIDA, 2017). Scientists have not determined the lasting implication of long-term marijuana use on the reward system. Research has indicated that heroin, opioids, cocaine, and marijuana bind to the nucleus accumbens, affecting the brain's reward system (NIDA, 2017). Also, each of these drugs increases dopamine transmission via increased activity of the reward pathway (NIDA, 2017). Although these act via

different mechanisms, their ability to activate the reward system increases the dopamine effect. Overall, these substances have the potential for misuse (NIDA, 2017). Based on these scientific assessments, drug categories should be reexamined for more cohesiveness, effectiveness, and equitability.

Studies have indicated concerns about opioid addiction as early as 1914 when research was conducted on laudanum (The Hospital, 1915). Laudanum is an alcohol-based elixir of 10% powdered opium; it was generally abused by women and known for its addictive proponents (The Hospital, 1915). In 1932, Jean Cocteau wrote about opium's addictive nature in *Opium: The Diary of an Addict*. Sir Thomas Willis, a lauded physician and the father of modern clinical neuroscience, prescribed laudanum for what is known today as restless leg syndrome. Ekbom, in 1945, conducted case studies on restless leg syndrome and advocated for the use of morphine and codeine as remedies for restless leg syndrome. Meyer Abrams (1968) described the effects of opioids on great poets and physicians, such as Coleridge, John Keates, DeQuincy, Dioscorides, and Caelius Aurelianus. More recently, theorists such as Delgado (1988), Alexander (2012), and Hansen and Netherland (2016) have identified race and SES as factors contributing to drug use.

Delgado (1988) used critical race theorist Richard Bell's interest convergence to argue that drugs and criminality converge in the sector of race and SES. With the rise in opioid addiction and overdoses, there has been a resurgence of interest in the opioid crisis by politicians and the public (NIDA, 2020). Kerrison (2017) and Hatcher et al. (2018)

previously researched opioids and other drug crises and cited White hierarchy and White supremacy as causes for the different responses to previous and current drug crises.

Although concern for the opioid epidemic has been revived (NIDA, 2020), the revival and refocus may result from the new opioid user. The ability to use political influence to evoke change has led to a progressive movement toward biomedical treatment versus incarceration (Netherland & Hansen, 2016). As seen with the Rockefeller marijuana drug laws, political influencers and affluent users use influence to force lawmakers to reevaluate the drug laws based on the users and the penalties for use (Travis et al., 2014). President Trump sought to change legislation for the new opioid epidemic to remove punitive responses to drug use by placing it solely on the supply side of drug distribution (Crossley, 2019). Trump also sought to remove the stigma associated with addiction via the biomedical view of drug use. These legislative measures appear to be an attempt to humanize drug use by implicating the addiction's biomedical disease model (Om, 2018). Reversing the stigma has been accomplished by primarily labeling the new crisis, its new addict, and shifting culpability to the dealers to assert punitive measures (Netherland & Hansen, 2016).

Since opioids migration to the White mainstream community, there has been a vigorous attempt to move from a focus on the deviance of addiction to the disorder or mental illness of the addict (Crossley, 2019). Previously, when crack and heroin infiltrated the communities of people of color, users were labeled *junkies*; however, the terminology evolved to *substance use disorder* to disassociate it from the negative connotations of deviance when it became prevalent in White rural and suburban

communities (Netherland & Hansen, 2016). Furthermore, the gentrification of abuse has caused a paradigm shift from punishment for the user to punishment for the dealer (Jones, 2018).

The intricacies of opioids have caused people to be judged preemptively for their drug use (Bell, 1999). Opioids, based on their compounds, structures, and uses, whether prescribed or not, have the potential to be abused. The use of prescription opioids can lead users with poor impulse control to overmedicate, alter the medications (crush and sniff), or migrate to heroin (Lyapustina & Alexander, 2014). In each case, the prescribed medication has shifted to illicit drug use and no longer falls under prescription medication protection. This crossover bolsters the question of who the drug addict is and whether they should be punished or treated for their drug use, which lends credence to the need for additional opioid research. Additionally, due to opioid medicinal functions, the question then becomes who the dealer is for which punitive action is necessary—physician, pharmacist, dealer—and whether the punishment should be streamlined to encompass all drugs based on their chemical effects on the brain (Alexander, 2012). More definitive information on opioids, their medicinal and abusive uses, media and political perceptions on drug use, and drug policies and procedures will be discussed in Chapter 2.

Problem Statement

Opioid abuse is a grievous issue that has beleaguered the nation for over three decades (SAMHSA, 2020). Drug abuse has been at the center of political debates for over half a century, with solutions ranging from education and treatment to a war on drugs

(Stares, 1996). Although money has been allocated to combat drug use and abuse, drug use has continued to rise (Drug Policy Alliance, 2015). Some scholars cite the allotting and reallocating of funds as the cause for the failure to adequately address the drug crisis. Other scholars argue that focusing primarily on the supply side has prevented effective drug prevention programs and education programs (Drug Policy Alliance, 2015; Pearl, 2018; Joh, 2009; Rosenberger, 1996; Tiger, 2017).

Opioid use affects thousands of individuals without regard to race, class, or SES. However, scholars disagree on why it is difficult for legislators to rectify current drug policies (Hatcher et al., 2017). Approximately 2.3 million people are incarcerated in the United States, and 80% are nonviolent drug offenders (Om, 2018). Drug use is an issue, but drug sentencing laws may be more stringent than other laws in the United States (Om, 2018). Although current literature indicates that opioid abuse is a social problem, the ability to pinpoint the issue has eluded researchers. Scholars have researched theories about the cause of addiction, methods of deterrence, and judicial reform to identify a sound resolution for opioid abuse with minimum success (Drug Policy Alliance, 2015; Joh, 2009; Pearl, 2018; Phillips et al., 2017; Rosenberger, 1996; Tiger, 2017).

Sentencing laws differ in application in drug cases based on drug type and quantity. Previous research indicated that sentencing laws have been the driving force of mass incarceration, consisting of four factors that include race, the number of prison decrees per number of offenses committed, criminality percentages, and estimated prison terms served for those incarcerated Raphael (2011). The U.S. incarceration statistics, specifically nonviolent drug offenses, were determined to be more than any other

country, which is expensive, exploitive, and a perilous position for the country's democracy (Travis et al., 2014).

Numerous methods have been explored to combat opioid abuse and to mitigate extensive sentencing laws, such as rehabilitation, probation, and incarceration, with disparaging results (Drug Policy Alliance, 2015). The issue is that policymakers enact laws with exceptions to benefit themselves and those like them; the exceptions are often to the detriment of people who are not like them (Delgado, 1988). Drug policies are examples of statutes created by policymakers that differ in the application via arrest, indictments, and incarceration for opioid drug violations (Kerrison, 2017).

A comparison of current and past drug epidemics shows that the new addict falls under the disease's biomedical model (Netherland & Hansen, 2016). In contrast, previous crack and heroin addicts were labeled societal deviants prone to violence who were a danger to society (Jones, 2018). Where previous legislation sought punitive measures to protect the public's safety and security, legislators now suggest that drug treatment and rehabilitation are a more humane and cost-effective way of dealing with the new opioid crisis (NIDA, 2017). Previously, the response to drug addiction issues was to incarcerate the so-called morally deviant user (Netherland & Hansen, 2010).

When addressing the biomedical model of addiction, Deacon (2013) theorized that the model is a novelty in the clinical sciences that provides meager mental health results. Further, Deacon (2013) emphasized that the biomedical paradigm has had adverse effects on clinical psychology via drug medical trials that disregard treatment

processes and hinder treatment and distribution modernization. The unique evolution of the biomedical model has caused division among specialists and scientists.

Public policies are formed gradually via edification, activism, lobbyist influences, and special interest groups' diverging securities (Netherland & Hansen, 2016). According to Travis et al. (2014), drug referendums are heavily influenced by special interest groups affected by these laws. The specific problem that needs to be addressed is the chemical effects drug use has on the reward center and the sentencing laws that categorize drugs based on drug types and quantity. The separation of use, possession, distribution, and volume affects how these laws are applied and, in their current state, are shown to be ineffective, inefficient, and a waste of government resources and taxpayer dollars (Sirin, 2011). Numerous academics have conducted arduous research on race as a variable affecting the formation and implementation of opioid laws (Netherland & Hansen, 2016; Om, 2018). Although race is an underlying factor, many of the analyses left a gap in the literature concerning class and SES. Without a clear perspicuity on the impact of class and SES on drug sentencing, the laws designed to address the opioid crisis will continue to be ineffective.

Additionally, the loss of life and the cost to taxpayers is expected to continue to increase (Henrichson & Delaney, 2012). The research points to a disparity in treatment along racial and socioeconomic lines for the sentencing classifications of cocaine/crack cocaine, opioids, and other illegal drugs (Jones, 2018). With the opioid crisis, there seems to be a political and cultural shift in which opioid abuse is classified as a public health issue instead of a criminal act (Tiger, 2017). What is unclear is how the paradigm shift in

classifying opioid use as a biomedical issue resulting in addiction intersects with race, class, and SES. It is essential to understand how opioid users across racial, social, and economic lines experience addiction in the criminal justice system. The findings will provide invaluable information for policymakers on how to create parity and equity in sentencing across all types of drug use, focusing on criminal activity resulting from the use of the illicit drug versus the drug itself.

Nature of the Study

This study consisted of a cross-sectional correlative design that sought to understand whether significant relationships existed among race, class, SES, and arrests in opioid cases. The purpose of the analysis was to understand how judicial drug-sentencing laws affect opioid abusers using statistical analysis. Quantitative analysis was used to quantify the application of sentencing laws (measured by arrested/booked or not arrested/booked) and investigate any associations between race, class, and SES (independent variables). Race was measured as Black or White, class was measured by educational standards, and SES was measured by poverty level. The Statistical Package for the Social Sciences (SPSS) Version 27 analysis software was used to analyze secondary survey data from SAMHSA and secondary data from the Federal Bureau of Investigations (FBI) Uniform Crime Report (UCR), which consisted of data on drug use by race, type, and arrests. By providing empirical data on arrest rates, a better assessment of the historical, political, socioeconomic, and racial structures that affect equitable treatment in drug cases is presented for further scrutiny in future research analysis. The aim of researching race, class, and SES was to assess the root cause of disparities in

sentencing in opioid cases. The research also sought to understand the personal beliefs, environmental factors, and internal policies that lead to differences in sentencing in drug cases. A complete methodological assessment is documented in Chapter 3 of the research.

Purpose of the Study

In this quantitative analysis, I sought to understand how drug laws differ in their enactment and application based on race, class, and SES in opioid cases. Due to similarities in concept, class and SES were measured using interchangeable variables. The aim was to explore whether the independent variables of race, class, and SES affected drug laws in their enactment and application in opioid cases. Previous scholars conducted arduous research on race as a variable affecting the formation and implementation of opioid laws and found significant evidence of disparities in treatment among people of color within the criminal justice system (Alexander, 2012; Om, 2018; Santoro & Santoro, 2018). Although race was an underlying factor, there was a gap in the literature concerning the variations of drug effects on the brain and the socioeconomic factors that lead to drug abuse.

If the effects of opioids on the brain are comparable with those of marijuana, cocaine/crack, and heroin, then sentencing guidelines could be an issue that needs to be explored in future research. When addressing race and policies, African American policymakers play a critical role in the implementation of drug policies, which indicates other factors may contribute to mass incarceration and extensive sentencing in opioid and other drug cases (Dyson, 2016). To date, the issues these policymakers have focused on

are affirmative action and voting rights, which protect their employment opportunities and current bureaucratic status (Dyson, 2016). However, critical issues, such as poverty and criminal justice reform, have been overlooked. The importance placed on specific issues indicates differences in class and SES (Dyson, 2016). Moreover, the social construct of race has other components that affect the treatment of opioid users in the judicial system. Therefore, in this study, I focused on race, class, and SES as concepts that affect legal procedures in opioid cases.

Understanding the effects of race, class, and SES in opioid users' arrests is crucial in addressing racial stereotypes and will shed light on interracial differences based on SES. This quantitative analysis aimed to simplify and elaborate the link between race, class, SES, and arrests in opioid cases. Current drug data provided by SAMHSA and the FBI UCR offer insight into the rates at which drugs are used and the punitive measures assessed for drug abuse. Annual SAMHSA surveys consisting of opioid users 18 years and older were used to provide a comparative analysis of drug use among races between 2010 and 2018 based on drug type to answer the following questions:

1. Is there a significant difference in drug effects on the brain to warrant separate drug laws?
2. Are political attitudes influenced by drug type or the user's race and SES when determining drug abuse punishment?
3. Does previous penalization of drug abuse increase or decrease the risk of further penalization if all drugs would be penalized in the same capacity?

The drugs that will be assessed in this research are opioids, marijuana, and cocaine/crack. The goal in evaluating these specific drugs is to determine if differences in chemical reactions on the brain affect the enactment and application of sentencing laws in drug cases. The use of arrests as a dependent variable can determine if the individual was given probation, parole, conditional probation, or probation and parole and provide an understanding of the differences in sentencing based on drug type. The findings may be used to dismantle mass incarceration and amend drug-sentencing laws.

Lipsky's street-level bureaucracy (SLB) theory will provide more insight into the historical, political, and legal bureaucracies that guide police officers' decisions to stop, detain, or arrest opioid users. These arrests are based on current policies and practices, attorney discretion in assessing charges, and judges' guidelines for sentencing. SLB will also be used to address political hierarchies and how they affect people individually and society as a whole. A thorough synopsis of the methods and instruments used in the research is located in Chapter 3.

Research Questions and Hypotheses

The research questions were designed to align with the topic, problem, purpose statements, and the theoretical framework of Lipsky's SLB theory. The questions were used to address discretion, policy, procedure, and governmental hierarchies and their effects on judicial processes (enactment and application) in opioid cases. The research was based on Creswell's view of collective inferential and descriptive analysis. Existing national SAMHSA data from 2010 to 2018 were used to examine the correlation of national-level measures of race, class, and SES with arrest rates in opioid cases.

The hypotheses that were used to test the theory were that arrest rates are highest in urban areas among people with the lowest incomes, education, and healthcare and the highest percentages of Black and non-White residents. Simultaneously, the frequencies of opioid treatment were expected to be highest among areas where education, employment, and income were easily sustainable, and the lowest percentages where Black and non-White people resided (Dasgupta et al., 2018). Binary logistic regression was used to determine the relationship among race, class, and SES and arrests in opioid cases. Cramer's V was used to test the associations' strength among opioid misuse among races, classes, and SESes (independent variable) and crime and punishment (dependent variable). The research questions and hypotheses were:

RQ1: Is there a relationship between race and arrests among opioid users from 2010–2018?

$H_0$1: There is no significant relationship between race and arrests in opioid cases.

H_a1: There is a significant relationship between race and arrests in opioid cases.

RQ2: Is there a relationship between class and arrests among opioid users from 2010–2018?

$H_0$2: There is no significant relationship between class and arrests in opioid cases.

H_a2: There is a significant relationship between class and arrests in opioid cases.

RQ3: Is there a relationship between SES and arrests among opioid users from 2010–2018?

$H_0$3: There is no significant relationship between SES and arrests in opioid cases.

H_a3: There is a significant relationship between SES and arrests in opioid cases.

Theoretical Framework

The theoretical framework used for the study was Lipsky's SLB. The theory aligned with the study and addressed the categorical nature of policies (restrictive, regulatory, and facilitating) and how their enactment and application affect opioid users. SLB was used to explain whether drug policies were implemented to curb drug use or whether they have been used in unintended ways due to bureaucrats' discretionary powers that oversee their involuntary clientele (Akosa & Asare, 2017). The analysis aimed to provide insight into why these policies may not be enforced as intended to policymakers and those who oversee policy. SLB was also used to assess the value drug reform plays in political debates, governmental policies, and practices.

SLB as a framework was used to understand how politics, power, and policies affect responses to opioid use and misuse. Some keywords relative to SLB are *laws*, *politics*, and *bureaucracy*. Key assumptions of SLB theory are (a) the actions and decisions of police and prosecutors are representative of the governmental policies enforced, (b) political and historical contexts must be considered when addressing procedures and policies that affect drug policy implementation and application, and (c) the empirical knowledge of non-White communities, cultures, and interactions with the criminal justice system are essential to understanding the obstinacy of racial inequality (Bestler, 2008). Street-level bureaucrats such as police officers and lawyers are the physiognomy of public policy (Lipsky, 1969). These frontline civil servants interact with the public by enforcing broad and complex governmental policies with substantial discretionary authority. When discretionary power intersects with a broad interpretation

of government laws and public policy, the ability to differentiate between government theory and policy in practice can become disconcerting and disparaging (Cooper, 2015). The research aimed to understand how arrests and incarceration rates were assessed among opioid users based on race, class, and SES. A more extensive review of this framework can be found in Chapter 2.

Definition of Terms

The definition of terms is pertinent to this study because they explain what opioids are, the demographics who use opioids, reasons for opioid use, and the labels placed on opioid users. The terms will assist in the ease of understanding of the literature and serve as a reference for terminology throughout the study.

Arrests: An officer obtaining custody of a suspect, and the intention of an officer to obtain custody of a suspect (Clancy, 2003).

Biomedical model: Used to view addiction as a brain disease that inhibits impulse control. Biomedical researchers believe a genetic predisposition to addiction may exist and should be treated via medicinal measures (National Research Council, 1998).

Bureaucracy: A body of officials and administrators of a government (Lipsky, 1969).

Class: A construct used to measure income, educational, and career status. It is an image of position in society based on SES. Generally, individuals in these categories are geographically assimilated and are positioned within society based on upbringing. *Class* is the preconceived notions of others based on appearance (Tiger, 2017).

Discretion: The ability to act on one's own judgment and authority (Swanson et al., 2012).

Institutional racism: The systematic exclusion of rights to a subordinate group via growth opportunities. These rights include material conditions such as housing, education, money, and power. These fundamental rights are so deeply ingrained in U.S. culture and institutions they are often obscure or concealed from public view (Alexander, 2012).

Junkie: Derogatory term used to refer to a drug addict (Quintero, 2012).

Opioids: According to NIDA, opioids are classified as Schedule II drugs and encompass a vast array of drugs, such as heroin, oxycodone (Oxycontin), codeine, and hydrocodone. There are also synthetic forms of opioids that include fentanyl, tramadol, methadone, and many others (National Institutes of Health, 2019).

Policies: Principles of action set by government and used to govern an individual, entity, or business or society (Langbein, 2015).

Politics: The organization of knowledge and activities associated with making decisions (debates, conflicts) for the governance of a country (Sartori, 1973).

Prescription drug abuse: The use of prescription medication in a way that deviates from its original intent (NIDA, 2020).

Race: The ideology that a great divide exists in the human species that categorizes individuals into distinct groups according to inherited physical features and behavioral variances (Schneider & Ingram, 1993).

Social construction: The ideology that race is neither a product of genomic or ecology forces but a decoction of social thought and associations (Schneider & Ingram, 1993).

Socioeconomic status (SES): A person's social structure based on income, education, and ideologies of social class and status. SES also refers to the societal opportunities and privileges afforded to an individual (APA Task Force on Socioeconomic Status, 2006).

Substance misuse disorder: The Mayo Clinic defines this as a disease that affects a person's brain's behavioral and intellectual aspects, resulting in poor impulse control resulting from the use of prescribed or illicit medications and drugs. Addiction may cause persistent use of drugs despite their adverse effects (American Psychiatric Association, 2013).

White privilege: Various political, economic, and social privileges afforded to White people based on skin color. The benefits are overt and covert in social influence, property, educational opportunities, prejudicial experiences, and power (Netherland & Hansen, 2016).

Assumptions

Assumptions are an integral part of the research process and help with a study's alignment and focus. There are five assumptions in this study. The first assumption is that street-level bureaucrats act on behalf of procedural policies set forth by higher-level bureaucrats. The second assumption is that governmental drug policies are ambiguous, thus allowing a broad interpretation. The third assumption is that limited resources affect

overall outcomes in the arrests of opioid users. The fourth assumption is that street-level bureaucratic actions align with public beliefs of drug use. The fifth assumption is that opioid users are treated equally in the criminal justice system. The assumptions associated with this study, while addressed here, will not be the focus of the study.

The discrepancies in application are the problems with drug sentencing laws because they deviate from their original intent, which was to deter drug use, marketing, and distribution (History.com Editors, 2017). Despite the public concern of the adverse effects of opioid use and misuse, which destroys communities, the judicial system has erected and misdirected laws to maintain social control (Tiger, 2017). This war on drugs has targeted low-level drug dealers and opioid abusers via stop-and-frisk policies and police profiling. Rather than concentrating on the manufacturing and dissemination of drugs, the judicial system has created a new caste system and created an opioid epidemic that cannot be easily addressed. Some factors that affect equality in drug sentencing laws have the potential to negate due process:

- The enactment of unjust sentencing laws based on quantity, not drug use, adversely affects all citizens;
- Policing in predominately non-White communities (racial profiling), although drug use is similar among all communities;
- The prosecutor's ability to manipulate specific laws and interpret them in ways beneficial to some and detrimental to others;
- Continuous systemic injustice to people of color due to lack of sentencing alternatives for drug offenses;

- The lack of information concerning opioid treatment and limited buprenorphine treatment facilities and rehabilitation centers in impoverished communities; and
- The copious adversarial and permanent implications of opioid use and misuse on society include tax hikes for citizens, healthcare for children born addicted to opioids, commissary for prisoners, and additional income removed from households.

Limitations

In this study, a sound and systematic depiction of the injustice people of color face via sentencing laws for opioid abuse can be made via personal, historical, and political accounts. While statistics on mass incarceration are readily available, there is limited information on buprenorphine clinics (Netherland & Hansen, 2016). Buprenorphine as treatment is complex as it can be administered privately in doctors' offices and clinics advertised solely online (Netherland & Hansen, 2016).

Scope and Delimitations

Delimitations are elements within a study that a researcher can modify to narrow the scope of the study. This study limited the social construct of race to Black and White opioid users who met the criteria: (a) current or previous opioid user, (b) used opioids at least 6 months, and (c) interaction with the criminal justice system (arrest or treatment). The study was conducted using SAMHSA's 2019 report on drug use via one-on-one interviews, reports from the U.S. Department of Justice (DOJ), and the Sentencing Commission of drug arrests in the United States and Washington, D.C. Opioid users of other races were excluded from this study to compare previous drug epidemics with the

current opioid crisis. Although the inclusion of other races and nationalities had the potential to add credibility to the research, the aim of the study was limited in scope to differences in enactment and application of sentencing laws in opioid cases. Also, there is limited information on the roles class and SES play in opioid cases, which may affect generalizability.

Furthermore, the research is not intended to function as a solution for opioid use or crime prevention. This study's intended use is to identify specific factors of public policy that affect the enactment and application of drug laws in opioid cases. The study will be limited in scope to opioid use, sentencing laws, mass incarceration, and rehabilitation theories and practices. Any incongruities found in the research can be ascribed to erroneous personal experiences, statistical data, and modality complications.

Significance of the Study

This study is significant due to new insight provided into the similarities in how drugs affect the reward system in the brain. Ultimately, this could change the way bureaucrats view drug use, misuse, and abuse. In addition, the research may help policymakers review, amend, or eradicate current drug policies that affect all drug users. Current research has indicated that incarceration rates differ based on their components (possession, distribution, manufacturing, drug, and quantity; Alexander, 2012). This analysis aims to examine current survey data from SAMHSA to compare race-related and race-specific drug use specifically for marijuana, cocaine/crack, and opioids to cross-reference the data with the UCR and Sentencing Commission to determine the rate of

arrests among these users. The data will assist in tracking the ratio of arrests per drug based on race and SES.

The social constructs of race, class, and SES are components that require an assessment to determine the differences that apply in the application of drug-sentencing laws (Tiger, 2017). The aim is to assess whether statistics in Black and White drug use and arrests are proportionate to their respective populations to determine if any disparity lies in arrests for drug users and whether drug sentencing laws need to be reassessed based on these findings. The research intends to demonstrate that social constructs do not bind addiction (Hansen & Netherland, 2016). Although differences apply in the chemical breakdown of opioids based on their intended use, the neuroreceptors' effects are the same (NIDA, 2020). The binding molecules cause adverse effects on the brain's neuroreceptors, creating the high that opioid users experience. The common element found in marijuana, cocaine/crack, and opioids is the increase in dopamine that affects the brain's reward system causing drug dependence. Further, the binding of neuroreceptors creates addictive qualities that may make the user straddle between legal and illegal use of opioids. This transfer often intersects in two areas: supply and demand. The user may resort to selling prescription opioids for money to purchase illicit drugs such as heroin (DeWeerdt, 2019).

By seeking clarity on social constructs and how they affect punitive and therapeutic measures, society may begin to understand why incarceration rates are higher for non-White opioid abusers. It may also explain how and why society may have become desensitized to the judicial system's discriminatory practices (Fellner, 2009). The

intended aim is to determine the cause of these legal failures and understand the environmental beliefs and internal policies that led to the enactment and application of stringent sentencing laws in opioid cases. The information collected may change the perceptions of non-White opioid abusers and attitudes toward drug addiction. Moreover, the study may fill in gaps in the existing research concerning prosperity and treatment and the correlation between race, class, and SES in opioid cases.

Additionally, the similar effects of drug use on the brain's dopamine receptors that cause addiction may lead to policy changes that focus on drug education, treatment, rehabilitation, enhancement of drug courts, and LEAD programs that seek to reduce judicial involvement for nonviolent offenders. These changes may also lead to lower taxes for taxpayers and reallocation of funds via prison population reduction and eradication. Further, the information may be used as a basis for additional studies to examine the effects of disparaging drug sentencing laws on due process. The study may also help healthcare officials address the growing concerns of addiction and find solutions for addictive behaviors and patterns.

Summary

Opioid use and misuse are a public health concern that needs to be addressed to understand addictive behaviors and patterns and mitigate incarceration rates for nonviolent drug offenders. As of 2015, approximately 90 million people have reported consuming prescription opioids (SAMHSA, 2019). This number does not account for the illicit use of opioids such as heroin. Of these individuals, over two million have some form of opioid dependency, either lawful or illegal, resulting in what is now considered a

national health crisis. O'Donnell et al. (2017) reported that between 1999 and 2015, opioid deaths quadrupled.

Opioid-related emergency room visits have skyrocketed, with approximately 1,000 patients admitted to emergency rooms daily (O'Donnell et al., 2017). Thus, the opioid epidemic needs to be addressed from a health, educational, and legal standpoint. From a health perspective, the information found can help combat the rise in Hepatitis C and HIV due to the risky behaviors associated with addicts. From a legal standpoint, altering or eliminating drug laws may reduce the astronomical number of incarcerated nonviolent drug offenders. By exploring addiction causes, healthcare officials can create health-based initiatives that combat opioid use, prevent relapses, and minimize overdoses in opioid-dependent people. The research may also lead to alternative ways to treat chronic pain in individuals with predisposed addictive behaviors. Moreover, the research has the potential to prevent the spread of infectious diseases via risky behaviors. Lastly, the study's information can be used in the behavioral health field to understand the psychological factors of opioid-dependent individuals.

To conduct the study, secondary data from SAMHSA and the UCR will guide the research. I will use surveys and reports for a robust and comprehensive study. Lipsky's SLB theory will be used for its descriptive bureaucratic principles and its historical and legal foundations concerning race, law, politics, and SES. Understanding addiction, strategies on drug education, intervention, treatment, and medical diagnosis can be simplified. A standardized and definitive definition of *addiction*, whether biomedical or philosophical, can be created to ensure that lawmakers are better positioned to seek

alternatives to incarceration in nonviolent opioid cases. With this knowledge, the critical thinking of opioid use disorder may be eliminated, redefining society's view of drug abuse and removing the stigma of addiction. This approach can end the war on drugs and allow funds to be used for -suited programs such as buprenorphine clinics that retain the privacy and dignity of the addict and remove the stigma associated with addiction. By understanding the core reasons for addiction and drug abuse, the process by which interventions occur may be revamped, and the classification of drug policies may be altered or eliminated. More in-depth information on the historical background of opioids, social constructs, and the bureaucratic responses to drug use is in Chapter 2.

Chapter 2: Literature Review

Introduction

Opioids are a class of multidimensional drugs the uses of which has crossed all races, cultures, and classes (Tiger, 2017). The infiltration of opioids into mainstream culture has generated a renewed interest in drug policy by policymakers, law enforcement, and public health officials (Netherland & Hansen, 2016). The interests include drug funding, ways to combat opioid use, penalties for use and distribution, biomedical diagnosis of opioid use, and new methods of treatment for opioid abuse (Ghandnoosh & Lewis, 2014). Kosten and George (2002) stated numerous factors that affect why people take opioids and how they become addicted. In many cases, pain is the underlying factor for the use of opioids initially; the pain may be physical, psychological, or both (American Academy of Pain Medicine, 2016). Although the reasons for opioid use may differ, the difference between illicit and prescription use is determined by the way the drug is used (Lyapustina & Alexander, 2014). For example, a person may obtain a prescription opioid, and if taken orally and according to a physician's specifications, the use would be considered legal. However, if the individual alters the medication by crushing the pill to inhale or inject it, the use would be considered illicit.

The criminal prosecution of opioid use has varied according to race in the United States (Pearl, 2018). Although White Americans have similar illicit use rates of opioids compared to Black Americans, the incarceration rate for illicit use of opioids is 10 times greater for Black Americans (Netherland & Hansen, 2016). The disparities in sentencing

indicate that sentencing guidelines and laws may need to be reassessed to provide due process in opioid cases.

In this chapter, I discuss the research process used for the study. A synopsis of Lipsky's SLB theory, its tenets, and its relation to the study will also be discussed. An in-depth discussion on drug abuse, the politics of drug use and deterrence, and the enactment and application of drug laws will be discussed to identify the associations between opioids and other drug responses on the brain's reward system and the contrasting implications on the previous and current war on drugs. Lastly, this chapter will further discuss the history of opioids, race, media depictions of race, SES, class, and the criminal justice system's role in the opioid crisis.

Literature Search Strategy

A review of the extant literature was an integral part of this study. For this literature review, I sought scholarly articles concerning opioids, SES, pain, class, race, and the criminal justice system. Keywords used in various combinations to search for articles included *opioid epidemic, race, social control, pain, income, class*, *SES*, and the *criminal justice system*. The databases used for the search included Walden University's library, which provided access to peer-reviewed articles, ProQuest, and Pain Science. Additionally, Google Scholar's domain offered access to additional scholarly and peer-reviewed articles; Research Gate provided numerous scholarly articles; PubMed offered access to medical articles as well as peer-reviewed articles; Sage offered access to legal and scholarly articles; EBSCOhost provided access to scholarly, legal, and medical articles; Biosocieties offered access to medical and peer-reviewed articles; and NIH

provided access to government documents and scholarly articles. Database searches were limited to only include peer-reviewed articles published between 2012 and 2020.

Searches using the keywords *race* and *opioid* revealed 60,000 articles. Searches on *SES* and *opioids* revealed 23,000; searches on *social class* and *opioids* located approximately 40,000 articles; and 23,000 articles were related to the *criminal justice system* and *opioids*. To streamline the research, articles were narrowed to 50 articles related to the study. Other articles prior to 2008 were used to identify the historical context of opioids, race, racism, the criminal justice system, and the SLB theoretical framework. In addition, newspapers, books, and websites were used to obtain current data on race and high-profile opioid criminal cases.

Theoretical Framework

Street-Level Bureaucracy Theory

The theoretical framework that was used for the study was Lipsky's SLB theory which was used to address the categorical nature of policies (restrictive, regulatory, and facilitating) and how their enactment and application affect opioid users (Erasmus, 2015). The theory was used to assess the value drug reform plays in governmental policies and practices. SLB as a framework was used to understand how politics, power, and policies affect responses to opioid use and misuse. Some keywords relative to SLB are *laws*, *politics*, and *bureaucracy*. Key assumptions of SLB theory are: (a) the actions and decisions of police and prosecutors are representative of the governmental policies enforced, (b) political and historical contexts must be considered when addressing procedures and policies that affect drug policy implementation and application, and (c)

the empirical knowledge of non-White communities, cultures, and interactions with the criminal justice system is essential to understanding the obstinacy of racial inequality (Bestler, 2008). Street-level bureaucrats such as police officers and lawyers are the physiognomy of public policy (Akosa & Asare, 2017). These frontline civil servants interact with the public by enforcing broad and complex governmental policies with substantial discretionary authority (Lipsky, 1969). When discretionary power intersects with a broad interpretation of government laws and public policy, the ability to differentiate between government theory and policy in practice may become disconcerting and disparaging. The goal of the research was to understand how arrests and incarceration rates are assessed among opioid users based on race, class, and SES. The goal of using SLB was to identify sources of power that prevent equity, to identify social constructs and their effects on people of color, to show how narratives not told by underrepresented groups often distort the reality of non-White issues and silence people of color, and to identify interest convergence in opioid cases (Alexander, 2012).

Literature Review

Social Construction of Race, Class, and Socioeconomic Status

Race is a social construct based on physical attributes such as skin color, facial structure, and hair texture (Jensen, 2013). Nyborg (2019) claimed that racial constructs are designated via racial categories that have no biological validity. From a governmental perspective, the social construct of race is solidified in the census in which race is categorized into five classifications: (a) White or Caucasian, (b) Black or African American, (c) Native Hawaiian and other Pacific Islander, (d) American Indian and

Alaskan Native, and (d) Asian American (Perez & Hirschman, 2009). These classifications are used as a means to establish national identity and cohesiveness. Governmental entities that have influenced public perception include the media, power influences, and legislators (Bonilla-Silva, 2014). This social construct is also used as a means to regulate and control subordinates to maintain racial hierarchies (Schneider & Ingram, 1993).

Social Class

A juxtaposed view of race shows that it is used to both incorporate and counteract social class variances and economic inequalities that coincide with certain geographical locations (Netherland & Hansen, 2016). The ability to integrate and neutralize variances allows the government to amplify the ideology that achievement and failure are individualistic and based on individual ambitions (Netherland & Hansen, 2016). For example, the successes of former U.S. President Barack Obama and media mogul and television personality Oprah Winfrey may be used as a measuring tool for Black success and to prove that race is not an issue in the United States. In general, the success of a few Black people allows those in charge to avert attention from the higher poverty rates in Black communities and absolve guilt associated with racism (Dyson, 2016). Bonilla-Silva (2014) referrred to this concept of denial and aversion as *colorblind racism*. Although the United States may have evolved into a colorblind society, race is still ingrained in the moral fabric and determines hierarchies within society; this significantly impacts the experiences and opportunities of the subordinate group (Hansen et al., 2016). The

historical context of race is indicative of race's place in society from slavery to the Jim Crow era and colorblind racism (Bonilla-Silva, 2014).

With colorblind racism, the term *race* becomes coded with words such as *urban*, which are used to convey race without mentioning actual race (Bonilla-Silva, 2014). The racial divide, though rarely discussed, can be seen throughout U.S. society in areas such as housing, employment, education, the judicial process, and wealth and opportunity (Alexander, 2012). The divide can be found in housing via *steering* and inequitable lending practices of banks and realtors. In the employment realm, it is evident in the lack of opportunity and advancement opportunities for people of color (Bobo & Thompson, 2006). The education arena is affected via funding differentials, lack of academic resources and teachers, and inequitable access to technological advances (Netherland & Hansen, 2016). Moreover, inequalities are embedded in judicial processes and are visible in the mass incarceration of Black people and in the war on drugs that has led to numerous nonviolent drug offenses (Alexander, 2012).

Regarding the distribution of wealth and opportunity, research has indicated that race is still a factor in the hierarchies of society and affects the social and economic mobility of people of color (Alexander, 2012). Alexander (2012) determined that social class systems have an enormous effect on how opioid users are treated by both physicians and the criminal justice system. Similarly, Tiger (2017) acknowledged the link between race and social control but countered this assessment to include classism as a form of social control. Findings from Tiger's (2017) research show that physicians, prosecutors, and judges in the same class systems with upper-class opioid users were more

sympathetic due to familiarity with this population (Tiger, 2017). In essence, this disconnect is due to differences in social class and expectations for hierarchy and status within society.

Social class and status are social constructs with no tangible benefit yet are accepted by society as a means of allocating roles in society (Drake et al., 2020). Tiger (2017) contended that status and social class are a means of social control and must be protected via separation of classes. Essentially, the difference in treatment is the result of the difference in relatability. Members in similar class systems often socialize in the same social circles, which provides a sense of familiarity and understanding not found in differing social classes (Tiger, 2017). Therefore, upper-class opioid users are more likely to be viewed as victims of circumstance instead of victims of immoral behavior like their lower-class counterparts are (Hansen et al., 2016). Moreover, upper-class opioid users have the means to receive in-house buprenorphine treatments in private facilities, which removes the stigma of drug use (Hansen & Netherland, 2016).

Socioeconomic Status

SES is defined as an amalgamation of education, income, understanding of social status, and social class (Joynt et al., 2013). APA Task Force on Socioeconomic Status (2006) stated that although poverty is not a sole identifier of SES, it is determined by numerous physical and psychosocial stressors. Researchers have determined that SES is a reliable and rational indicator of an extensive selection of outcomes (Hardaway & McLoyd, 2009; Wang & Geng, 2019). In particular, research has shown that regardless of which elements of SES are combined, the results have overwhelmingly indicated that

there is a significant association between SES and health (APA Task Force on Socioeconomic Status, 2006).

SES has hierarchies that affect social status and health (Miyamoto, et al., 2018). Smith (2004), asserted that individuals who fall within a lower SES generally have considerably worse health consequences than their counterparts. Specifically, through a self-report study of contours of SES health slopes (*very good to excellent health* and *good to poor health*) Smith (2004) determined that at each age of a participant's life span, a downward movement in income resulted in poorer health for the participant. In addition, Smith (2004) and Fuentes et al. (2007) found that individuals in lower socioeconomic areas were at higher risk of suffering from poor health and chronic pain due to years of hard labor in low-paying and manufacturing jobs. An association has been found between genetics and environmental factors that attribute to early opioid use (Fuentes et al., 2007; Smith, 2004).

As noted, SES is associated with pain, particularly perception and tolerance (Fuentes et al., 2007; Smith, 2004), and drug use (Lewis et al., 2017). Dorner et al. (2011) found that individuals that fell within the lower SES experienced disabling pain at a two to three times higher rate than individuals in higher socio-economic brackets. Additionally, Fuentes et al.'s survey found an association between neighborhood SES, race, and chronic pain, using Black and White participants (Fuentes et al., 2007). From clinical data, the authors found that Blacks experienced more emotional pain, mood disorder symptoms, and pain-related debility than Whites and that the Black race was correlated with lower SES as well as amplified affective pain, compulsory disability, and

mood disorders (Fuentes et al., 2007). Overall, research has concluded that chronic pain decreased as individual SES increased, and drug use dissipated as SES improved (Fuentes et al., 2007).

Pain and Treatment

Pain is the underlying issues in drug use and abuse. (American Academy of Pain Medicine, 2016). Raja et al. (2020) describe pain as a feeling of distress triggered via injurious or penetrating stimuli. In addition, the International Association for the Study of Pain identifies pain as an undesirable physical and reactive occurrence generally associated with actual or potential tissue injuries (IASP, 2017). Pain can cause either a physiological or psychological response to a noxious stimulus or can be caused by both reactions simultaneously. Regardless of the type of pain experienced, pain relief often involves treating the psychological and physiological characteristics of pain (Joynt et al., 2013). In contrast, treatment for longstanding or chronic pain may be compounded by symptoms of anxiety and depression and may be more challenging to treat (Center for Substance Abuse Treatment, 2012). In treating symptoms of anxiety and depression in patients experiencing long-term pain, treatment may reduce the pain exacerbated by psychological factors (Joynt et al., 2013).

Opioids have been used for numerous medicinal purposes. According to Tompkins et al. (2017), the treatment often used to manage chronic pain and psychological issues is prescription opioids. Due to pain's affective and sensory components, it is not only difficult to quantify, but it is also subjective to the individual affected (Tompkins et al., 2017). When attempting to quantify pain, scholars have found

that some reception of pain develops before birth, such as the neuroanatomic basis of pain; however, how one responds to pain results from early childhood experiences (Bates et al., 1993; Dorner et al., 2011). Dorner et al. (2011) and Bates et al. (1993) assert that heredity, gender, childhood experiences, and cultural beliefs are all influences in an individual's concept and threshold for pain. Bates et al. assessed 372 chronic pain patients across six ethnic categories treated at multidisciplinary-pain management centers and found that pain intensity was not significantly associated with prescription varieties, diagnosis, past treatment, or surgery for chronic pain (Bates et al., 1993). McCracken et al. (2001) had similar findings in their study of 57 Black and 207 White patients in search of treatment for chronic pain. The study found that Blacks and Whites experience chronic pain differently, with the underlying factors being behavioral, environmental, genetic, healthcare experiences, and social influences (McCracken et al., 2001). The researchers also noted that although comparisons among groups did not find significant differences in categories such as age, education, income, sex, medical diagnosis, and surgeries, Blacks experienced a higher level of pain severity, physical symptoms, avoidance of activity, fear, and psychosocial disability and special influences (McCracken et al., 2001). From a psychological perspective, mental issues such as anxiety and depression can exacerbate both an individual's pain perception threshold and their pain tolerance threshold (Smith, 2004). In contrast, emotions such as anticipation, rage, or relief can temporarily diminish both pain thresholds (Bates et al., 1993). Due to the subjective nature of pain, its meaning to the individual and the context for which it is experienced rest solely on the individuals' interpretation of pain (Tompkins et al., 2017).

Chronic pain consists of prolonged pain that lasts more than three months (American Academy of Pain Medicine, 2016). Schopflocher et al. (2011) stated that chronic pain is a nationwide problem that has adversely affected the quality of life of numerous individuals and affects approximately 1 in 5 people, with pain ranging from moderate to severe. Further, ineffective treatments and pain management have contributed to the new opioid epidemic, which has been shown to affect more people than cancer, cardiovascular disease, and diabetes combined (Ji et al., 2018). With chronic pain, if the pain cannot be pinpointed and alleviated, it may lead to other psychological complications such as anxiety and depression, which have the potential to intensify the ailment (Ji et al., 2018).

Mental Health and Opioids

Comorbid issues have a significant effect on drug abuse. Drugs are often used to self-medicate creating cooccurring mental health and substance abuse issues (Baliki & Apkarian, 2015). NIDA found that opioid use is complex in that the individual may have compounded issues, including mental health issues, that often remain undiagnosed (NIDA, 2012). More specifically, opioid addicts may experience comorbid issues that include anxiety and depression that may cause or exacerbate drug use (NIDA, 2012). NIDA (2012) further states that some individuals with mental health disorders tend to self-medicate to alleviate the pain associated with mental health disorders. Fundamentally, the aim of treating mental health issues is to treat comorbidity issues equally and simultaneously.

There are numerous psychotherapeutic approaches to treat mental illness, most notably cognitive behavioral therapy. Hasan et al. (2017) asserted in their meta-analysis of individuals suffering from anxiety and depression that psychotherapeutic approaches to mental illnesses report a higher reduction rate of depressive symptoms than other comparable groups. Moreover, statistics have shown that mood disorders such as anxiety, depression, bipolar disorder, and affective disorders have the most prevalence of psychiatric comorbidity among substance use disorders (NIDA, 2012). Quello et al. (2005) also studied mood disorders and listed three genetic factors that may lead to substance abuse disorder or mood disorders. The three genetic components identified are genetic makeup, the genetic makeup of the brain, and genetic brain development due to neuronal sensitization and kindling that generated both disorders (Quello et al., 2005). Both findings reveal that mood disorders tend to increase risks of substance use disorder (Hassan et al., 2017; Quello et al., 2005). Similar to Quello et al. (2005), Stoicea et al. (2019) and Sullivan et al. (2006) found that comorbid issues have a profound effect on drug use, misuse, and abuse. Stoicea et al. (2019) argued that people with mood disorders such as bipolar and schizophrenia are more likely to abuse opioids than others within the clinical population. Stoicea and colleagues also found an association between chronic pain and opioid maintenance therapy and concluded that opioid abuse will continue to rise until other therapeutic practices are implemented (Stoicea et al., 2019).

Furthermore, Sullivan et al. (2006) found a link between mental health disorders, substance use, and initial use of prescription opioids. Additionally, the researchers found that participants who did not abuse alcohol were more likely to use opioids at increased

rates than those who did not experience substance use problems (Sullivan et al., 2006). Similarly, Saisan et al. (2019) found that over 30% of people suffering from alcohol abuse and 50% of drug abusers have at least one mental disorder. Barry et al. (2016) expounded on this theory, citing a high rate of comorbid mental disorders with a preponderance of patients who have personality disorders. The authors also listed additional mental disorders such as posttraumatic stress disorder, non-agoraphobia panic disorder, and generalized anxiety disorder (Barry et al., 2016). According to Barry et al. (2016), co-occurring disorders make it difficult for providers to treat chronic pain and opioid use disorder. The researchers suggest that more focus should be placed on psychiatric disorders prior to opioid therapy (Barry et al., 2016). Other researchers who have studied mood and affective disorders with similar findings include Richard et al. (2012), Grattan et al. (2012), and Kamal et al. (2017).

Opioids were not designed for extended use due to their high potential for abuse (NIDA, 2014). Dasgupta et al. (2018) found that opioid misuse extended beyond their scope of the study, citing that 41% of overdoses occurred in urban communities, 26% in suburban communities, 18% in cosmopolitan regions, and 15% in rural areas. The consensus among the researchers is that mood assessments and diagnoses of co-occurring disorders are complex due to the way in which symptoms overlap. This overlap may be misinterpreted as withdrawal symptoms, substance intoxication, and mood disorders (Dasgupta et al., 2018).

Medical Uses of Opioids

Opioids are provided via physician prescription for the treatment of certain types of pain, arthritis, cancer, recovery from surgery, and opioid addiction (American Academy of Pain Medicine, 2016). Also, opioids are used to treat moderate to severe pain that does not respond to other drug treatments. In general, the treatment of pain using opioids is injury-specific (NIH, 2019).

Controlled Substance Scheduling and the Classification of Opioids

Controlled substances are chemicals or drugs whose possession, use, or manufacture is solely regulated by the government (U.S. Drug Enforcement Administration, n.d.). These substances are categorized into schedules depending on medicinal uses and the drug's abuse or dependency potential (NIDA, 2014). NIDA notes that Schedule I drugs have no medicinal purposes and are only available with government permissions (NIDA, 2012). Examples of schedule I drugs include heroin and marijuana, which are drugs that have the potential to cause severe physical and psychological dependency (National Institute of Drug Abuse, 2019). Schedule II drugs are any drugs that have increased potential for abuse but have some medicinal purposes; they include cocaine and the opioids, meperidine, methadone, hydromorphone, fentanyl, morphine, opium, oxycodone, and hydrocodone (National Institute of Drug Abuse, 2019). Schedule III chemicals, drugs, or substances have a low to moderate potential for psychological and physical and include suboxone, Subutex, buprenex, and temgesic, and all derivatives of buprenorphine (National Institute of Drug Abuse, 2019). This category of drugs has a low to moderate potential for abuse as well as a psychological and physical dependency

(National Institute of Drug Abuse, 2019). Schedule IV substances, drugs, or chemicals have a low potential for dependency and abuse. For example, Tramadol is a schedule IV drug with little potential for physical and psychological addiction and is used for medicinal purposes (National Institute of Drug Abuse, 2019). Schedule V drugs, chemicals, or substances have the lowest potential for abuse; however, they are regulated by quantity. Schedule V drugs include cough suppressants such as codeine (less than 200mg) and Robitussin (100 mg).

How Opioids Work

Opioids work by attaching to proteins known as opioid receptors on the brain's nerve cell, the spinal cord, and the stomach (NIDA, 2020). These narcotic alkaloids (proteins) act similarly to the natural endorphins produced by the body. When attached, the opioids block or reduce pain stimulus messages being sent from the body and spinal cord to the brain (Netherland & Hansen, 2016). Opioids are also used in the treatment of opioid misuse and abuse (Hatcher, Mendoza, & Hansen, 2017). Medication-assisted therapy (MAT) is a form of treatment in which multiple methods are used to combat opioid addiction; it consists of counseling, behavioral therapy, and medication, which provide a "whole patient" method of treatment (Maglione et al., 2018).

Medicines associated with MAT include methadone, naltrexone, and buprenorphine (Crossley, 2019). Methadone and buprenorphine are used to decrease cravings and the symptoms of opioid withdrawal. Synthetic opioids work by operating on the same foci in the brain as other opioids; however, they do not produce the high that abusers seek (Hatcher et al., 2017). The purpose of the drugs is to restore balance to the

brain, allowing it to heal from the trauma inflicted on the mu neuroreceptors due to abuse (NIDA, 2020). Although both are effective in the treatment of opioid use and misuse, buprenorphine is a less addictive treatment than methadone (Santoro & Santoro, 2018).

Treatment of Acute Pain

Various forms of opioids are used in the treatment of acute and chronic pain and mental health disorders (Quello et al., 2005). Some of the most familiar are Oxycontin (oxycodone), hydrocodone/hydrocodone-acetaminophen, morphine, fentanyl, meperidine, buprenorphine, and methadone (Trescot et al., 2008).

Oxycontin

Oxycontin is used in the treatment of ongoing severe pain and has also been used in the treatment of injuries, arthritis, and cancer (Netherland & Hansen, 2016). Oxycontin comes in other forms that include Percodan (oxycodone and aspirin) and Percocet (oxycodone and acetaminophen), which also treat moderate or severe pain (Rosenblum et al., 2008). Moreover, Oxycontin is used to reduce the transmission of pain signals to the brain, thereby reducing the individual's pain. Due to the potency of the drug, Oxycontin should only be taken by individuals that have been on long-term opioid treatment and have taken opioids for an extended period of time (National Institutes of Health, 2019).

Hydrocodone

Hydrocodone comes in two forms, hydrocodone and hydrocodone/acetaminophen (American Addiction Centers Editors, 2020). Hydrocodone/acetaminophen is a combination opioid that consists of hydrocodone and acetaminophen (American Addiction Centers Editors, 2020). The drug is used to relieve moderate to severe pain and

works via signals to the brain, which alter the body's sensations and responses to pain. Acetaminophen has an additional component of reducing fever and inflammation (American Addiction Centers Editors, 2020).

Morphine

Morphine is an opioid narcotic analgesic used to treat acute and chronic pain and cancer (Trescot et al., 2008). The drug is used for recovery from surgery and for patients whose pain is unresponsive to nonnarcotic analgesics. Morphine works by acting on the central nervous system to inhibit pain signals from reaching the brain (Trescot et al., 2008).

Fentanyl

Fentanyl is the most potent synthetic opioid (NIDA, 2019). Specifically, it is 50 times more potent than heroin and 100 times more potent than morphine (NIDA, 2019). Fentanyl works by binding the mu receptors and increasing the dopamine levels in the central nervous system, thus promoting feelings of euphoria and relieving pain. Furthermore, the drug is used for surgical purposes and for the treatment of chronic pain in individuals that have become resistant to other opioid treatments. CDC (2019) reports that fentanyl was responsible for over 67% of opioid-related deaths in 2018.

Meperidine

Another common opioid is meperidine, an analgesic used for surgical and hepatic inflammation purposes (National Institutes of Health, 2019). Meperidine is also used to treat moderate to severe acute or chronic pain. However, it is not meant for prolonged use

and is generally used to treat sudden episodes of pain (National Institutes of Health, 2019).

Buprenorphine

Buprenorphine is a synthetic opiate used to treat opioid addiction. It is a mixed agonist-antagonist opioid that assists in averting withdrawal symptoms in opioid addicts. Buprenorphine is a doctor monitored treatment (MAT) that is provided within the first two days of discontinuing opioids. The dosage is then substituted with a combination of buprenorphine and naloxone for treatment maintenance (Maglione et al., 2018).

Methadone

Lastly, methadone is an opioid that is used for multiple treatments. One of its uses is in the treatment of severe pain, such as cancer (Mercadante & Bruera, 2017). The drug is also used to treat heroin addiction by reducing withdrawal symptoms in addicts. Methadone works by inhibiting pain messages to the brain, thus reducing the pain experienced by chronic pain sufferers. Each of these opioids has side effects that include drowsiness, dizziness, euphoria, stomach pain, nausea, vomiting, constipation, and sweating (National Institute of Drug Abuse, 2019). Moreover, these opioids can be highly addictive if misused, abused, or taken illegally. The National Institute of Drug Abuse (2019) suggests that opioids should only be taken under a physician's care and prescribed by a doctor.

Opioid deaths have led a nationwide epidemic. According to NIDA, opioid deaths due to overdose accounted for almost 400,000 deaths between 1999-2017 (National Institute of Drug Abuse, 2019). Notably, opioid deaths account for the highest number of

deaths in the United States and include both prescription and illicit opioid use (National Institute of Drug Abuse, 2019). Based on recent statistics, deaths via opioid overdose have reached epidemic proportions exceeding 300,000 between 1999 and 2017 (Scholl et al., 2018). The increase in overdose deaths occurred via three separate but distinct phases.

History of Opioids

Lachryma papaveris, also known as opium, derives from a dried latex gathered from the seed of the poppy plant, that originated in Samaria then eventually migrated to the Southern region of Asia (Gussow, 2013). Within the latex lies other similarly related opioids such as thebaine and nonanalgesic alkaloids, including noscapine and papaverine (Gussow, 2013). According to the NIDA (2019), there are many derivatives of opium, some natural and some chemically altered for various uses. For example, codeine and morphine are two natural byproducts of opium gathered from the seed of the poppy plant. Heroin, another derivative of opium, is chemically treated and has a breakdown of 12% of the analgesic alkaloid morphine (NIDA, 2014). Other forms of opium that are synthetically created include oxycodone, hydrocodone, hydromorphone, meperidine, fentanyl, and methadone (National Institute of Drug Abuse, 2019). These synthetic forms of opium are manufactured by pharmaceutical companies and used for medicinal purposes. However, codeine is unique and may fall into numerous categories based on the chemical compound (National Institute of Drug Abuse, 2019).

Hippocrates acknowledged opium's medicinal properties around 460-357 B.C., recognizing its significance in the treatment of pain and epidemics and prescribing it to treat internal diseases (Bushak, 2016). Later, the drug was introduced in China and

Portugal, and by 1527, German physician and father of toxicology, Paracelsus, developed the elixir known as laudanum from what he called the “Stones of Immortality” (opium thebacium) and citrus juice to aid in the relief of pain (Gussow, 2013). By the 1800s, laudanum was widely used and readily available over the counter in chemist shops throughout England. Also, infant formulas of laudanum were produced under the names of Atkinson’s Baby Preservative and Mrs. Winslow’s Soothing Syrup (Gussow, 2013). During the eighteenth- and nineteenth centuries, Britain’s addiction to laudanum became a symbol of social status, which caused the opium import to triple (Gussow, 2013).

In 1832, German pharmacist Friedrich Serturner isolated and extracted the alkaloid analgesic morphine, which was ten times more potent than opium. Morphine was used in the aid and treatment of pain and opium addiction (Golub et al., 2015). By 1841, research in opioids continued with the chemist Pierre Robiquet isolating another alkaloid found in opium to produce codeine. Robiquet also invented the hypodermic needle to assist in administering the drug, either intravenously, intramuscularly, or subcutaneously (Wisniak, 2013). In 1874, the English chemist C. R. Wright synthesized diacetylmorphine by searing morphine and acetic anhydride. Heroin, the generic name for diacetylmorphine, is four to eight times more potent than morphine and was used as a pain medication (Fernandez & Libby, 2011). Wright documented the effects heroin had on rabbits and dogs as producing fear, lethargy, and helplessness. Other symptoms noted by Wright include eye sensitivity, constricted pupils, accelerated respiration followed by diminished respiration and heart rate. Heroin was labeled as a drug having synchronized

control over muscle movement as well as diminished capacity to regulate the pelvis and lower limbs (Golub et al., 2015).

Bayer Pharmaceutical Company initiated the evolution of opium in 1898 when they began to commercially produce heroin (Golub et al., 2015). Heroin was marketed as a safe and nonaddictive cough suppressant (Gussow, 2013). Bayer launched a widespread marketing scheme for heroin providing free samples to physicians, creating universal acceptance throughout the medical community and society at large. As the risk of addiction to heroin became widespread, Bayer halted the production of heroin in 1913 and removed it from the official history of the company (Golub et al., 2015).

As opiates became known for their addictive properties, The United States criminalized the use of cocaine and nonclinical opioids in the 1914 Harrison Narcotics Tax Act. By 1924, heroin was banned in the United States and eventually listed as a Schedule I drug with no medicinal purposes (MacLaren, 2018). Even though these drugs became criminalized, scientists continued to seek ways to make variants of opioids to aid in pain relief and, by the 1930s, began developing synthetic opioids. Between 1930 and 1950, scientists developed the synthetic opioids dihydromorphine, hydromorphone, methadone, oxycodone, and fentanyl for pain relief (MacLaren, 2018). The pharmaceutical companies that followed suit in the manufacturing and marketing of opioids include Purdue Pharma, Teva Pharmaceutical Industries, and Johnson & Johnson pharmaceuticals. To date, Johnson & Johnson is one of the largest opioid manufacturers, with Tasmanian Alkaloids and Noramco being the main producers of the majority of raw

opium used by various manufacturers in the production of opioid products (Hoffman, 2019).

There have been many implications for pharmaceutical companies that distribute and manufacture opioids without divulging the potential hazards of opioid abuse (Netherland & Hansen, 2016). These implications include an $85 million settlement from Teva Pharmaceutical Industries Ltd., a $270 million settlement with Purdue Pharma, and a $500 million judgment against Johnson & Johnson in 2019 (Hoffman, 2019). Punitive damages were awarded due to aggressive marketing campaigns that exaggerated the effectiveness of opioid treatment for chronic pain while negating to address the risks of addiction with opioid treatment (Hoffman, 2019). Attorney General Mike Hunter explained the implications of pharmaceutical advertising by detailing the 4,653 opioid overdose deaths between 2007 and 2017 attributed to opioid use, misuse, and abuse (Hoffman, 2019).

Three Phases of the Opioid Epidemic

The opioid epidemic occurred in three separate but deadly waves. The consensus among researchers is that those waves consist of the pharmaceutical, heroin, and fentanyl waves that affected a broad range of people between 1990-2013 (Maxwell, 2015; Rudd et al., 2014; Seth et al., 2018). Alexander and colleagues gave a more in-depth timeline of the waves; however, the researchers stated that the first wave occurred between 1979-1990 and involved heroin use amongst both Black and Whites (Alexander et al., 2019). According to Sirin (2011), the majority of these heroin users were White. The second wave occurred between 1990 and 2010. This wave was known as the pharmaceutical

wave and consisted of a mixture of two types of opioids, natural and synthetic (oxycodone, codeine, hydrocosine, and morphine), affecting mostly Whites with no change in mortality for Blacks (Alexander et al., 2019). The third and current wave consists of heroin and synthetic opioids such as fentanyl and its analogs, with the mortality rate increasing in both races by 31% in Whites and 34% in Blacks (Alexander et al., 2019).

Pharmaceutical Wave

The Pharmaceutical wave of drug addiction involved media and pharmaceutical marketing ploys (Rudd et al., 2014). Maxwell (2015) and Netherland and Hansen (2017) note that the first wave of the opioid crisis occurred in the 1990s due to the pharmaceutical marketing of opioids for use in the management of chronic pain. As physicians began receiving incentives from pharmaceutical companies for prescribing opioids, a rise in prescription opioids such as oxycodone, hydrocodone, morphine, and fentanyl was observed; consequently, ushering the opioid crisis into the 2000s (Maxwell, 2015; Netherland & Hansen, 2017). In more recent times, this overprescribing of opioids triggered a new opioid epidemic that led the Obama administration to declare a prescription drug epidemic (Laverdiere et al., 2016). To curb addiction and the overprescribing of prescription drugs, the Centers for Disease Control and Prevention created standard procedures for prescribing opioids for the treatment of chronic pain (Centers for Disease Control and Prevention, 2016).

Heroin and Fentanyl Waves

The next phase began with heroin, where, in 2010, the death toll due to heroin overdose progressively rose as more people began to abuse the drug (Rudd et al., 2014). In 2013, the third phase of the opioid epidemic started with fentanyl. Although the drug has medicinal purposes, the fentanyl epidemic mainly involved illicit use of the drug (Seth et al., 2018). The fentanyl phase was a complex phase in that it involved combination use of opioids, which include heroin and fentanyl, cocaine and fentanyl, as well as counterfeit fentanyl pills. This phase has continued to compound the opioid crisis as the government seeks ways to combat opioid use (SAMHSA, 2020).

Marketing of Opioids

Many researchers attribute the resurgence of opioids to the marketing ploy of big businesses (deShazo, 2018; Netherland & Hansen, 2016; Om, 2018). Further, the label of biomedical conditions allows legislators to assert that additional research is needed (Netherland & Hansen, 2016). The assertion of illness, thereby, provides for exceptions, such as recommendations for treatment in place of penalization, which would help Whites maintain a White hierarchy through biomedical diagnosis and avoid incarceration (Netherland & Hansen, 2017). By using neurological and pharmacological defenses, Whites have been able to not only remove the stigma of drug abuse but also avoid the punitive effects of drug abuse through legislative initiatives designed to regulate pharmacies and physicians instead of the abusers (Netherland & Hansen, 2017). Hansen and Netherland (2016) implied that the marketing of opioids is a significant factor in the

increased use and abuse of these drugs and the reason that the life expectancy of Whites has declined due to drug overdoses.

A highly effective marketing tool for pain was the identification of pain as a fifth element. Lyapustina and Alexander (2014) and Om (2018) identify the American Pains Society's advocation of pain as the fifth element and the conduit that led to the current opioid epidemic. Lyapustina and Alexander's comprehensive study focused on the promotion and marketing of oxyContin (Lyapustina & Alexander, 2014). The authors assert that pain specialists and advocacy organizations are responsible for the enormous increase in oxyContin prescriptions and misuse due to their aggressive marketing and impact prescribing usage (gifting, patient sampling, and all-expense paid trips to symposiums) which caused opioid prescriptions to rise 300% between 1991and 2009 (Lyapustina & Alexander, 2014).

The creation of partnerships among physicians and manufactures further exacerbated the opioid epidemic. Hansen and Netherland (2016) stated that manufacturer and physician partnerships and endorsements were the reason drugs like oxyContin increased in popularity for moderate pain relief. Lyapustina and Alexander (2014) claim that this increased visibility and availability of oxyContin became the leading cause of opioid addiction and abuse in the United States in 2004. Om (2018) contended that the way healthcare providers measured pain tolerance for people of color as compared to Whites, due to misconceptions and biases, excluded non-Whites from attaining opioid prescriptions, which led to the new White opioid epidemic. Furthermore, the prolonged use of prescription opioids causes respiratory issues, depression, sedation, and

constipation. While the aggressive marketing tactics achieved their goal of high visibility and usage, it created an epidemic that has resulted in a significant increase in opioid overdoses (Hansen & Netherland, 2016).

Similar to the way in which marketing has played a significant role in the current opioid epidemic, it has also played a significant role in the treatment of opioid addiction via the opioid antagonist buprenorphine (Hansen & Netherland, 2016). Hatcher et al. (2017) argued that the marketing of buprenorphine was restrictive and designed to keep White privilege intact via the legalization and secrecy of the drug. The secrecy of buprenorphine lies in the advertisement of the treatment, which is often found on the internet via recommendations by doctors and networking circles not readily available to people of color (Hatcher et al., 2017). Further, the researchers argued that the marketing provided a "privilege" only extended to Whites for unprecedented access to prescription opioids. In addition, the legalization of buprenorphine worked to reduce the stigma of opioid dependency by treating it in a clinical setting (Hatcher et al., 2017).

Caste systems are social stratifications based on social units, hierarchies, and educational and economic attainment (Alexander M. , 2012). Netherland and Hansen list four technologies of Whiteness that create a separate caste system for classifying and penalizing Black and White drug users; these technologies are identified as pharmaceutical technology, marketing, neuroscience, and legislative modernization. Also, these technologies serve to identify the differences in treatment in opioid cases (Netherland & Hansen, 2017). According to Hansen et al. (2016), although there was an upsurge in buprenorphine across all social arenas, rates were significantly higher in areas

where incomes were higher, and percentages of non-White residents were lower (Hansen et al., 2016).

Buprenorphine is a drug used in the treatment of opioid misuse (Mendoza et al., 2018). The US Food and Drug Administration's findings on buprenorphine indicate that approximately 91% of patients on buprenorphine are White (Hansen & Netherland, 2016). Hatcher et al. (2017) suggested that the secrecy of buprenorphine treatment prevents comparisons based on racial experiences, stigmas, social controls, and surveillance, as well as the SES of Whites and people of color. The study revealed that educated White addicts are better positioned to attain confidentiality and medical-based assessments for their opioid addiction due to marketing, race, and SES (Hatcher et al., 2017). Additionally, research has found that Blacks are traditionally steered toward methadone clinics, even though buprenorphine clinics are covered by Medicaid (Hatcher et al., 2017). These methadone clinics require constant monitoring, urine tests, and therapy, which requires multiple visits. Also, the clinics are located in mostly non-White communities, which adds to the stigma of Black addiction (Hatcher et al., 2017).

Media Portrayals of Opioid Addiction

The media has played a substantial part in the negative depictions of drug abuse by portraying people of color as criminals and White people as victims in opioid cases. Numerous scholars have linked media representation of opioid users to the preconceived notions of the public (Netherland & Hansen, 2017; Om, 2018; Tiger, 2017). Om details the disparaging ways in which the media depicts Black opioid users versus White and how it relates to the societal lens through which drug use is viewed (Om, 2018). In

examining the previous and current war on drugs, numerous researchers found that the latter was determined to be not a war but a covert attempt to decriminalize White drug abuse by labeling it a biomedical disease (Netherland & Hansen, 2017; Om, 2018; Tiger, 2017). Media portrayals of people of color often have negative connotations in every aspect of their lives (Cooper, 2015). These negative portrayals are a form of social control via perception, which can be traced back to slavery, Dred Scott, and Jim Crow (Alexander, 2012). Furthermore, these colorblind tactics have been used to inhibit non-Whites from attaining the same equality as their White counterparts (Bonilla-Silva, 2014).

When assessing crime in media, Blacks are often viewed as the perpetrator instead of victim (Bonilla-Silva, 2014). According to the Sentencing Project, a 2008 study of crime showed that Blacks had a 78% higher chance of being burglarized and more than a 133% chance of experiencing automobile theft along with other thefts compared to Whites (Ghandnoosh & Lewis, 2014). Although these statistics are telling, Blacks are rarely shown as victims in the media (Bjornstrom et al., 2010). When people of color are represented as victims, they are often faceless names with a mere mention of circumstances or familial ties (Golub et al., 2015). The lack of identification acts two-fold on social influence; first, it serves to separate the person from the issues, garnering less sympathy; second, it perpetuates the myth that people of color are more apt to be the aggressor than the victim (Golub et al., 2015). The collective representation of people of color is often exaggerated, distorted, lacks depth, and is one-dimensional, neglecting to show the totality of the non-White experience (The Opportunity Agenda, 2011).

Although many professionals, including educators, lawyers, doctors, pharmacists, engineers, and physicists, belong to non-White communities, these facts are largely ignored or omitted in media portrayals of Blacks (Dyson, 2016). This lack of acknowledgment further dehumanizes Blacks and creates colorblind racism that may be conscious or subconscious for those that are subject to media influences (Golub et al., 2015).

Furthermore, negative media depictions are a part of the historical legacies of the United States, which seeks to continue White hierarchies via economic repression, educational suppression, housing segregation, and employment suppression (Bonilla-Silva, 2014). As noted, people of color are rarely displayed from the angle of the victim, professional, or being family oriented. Overall, these neglected or overlooked depictions of people of color affect their ability to garner sympathy from the masses. However, the depictions of an aggressor, drug dealer, addict, or person experiencing homelessness incite fear and anger in society that has resulted in immediate attention from lawmakers to ensure the safety of the public (Cooper, 2015). The ramifications of these distorted images are that it normalizes the perceptions of violence, addiction, crime, illiteracy, and poverty in non-Whites without showing the adversities that people of color face (Alexander, 2012). Moreover, the normalization of mediocracy and violence makes tolerance of the mistreatment of Blacks easy and perpetual. The standardization also discounts the plight of people of color in the United States, reinforcing stereotypes and underlying prejudices in their counterparts (Alexander, 2012).

Netherland and Hansen (2016) conducted a qualitative analysis of the opioid crisis and media coverage and detailed the covert ways in which race is further distinguished between White and Black culpability, grief, and understanding. The authors cite media use of colorblind racism via interchangeable words such as urban, rural, and suburban as markers for race without actually mentioning race (Netherland & Hansen, 2016). The racial meanings behind these code words are urban for Blacks and Latinos and rural or suburban for Whites. Santoro and Santoro (2018) argue that the media not only has a profound effect on the perceptions of the public, but it also uses that influence to disparage people of color through contrasting viewpoints of opioid use, misuse, and abuse. Tiger conducted an extensive literature review and contended that although race was a primary factor in the change in perspective of the opioid epidemic, the framing of class in the drug epidemic is an aspect that is underrepresented in studies (Tiger, 2017).

Code words are often used to disguise negative connotations associated with race, class, and SES (Netherland & Hansen, 2016). Netherland and Hansen (2016), emphasized that media portrayals of non-White heroin users often involved negative rhetoric such as *junkies* or urban *dwellers*, which subjected the users to racial profiling and police targets, whereas suburban heroin users remain anonymous or are portrayed as victims. Tiger expounded on this theory and added that media depictions of suburban opioid users differ from rural depictions in that upper-class users are conveyed with sympathetic undertones of loving families, employed, and church-going individuals that are similar to everyday Americans (Tiger, 2017). These depictions insinuate that suburban users may have become addicts by accident and were able to conquer addiction

through sheer determination (Netherland & Hansen, 2016). In contrast, rural users are depicted looking disheveled, surrounded by dilapidated buildings, as drug dealers, and smoking cigarettes, which act as a symbol of deviance, defiance, and disregard for the law (Tiger, 2017). Further, these depictions are used to separate and maintain the authenticity and authority of the dominant class (Tiger, 2017). In contrast, Santoro and Santoro found that non-White portrayals in media were minimalistic without narratives and generally reduced to names, arrests, indictments, and sentencing (Santoro & Santoro, 2018).

Demographics have played a major part in opioid use, treatment, and punishment (Tiger, 2017). Netherland and Hansen used locations and demographics to assess the use of terms such as rural, suburban, and urban and found that suburban was associated with predominantly White affluent communities, whereas urban represented Latino and Black communities (Netherland & Hansen, 2016). Further, surnames in suburban areas were conducive to Anglo-American or White names and attributes. The researchers found that the tragedy of White drug use lies in the wasted potential of the individual and its association with the decline of White standing (Netherland & Hansen, 2016). Similarly, Tiger found that lower-class Whites are also subjected to the confines of maintaining the legitimacy and influence of the dominant class (Tiger, 2017).

Hierarchies and caste systems are nontangible methods of social control attained via separation of race, class, or SES (Alexander M. , 2012). Researchers agree that the purpose for the separation of victims and addicts in opioid cases is to uphold cultural expectations and to police those boundaries based on class and race (Netherland &

Hansen, 2017; Om, 2018; Tiger, 2017). Particularly, Netherland and Hansen (2016) used the methamphetamine epidemic in which they cite race, geography, and class as indicators for the construction of the roles and responses to drug use and their ability to garner sympathy. According to Santoro and Santoro (2018), media portrayals of White or middle-class opioid users included narratives and pictures of the individual along with family status, work and church affiliations, external factors that attributed to drug use, discoveries of neurobiological disorders, and treatment received for drug abuse. This image is symbolic in portraying the user as a victim of circumstance in need of help instead of judgment or punishment.

In contrast, non-White portrayals in media were minimalistic and without narratives. Generally, they were reduced to names, arrests, indictments, and sentencing (Santoro & Santoro, 2018). The omission of personal attributes and struggles of people of color desensitized the audience and further stigmatized opioid users as violent, destitute, and criminal (Bobo & Thompson, 2006). Tiger argued that class is an additional element that connects people of color and poor White opioid users; however, it is generally ignored (Tiger, 2017). Tiger (2017) also contended that media portrayals are the backdrop for racial ideals concerning the treatment and punitive measures for lower- and upper-class opioid users. The pitfalls that White lower-class drug users face were similar to their Black counterparts and include a lack of understanding and compassion from the physicians, prosecutors, and judges.

Lower-class White drug users are generally sentenced to jail or prison at a higher rate than their upper-class White counterparts but lower than people of color (Tiger,

2017). Additionally, they are rearrested for probation violations due to life circumstances (poverty) such as insufficient funds for probation fines, lack of travel resources to meet probation officers, and drug relapses that result in failed drug tests (Tiger, 2017). These life issues are usually met with disdain by professionals who view the ills of the less fortunate as excuses instead of misfortunes and treat them as such. Similarly, Om (2018) conducted a comparative analysis of the current opioid epidemic and the previous crack epidemic and found that media portrayals differed significantly as the crack crisis was associated with violence, creating an overwhelming concern on drug abuse that rose from 3% to 64% between 1986 and 1989. Hansen and Netherland further expounded on this theory stating when compared to the new opioid epidemic, the crack crisis saw users labeled as criminals for overdoses, whereas good Samaritan laws were enacted to protect White opioid addicts from drug charges when reporting an overdose (Hansen & Netherland, 2016). This vast concern for crime and deviance led to the war on drugs that disproportionately targeted non-White people through the mass incarceration of people of color and the creation of sentencing laws such as the mandatory minimums and the three strikes rule to subdue public concern (Alexander, 2012).

With the current opioid crisis, researchers have observed that a sympathetic undertone is now associated with opioid use but was not present in the previous crack epidemic (Bobo & Thompson, 2006; Netherland & Hansen, 2017; Om, 2018). Specifically, Om (2018) found that the victimization and empathy of the opioid user are vastly uncharacteristic compared to drug epidemics associated with people of color and are, therefore, racially motivated (Om, 2018). Generally, Blacks are unduly characterized

by poverty in media coverage, which reinforces negative stereotypes of inner-city violence or urban viciousness, compared to rural isolation, which led to opioid abuse (Tiger, 2017). These stigmas are representative of idle time and unemployment, which necessitate drug use, drug trafficking, and violence (Santoro & Santoro, 2018). While these stereotypes were not the norm in socio-impoverished areas, they were the standard in the media portrayal of Blacks in America. As noted, the distorted depictions of African Americans in media make it easier for many Americans to tolerate, perpetuate, ignore, or discount the many real disadvantages that exists in low socioeconomic areas (Santoro & Santoro, 2018). Fundamentally, the media portrayal of opioid addiction in America has the capability to transform society's perspective on addiction; therefore, its portrayals must be carefully cultivated to avoid the damaging effects that add to stigmatization and discrimination. Although race and SES are closely linked to drug use, an area that has received less recognition was classism, which presented its own measures of harm for both Black and White opioid users (Tiger, 2017).

Political Bureaucracy and the Labeling and Deviance

Since prohibition, alcohol and drugs have been politically driven based on everchanging societal views and governmental needs. The historical context of labeling and addiction is shown in the different waves in which alcohol and drugs were abolished or legalized. One such example is the 18th amendment of the constitution (ratified January 16, 1919) which originally restricted the production, transport, and sale of alcohol. While this did not prevent the use, production, and distribution of alcohol via bootlegging and speakeasies, the prohibition did, however, lead to gang violence and

other criminal activity (History.com Editors, 2009). In 1917, the United States sought to make alcohol illegal in an attempt to preserve grain during World War I, and by 1933, the eighteenth amendment was reinstated (Blocker, 2006). Much like today, the prohibition of alcohol was enforced mainly in rural areas (History.com Editors, 2009).

Cocaine

At the onset of the 20th century, cocaine was used for medicinal purposes (Goerig et al., 2012). Initially, cocaine was used medicinally to immobilize the cornea in preparation for eye surgery (Goerig et al., 2012). Cocaine was also used for anesthetic purposes for the throat and nose and is still used for sinus surgical procedures. Other medicinal uses for cocaine included treating hemorrhoids, toothaches, colic, indigestion, hay fever, anxiety, depression, appetite suppression, oral ailments, and fatigue (Goerig et al., 2012). According to Wright (1995), cocaine was consumed by many Americans for personal use, was widely available in pharmacies and stores, and was an ingredient in. wines and drinks based on its popularity.

In 1914, an article was published by the New York Times exploited Black cocaine users labeling them as murderous, violent, hallucinogenic, and paranoid men that were a danger to White women (Hutchinson, 2020). The association between cocaine and crime among Blacks led congress to impose the Harrison Narcotics Tax Act, that regulated and taxed the manufacturing, trafficking, and distribution of cocoa products. The aim of the act was to inhibit the production and distribution of marijuana, cocaine, heroin, and morphine (deShazo et al., 2018). Further, the act targeted physicians who prescribed drugs to addicts on maintenance programs (Golub et al., 2015). Between 1915 and 1938,

approximately 5,000 physicians were arrested, fined, jailed, or convicted for prescribing drugs (Trebach, 1982). In Webb et al. v. the United States (1919), the Supreme Court ruled that addict maintenance was not a legitimate form of treatment (Webb et al. v. the United States, 1919). Later, the Johnson Administration enacted the Narcotics Addict Rehabilitation Act (NARA) of 1966 that defined drug addiction as a mental illness (Trebach, 1982). The law viewed addiction from a disease perspective and encompassed both alcohol and drug addictions. Although addiction was viewed as a medical disease, drug use remained illegal (Lindblad, 1988). The NARA act was ineffective due to the limited funding allotted to treatment versus the growing number of addicts needing treatment. Thus, the act initiated future federal expenditures for drug treatment (Lindblad, 1988).

Crack Cocaine

By the 1980s, advances in the civil rights movement eroded the negative connotations associated with Blacks and cocaine use (Hutchinson, 2020). During that time, cocaine became a drug for celebrities, the rich, and rock and roll bands who made drug use attractive and popular (Perlburg, 2013). The popularity of cocaine changed again when the demand for the drug was greater than the supply, which resulted in the need to modify the drug. Drug suppliers began diluting cocaine by mixing it with baking soda, making it cheaper but more potent. Due to the cheapening of the drug, it became the drug of poor and poverty-stricken communities (Alexander, 2012). When cocaine/crack transitioned from a rich problem to a Black problem, it became an epidemic that needed to be addressed due to gang rivalry and fetus exposure to crack

(Hutchinson, 2020). In general, the stigma of crack cocaine is significantly harsher than that of cocaine (Santoro & Santoro, 2018). Empirical research has indicated that individuals detained for crack cocaine were given harsher sentences than those arrested for cocaine-related charges (United States Sentencing Commission, 2017).

Moreover, the Washington Post conducted a study of cocaine use using the mandatory minimum sentencing metric to emphasize the disparities in sentencing even though the effects of crack and cocaine on the brain's neuroreceptors are comparable (U.S. Sentencing Commission, 2015). The study indicated a 5g to 500g disparity existed in the threshold needed for a mandatory minimum. In essence, a person in possession of 5 grams of crack would receive a five-year sentence, whereas a person with cocaine would require 500 grams to evoke the same sentencing (United States Sentencing Commission, 2015).

Composition and effects are not the cause for the disparity in drug sentencing; rather, the cause can be attributed to the perceptions and depictions made by the media that influence public opinion and the legal system (Ghandnoosh & Lewis, 2014). According to the Los Angeles Times, class and SES are also factors that affect sentencing in that people of low SES cannot afford first-rate legal counsel or treatment, which often leads to longer sentences compared to wealthier Whites (Hutchinson, 2020). The Fair Sentencing Act (2010) was enacted by President Obama to address the disparity in crack and cocaine sentencing. The act changed the threshold from 100:1 to 18:1 for minimum sentencing of cocaine and crack cocaine (United States Sentencing Commission, 2015).

Heroin

Heroin is another drug with a history of legal and illegal governmental regulations (MacLaren, 2018). Heroin was first used as an analgesic and cough suppressant for respiratory issues such as tuberculosis and pneumonia (Golub et al., 2015). Edwards (2011) reported that Bayer pharmaceutical company manufactured heroin to aid in childbirth, regulate mental disorders, and treat serious injuries. However, changes in the perception of heroin began to occur when medical reports conveyed the precipitous tolerance heroin patients developed and the continued use of the drug after treatment was discontinued (MacLaren, 2018). Further complications with heroin were the severe withdrawal symptoms patients experienced after treatment.

Due to the lack of regulation of heroin use, in the 20th century, the severity of heroin addiction was observed. For example, in 1910, Bellevue Hospital admitted its first patient for heroin addiction, and within five years, the hospital had admitted 425 patients (MacLaren, 2018). To curtail addiction, the Harrison Act was extended to regulate heroin (deShazo et al., 2018). The act regulated medicinal uses for heroin and required sellers to acquire licenses to dispense the drug (The Schaffer Library of Drug Policy, n.d.). The Harrison Act also prohibited prescribing heroin to addicts, which led to the criminalization of drug dependency. By 1924, congress banned opium imported for the purpose of heroin manufacture, thus, ending the lawful manufacturing of heroin. The ban on opium also restricted heroin's legal use in the United States (Edwards, 2011). In 1970, Congress enacted another law, The Comprehensive Drug Abuse Prevention and Control

Act, to combat heroin use. The law listed heroin as one of the most dangerous and addictive drugs (NIDA, 2020).

Trends in heroin use has continuously changed based on class and SES (Tiger, 2017). Cicero et al. (2014) conducted a mixed-methods analysis to understand new trends of heroin abuse and its migration from low socioeconomic communities to rural and suburban populations. Heroin users within these confines cited despair, social isolation, and financial hardships as the cause for drug use after deindustrialization. The results indicated that heroin was the first drug abused by young addicts. However, recent users are men and women from higher socioeconomic areas that previously abused prescription opioids (Cicero et al., 2014).

Marijuana

Marijuana is a drug that has been politicalized in risks to benefits and associations with people of color (History.com Editors, 2009). In Bridgeman and Abazia's quantitative analysis on medicinal cannabis, the authors traced the medicinal purposes of marijuana to Romanian times around 400 BC (Bridgeman & Abazia, 2017). During this time, physicians used cannabis to treat pain by integrating it into other medicines. Using a methodical review of public trials over the last four decades for historical content, the researchers identified a timeline for the legal and illegal use of marijuana (Bridgeman & Abazia, 2017). The United States patented the use of medical cannabis around the late 19th century, with the synthetic drug Marinol being manufactured in 1970 for the treatment of cramps, muscle spasms, and general pain (Bridgeman & Abazia, 2017). When concern first arose concerning cannabis, the United States delayed reacting due to

profits made from hemp oil, seeds, and fibers (Bridgeman & Abazia, 2017). Harry Anslinger used his power and influence as Commissioner of the Federal Bureau of Narcotics to push for marijuana reform which led to the Marijuana Tax Act of 1937 and the regulation of cultivation, importation, distribution, and possession of marijuana (U.S. Customs and Border Protection [CBP], 2019). Those who violated the act were subjected to $2,000 fines, seizure of marijuana, and imprisonment (CBP, 2019).

Marijuana is a drug most associated with Black usage and has often resulted in stiffer penalties for distribution and possession than any other drug (American Civil Liberties Union, 2020). Alexander (2012) reported that marijuana offenses have had a major impact on the mass incarceration of people of color for drug use, possession, and distribution. According to the American Civil Liberties Union (ACLU), approximately half of those incarcerated are jailed for marijuana-related offenses. Between 2001 and 2010, approximately 8.2 million marijuana arrests were made, with over 88% of those being arrested for marijuana possession (ACLU, 2020). Additionally, Blacks were 3.7 times more likely to be incarcerated for marijuana offenses than Whites, even though marijuana possession and use were equivalent (ACLU, 2020).

In the last century, there has been a slow move to decriminalize marijuana (Bridgeman & Abazia, 2017). California was the first state to permit physician-supervised cannabis use for medicinal purposes in 1996 under the Compassionate Use Act (Bridgeman & Abazia, 2017). Additionally, on January 1, 2014, Colorado became the first state to legalize marijuana use for recreational purposes. Although marijuana remains illegal in numerous states, currently, there are twenty-six states, including the

District of Columbia, Guam, and Puerto Rico, that have decriminalized small quantities of marijuana possession (Bridgeman & Abazia, 2017). Other states that have yet to decriminalize marijuana possession generally rely on Law Enforcement Assisted Diversion (LEAD). Drug Policy Alliance (2019) describes LEAD as a diversion program that uses treatment and other supportive services as alternatives to arrest and incarceration of minor drug offenses such as low-level distribution and possession. Rasmusson (2014) and Bridgeman and Abazia (2017) correlated the restrictions assessed to marijuana to social power, control, and drug properties. The researchers also addressed the implications, which include not only the criminalization of marijuana but also the imposed limitations on research that tests the benefits to risks of cannabis use for medicinal and academic purposes (Bridgeman & Abazia, 2017; Rasmusson, 2014).

Over the last century, political figures have also focused concurrently on the demand and supply of drugs to curb drug abuse (Drug Policy Alliance, 2015). According to a Stanford review, there are three fundamental views on drug use and addiction: (a) the moralist view, (b) the temperance view, and (c) the disease concept view (Rosenberger, 1996). The moralist view posits that drug use is to be considered errant and immoral. As a result, drug policies that fall under the moralist view involve punishing the user (Cooper, 2015). One example is President Reagan's zero-tolerance drug reform, in which he declared drugs were a national security threat (Cooper, 2015). Reagan's drug policies mandated that punishment be given for any drug infraction. Consequently, this led to an increase in incarceration for nonviolent drug law offenses. Specifically, the incarceration

rate for nonviolent drug offenses increased from 50,000 in 1980 to approximately 400,000 by 1997 (Drug Policy Alliance, n.d.).

Similar to Reagan, Republican Tom Cotton took a zero-tolerance stance on drugs; he introduced SB8 to extend mandatory minimums and the death penalty to fentanyl drug dealers and traffickers (Laslo, 2018). This bill seeks to lower the quantity requirement for a criminal penalty from 40 grams to two grams. However, this type of bill fails to address the real problem, which is drug use. In essence, the removal of drug dealers will not curb addiction or drug use; it will only lead addicts to seek drugs by other means. Further, the main target for this bill is low-level drug dealers who, in general, are Black. The cartels and traffickers will be minimally affected as they rarely interact with addicts. If enacted, this bill, like that of the Reagan administration, will mostly affect people of color (Laslo, 2018).

The temperance view interprets drug use from an addictive principle and assesses the causes of addiction (The Drug Alliance, 2012). This view looks at drug supply from a public peril perspective and asserts that the root causes of drug abuse lie with the drug dealer and smugglers (The Drug Alliance, 2012). The United States Congress has favored criminalizing the supply aspects of drug abuse via this approach, and President Trump subscribes to the temperance point of view, asserting that drug use is an addiction that must be addressed via conquering and controlling the supply side of drug reform (Cooper, 2018). Trump has also attempted to build a wall to curb drug entry into the United States and has sought harsher sentences for low-level drug offenses, including

reinstatement of the death penalty for drug trafficking and drug dealing (The Drug Alliance, 2012).

The last view is of the disease concept model views drug abuse as an addiction treatable via treatment and rehabilitation. This model does not assess blame to the supplier or the user; instead, it seeks to assert policies aimed at prevention, treatment, and rehabilitation. Supporters of this concept have included Presidents Nixon, Carter, Clinton, Obama, and Trump (Drug Policy Alliance, 2015). Nixon's approach to the war on drugs was significantly different from any other president in that his policies more so focused on the demand side of drug use. For example, in an address before Congress, Nixon stressed that enforcement should be combined with a rational approach to rehabilitating the drug user to combat drug use (Barber, 2016). This focus led to extensive drug initiatives that include a sudden and substantial expansion of the federal anti-drug budget. Nixon's federal antidrug budget doubled during his 1970 and 1971 presidency and continued to double between 1971 and 1972 (Goldberg, 1980). In addition, Nixon allocated approximately 70% of his budget to combat the demand for drugs, focusing primarily on treatment and rehabilitation (Sharp, 1992). The remaining 30% was used for interdiction and internal law enforcement. Nixon's controversial stance on the demand side of the drug war included the treatment of heroin addiction via methadone maintenance. The Nixon administration's treatment and rehabilitation to interdiction ratio steadily increased from 78% in 1970 to 156% in 1972 and 175% in 1973, making his presidency the first to focus on the demand side of the drug war (Sharp, 1992). Nixon also repealed marijuana possession 2 to10-year mandatory minimums. President Jimmy

Carter asserted that drug policies are counterproductive and more punitive than other democracies due to the high level of prison sentences for low-level drug offenses. Carter also sought to decriminalize marijuana leading the Senate Judiciary Committee to decriminalize possession up to an ounce for personal use (Civil Rights Organization, 2011).

During Bill Clinton's campaign, he advocated for the disease model concept of rehabilitation versus incarceration and increased funding for drug treatment programs. Obama concurred with the disease concept view, citing that drug use should be treated as a health problem, with the focus being on treatment programs (Sirin, 2011). Although many politicians have given credence to the disease concept model, many have provided funds for education, treatment, and prevention and have also reallocated these funds, shifted policies to address the supply side of drug reform, or included policies that also increased the incarceration of drug offenders (Drug Policy Alliance, 2015). Nixon substantially increased the presence and size of his drug agencies. He advocated for no-knock warrants and mandatory sentencing for drug-related offenses. Moreover, Nixon made marijuana a Schedule I drug, which led to the mass incarceration of people of color (Drug Policy Alliance, 2015).

Shortly after taking office, President Clinton reverted to Republican policies of drug interventions by enacting the 1994 "tough on crime" laws, that led to mass the incarceration of Black people (U.S. Department of Justice, 1999). Although Obama believed in the disease concept model of drug use, his drug budgets and policies aligned more so with the moralist view of drug use. According to Drug Policy Alliance (2015),

55% of Obama's drug budget went to supply reduction via eradication, domestic law enforcement, and interdiction. In contrast, less than 45% went to demand reduction via prevention, education, or treatment (Drug Policy Alliance, 2015). This distribution of funds more aligns with the moralist view of drug reform. The economic impact of these failed drug wars has been enormous. On the federal level, the war on drugs cost the United States $1 trillion dollars. In 2015, the government spent roughly $9.2 million a day to house low-level drug offenders, which equates to over $3 billion dollars (Pearl, 2018). On the state level, governments spent approximately $7 billion to house drug offenders, with North Carolina spending over $70 million and Georgia spending over $78 million dollars. Pearl (2018) reports that Georgia's arrest rates are more than 1.6 times higher than the budget for substance use treatment services. In essence, the money spent on these failed attempts to curb drug use could have been used to educate, treat, and prevent drug use. Also, funds could have been reallocated to fund schools and fix infrastructure. A reexamination of drug and sentencing laws may allow for the laws to be streamlined to be cohesive, consistent, and equitable. Ultimately, prison costs can be reduced by releasing nonviolent drug offenders affected by mass incarceration and mandatory minimums.

Opioid Crimes, Sentencing, and the Criminal Justice System

The United States declared via the Declaration of Independence the inalienable rights of its citizens (Tsesis, 2012). The rights include life, liberty, and the pursuit of happiness and are extended and guaranteed to all humans. The declaration also proclaims that the responsibility lies with the government to protect these rights. The laws set forth

by the constitution dictate that all individuals under the law should be considered equal and required that all individuals should be judged accordingly. Congress, acting as the legislative branch of government, enacts laws that affect citizens in various ways (Tsesis, 2012). Although some of these laws are beneficial to society, others have been detrimental, such as drug sentencing laws which have had adverse effects on people of color (Fellner, 2009).

The war on drugs and the current opioid epidemic has garnered different responses from the politicians, presidents, and society (Hatcher et al., 2017). Netherland and Hansen (2017) did a comparative analysis of the previous war on drugs and the White war on drugs and found ways in which Whiteness shapes politics, law, education, housing, and general attitudes in society. These policies and laws include sentencing laws that were meant to ensure equality in sentencing but have been manipulated through interpretation and applied differently, creating inequities in arrest, sentencing, and incarceration (Hartley & Tillyer, 2019). Drug sentencing guidelines for opioids and other drugs have increased minimum sentencing for opioid misuse, often results in lengthier prison sentences for people of color (Ghandnoosh & Lewis, 2014).

Race has played an intricate part in sentencing for drug cases (Bjornstrom, Kaufman, Peterson, & Slater, 2010). According to Alexander (2012), the disparity in sentencing is the direct result of systemic racism that has affected people of color since slavery. The continuous systemic injustices aimed at people of color via ineffective sentencing laws are the catalyst that prevents them from overcoming their adversities (Alexander, 2012). The formation of unwarranted narcotic laws that have been

specifically affecting people of color created a system of disenfranchisement that generates a cycle of crime and recidivism. This cycle of recidivism deprives opioid users of their inalienable first amendment and constitutional rights (Alexander, 2012).

Sentencing

Sentencing guidelines are generic in context but complex in application. The collectivity lies in the guidelines for sentencing, whereas the complexity lies in the application of these laws (United States Sentencing Commission, 2015). According to the Sentencing Commission, longer sentences have become standard for federal drug mandatory minimum penalties (United States Sentencing Commission, 2015). Federal drug guideline mandates that the trigger threshold for heroin is 100g for a 5-year mandatory minimum sentence and 1kg for a 10-year mandatory minimum sentence. For powder cocaine, the 5-year mandatory minimum sentence is 500g, and 5kg for a 10-year mandatory sentence. Moreover, a 5-year mandatory minimum sentence for crack cocaine is 28g with a 10-year sentence required and 280g to trigger the threshold for mandatory minimum sentences. Marijuana offenses trigger a 5-year mandatory minimum at 100kg and 1,000kg for a 10-year mandatory minimum. Mandatory minimums may be enhanced based on previous drug offenses (United States Sentencing Commission, 2017). In 2016, more than half (52.8%) of drug offenders faced a 10-year or more mandatory minimum; however, less than half (44.7%) were convicted with a mandatory minimum sentence (United States Sentencing Commission, 2017). Compared to 2010, this is a significant decrease from 66% to 44% in 2016. This decrease was due in part to the enactment of the Fair Sentencing Act, which reduced the imbalance in sentencing for powder and crack

cocaine offenses from 100:1 to 18:1. The later part of 2016 showed that approximately 49% of federal prisoners were drug offenders (United States Sentencing Commission, 2015).

Following the ratification of the Fair Sentencing Act, the percentage of crack cocaine users convicted of a mandatory minimum offense decreased from 80.1% in 2010 to 46.6% in 2016 (United States Sentencing Commission, 2015). Sentencing laws for drug use and abuse can be effective if streamlined to measure drugs as a whole and their effect on the reward system in the brain. However, sentencing laws have deviated from their original intent, which was to deter drug trafficking and distribution. Instead of concentrating on the manufacturing and dissemination of drugs, that destroy the communities these laws seek to protect, the judicial system has crafted a war on drugs against inconsequential drug dealers and abusers, more specifically, people of color who receive disparaging sentences simply because of race (Rosenberg et al., 2016).

The purpose of the criminal justice system was to assess crime with parity and impartiality (Alexander M. , 2012). Scholars such as Pollock (2014) and Swanson et al. (2012) argued that the criminal justice system was designed to avert crime, support victims' rights, and to rehabilitate the offender (Pollock, 2014; Swanson et al., 2012). In contrast, Cooper and Alexander argued that the judicial system is an extension of slavery designed to control people of color via incarceration (Alexander, 2012; Cooper, 2015). Specifically, Cooper stated that police officers became an extension of slave patrols that were used to enforce "Black codes." These codes were enacted as a form of social control of freed slaves via the criminalization of offenses generally deemed as petty crimes for

Whites (Cooper, 2015). Bobo and Thompson argued that governmentald drug policies have reproduced the chronological connection between race, crime, and criminal justice functionality (Bobo & Thompson, 2006). Swanson et al. (2012) conceded that covert racism has flourished in every part of the justice system and has created systemic injustices that have mainly affected people of color via its policies, practices, and procedures. Bonilla-Silva cited colorblind racism as the catalyst for the disproportionate treatment of Blacks in the criminal justice system. The researcher defines this covert racism as a person's racial preconceptions, which are the result of that individual's collective outlook of others contrary to themselves (Bonilla-Silva, 2014).

The Criminal Justice System

The criminal justice system consists of five institutions, which include police, prosecutors and defense attorneys, courts, and the bureau of prisons (Pollock, 2014). Each of these entities has some form of contact with the drug abuser and determines what action should be taken in their case. Typically, any contact between an individual and the criminal justice system begins with police officers whose aim is to protect and service the public through patrolling, community-based policing, expert testimony, and crisis situations (Swanson et al., 2012).

Police Officers

Police officers are street-level bureaucrats that serve their involuntary clients, the public and exert the first level of policy in drug cases. (Lipsky, 1969). Swanson and Territo (2012) noted that police officers have a fast-paced and stressful job. When exposed to extreme stress, not only are officers affected, but it often extends to their

families in what is referred to as spillover stress (Swanson et al., 2012). Additionally, police officer stress affects the communities served in that the quality of police work is often compromised via police profiling, stop and frisks, and excessive force. Cooper (2015) expounds on this theory by identifying the psychological violence officers display during stops, such as hostile insulting and name-calling, handcuffing, and detaining individuals for long periods of time during stop and frisks.

Police officer stress can lead to aggression and excessive force in traumatic situations (Swanson, Taylor, & Territo, 2012). Nix et al. (2019) found that Black men are more than twice as likely to be killed by police and Edwards et al. (2017) found that Blacks fatally shot by police officers are twice as likely to be unarmed than Whites. The quantity of civil servants' work also suffers due to work avoidance and excessive sick leave, which costs the taxpayers and raises concern for the safety of the public (Nix et al., 2019). Moreover, these issues also increase departmental budgets due to internal investigations, suspensions, lawsuits, therapy, and rehabilitation for alcohol and drug abuse (Swanson et al., 2012). Generally, police officers have to make split-second decisions which often draw scrutiny from the public when injustices occur (Swanson et al., 2012). Further, they are scrutinized by the public more than any other profession and often deal with citizen complaints and internal investigations, usually resulting from excessive use of force claims (Swanson et al., 2012). While officers are authorized to engage in various degrees of force to maintain control of a situation, the level and degree of force that citizens call into question is often the subject of debate (Cooper, 2015). For example, national attention has been brought to cases involving the killing and excessive

use of force against Black Americans such as Tamir Rice, Michael Brown, Stephon Clark, Oscar Grant, and Charleena Lyles (Edwards et al., 2019). More recently, excessive force was used against George Floyd when an officer held his knee on Floyd's neck for eight minutes and forty-six seconds; this resulted in Floyd's death and led to nationwide civil unrest and civil disobedience (Taylor, 2020).

To alleviate some of the stress that can lead to second-guessing before acting, the U.S. Supreme Court established the objective reasonableness standard, which determines whether or not force was justified. Objective reasonableness questions whether a reasonable person with similar training, knowledge, and experience would have acted the same under similar circumstances (Swanson et al., 2012). In making this determination, three factors are applied: (a) whether or not the subject poses an immediate threat, (b) the severity of the alleged crime, and (c) whether or not the subject is attempting to flee or resist arrest attempts (Rutbeck-Goldman & Richardson, 2017).

Officers must exercise responsibility in judgment and respect; therefore, prejudices and biases should not affect policing interactions or outcomes. However, when similar biases are expressed from the corporate level, these subliminal prejudices may influence and impact decisions in non-White cases (Sheldon, 2007). Preconceived notions of non-White's and media depictions of the innate evil of people of color fuel motivation to protect the community via targeted drug searches and profiling in low-socioeconomic areas (Alexander, 2012). Due to the excessive profiling and targeting of non-White neighborhoods, people of color are three times more likely to be stopped, apprehended, sentenced, and imprisoned for drug infractions compared to their White

counterparts (Bobo & Thompson, 2006). These statistics are revealing because drug abuse and distribution among all races are comparable in all facets.

The Sentencing Project has analyzed crime and punishment over a 10-year period and found that people of color represent 60% of the prison population for criminality, with 40% serving extended sentences based on previous arrests or ethnic predilections (Sentencing Project, 2012). Police officers are often protected from police indiscretions via the blue code of silence, which is an implicit pact among officers that prohibits pilfering information concerning egregious acts such a brute force, illegal stops, and criminal misconduct (Joh, 2009). This allegiance extends beyond patrol officers and often involves corporate officials who perpetuate negative stereotypes of people of color and discourage repercussions or formal disciple of immoral officers (Swanson et al., 2012).

Stereotypical perceptions of people of color as criminals, addicts, and traffickers are used to generate suspicions about the individuals the officers are surveilling. Further, the privacy of surveillance allows officers to form opinions and use discretion on when, how, and where a suspect will be approached for purchasing or distributing drugs (Joh, 2009). In states with a high non-White populace, such as Georgia and New York, people of color were shown to have an 80% higher rate of police encounters than Whites (Edelman, 2015). Also, of the 80% that were stopped, 85% were frisked. This is in complete contrast to the 8% of White individuals that were stopped for the same crimes by New York police officers (Edelman, 2015).

Stop and Frisks police tactics have been found to being costly and ineffective (Jones, 2018). Alexander (2012) reported that most of the stops and frisks conducted

result in release for insufficient evidence or misdemeanor drug charges. Only a small amount of stop and frisks result in felony arrests, which indicates that stop and frisks are not an effective form of policing (Swanson et al., 2012). A study on racial disproportion in drug offenses revealed that most stop and frisks were unfounded (Cooper, 2015). The statistics underscore the cumulative effect stop and frisks have on an individual after the first arrest (Sheldon, 2007). In most cases, the first arrest affects future arrest outcomes, or any possible pleas generally afforded to first-time offenders (Alexander, 2012).

Prosecutors/District Attorney

The prosecutor or district attorney is instrumental in how an addict navigates through the criminal justice system. Fundamentally, the decisions made by these attorneys play a pivotal role in the fate of the addict in numerous ways (Samaha, 2011). After a police interaction occurs, the prosecutor evaluates the arrest reports, witnesses' accounts, and the date and time of the crime for further consideration (Samaha, 2011). After assessing all circumstances, the prosecutor has three options: (a) to file charges, (b) seek a grand jury indictment, or (c) refuse to prosecute (Pollock, 2014). Prosecutors generally have to file criminal charges within three days; therefore, the original charges may be amended several times prior to trial (Worrall & Nugent-Borakove, 2008). The district attorney has discretion in determining the number and type of crimes an individual will be charged with and also has the ability to reduce charges or grant leniency (Worrall & Nugent-Borakove, 2008). Although the attorneys must observe the guidelines and processes of the state regarding the criminal pursuit of crimes, some prosecutors pursue cases based on inherent biases or stereotypes of people of color and

the crimes committed (Worrall & Nugent-Borakove, 2008). One example is the extensive application of mandatory minimums in felony drug cases involving Black perpetrators. A 2012 study of criminal offenses and leniency showed that prosecutors were 23% more likely to grant leniency to White offenders for providing significant assistance to the prosecution (Herring, 2008). The prosecution's view of significant is subjective and, therefore, cannot be measured. It can be reasoned that the inability to measure meaningful testimony may be the reason that 1% of people of color receive reduced sentences in exchange for significant testimony (Alexander, 2012). Additionally, 24% of perpetrators given mandatory minimums were eligible for a first-time offender, nonviolent, and low-level safety valves (Pollock, 2014).

Furthermore, a 2010 study found that 7,000 of the approximately 10,000 miscreants sentenced to mandatory minimums were sentenced on drug-related charges (Raphael & Stoll, 2009). Of those sentenced on drug-related charges, only 27% of White miscreants received mandatory minimum sentences in comparison to 38% of Hispanics, followed by 30% of Blacks receiving mandatory minimum convictions (Raphael & Stoll, 2009). Although Hispanics were charged at a higher rate than Blacks, they benefited more from the safety valves (United States Sentencing Commission, 2017). Prosecutors often concentrate on high-profile cases that garner the most attention from the public to advance their political careers. In most plea bargain cases involving Whites, charges are drastically reduced, or the offenders are offered probation, whereas people of color are often coerced into taking plea deals via the threat of lengthier sentences if convicted (Nesterak, 2014).

In Georgia, prosecutors have the discretion in determining charges under the state's two-strikes penalty schematic; this discretion is important in that the two-strikes schematic can levy a life sentence for second drug violations (Alexander, 2012). Due to the overwhelming number of Blacks affected by the two-strike rule, a 2015 challenge to the biases of implementation resulted in the overturning of a conviction of a Black perpetrator. The overturned convictions exposed racial biases in prosecutorial discretion and the use of preemptive strikes (Edelman, 2015). Statistics show that Blacks have a 16% rate of prosecutors evoking the two-strikes rule compared to 1% for Whites. This number equates to 98% of people of color serving life sentences due to the three strikes (Alexander, 2012).

Another factor that adversely affects people of color in criminal cases is that over 90% of the police officers, prosecutors, and judges are White and share the same biases and belief systems (Staples, 1960). Further, as separate entities of the government, these individuals work juxtapose with each other, often working in symbiosis to resolve cases. Therefore, these entities are less likely to countermand the opinions or decisions of their counterparts. Other issues that undermine judicial equality and justice are prosecutorial roles in preemptive strikes. Additionally, during jury selection, people of color are grossly underrepresented. The prosecutors' ability to limit people of color from jury pools increases their chances of gaining a conviction. Notably, the consequences of eliminating non-Whites from juries are that people of color are prosecuted, convicted, and sentenced for drug-related crimes while Whites are protected via safety valves that avert minimum sentencing regulations (Sheldon, 2007). Historically, in southern states,

prosecutors have deliberately and consistently struck potential Black jurors from cases merely because of skin color. A study on death penalty cases revealed that in Alabama, 8 out of 10 qualified Black jurors were dismissed by prosecutors via preemptive strikes on death penalty cases (Worrall & Nugent-Borakove, 2008). Also, the preemptive strikes are overtly found in cases in which the perpetrator is Black (Alexander, 2012). The reason people of color are usually eliminated via preemptive strikes is their lack of willingness to impose lengthy sentences and their general opposition to the death penalty (Bonilla-Silva, 2014).

Courts

Despite the Baston v. Kentucky ruling forbidding discrimination based on race, prosecutors utilized loopholes that permitted them to perpetuate the same practice of bias (Baston v. Kentucky, 1986). According to Edelman (2015), prosecutors have been able to conceal racial biases in preemptive strikes due to the two-step process involved in jury selection. The process requires that the judge assert the initial authority in the dismissal of jurors for impartiality concerns; therefore, when prosecutors discharge other potential jurors, it appears reasonable based on previous dismissals (Edelman, 2015). The number of jury dismissals are limited and are generally used to strike potential jurors that may pose a threat to their case. In many cases, these challenges to dismissal are raised without justification, which provides a gateway for prejudicial behaviors (Banks, 2012).

To counter the actions of the prosecutor, the defense must invoke the Baston challenge (Baston v. Kentucky, 1986), which authorizes the defense to inquiry about the removal of the potential juror. This challenge is used to certify that the discharge of the

juror was not racially motivated (Baston v. Kentucky, 1986). The Batson challenge requires the defense to bear the burden of proof in the case and, therefore, must establish that the strike is racially motivated (Baston v. Kentucky, 1986). The defense usually emphasized the disproportionate number of people of color that were dismissed during jury selection as a reason for evoking the challenge. After a Baston challenge is raised, the prosecution must provide a race-neutral purpose for striking the prospective juror (Baston v. Kentucky, 1986). General responses prosecutors used for striking non-White jurors include age, illiteracy, lack of eye contact, or too sympathetic (Alexander, 2012). Typically, these strikes are deemed appropriate by the presiding judge, who is most often White as well. Moreover, these strikes generally result in all-White jurors that favor lengthy sentences and the death penalty (Sheldon, 2007).

In cases where the perpetrator is Black, and the victim is White, prosecutors have lobbied for the death penalty at a rate of 70% (Herring, 2008). However, when an African American victim was involved, the death penalty was only invoked at a 15% rate (Herring, 2008). The allowance of this behavior is a grave injustice in that it is an abuse of power, is illegal, and negates the impartiality of the judicial system. The elimination of people of color from juries based on racial biases adversely affects society because it denies the perpetrator the right to a jury of their peers, promotes one-sided views, and increased incarceration rates of people of color for nonviolent drug offenses (Worrall & Nugent-Borakove, 2008).

Judges who officiate these courts also play a role in the penalty phase of drug trials. As stated by Steffensmeier et al. (1998), time constraints and limited interaction

with the offender provides limited insight into the offender; therefore, sentencing decisions are made via "focal concerns" during sentencing (Steffensmeier et al., 1998). These focal concerns consist of (a) culpability and level of harm, (b) safety and security of the community, and (c) applied inferences of sentencing decisions. Based on these measures, judges cultivated perceptions generally based on stereotypes of offender physiognomies such as SES, race, and gender and, when applied to people of color, leads to lengthier sentences (Steffensmeier et al., 1998).

When asserting punitive measures for drug abuse, judges are more likely to incorporate some form of mental health and drug rehabilitation into White offenders' sentences than people of color (Nowotny, 2015). Nicosia et al. (2013) found that non-White perceptions based on the war on drugs affect their access to drug treatment programs. Statistics indicate that people of color are overrepresented for drug arrests and incarceration (60%) yet remain underrepresented (35%) in diversion and drug and alcohol treatment programs (Nicosia et al., 2013).

Additionally, courts located in non-White communities regulate sentences based on caseload management, available treatment facilities in the area, and crime statistics in the area, which leads to an overreliance on mandatory minimum sentences.

Other factors bearing on convictions and length of sentence include pretrial detention, which most often affects non-White offenders due to income inequity (Schnake et al., 2010). According to Spohn (2000), in addition to crimes and the seriousness of the crimes, ethnicity, and race play a substantial factor in sentencing decisions among young Black unemployed men. Further, non-Whites convicted of drug

offenses, had past criminal history points, faced pre-trial detention, or refused to plead guilty faced more punitive measures than White offenders (Spohn, 2000). Drug convictions have lasting implications for offenders, including loss of child custody, inability to recieve business loans and licensing, deportation for legal residents, and denial of travel or entry for felons (Drug Policy Alliance, 2018).

Bureau of Prisons

The collateral damage of incarceration is innumerous. The mass incarceration and lengthy sentences for nonviolent drug offenses adversely affect all aspects of society. Extensive sentences and mass incarceration have led to the need for prison expansion and additional budgets for prison development. Freudenberg (2002) argued that most corrections budgets equal or exceed budgets for healthcare and education. Those most affected are the inmates suffering from mental and substance abuse disorders. According to Cochran et al. (2015), inmates with mental health issues have adjustment issues that may further exacerbate their mental stability. Further, younger offenders are susceptible to victimization and trauma due to social hierarchies, while people of color may be susceptible to racial discrimination leading to deprivation of certain privileges (Cochran et al., 2015). Additionally, men released from institutions that did not provide mental health, domestic violence, or substance abuse assistance repeat destructive behaviors that jeopardized the safety, health, and security of family members and society (Freudenberg, 2002). The economic shift has predominately affected non-White communities that rely on publicly funded education and healthcare services (Freudenberg, 2002).

The Federal Bureau of Prisons has the ability to prevent recidivism via access to substance abuse treatment within their facilities. Statistics have indicated that prison-based substance abuse treatment reduces drug relapse and criminal tendencies in drug offenders (Rounds-Bryant, 2001). Additionally, prison-based treatment could provide medical assistant for inmates who would generally lack the necessary healthcare or money to receive drug treatment (Nowotny, 2015). Nowotny (2015) found that less than half of inmates in the study received drug treatment services while incarcerated.

Taxpayers, in particular, bear the burden of incarceration cost for nonviolent drug offenders via the erection and sustainability of prisons due to high populations and the high conviction rates of opioid users (Henrichson & Delaney, 2012). A cost-benefit analysis conducted by the Vera Institute of Justice's Center on Sentencing and Corrections revealed approximately 40 billion dollars of taxpayers' money is spent on prison costs (Henrichson & Delaney, 2012). Taxpayer money has been allocated to the construction of new prisons and administrative costs to run the prisons (employees' salaries, benefits, pensions, and governmental lawsuits (Henrichson & Delaney, 2012). Also, taxpayers are responsible for the housing, healthcare, nourishment, training, and educational services that are afforded to the inmates while incarcerated. Southern states such as Georgia (5), Florida (5), and Louisiana (5) have out of budget ranges for inmates and personnel for which costs exceeded their budget (Henrichson & Delaney, 2012). Moreover, additional taxpayers' costs consist of disbursements subsidized by federal and state revenue (Henrichson & Delaney, 2012). The annual cost for an incarcerated individual varies between approximately 17,000 to 60,000 dollars per year. The median

cost for these prisoners is approximately 31,000 dollars per year (Henrichson & Delaney, 2012). In Georgia, taxpayers reportedly spent over a million dollars to fund local prisons (Henrichson & Delaney, 2012).

Further issues that affect society are the homes in proximity to jails and prisons that have devalued. Specifically, the negative visual and psychological connotations of living in the vicinity of a prison has aided in the lowering of property value (Chirakijja, 2018). Society's inherent need to feel safe and secure in their homes makes the probability of a person reselling a house in an area where prisoners may escape minute at best. In both instances, the homeowner loses to the establishment (Chirakijja, 2018). People of color have faced some of the most egregious acts within the criminal justice system and are a disenfranchised group within society (Alexander, 2012).

In general, people of color are treated as second-class citizens, although they have fought to protect the American Creed and The American dream (Bobo & Thompson, 2006). The disparaging treatment people of color face is embedded in White supremacy and hierarchies. Historically, the American system of Whiteness has tipped the balance of diplomacy to align in favor of the majority (Bjornstrom et al., 2010). For example, 98% of all police officers, lawyers, judges, and politicians are White; this means non-Whites will be judged by the perceptions of White people. This imbalance of power creates systematic injustices that are not only difficult to infiltrate but also difficult to disband (Bonilla-Silva, 2014).

Essentially, judicial officials decide when, where, and how a person of color is represented, penalized, and adjudicated (Swanson et al., 2012). This form of absolute

power is not only dehumanizing and degrading for people of color; it can also be mentally enslaving, which can lead to feelings of hopelessness, fear, anger, and even drug use (Henrichson & Delaney, 2012). People of color have been victimized by the judicial system via mass incarceration and extensive sentences that have not been extended to their White counterparts for the same drug offenses. For instance, statistics show that Whites tend to use drugs such as wobblers, lysergic acid diethylamide (LSD), opioids, and methamphetamines. However, based on the Whiteness of these drugs, the sentencing guidelines are more lenient and allow the user to be charged with misdemeanor or felony charges. This leniency minimizes the impact of mandatory minimum sentences among White drug users.

Also, according to a SAMHSA's 2011 survey, approximately 22% of Whites have at least experimented or used cocaine, compared to 10% of non-Whites. In a comparative analysis, the study cited that people of color were more likely to abuse crack, though not much more significant than Whites. Another study by the Human Rights Watch (2009) found that while people of color and Whites abuse drugs and derivatives of cocaine at comparable rates, people of color are arrested, charged, and incarcerated for use and possession at a ratio of 3:1 as opposed to Whites. In addition, punitive measures for drug use and abuse are generally harsher for people of color due to two-strike and minimum sentencing laws. People of color have been inundated with biases and assumptions throughout history (Alexander, 2012). When law enforcement officials exert these biases, they have lasting implications on the life and liberty of people of color.

Race, Class, and Socioeconomic Status and the Criminal Justice System

Bobo and Thompson conducted a comprehensive analysis of the criminal justice system and its inequitable systems using data from two national race, crime, and public opinion surveys. The authors describe how interwoven into the fabric of America are the American dream, the American Creed, and an American dilemma (Bobo & Thompson, 2006). The authors suggest that the legal system was erected solely to infer, safeguard, and preserve the superiority of Whites and magnify the inferiority of Blacks through social control and mass incarceration (Bobo & Thompson, 2006). Cooper and Kerrison's literature review on the historical biases of the opioid crisis and the criminal justice systems response to illicit drug use found that legal measures were erected to disregard medicinal illegal drug abuse and criminalized opioids associated with non-White drug abuse (Cooper, 2015; Kerrison, 2017).

According to Kerrison, the underlying cause of this disparaging treatment is White supremacy, which views Whites as victims of circumstance while portraying people of color as criminals without restraint (Kerrison, 2017). Furthermore, Netherland and Hansen asserted that Whiteness is driven by dual biopolitical fluxes that are interchanged via obscure or veiled racial coding. The first role is the partnership between lawmakers and pharmaceutical companies who are cognizant of symbolic inferences of race in reference to addiction and prescription opioid use (Netherland & Hansen, 2017). Second is the inherent collusion of neuroscientists who use biomedical ideologies to decriminalize opioid abuse while declining to acknowledge the Whiteness associated

with brain disease structures and the adverse consequences of these assertions (Netherland & Hansen, 2017).

Numerous researchers have found that there are two significant patterns of racial biases that include disparate protection by the judicial system and inequitable enforcement of the law. These biases include the war on drugs, mass incarceration, and other policies, processes, and procedures advocated by the criminal justice system to control people of color (Cooper, 2015). Bobo and Thompson attributed the increase in incarceration of Blacks via mass incarceration to unjust sentencing practices and the war on drugs, and not to crime. They asserted that the war on drugs and sentencing laws are the lasting connection between criminality and race (Bobo & Thompson, 2006). Similarly, Szalavitz and Riggs conducted a comparative analysis of the opioid epidemic of the 1970s and 1980s and the current opioid epidemic and debunked the myth that drug use facilitates crime.

In contrast, Szalavitz and Riggs provide statistical evidence that in spite of the resurgence of opioid abuse, the crime rate has continued on a steady decline (Szalavitz & Riggs, 2017). Moreover, Kerrison argued that White supremacy is the catalyst that caused presidents and legislators to conjure a war on drugs that would criminalize and penalize the oppressed for abuse (Kerrison, 2017). Travis et al. (2014) concurred with Kerrison's theory, arguing that republican candidates and officials were instrumental in implementing political tactics that used crime as a referendum for White racial anxieties during the civil rights and Black power movements. The result was new policies to alleviate these fears (Travis et al., 2014). On the other hand, Om asserts that race is

conveniently avoided in conversations concerning the opioid epidemic and cites racial biases as the malefactor for the origin and reaction to the drug crisis (Om, 2018). Travis et al. (2014) also claimed that rising crime had a profound transformation on race relations, and an unbridled era of political and social change was the reason for the increase in incarceration rates in the United States. Cooper (2015) and Travis et al. (2014) argued that these combined elements have led to the mass incarceration of mostly non-White men who suffered from mental and physical ailments and alcohol and drug addictions.

The consensus among researchers was that these people of color were generally poorly educated, lacked proper training or work experience, and were under forty (Alexander, 2012; Bobo & Thompson, 2006; Cooper, 2015; Travis et al., 2014). The consequences of the new drug policies were extended sentences, life sentences, and the mass incarceration of people of color for nonviolent drug offenses (Travis et al., 2014). Kerrison (2017) and Netherland and Hansen (2017) also noted that the current White opioid epidemic has yet to evoke the same war on drugs as the crack epidemic. Netherland and Hansen (2017) presented a theory that White privilege is the facilitator of Whites' ability to use biomedical issues as a defense for opioid abuse. When faced with statistical evidence on the contradictions of drug use and crime, other principles must be assessed to understand the disparaging treatment of people of color in the criminal justice system.

Summary and Conclusions

No single causation for the current opioid epidemic has been pinpointed, as there are many factors that affect drug use. Throughout this paper, there have been identifiers associated with the use, misuse, and abuse of opioids. These identifiers include physical, environmental, and psychological reasons for opioid use that adversely affects all races, classes, and SES. The research also identifies that the various types of opioids that are abused with prescription (legal opioids) and heroin (an illicit opioid) have similar chemical properties that generate similar dopamine highs. Additionally, Netherland and Hansen (2017) identified connections that exist between OxyContin, Suboxone, and heroin abuse. The transition from legal to illicit opioids such as heroin occurs for two reasons: (1) heroin is easier to access than prescription opioids, and (2) heroin is inexpensive compared to prescription opioids (Cicero et al., 2014).

Statistics from a 2011 study show that approximately 4% to 6% of opioid users that abuse prescription opioids transition to heroin, and 80% of heroin abusers initially abused prescription opioids (Cicero et al., 2014). For those opioid users who sought treatment, 33% cite heroin as the initial opioid used to get high. According to the CDC's 2011 study, heroin overdose deaths rose over 500% between 2002 and 2014, with over 10,000 heroin users overdosing in 2014 (Dowell, Haegerich, & Chou, 2016). The implications of enforcing mandatory minimums are wide-ranging, beginning with the elimination of drug abusers' basic human rights, which generally leads to a cycle of recidivism due to limited options of the individual (Alexander, 2012). Statistics have shown that mandatory minimums are not effective in the deterrence of drug use, and

crime is often a reaction to the symptom and not the problem (Ghandnoosh & Lewis, 2014). Overall, options for enhanced medical care to assist with comorbid issues along with education concerning addictive behaviors are better suited to reduce arrests and recidivism for nonviolent drug-related crimes.

Further, redirecting prison funding for preventative measures, drug courts, and drug programs are additional options for reducing recidivism while allowing the individual to maintain their dignity and fundamental rights. The individual's ability to maintain general constitutional rights upon release may render the individual an asset as opposed to a liability to society. Essentially, these rights allow individuals to become productive citizens via gainful employment, educational opportunities, housing, and voting opportunities. Furthermore, treatment centers, probation, divergent programs, halfway houses, and career service programs are viable alternatives to imprisonment because they assist individuals in treating comorbid issues, coping with stressors, and provides training conducive to the needs of the individuals. These alternatives may also assist in overcoming obstacles that led to drug use, such as poverty, mental illness, education, and homelessness (SAMHSA, 2020). The fact that people of color are continuously being arrested and rearrested for drug-related offenses indicates that the current imprisonment of nonviolent drug users as a means of rehabilitation is not effective. Further, those suffering from a substance abuse issues generally have other issues, including economic issues, broken homes due to parent recidivism, institutionalized mentality, as well as physical and psychological issues (SAMHSA,

2020). The removal of the male figure, and often breadwinner of the family, generally leaves those left behind devastated and destitute (Alexander, 2012).

Some researchers believe that drug use is not a moral issue; rather, it is a societal issue that needs to be urgently addressed (Santoro & Santoro, 2018). Disparaging drug and sentencing laws only act to further separate, isolate, and cost all races, classes, and SESes via social control, taxpayer money, and stigmatization (Hatcher et al., 2017). By examining what is known about opioid use and abuse, the next course of action can be determined concerning streaming provisions for biomedical treatment or penalization for all drug abusers. Proposals for future research in areas of addictive behaviors and addiction should address lingering questions concerning opioid use and misuse.

While there is evidence that race may be of importance in legislative views of drug abuse, there is limited evidence that class and economic status may be an important factor in judicial processes concerning race and opioid dependence (Tiger, 2017). An argument can be made that class and SES affords its recipients the tangible advantages and outcomes in combating lengthy sentences for opioid abuse via wide-ranging legal defenses that not available to poor and middle-class Americans. Additionally, while current research has highlighted the effects of race on legislation for opioid abuse, it focuses largely on demographics within non-White impoverished areas and affluent White demographics as opposed to affluent Black and White demographics (Tiger, 2017). Because impoverished demographics are pertinent to race and drug-related disparities, advancing the research to include affluent people of color may help provide a

more comprehensive understanding of disparaging drug laws aimed at incarcerating people of color and absolving Whites through rehabilitation.

Chapter 3: Research Method

Introduction

In this section, a breakdown of the procedures used to conduct the study will be discussed. This cross-sectional correlational analysis aimed at understanding the roles that race, class, and SES play in the enactment and application of sentencing laws in opioid cases. The context was established by addressing opioid use and abuse as a public health crisis requiring immediate attention. The resurgence of the opioid epidemic, current statistics, and varying responses were the basis for evaluating opioids and drug sentencing laws. The study included elements of SLB and secondary data were used to validate the research. The independent variables were race, class, and SES—all components that affect arrest rates (dependent variable) of opioid users. Class and SES were measured using the same components as they are similar elements that determine status in society. The following chapter will include the research questions and hypotheses, research design, participant selection, IRB guidelines, instrumentation, coding, and analysis.

The research questions were designed to align with the topic, problem, purpose statements, and the theoretical framework of Lipsky's SLB theory. The questions were designed to address discretion, policy, procedure, governmental hierarchies, and their effects on judicial processes (enactment and application) in opioid cases using Creswell's view of collective inferential and descriptive analysis and binary logistic regression analysis (Creswell, 2014). Existing SAMHSA data were used to examine the correlation of national-level measures of race, class, and SES with arrest rates in opioid cases.

The hypotheses used to test the theory were that arrest rates are highest in urban areas with the lowest incomes, education, and healthcare and the highest percentages of Black and non-White residents. At the same time, the frequencies of opioid treatment were highest among areas where education, employment, and income were sustainable and the lowest percentages of Black and non-Whites resided. Binary logistic regression was used to determine the relationship between race, class, and SES and arrests in opioid cases. Cramer's V was used to test the strength of the association among opioid misuse among races, classes, and SESes (independent variable) and crime and punishment (dependent variable). The research questions and hypotheses were:

RQ1: Is there a relationship between race and arrests among opioid users from 2010–2018?

$H_0$1: There is no significant relationship between race and arrests in opioid cases.

H_a1: There is a significant relationship between race and arrests in opioid cases.

RQ2: Is there a relationship between class and arrests among opioid users from 2010–2018?

$H_0$2: There is no significant relationship between class and arrests in opioid cases.

H_a2: There is a significant relationship between class and arrests in opioid cases.

RQ3: Is there a relationship between SES and arrests among opioid users from 2010–2018?

$H_0$3: There is no significant relationship between SES and arrests in opioid cases.

H_a3: There is a significant relationship between SES and arrests in opioid cases.

Research Design and Rationale

A quantitative correlational cross-sectional design was chosen for the research to quantify the number of arrests among Black and White opioid users. A qualitative study was not chosen because the research was not designed to gain insight into the underlying motivations, opinions, and experiences of opioid users. A qualitative analysis would be appropriate to observe a phenomenon, but this research was conducted to measure generalizable data (Patton, 2015). Quantitative research allows a researcher to scrutinize the study units to determine whether a relationship exists between variables (O'Sullivan et al., 2017). A correlational design was appropriate because I sought to assess the extent to which relationships exist between the independent variables race, class, and SES and the dependent variable arrests in opioid cases. The design was appropriate because the intent was not to manipulate the variables but to study the relationships and distribution of variables. The correlative design allows for the examination of numerous associations and facts to identify trends and patterns derived from the data (O'Sullivan et al., 2017). The design was also cost effective and time efficient in that the use of secondary data eliminated the need to advertise, interview, and select participants for the study (Ader & Mellenbergh, 2016).

A quasi-experimental pretest–posttest design was not appropriate in that I did not seek to establish a causal relationship among variables; instead, I aimed to understand relationships. Further, participants were not measured before and after the treatment was administered. These types of experiments are time-consuming because they occur in a natural setting over a long period. Quasi-experimental designs generally require some

form of intervention, which was not necessary for this study. In addition, the Solomon four-group experimental design was not compatible with this research as it involves using the scientific method of research, which is expensive and time-consuming. Moreover, experimental designs seek a cause-and-effect relationship among variables, which was not required for this research. I did not seek to combine pretest–posttest with an additional posttest for controlling interactive testing effects. Lastly, a longitudinal design was not chosen due to the cause-and-effect relationships, time constraints, and economic factors associated with the design. The design used to study the sequence of events to identify a change of a period was not appropriate for this study due to the use of secondary data. The design was intended to guide the study via the collection, analysis, and interpretation of data. The correlational design helped me to identify relationships, patterns, and trends between race, class, and SES and arrests to assess sentencing laws in opioid cases. The information from the research could be used to reassess current drug and treatment policies for nonviolent drug offenders, which could lead to the reformation of drug policies.

Methodology

Population

Babbie (2015) identified a research study's audience as members of academia and any person who benefits from the research. For this study, the stakeholders were derived from secondary data from SAMHSA surveys between 2010 and 2018 and the FBI's UCR. Other stakeholders consist of policymakers, frontline bureaucrats (police, prosecutors, judges), healthcare professionals, academics, and the general public; these

individuals are most affected by the opioid epidemic. The aim of targeting this audience was to provide information on how to create uniformity and impartiality in sentencing across all drug types, with a focus on criminal activity resulting from drug use versus drug use alone to comply with the 14th amendment. The research objective was to benefit stakeholders by determining legitimate parameters concerning drug abuse so that laws could be streamlined to address the opioid crisis effectively. By clearly defining drug abuse as either a biomedical disease or a moral failing, policymakers could enact and apply laws equitably based on a single premise. A cohesive sentencing guideline could limit the number of users serving long sentences and mandatory minimums, increase treatment and educational programs, and maintain their basic fundamental rights to prevent recidivism and become productive citizens. While the data analysis was designed to enlighten several audiences, the population guiding the study was Black and White opioid users. Individual responses were collected from SAMHSA's survey and the FBI's UCR. Eligible participants were 18 years and older from all 50 states and the district of Columbia in the United States. The participants were from regular households, homeless shelters, college dorms, and were civilians on military bases. Those excluded from the study included prison populations, active military personnel, people experiencing homelessness, and long-term hospital populaces.

A representative sample was selected from SAMSHA's 67,791 participants (2010–2018) per year based on race, drug type (marijuana, cocaine, heroin, and opioids), and arrests. For this study, the participants were 18 years and older. Those under the age of 18 are typically under juvenile services, have sealed records, and are less likely to be

incarcerated in federal prisons (Kurlychek et al., 2019). The objective was to learn the approximate number of arrests for substance use violations among Black and White drug users and compare it to the number of users in SAMHSA's self-report for drug use by drug type. Black people are more likely to be arrested for drug sales; however, SAMHSA's report provided limited information on drug sales to make a deductive analysis of disparity based on sales. To mitigate this issue, I used SAMHSA's statistics on drug possession to analyze differences in Black and White opioid users. FBI's national database had two categories of drug arrests appropriate for the study: arrest statistics for drug possession and drug selling. These statistics were examined from 2010–2018 to gain a comprehensive understanding of the evolution of drug arrests. The data were used to collect an annual average of drug arrests based on 8 years. To determine a numerical value of drug use by drug type, select categories were collected via SAMHSA's national database from 2010 to 2018. These values were used to gain an annual average based on SAMHSA's self-report participant admission of drug use. Arrest risks were measured by dividing the FBI's average annual arrests by drug type by SAMHSA's annual self-report of participant admittance to drug use during a 12-month period from 2010 to 2018.

The aim was to correlate the number of people subject to arrest for substance abuse with the number of people arrested. The categories selected for the comparison are (a) marijuana, (b) cocaine/heroin, and (c) opioids. Because the objective was to examine racial disparities between substance use and arrests, drugs not subject to arrests were excluded. Only illicit drug use and possession was assessed.

Sampling and Sampling Procedures

Data for this investigation originated from a more extensive study, The National Survey on Drug Use and Health (NSDUH). NSDUH uses the information from the surveys to act as a litmus test for the proviso of substance abuse and mental health in the United States. The outcomes help regulate policy initiatives on comorbid issues such as mental health and substance use, substance problems, and the prevalence of mental illness. Additionally, this research may be used to provide contextual data that may be cross-referenced with other agencies to determine the types of resources needed and how they should be allocated.

NSDUH is a wide-ranging household interview survey that encompasses mental health, substance use, substance use disorders, and treatment received for these disorders. SAMHSA's field interviewers conducted face-to-face interviews for general information and used audio computer-assisted self-interviewing for the sensitive subject matter. Data collection occurred from January to December from approximately 67,791 participants per year within all 50 states and D.C. The current study consisted of noninstitutionalized individuals, 18 years and older, from regular households, homeless shelters, military bases (civilians), and college dorms. Those excluded from the study were prison populations, active military, people experiencing homelessness, and long-term hospital populaces. The data were collected during the annual period of January to December. SAMHSA screened 141,879 addresses for the study, with 67,791 participants completing interviews. The participants, aged 12 to 17 years, completed 16,852 interviews, whereas adults 18 years and older completed 50,939 interviews. The weighted response

frequencies for household screening was 73.3%, and for interviewing, the rate was 66.6%. The total ratio of response rate for 12 years and older was 48.8%. The weighted interview rate of response for adults was 65.8% and 73.9% for adolescents. Once SAMHSA established eligibility, the participants were provided information about the purpose, processes, procedures, risks to benefits, and measures for anonymity and confidentiality. Additionally, each participant was provided an informed consent form that was completed and returned before the interview.

Sample Size

NSDUH used an independent, multistage area probability sample within each state and D.C. The states represent the first stratification level, and then the states were stratified into approximate equal populated state sampling regions (SSRs; SAMHSA, 2019). Next, Census tracks within each SSR were selected, followed by census block groups within census tracts and area segments within census block groups. Lastly, dwelling units were selected within segments, and within each selected dwelling unit, up to two residents were selected for the interview process. Qualified interviewers conducted the face-to-face interviews of participants 12 years of age and older. The data supported treatment and prevention programs, estimates treatment needs, monitors drug trends, and informs public health policy.

Due to the study's focal point being the differences between White and Black drug uses and arrests, the analysis was restricted to SAMHSA participants that self-identify in these categories. For this study's purpose, this research sample size derived from SAMHSA's 50,939 adult participants and chosen via power analysis using

Statistical Package for the Social Sciences Version 27. The parameters were a purposeful sample, as the aim was to target a specific group of participants and specific demographics from the secondary data collected from the SAMHSA study, and the UCR. The participants consisted of Black and White opioid users between the age of 18 and older in the continental United States and Washington, D.C. The SES was determined by poverty-level (Less than 100%), (100-199%), and (200% or more). Class was determined by < high school, high school graduate, some college/associate degree, and college graduate.

Procedures for Recruitment, Participation, and Data Collection

SAMHSA's sample design is based on NSDUH data from participants 12 years or older, adolescents, and adults. The data from 2018 and previous years fell into two categories: substance use and use treatment and mental health services (SAMHSA, 2019). The mental health statistics were presented separately for the adolescents aged 12 to 17 and adults 18 and older due to differential questioning patterns regarding mental health and use of mental health service utilization (SAMHSA, 2019). The estimations presented in the report were inferred from survey data, that was subject to sampling errors. The valuations met the criteria for statistical precision, and those estimates that did not meet this criterion were suppressed.

The benefit of NSDUH's survey was its stability in its survey and sample design (SAMHSA, 2019). The stabilization of the study and sample design allowed for the examination of trends over time (SAMHSA, 2019). Assessing trends must be balanced with the need for periodic revision and amending to include content for an everchanging

society with emerging issues; therefore, the number of years for which comparative analysis could be conducted fluctuated across measures based on the revision or addition of content from NSDUH (SAMHSA, 2019). The information added in 2018 established a baseline that began in 2015. The data on prescription drug misuse was revised in 2015; therefore, there are four years of trend data from 2015 to 2018. Marijuana data encompassed 17 years of trend data from 2002 to 2018. All the report's trends consisted of 2018 estimates and were comparable to estimates from three or more prior years (SAMHSA, 2019).

The IRB guidelines first required permission before questioning subjects to ensure the questions were respectful and did not harm vulnerable populations (Walden University, 2020). According to the Belmont report and research guidelines, there are certain general principles the researcher must adhere to as a requirement of the research before interviewing. SAMHSA sent letters of introduction to the study to potential participants to adhere to these guidelines, followed by a field investigator visit. SAMHSA used eligible participants that were 12 years and older from all 50 states and D.C. who were from regular households, homeless shelters, civilians on military bases, and college dorms (SAMHSA, 2019). Those excluded from the study included prison populations, active military, people experiencing homelessness, and long-term hospital populaces.

SAMHSA screened an adult resident (18 or older) to gather demographic information on all household members who resided at the address for most of the calendar quarter to protect the younger populace (SAMHSA, 2019). Demographic data were obtained from all household members 12 years and older within the household. The

computer then used the data with a preprogrammed selection algorithm to select the number of participants between 0 and 2 years based on household composition. The selection process was designed to provide the necessary sample sizes for specific population age groupings. SAMHSA's field interviewers conducted face-to-face interviews for general information and used an audio computer-assisted device for the sensitive subject matter to comply with IRB guidelines. Based on the parameters set forth by SAMHSA, IRB guidelines were followed concerning consent, age, and vulnerable populations. Due to the use of secondary data analysis, permission was not required for this research. The secondary data from SAMHSA and the UCR were previously used for purposes other than this research; therefore, the independent variables (race, class, and SES) could not be manipulated. Secondary data from these studies was beneficial because it was cost-effective, non-time consuming, and public information.

To gain IRB approval, I submitted the proposal detailing the problem to be addressed, the purpose and nature of the study, theoretical framework, the study's significance, and how it would affect positive social change. Also included was a literature review and the methods, which detailed the steps I would follow to conduct the study. I sought approval from both SAMHSA and the FBI to use their secondary data for the study and IRB approval before conducting the study.

Instrumentation

The NSDUH measured the illicit use of drugs, alcohol, prescription drugs, and tobacco and prescription drug misuse. Also measured was substance use disorder and substance use treatment for major depressive episode, depression care, acute

psychological distress, mental healthcare, and mental illness to assess for comorbid issues (mental and substance abuse issues; SAMHSA, 2019). The data were measured to obtain estimates of drug use and mental illness at the state, substate, and national levels. SAMHSA's data help identify the extent of substance use and mental illness among different subgroups, estimate trends over time and assess treatment services' needs. The data on prescription drug misuse was revised in 2015; therefore, there are four years of trend data from 2015 to 2018. Marijuana data included 17 years of trend data from 2002 to 2018. All the report's trends consisted of 2018 estimates that were comparable to estimates from three or more prior years.

This study measured illicit drugs, marijuana, cocaine/crack, heroin, and opioids. Arrests for drug use by drug type were also measured. The data were measured to gain estimates regarding the approximate number of arrests for substance use violations among Black and White drug users and was compared to the number of users in SAMHSA's self-report for drug use by drug type. The data on drug use by type encompassed data from 2010 to 2018 with a baseline of 2015 when the SAMHSA questionnaire was revised.

Issues of Reliability and Validity

Reliability

In research, reliability is the stability of answers or scores from one administration of an instrument or the use of one instrument among different groups (Babbie, 2015). Every instrument has some form of association with an error of measure; therefore, reliability is found in yielding similar results when given to a similar population at

different times (Babbie, 2015). SAMHSA's reliability was conveyed via estimates of Cohen's kappa (k), in which the range was -1.00 to 1.00. Kappa was interpreted based on benchmarks suggested by Landis and Koch:

1. Poor agreement of less than 0.00.
2. Slight agreement between 0.00-0.20.
3. Fair agreement of 0.21 to 0.40, a moderate agreement between 0.41 to 0.60.
4. Significant agreement of 0.61 to 0.80, and almost perfect between 0.81 to 1.00.

The lifetime kappa values and past year substance use variables for alcohol use, marijuana use, and cigarette show near-perfect consistencies ranging from 0.82 to 0.93 (SAMHSA, 2019). The marijuana, cocaine, and alcohol use disorder measures also indicated substantial agreement with kappa values of 0.63, 0.64, and 0.65, respectively. Kappa scores for K6 were 0.63 for both interviews when a three-point differential was applied. The comparisons and cross-comparisons of current and previous SAMHSA studies provided substantial reliability for the research. To ensure reliability, once the researcher tested the hypothesis, it was retested to ensure that the same results were received. The variables were cross-referenced with variables from SAMHSA and FBI reports to certify compatibility to ensure content validity. Higher emphasis was placed on those elements that had more depth. Using face validity, the researcher assessed whether the instrument measured the intended concept. The estimated range of reliability was between -1.00 to 1.00 using Cohen's Kappa (k).

Validity

Federal regulations require IRB boards to provide special considerations to protect vulnerable populations (Walden University, 2020). According to the IRB, vulnerable populations consist of prisoners, mentally disabled, children, pregnant women, racial or ethnic people of color, individuals with cognitive impartments, and educationally and economically challenged individuals (Walden University, 2020). SAMHSA's survey questions on substance use were considered sensitive due to their intrusive nature, which could pose negative legal or social consequences if the responses were revealed or consisted of socially unacceptable answers (SAMHSA, 2019). To ensure the welfare of the participants, SAMHSA tested the validity of the research.

In this research study, it was expected that issues of validity could arise based on biases. Validity is the determination of whether a test measures its intended purpose (Babbie, 2015). A test with a high validity rate would be closely connected to the intended focus of the test (Frankfort-Nachmias & Leon-Guerrero, 2018). In contrast, if the test has a poor validity rate, it would not measure the necessary components it was designed to measure (Frankfort-Nachmias & Leon-Guerrero, 2018). Validity may be tested through content validity, construct validity, face validity, or criterion-related validity (Babbie, 2015). As used in the SAMHSA survey, self-reports data can be biased due to setting, mode of distribution of the report, and vulnerable populations (substance abuse). To mitigate these issues and increase the accuracy of their survey, SAMHSA preserved the privacy of its participants via audio computer-assisted self-interviewing

[ACASI] (SAMHSA, 2019). With ACASI, participants could input sensitive information confidentially with the assurance of continued confidentiality.

Additionally, comparisons among NSDUH studies indicated a reduction in reporting biases (Gfroerer et al., 2002). Other procedures used to validate the self-report data included proxy reports, repeated measures, and biological specimens (Fendrich et al., 1999). To ensure the validity of biological specimens, SAMHSA and NIDA examined self-report drug use data on individuals 12 to 25 years. They found that the samples could be collected from a large portion of the general population survey, with most individuals accurately self-reporting drug use in the survey (SAMHSA, 2019).

Reliability and validity were accomplished by using previously reported data that has been assessed for potential errors in measurement and biases in the research. As with any study, there may be threats to validity. For this study, missing data could have potentially led to validity threats. To mitigate this, drugs that were not illegal were omitted from the analysis. Also, missing data were omitted or weighed 0. This analysis' datasets derive from more extensive studies from SAMHSA and the FBI and were based on drug use and arrests. Although secondary datasets are credible resources for drug arrests and drug possession, SAMHSA had limited information on drug selling, most noted among Black individuals (SAMHSA, 2019). To alleviate this issue, drug possession was used as an alternative to the study. Also, incarcerated individuals were not counted in arrest rates; however, this did not adversely affect this study. The objective of this study was to assess the number of individuals subjected to arrests for illegal drug use for comparison against the number of individuals that were arrested.

Variables

Variables are characteristics or properties of a person, event, or object that can attain interchangeable values or amounts (O'Sullivan et al., 2017). In quantitative research, analysis manipulates variables to compare the effectiveness of another variable (Babbie, 2015). These manipulated variables in research are known as independent variables (Frankfort-Nachmias & Leon-Guerrero, 2018). The independent variables for this research were race, class, and SES. To determine the effects of an independent variable, there must be another variable to measure the outcomes; this variable is known as the dependent variable (Babbie, 2015). The dependent variable in this study was arrests.

Data Analysis

The data were evaluated using a deductive approach, which allowed the researcher to analyze opioid data based on a predetermined structure (Babbie, 2017). A descriptive cross-sectional correlational design was used to conduct the study, using surveys and public records. The documents were used to examine any patterns or themes that emerged concerning race, class, SES, treatment, arrests, and incarceration from the communications systematically (O'Sullivan et al., 2017). For data analysis, the Statistical Package for the Social Sciences (SPSS) Version 27 was used to conduct a descriptive and inferential analysis. The use of SPSS allowed interrupted time-series analyses (Wagner, 2017). The data from the FBI arrests and SAMHSA self-report data for drug use by type (heroin, cocaine/crack, marijuana, opiates) were entered into SPSS to quantify potential relationships among drug possession by type and drug selling. Statistics for drug use and

drug arrests were also entered into SPSS to quantify the effects of drug arrests by drug type. The data collected from SAMHSA and the FBI's public databases were used to measure the potential impact arrests had on drug type because Blacks were most likely to use marijuana, crack, and heroin (Motivans, 2019). In contrast, Whites were more likely to abuse opioids, heroin, and cocaine (Motivans, 2019). Data for drug arrests and use were entered into SPSS for the years 2010-2018 with a baseline of 2015 due to changes in the survey.

This time span was chosen to determine changes in arrests and deduce the potential relationships among variables. The descriptive analysis identified characteristics, percentages, and frequencies in the data. Binary Logistic Regression (BLR) was used to analyze the hypothesis and assess the probability that the data would fall into the arrests or not arrested categories based on the independent variables race, class, and SES. BLR used maximum likelihood estimation (MLE) to estimate population parameter values that would most likely produce an observed sample data (Statistics Solutions, n.d.). The statistical significance of the data were determined by assessing the p-values garnered from the data. A p-value ≤ 0.05 indicated that the null hypothesis would be rejected, and a p-value > 0.05 indicates that the null hypothesis could not be rejected. The assumptions of logistic regression were assessed before analysis. The assumptions were that arrests would be measured on a dichotomous scale; there are one or more independent variables that are either continuous or categorical; independence of observations and the dependent variable have mutually exclusive and exhaustive categories, with a linear association among any of the continuous independent variables

and the logit conversion of the dependent variable. The determination of mutually exclusive and exhaustive categories was accomplished via the use of Statistical Package for the Social Sciences Version 27 (Wagner, 2017).

Internal Validity

Internal Validity is the extent to which the results acquired are a function of the measured, manipulated, or observed variables (O'Sullivan et al., 2017). Threats to validity include history, maturation, testing, instrumentation, statistical regression, mortality, and selection. This study used a cross-sectional correlational design that did not seek to understand the data's cause and effect. The use of secondary analysis limited much of the biases associated with pre- and post-tests. Additionally, there were no interactions with any of the subjects during or after the course of the study. SAMHSA's interactions with subjects were limited to computer-assisted interviewing instruments (CAI) for sensitive information, with interviews being conducted in the privacy of the subjects' homes (SAMHSA, 2019). There were no identifying markers collected via CAI, and data were transmitted to RTI. The screening and interview data were encrypted using a wireless connection using separate data streams and stored separately before transmission, protecting the information's safety and security.

External Validity

External Validity is the extent to which the results can be generalized confidently to a larger group than the current study (Bracht & Glass, 1968). Population-related threats are the extent to which the population within the study is representative (or not) of the population from which it was selected (O'Sullivan et al., 2017). To ensure SAMHSA

obtained subjects representing the population, NSDUH used an independent, multistage area probability sample for all states, including D.C. The states represented the first level of stratification; then, the states were stratified into approximate equal populated state sampling regions [SSRs] (SAMHSA, 2019). Next, Census tracks within each SSR were selected, followed by census block groups within census tracts and area segments within census block groups. Lastly, dwelling units (D.U.) were selected within segments, and within each selected D.U., up to two residents were selected for the interview process (SAMHSA, 2019).

For this study, to ensure a representative sample of the population was collected, I used a purposeful sample of Black and White opioid users aged 18 years and older. This population represented individuals arrested for drug offenses with the potential to serve extended and mandatory minimum sentences. Individuals under 18 years were excluded as they are generally adjudicated as juveniles and typically have sealed records (Jacobs, 2013).

Ethical Considerations and Protections for Human Participants

Federal regulations require IRB boards to provide special considerations to protect vulnerable populations (Walden University, 2020). According to the IRB, vulnerable populations consist of prisoners, mentally disabled, children, pregnant women, racial or ethnic people of color, individuals with cognitive impartments, and educationally and economically challenged individuals (Walden University, 2020). This study did not require contact with participants in the study due to the use of secondary data. SAMHSA and the UCR (FBI) are government-sponsored surveys and reports that

provide the ethical procedures for interviewing, data collection, confidentiality, anonymity (SAMHSA, 2019). To protect anonymity, SAMHSA participants' names were not collected, and CAI instrumentation was used to promote privacy and confidentiality during the interview process. To ensure ethical guidelines are followed, I sought permission from SAMHSA, and the FBI to use the data for this study. This study did not manipulate the variables to collect different results; this ensured the integrity of the study. Additionally, the data were kept separate using a private username and password in a locked computer with no identifying markers of the study to protect anonymity and confidentiality of the information. I only had access to the data, which will be privately stored for a minimum of 5 years.

Summary

This chapter detailed the methodologies that were used to guide the study. A quantitative cross-sectional correlational design was used to analyze the unit of study through investigation and exploration. The secondary data used in the study was collected from SAMHSA and the FBI's UCR and consisted of Black and White opioid users, drug types, and drug arrests. The data consisted of a purposeful sample of Black and White opioid users with similar experiences. The study used a deductive approach to examine opioid data based on a programmed structure. The use of secondary data ensured anonymity, confidentiality, reliability, and validity in the research. Using these elements, the analysis adequately aligned with the problem, purpose, nature of the study, and theoretical framework. Additional in-depth information on data collection, descriptive statistics, assumptions, and discrepancies in data analysis are presented in Chapter 4.

Chapter 4: Results

Introduction

A detailed synopsis of the processes and procedures for analysis is defined in Chapter 4, with specific emphasis on the research findings. The findings of the research query were determined from the data analysis. The analysis was designed to answer the research questions that addressed the effects of social constructs on drug use and arrests in opioid and other drug cases. Also explained are the quantitative provisions used to ensure the reliability and validity of the research. The process for conducting the analysis included testing the assumptions for linearity and testing for frequencies and percentages for each variable using the Chi-square test of independence. Logistic regression was conducted to test for variance and statistical significance of the variables. This chapter will include the target populations, demographics, descriptive statistics, and data collection and analysis procedures. For analysis, I used a quantitative approach that aligned with the research topic, problem statement, purpose, research questions, and ethical considerations for proper research. The study's purpose was to explore social constructs and bureaucratic decisions to assess their effects on sentencing laws based on race, class, and SES between 2010 and 2018.

In this chapter, the findings of the data collection and analysis will be reported. Frequencies and percentages will be used to summarize the trends in the nominal-level variables. A Chi-square test of independence was conducted to examine the relationships between race, class, SES, and arrests for possession/sale of drugs to address the research question. The results were used alongside the FBI's UCR to determine if there were

disparities in arrests based on race and drug type. At the conclusion of the chapter, a synthesis of the findings is provided and a summary report of the analysis.

Data Collection

Data collection consisted of secondary data from SAMHSA surveys and the FBI's UCRs from 2010–2018. Data were collected and analysis was conducted over a 2-week period to ensure compatibility with the research. The sample consisted of 123,280 men (46.44%) and 142,162 women (53.56%) from the SAMHSA survey, and arrest reports consisted of data retrieved from the FBI's UCR. The participants consisted of Black and White opioid users 18 and older in the continental United States. Social class was measured based on the educational status of the participants and ranged from < *high school*, *high school graduate*, *some college/associate degree*, and *college graduate*/*bachelor's degree*. SES was determined by poverty level according to the U.S. Census Report: *less than 100%*, *100%–199%*, and *200% or more*.

Data Analysis

The data were assessed using a deductive approach, which allowed me to analyze opioid data based on a predetermined structure (Babbie, 2017). I used a cross-sectional correlational design to determine if any descriptive patterns or themes would emerge concerning race, class, SES, and arrests from the communications systematically (O'Sullivan et al., 2017). Data analysis was compiled from SAMHSA's self-reports and the FBI's UCR for the years 2010–2018. The participants from SAMHSA were selected from each year at a rate of 11.11% per year and were selected based on the criteria for drug use and arrest listed in the study. The drugs chosen were cross-referenced between

previous studies, the UCRs, and SAMHSA's self-reports to gain a comprehensive analysis of drug use by race and drug type. After assessing the list of drugs, the illicit drugs chosen were those that, if possessed, were subject to arrest.

The drugs selected for analysis had similar effects on the central nervous system and the brain. This medical knowledge of addiction could affect how policymakers view addiction and possibly assist in streamlining drug sentencing based on drug effects versus drug type. Although numerous drugs were assessed, more weight was placed on marijuana, cocaine/crack, heroin, and opiates. These drugs were most relevant to the study based on chemical effects on the brain, associations with Black and White drug users, and their specificity to race and arrests in drug cases. The drugs selected for the research were marijuana/hashish, cocaine, crack, heroin, LSD/acid, phenylcyclohexyl piperidine (PCP), peyote, mescaline, and psilocybin (mushrooms), as they are illicit drugs that, if possessed, are subject to arrest. SPSS Version 27 was used to conduct a descriptive and inferential analysis of the data to determine if relationships exist between variables. SAMHSA's statistics on drug use and drug arrests were compared to the UCRs statistics on arrests to quantify the effects of drug arrests by race and drug type. Once all variables were collected, a frequency count was conducted on the independent variables (race, class, and SES) to provide descriptive statistics for the demographic data. The results have been summarized in Table 2.

Testing Statistical Assumptions

To ensure the data were statistically sound for binary logistic regression analysis, the data were prescribed for missing data, outliers, and multicollinearity. Missing data

and outliers were assessed to guard against errors and issues with reliability. Multicollinearity was assessed to ensure no errors could adversely affect the statistical assumptions and alter the predictions of the analysis.

Missing Data

The data were assessed to ensure there were no missing components that would affect the outcome of the analysis. SPSS Version 27 was used to analyze the frequency counts for the variables. All missing data were accounted for as shown in the counts allowing the assumptions to be met.

Outliers

In logistic regression, it is essential to assess data for outliers due to the sensitivity of the analysis. The independent variables *race*, *class*, and *SES* were assessed in SPSS using box plots. The dependent variable *arrests* was not assessed as it was a descriptive variable. The data were also reevaluated via an Excel spreadsheet to ensure accuracy of data entry.

Multicollinearity

Due to the categorical nature of the independent variables *race*, *class*, and *SES*, multicollinearity did not present a threat to the analysis.

Descriptive Statistics

Data from 2010–2018 were combined for examination of the frequencies and percentages. The sample consisted of 123,280 men (46.44%) and 142,162 women (53.56%). Most participants were married (n = 107,843; 40.63%) or never married (n = 119,608; 45.06%) and were 35 years or older (n = 123,110; 46.38%). The sample

consisted of White participants (n = 220,597, 83.11%) and Black participants (n = 44845, 16.89%). Social class was measured by the educational status of the participants and ranged from *less than high school* to *college graduate*. The overall health of participants ranged from *excellent* to *fair/poor*. SES was measured via the U.S. Census poverty threshold level (living in poverty, income up to two times the federal poverty threshold, and income > two times the federal poverty threshold). Frequency for demographic variables is presented in Table 1.

Table 1

Demographic Variables: Year, Gender, and Marital Status

Variable	N	%
Year		
2010	28,641	10.79
2011	28,865	10.87
2012	27,533	10.37
2013	26,984	10.17
2014	30,325	11.42
2015	30,972	11.67
2016	30,828	11.61
2017	30,593	11.53
2018	30,701	11.57
Gender		
Male	123,280	46.44
Female	142,162	53.56
Marital status		
Married	107,843	40.63
Widowed	8,867	3.34
Divorced or separated	29,124	10.97
Never been married	119,608	45.06

Note. Due to rounding errors, percentages may not equal 100%.

Participants

The first set of variables presented in Table 1 is the population from which the participants were chosen and the percentage from each year the study encompassed (2010–2018). To ensure the study was generalizable, the population had to be significant to analyze the data correctly. The participant sample size was chosen via power analysis in SPSS. The average number of participants selected from each year was 11.11%. The participants were chosen based on the criteria outlined in the study. They consisted of 265,422 male and female drug users 18 years of age and older who had some interaction with the judicial system in the past 12 months. The purpose of selecting this set of participants was to assess a diverse group of adults with similar experiences to gain a broad understanding of how social constructs affect drug policy decisions. They were also selected to determine whether the predictability of arrests exists based on race, class, and SES in opioid and other drug cases.

Gender

To ensure a robust study was conducted, both male and female drug users were identified and used for this study. For the study, 46.44 of the participants were men, and 53.56 were women. Previous studies have shown that both men and women were subject to drug addiction but are also affected by race, status, and poverty, affecting overall health and work abilities.

Marital Status

Marital status was assessed to determine if it was a factor that affected race, class, and SES in arrests for drug offenses. The variables *married, widowed*,

divorced/separated, and *never married* were assessed. Marital status affects income, status, and employment, which were variables assessed in this analysis. The analysis indicated that 40.63% of those assessed were married, 3.34% were widowed, 10.97% were divorced/separated, and 45.06% were never married. See Table 2 for demographic statistics for age, race, education, and overall health.

Table 2

Demographic Variables: Age, Race, Education, and Overall Health

Variable	N	%
Age category		
18–25 years	95,606	36.02
26–34 years	46,726	17.60
35 years or older	123,110	46.38
Race		
White	220,597	83.11
Black/African American	44,845	16.89
Education		
Less than high school	30,279	11.41
High school graduate	76,912	28.98
Some college	84,656	31.89
College graduate	73,595	27.73
Overall health		
Excellent	64,034	24.12
Very good	105,284	39.66
Good	69,081	26.02
Fair/poor	27,002	10.17
Missing	41	0.02

Note. Due to rounding errors, percentages may not equal 100%.

Age

The age category was essential to the research in that people 18 years and older are considered adults and are not subject to juvenile regulations for drug offenses. Adults arrested for drug offenses have the potential to serve federal time and are subject to extended sentences and mandatory minimums based on the type of drug and offense. Age

fell into three categories based on SAMHSA's survey: 18–25 years, 26–34 years, and 35 years and older. Based on the analysis, 36.02% of the adults were between 18 and 25 years of age, 17.60% were 26–34, and 46.38% were 35 years and older.

Race

The study's purpose was to understand the role race plays in the enactment and application of sentencing laws in opioid cases. Therefore, the race variables of Black and White were essential in assessing the statistics on those arrested/booked for drug violations. Previous researchers have asserted that race is the primary factor in arrests for drug offenses. However, I sought to determine if other socially constructed variables could also affect disparity in arrests for drug-related offenses. Participants selected to represent race for the analysis were 16.89% Black and 83.11% White drug users.

Education

Education was the variable used to assess class in the study. The demographic variables for education were less than high school, which represented 11.41% of the participants, high school graduate which represented 28.98% of participants, some college that represented 31.89% of participants, and college graduate 27.73% of participants.

Overall Health

The overall health variables were essential for the research in that they represented components of class and SES. Overall health was used to understand income, educational attainment, class, and SES. Research has shown how poor health reduces economic and educational opportunities. Additionally, low income and poverty

contribute to poor health in the same ways that poor health contributes to lower incomes based on ability to work. Poor health is also a catalyst for drug dependency and abuse. See Table 3 for marital background and military status.

Table 3

Demographic Variables: Number of Times Married, Military Status

Variable	N	%
Number of times married		
1	111,977	42.19
2 or more	33,624	12.67
Missing	119,841	45.15
Ever been in the U.S. armed forces		
Yes	18,895	7.12
No	246,472	92.85
Missing	75	0.03
Current military status		
In Reserves	1,286	0.48
Now separated/retired from Reserves/active duty	17,592	6.63
Missing	246,564	92.89

Note. Due to rounding errors, percentages may not equal 100%.

Number of Times Married

The number of times married was assessed to understand potential economic liabilities such as child and spousal support, which may affect social class and SES and the overall income and health of the individual based on work status. According to the demographic variables in the study, 42.19% of participants were married once while 12.67% of participants were married two or more times. Missing data were assessed at 45.15%.

Armed Forces and Military Status

Military status was chosen as a variable due to the significant amount of drug use found among military personnel during the Vietnam War and later. Drug use among military personnel was encouraged for optimal performance during the war. Soldiers also used drugs off duty to cope with the mental and physical effects of war. According to the Department of Defense, in 1971, 51% of soldiers used marijuana, 31% used psychedelics (mushrooms/LSD), and 28% used cocaine or heroin. In this study, participants were asked if they were ever in the armed forces; 7.12 % said yes, while 92.85% said they had never been in the armed forces. Missing data for armed forces were 0.03%. Only .68% of participants identified as serving in a reserve component while 6.63% identified as separated/retired from reserves/active duty. Missing data were represented by 92.89% of participants. See Table 4 for employment status.

Table 4

Demographic Variables for Employment Status

Variable	N	%
Worked at full-time job, past week	128,802	48.52
Worked at part time job, past week	39,575	14.91
Has job or volunteer worker, did not work past week	13,689	5.16
Unemployed/on layoff, looking for work	28,102	10.59
Disabled	11,248	4.24
Keeping house full-time	11,678	4.40
In school/training	10,605	4.00
Retired	20,891	7.87
Missing	852	0.32
Own job or business		
Yes	14,169	5.34
No	81,804	30.82
Missing	169,469	63.84

Note. Due to rounding errors, percentages may not equal 100%.

Employment

Employment was chosen as a variable due to the interchangeability of determining social class and SES. According to the research, lack of employment or low-wage employment led to poverty, poor health, and substance dependency and abuse. Employment also determined whether people had access to healthcare, treatment, the potential to obtain counsel, and the ability to post bail. The variables for employment were worked at a full-time job the past week, which represented 48.52% of the participants. Worked a part-time job, past week represented 14.91% of the participants while Has job or volunteer worker did not work past week represented 5.16% of the individuals in the study. The variable unemployed/on layoff, looking for work represented 10.59% of the participant population. Those disabled represented 4.24% of participants while keeping house full-time represented 4.40% of participants in the study. Those who were in school/training represented 4.00% of the study, while those retired represented 7.87% of the participants. 5.34% of participants said yes, 30.82% said no, and 63.84% represented missing data for the Own job or business. Frequencies and percentages for drug usage are presented in Table 5.

Nominal Variables for Drug Use

The following variables were chosen as they represent an ascension into the various drug types that adversely affect the central nervous in the brain. Information was collected based on drug types that Black and White users were known to use. The list of compiled drugs corresponded with SAMHSA's self-report admissions for drug use for Black and White drug users. A comprehensive review of drug use by type was analyzed

using SAMHSA and UCR data. The drug categories assessed in the study were cigarettes, alcohol, marijuana/hashish, cocaine, crack, heroin, LSD/Acid, PCP, peyote, mescaline, and psilocybin (mushrooms).

Table 5

Frequency Table for Legal Drugs

Variable	N	%
Ever smoked a cigarette		
Yes	177,231	66.77
No	88,211	33.23
Ever had drink of alcoholic beverage		
Yes	236,613	89.14
No	28,796	10.85
Missing	33	0.01

Note. Due to rounding errors, percentages may not equal 100%.

Cigarettes and Alcohol

Cigarette smoking and alcohol use were selected as they have been identified as independent risk factors for addiction and overall health. They are considered gateway drugs to illegal drug use. Research from The National Institutes on Health (NIH) found those who drank, or smoked cigarettes had a far greater chance of using marijuana, cocaine/crack, and heroin than individuals who do not consume alcohol or cigarettes. The associations are consistent across race, age, and gender. See Table 6 for marijuana, cocaine/crack, heroin variables.

Table 6

Drug Use: Marijuana, Cocaine, Crack, Heroin

Variable	N	%
Ever used marijuana/hashish		
Yes	143,703	54.14
No	121,590	45.81
Missing	149	0.06
Ever used cocaine		
Yes	43,665	16.45
No	221,707	83.52
Missing	70	0.03
Ever used crack		
Yes	10,564	3.98
No	254,797	95.99
Missing	81	0.03
Ever used heroin		
Yes	6,298	2.37
No	259,109	97.61
Missing	35	0.01

Note. Due to rounding errors, percentages may not equal 100%.

Marijuana, Cocaine/Crack, Heroin

The drugs marijuana, and cocaine/crack, and heroin due to their prevalence in the war on drugs, the drug epidemics, and their similarities in chemical responses on the brain's reward system which is the main cause of addiction. The goal in evaluating these specific drugs is to understand why these drugs are assessed differently in arrests and sentencing when the similarities in chemical reactions in the brain affect drug users of different races in the same manner. When measuring these drugs by arrests, the objective is to determine if these specific drugs play a role in sentencing based on race, class or SES as they are mutually exclusive drugs used by both Black and White drug users. By

examining their chemical effects of these drugs and the sentencing policies of each epidemic, a better assessment of disparity in arrests and sentencing could be determined. The findings may be used to dismantle mass incarceration and amend drug-sentencing laws.

Hallucinogens

These drugs were chosen due to their association with White drug users. These drugs, like marijuana, cocaine/crack, and heroin, have similar chemical structures that mimic the natural neurotransmitters serotonin, acetylcholine, and catecholamine and bind to the neurotransmitters creating the high that addicts seek. Previous research indicated that Whites were more likely to abuse hallucinogens than Blacks. The risks of abuse were higher among Whites age 50 to 60 years old. Popularity in drug use among this age group was due to the lifetime use of drugs. Statistics also showed that these drugs were more prevalent in rural areas such as Appalachia, Kentucky, and Ohio. Although rates of abuse are higher for Whites, they are less to be arrested for drug use except in low-socioeconomic areas indicating that class and SES may be factors for the disparity in arrests in hallucinogens drug cases. See Table 7.

Table 7

Drug Use: LSD, PCP, Peyote, Mescaline, Mushrooms

Variable	N	%
Ever used LSD (acid)		
Yes	29,810	11.23
No	235,566	88.74
Missing	66	0.02
Ever used PCP (angel dust, phencyclidine)		
Yes	5,784	2.18
No	259,576	97.79
Missing	82	0.03
Ever used peyote		
Yes	4,973	1.87
No	260,350	98.08
Missing	119	0.04
Ever used mescaline		
Yes	7,203	2.71
No	258,085	97.23
Missing	154	0.06
Ever used psilocybin (mushrooms)		
Yes	3,1020	11.69
No	234,319	88.28
Missing	103	0.04

Note. Due to rounding errors, percentages may not equal 100%.

Arrests/ Booked

Arrested/Booked was the dependent variable by which the independent variables race, class, and SES were measured. The variables arrested/booked were chosen to identify individuals that admitted to being arrested for breaking the law and arrested for possession/sale of drugs to assess any disparity in sentencing based on race, class, and SES in opioid and other drug cases. Statistics showed that once arrested, people of color

and low-income drug offenders were more likely to remain in jail due to lack of proper counsel and inability to post bail. The research has also shown that individuals unable to post bail faced stiffer sentences than those who were released on bail (Hatcher et al., 2017; Netherland & Hansen, 2016; Tiger, 2017). See Table 8.

Table 8

Arrest History

Variable	N	%
Ever arrested and booked for breaking the law		
Yes	50,978	19.20
No	214,464	80.80
Arrested and booked for possession/sale of drugs past 12 months		
Yes	1,683	0.63
No	7,902	2.98
Missing	255,857	96.39

Note. Due to rounding errors, percentages may not equal 100%.

Poverty

Poverty is the marker of an individual's position in society. Poverty is defined as the culmination of one's income, education, and occupation (U.S. Census Bureau, 2020). For this study, SES was measured by poverty level (income). Poverty estimates originated from the Current Population Survey Annual Social and Economic Supplement. The two components used to determine the poverty threshold are the official poverty measure and the Supplemental Poverty Measure. These measures use calculations based on income, family, and threshold to estimate what percentage of the population is poor. The official poverty measure (OPM) measures both an individual's or family's pre-tax cash income against a preset threshold set at three times the cost of a minimum food diet in 1963 and adjusted the amount for family size (U.S. Department of Health and Human

Services, 2021). According to OPM, income is considered Social Security, employment, public assistance, veteran's payments, child support, unemployment/worker's compensation, retirement/pension, supplemental social security, educational assistance, and other miscellaneous income (U.S. Department of Health and Human Services, 2021). Excluded from income were housing assistance and supplemental nutrition assistance program. Poverty was measured by comparing an individual's or family's income to the minimum amount of income necessary to cover fundamental needs. Those whose income falls below the poverty threshold are considered poor. In 2018, the OPM national poverty rate was 12.7%, with 38.1 million people living in poverty (Semega et at.,2019). See Table 9.

Table 9

Poverty Level

Variable	N	%
Poverty level (% of U.S. Census poverty threshold)		
Living in poverty	45,373	17.09
Income up to 2 times poverty threshold	54,118	20.39
Income > 2 times poverty threshold	165,951	62.52

Note. Due to rounding errors, percentages may not equal 100%.

Chi-Square and Frequency Tests

The research question examined in the study, along with the results, are as follows:

RQ1: Is there a relationship between race, class, SES, and arrests among opioid users from 2010-2018?

H01: There is no significant relationship between race and arrests in opioid cases.

Ha1: There is a significant relationship between race and arrests in opioid cases.

A chi-square test of independence was conducted to examine the relationship between race and arrest for the sale of drugs in the previous 12 months. The findings of the chi-square test of independence were not statistically significant, $\chi2(1) = 0.00$, $p = .973$, indicating that there was not a significant association between race and arrest for the possession/sale of drugs in the previous 12 months. The null hypothesis (H01) was not rejected for research question one. Table 10 presents the results of the chi-square test.

Table 10

Chi-Square Test of Independence Between Race and Arrest for Sale of Drugs in the Previous 12 Months

	Arrest for possession/sale of drugs				
Race	Yes	No	$\chi2$	df	p
White	1,177 [1,176.43]	5,523 [5,523.57]	0.00	1	.973
Black	506 [506.57]	2,379 [2,378.43]			

Note. Values formatted as observed [expected].

Chi Square Test for Class

H02: There is no significant relationship between class and arrests in opioid cases.

Ha2: There is a significant relationship between class and arrests in opioid cases.

A chi-square test of independence was conducted to examine the relationship between class (education) and arrest for the sale of drugs in the previous 12 months. The findings of the chi-square test of independence were statistically significant, $\chi2(3) = 48.10$, $p < .001$, indicating that there was a significant association between education and arrest for the possession/sale of drugs in the previous 12 months. Therefore, the null

hypothesis (H02) was rejected for research question two. Table 11 presents the results of the chi-square test.

Table 11

Chi-Square Test of Independence between Class (Education) and Arrest for Sale of Drugs in the Previous 12 Months

	Arrested & booked for possession/sale drugs past 12 months				
Education	Yes	No	$\chi 2$	df	p
Less than high school	484 [461.62]	2,145 [2,167.38]	48.10	3	< .001
High school graduate	660 [654.24]	3,066 [3,071.76]			
Some college	494 [460.04]	2,126 [2,159.96]			
College graduate	45 [107.11]	565 [502.89]			

Note. Values formatted as observed [expected].

Chi-Square Test for SES

H03: There is no significant relationship between SES and arrests in opioid cases.

Ha3: There is a significant relationship between SES and arrests in opioid cases.

A chi-square test of independence was conducted to examine the relationship between SES and arrest for the sale of drugs in the previous 12 months. The findings of the chi-square test of independence were not statistically significant, $\chi 2(2) = 2.64$, $p = .267$, indicating that there was not a significant association between SES and arrest for the possession/sale of drugs in the previous 12 months. Therefore, the null hypothesis (H03) was not rejected for research question three. Table 12 presents the results of the chi-square test.

Table 12

Chi-Square Test of Independence Between Socioeconomic Status and Arrest for Sale of Drugs in the Previous 12 Months

	Arrested & booked for possession/sale drugs past 12 months				
Socioeconomic status	Yes	No	χ2	df	p
Living in poverty	566 [590.32]	2,796 [2,771.68]	2.64	2	.267
Income up to 2 times federal poverty threshold	463 [465.66]	2,189 [2,186.34]			
Income > 2 times federal poverty threshold	654 [627.02]	2,917 [2,943.98]			

Note. Values formatted as observed [expected].

Logistic Regression Analysis

Logistic regression was conducted to examine the predictive relationship between race, class, and SES on arrest for sale/possession of drugs. The results of the logistic regression were statistically significant, $\chi2(6) = 65.57$, $p = .007$, and Nagelkerke R2 = .115, suggesting that collectively, there was a significant predictive relationship between race, education, and SES on arrest for the sale/possession of drugs. Class (college graduate versus high school graduate; Wald= 45.63, $p < .001$, OR = 0.33 was a significant predictor in the model, indicating that college graduates had 0.33 odds of being arrested for the sale/possession of drugs in the previous when compared to participants with less than a high school education. SES (income > two times the federal poverty threshold; Wald=7.05, p=.008, OR=1.19 was a significant predictor in the model, indicating that those who had an income higher than two times the poverty threshold were 1.19 times more likely to be arrested for drug sales/possession in the previous 12

months compared to those who were living in poverty. Table 13 presents the findings of the linear regression.

Table 13

Logistic Regression with Race, Class, and Socioeconomic Status Predicting Arrest for Sale of Drugs in the Previous 12 Months

Predictor	B	SE	Wald	p	OR
Race (reference: White)					
Black	–0.00	0.06	0.00	.963	1.00
Class (reference: Less than high school)					
High school graduate	–0.07	0.07	1.06	.304	.934
Some college	–0.01	0.07	0.02	.890	0.99
College graduate	–1.12	0.17	45.63	<.001	0.33
SES (reference: Living in poverty)					
Income Up to 2 times federal poverty threshold	0.06	0.07	0.65	.421	1.06
Income > 2times federal poverty threshold	0.18	0.07	7.05	.008	1.19

Note. $\chi^2(6) = 65.57$, $p < .001$, and Nagelkerke $R^2 = .011$

SAMHSA and Uniform Crime Report Comparisons

This portion of the research required a comparison of SAMHSA and UCR statistics to determine if race was a significant predictor of arrest in opioid and other drug cases. The FBI's UCR annually compiles arrest statistics for drug violations by drug category and type. The drug categories consist of sales and possession. The categories for drug type are marijuana, opium/ cocaine or other derivatives, dangerous nonnarcotic, and synthetic drugs. To calculate the number of arrests for possession and sales between 2010-2018, arrest records by race and drug was collected and tabulated for an average of arrests. To compare UCR arrests, SAMHSA's self-report surveys were used to assess the number of admitted Black and White illicit drug users by drug type that, if possessed,

could result in arrests from 2010-2018. Each drug type was compared to SAMHA's average of participants admitted to drug use for that specific drug type in the past 12 months, then compared to United States Census counts for Black and White populations. The aim was to determine what percentage of Blacks and Whites were arrested by drug type and compare to census statistics to determine if a disparity exists based on race. If Blacks made up only 13.4% of the population; however, were arrested at rates in excess of the population for drugs ascribed to non-White communities, inequality could exist in how these drug cases are handled throughout the judicial process. According to comparisons made in this study, Blacks represented approximately 40% of all drug arrests. The self-reports indicated that of the 283,020 participants admitted to using drugs, only 1,177 Whites and 506 Blacks admitted to being arrested for sales/drug possession, with 255,857 either refusing to answer or leaving the answer blank in the report. Only 11% of Blacks admitted to using drugs compared to 89% of Whites. Comparisons among SAMHSA reports, Census Bureau statistics on population, and UCR data based on race and specific drug type indicated that race was a significant factor in arrests based on drug type.

Marijuana

Marijuana is an illicit drug that is most representative of Black usage along with crack cocaine. According to the FBI's UCR, as of 2018, marijuana remains the illicit drug with the highest arrests for possession and sales. A comparison of Black and White arrests statistics for marijuana revealed that Blacks were arrested at a 3.40 ratio than White marijuana users (see Table 14). When comparing marijuana violations against all

other drugs, marijuana represented 47.2% of all arrests compared with all other drugs arrests from 2010-2018 (see Table 15).

Opiates, Cocaine or Other Derivatives

According to SAMHSA, the estimation of opioid misuse is defined as the abuse of prescription medication or illicit heroin use (SAMHSA, 2019). SAMHSA statistics indicated that as opioid addiction rose to epidemic proportions in the White community, one in four users overdosed. As can be seen in the current sentencing laws, there is a distinct difference in how individuals are charged with drug crimes (Laslo, 2018). Comparing current and past drug epidemics showed that the new addict falls under the disease's biomedical model (Netherland & Hansen, 2016). In contrast, previous crack and heroin addicts were labeled as societal deviants prone to violence and a danger to society (Jones, 2018). Where previous legislation sought punitive measures to protect the public's safety and security, legislators now suggest that drug treatment and rehabilitation are a more humane and cost-effective way of dealing with the new opioid crisis (NIDA, 2017).

According to UCR reports from 2010-2018, there were 280,358 arrests for opiate sales/possession. Blacks represented 41.5% of arrests while Whites represented 58.4% of these arrests. SAMHSA's survey showed that 60,527 participants admitted to opioid use; however, only 1,683 participants (1,177 White, 506 Black) admitted to arrests for drug sales/possession in the past 12 months. Further, if Blacks represent 13.4% of the population, however, are 41.5% of opiate arrests, leaving a difference in percentage points of 28%. This difference may indicate a disparity in arrests for opioid-related cases.

Table 14

Black and White Marijuana Possession Rates (2010–2018) Arrest Rates per 100k

Year	Marijuana possession arrest rate	Black arrest rate	White arrest rate	Black/White rate ratio
2010	250.52	659.06	199.19	3.31
2011	229.69	624.43	178.43	3.50
2012	217.79	601.68	168.75	3.57
2013	253.51	625.68	212.55	2.94
2014	199.40	552.13	155.80	3.54
2015	174.06	459.89	138.90	3.31
2016	179.99	477.64	143.42	3.33
2017	207.44	560.08	160.60	3.49
2018	203.88	5,667.51	156.06	3.64

Source: FBI/Uniform Crime Reporting Program and U.S. Census Data

Table 15

National Arrests for Marijuana and All Drugs

Year	Total marijuana arrests	All drug arrests	% All drug arrests that were for marijuana
2010	831,849	1,559,916	53.4%
2011	768,390	1,488,628	51.6%
2012	734,019	1,469,273	50.0%
2013	856,263	1,702,249	50.3%
2014	679,188	1,453,543	46.7%
2015	595,127	1,369,543	43.5%
2016	611,026	1,445,215	42.3%
2017	702,778	1,613,926	43.5%
2018	692,965	1,603,316	43.2%

Source: Uniform Crime Reporting Program and U.S. Census Data

Summary

The study's purpose was to explore social constructs and bureaucratic decisions to assess their effects on sentencing laws based on race, class, and SES. In this chapter, the findings of the data collection and analysis were reported. Frequencies and percentages

were used to summarize the trends in the nominal-level variables. To address the research questions, chi-square tests of independence were conducted to examine the relationships between race, class, SES, and arrest for the possession/sale of drugs.

To address research question one, a chi-square test of independence was conducted to examine the relationship between race and arrest for drug sales in the previous 12 months. The findings of the chi-square test of independence were not statistically significant, indicating that there was not a significant association between race and arrest for possession/sale of drugs in the previous 12 months. To address research question two, a chi-square test of independence was conducted to examine the relationship between class (education) and arrest for the sale of drugs in the previous 12 months. The findings of the chi-square test of independence were statistically significant, indicating that there was a significant association between education and arrest for possession/sale of drugs in the previous 12 months. To address research question three, a chi-square test of independence was conducted to examine the relationship between SES and arrest for the sale of drugs in the previous 12 months. The findings of the chi-square test of independence were not statistically significant, indicating that there was not a significant association between SES and arrest for possession/sale of drugs in the previous 12 months.

Logistic regression was conducted to examine the predictive relationship between race, class, and SES on arrest for the sale/possession of drugs. The logistic regression results were statistically significant, suggesting that collectively, there was a significant predictive relationship between race, class, and SES on arrest for the sale/possession of

drugs. Class (college graduate versus high school graduate) was a significant predictor in the model, indicating that college graduates had 0.33 the odds of being arrested for drug sales/possession in the previous 12 months compared to those who had less than a high school education. SES (income > two times the federal poverty threshold) was a significant predictor in the model, indicating that those who had an income higher than two times the poverty threshold were 1.9 times more likely to be arrested for drug sales/possession in the previous 12 months compared to those who were living in poverty.

For the SAMHSA and UCR comparison, similar to previous research, the current research found a disparity in both marijuana arrests, with Blacks being arrested at a 3.47 ratio compared to Whites and 47.2% of all drug arrests between 2010-2018. In opioid cases, Blacks represented 41.5% of opiate arrests compared to 58.5 for Whites. These rates may seem comparable; however, Blacks represent 13.4% of the population, whereas Whites make up approximately 76.3% of the population, indicating a disparity in arrests for Black opioid users. In the next chapter, the data analysis findings will be interpreted with connections to the pre-existing literature. Limitations of the current research and recommendations for future research will be provided.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this quantitative analysis, I aimed to examine the predictive relationships between race, class, and SES and arrests in opioid cases. The binary logistic regression analysis revealed that class and SES variables predicted a likelihood of arrest in opioid cases. In the regression, race was not a significant predictor of arrest in opioid cases. In the following chapter, I focus on the substantiation of the data acquired followed by the data collection and analysis, which can be applied to drug policy and procedures. Outlined in this chapter will be the findings of the analysis, the delineation in the scope of the study, implications of the research, and recommendations for future research.

Interpretation of the Findings

According to the UCRs statistics on drug arrests, approximately 60% of the people in prison today are people of color. Notably, Black men are 3 to 6 times as likely to be incarcerated as White men (SAMHSA, 2020). Arrests for crack possession/sales have decreased significantly since the Fair Sentencing Act in 2010 (ACLU, 2020). The change in arrests indicates the disparity in sentencing was based on race, quantity, and type of drug possessed/sold. Between 2010 and 2018, Black people represented 36% of those arrested for opioid/cocaine/other derivatives drug possession and 56% of drug sales compared to White people, with 64% and 43%, respectively. Though these statistics appear minimal in arrests for Black people, U.S. Census Bureau statistics indicate that Black people represent 13.4% of the population, suggesting they are 3 to 6 times as likely to be arrested for opiate offenses than their White counterparts. Arrests for marijuana

possession and sales has steadily decreased since 2010 (18 percent); however, marijuana possession and sale rates in 2018 constituted higher rates than in 2015, despite the decriminalization and legalization of marijuana in eight states (ACLU, 2020). Of all drug arrests in 2018, marijuana constituted 43% of arrests. Although this is a decline compared to previous years (over 50%), it may indicate the continued increase in arrests for other drugs. According to UCRs for 2018, marijuana possession still constituted 89.6% of arrests for illicit drugs. These data are significant for the research in that trends in arrests have not significantly changed for Black people over the past 8 years. Current and previous policies still focus on drugs associated with use, possession, distribution among Black citizens. Although opioid use has been declared an epidemic over the last decade with White people being more inclined to abuse opiates, the evidence indicates that Black people are more likely to be arrested for drug infractions (Om, 2018; U.S. Department of Health and Human Services, 2021). Black people specifically were more prone to be arrested for marijuana sales/possession, suggesting that race was a factor in arrests for drug possession/sales.

The results of this analysis are twofold. First, the findings on SAMHSA data indicate that race as a sole factor is not a significant predictor of arrests in drug cases. However, collectively, race, class, and SES are significant indicators of arrests in opioid and other illicit drug cases. When assessing UCR reports in conjunction with SAMHSA self-reports and census statistics, the data are consistent with other findings that race is a significant factor in arrests for opioids and other drugs. As noted, Black people represent 13.4% of the population, yet they represent 36% of individuals incarcerated for drug-

related crimes, a difference of 22.6 percentage points. When assessed from this vantage point, Black individuals are more likely to be arrested for drug-related offenses than White individuals, although both racial groups use drugs at comparable rates (U.S. Census Bureau, 2019). The disparity in arrests may be due to police profiling and prosecutorial and judicial discretion in arrests, charges/plea deals, and sentencing.

Findings Based on Race

In 2017, the opioid epidemic was declared a national emergency (Haffajee & Frank, 2018). The opioid crisis focus was on garnering significant state and federal aid for treatment, recovery, and prevention for White suburban and rural communities (SAMHSA, 2020). Previous researchers identified race as a sole predictor for the disparity in arrests and sentencing for drug-related crimes (Bobo & Thompson, 2008; Mendoza et al., 2018). However, in this research, race was not a significant predictor of arrest in drug-related offenses. Based on the Chi-square test for independence and the logistic regression, there was no significant association between race and arrests for possession/sale of drugs. The lack of significance could be due to the limited number of Black people (506) who admitted to being arrested/booked for drug use. This assessment of race also differs from previous studies in which researchers found that Black people are 3 to 6 times as likely to be detained for drug-related offenses than White people, although both groups use drugs at comparable rates. However, compared to UCR reports, the statistics are consistent with reports of Black people being disproportionately represented in arrests for drug offenses compared to White people. The statistics show that Black people represent 13%.4% of the population but were arrested at a rate of 36%.

These statistics represent a 22.6% disparity in the number of arrests for drug abuse violations. These findings are comparable with previous research findings that identified race as a predictor of arrests for drug-related offenses. The FBI accumulates arrest data annually for drug abuse violations that fall into two categories: drug possession and drug sales. SAMHSA's self-reports from 2010–2018 specify evidence of two disparities: Black people represent 36% of individuals arrested for drug possession but only 11% of people who admitted to illegal drug use, which is a disproportion of 25 percentage points; and Black people represent 49% of those arrested for selling drugs but only 30% of admitted drug sellers, which is a difference of 19 percentage points. The SAMHSA reports provided limited data on drug sales for a detailed analysis of Black and White disparity in illicit sales. However, there was extensive information on drug possession to analyze the differences with drug possession comprehensively.

Disparity in Illicit Drug Possession

Drug use varies across race by drug type. Therefore, not all individuals in possession of illegal narcotics face the potential for arrest. Factors that place some drug users at higher risk for arrest include the type of drug used and frequency of use.

Marijuana

According to the analysis, the probability of arrest is more significant for marijuana use than other drugs. As indicated in the study, marijuana had the same chemical effects on the brain as opioids yet carried stiffer penalties for possession and sales, such as extended sentences and mandatory minimums. Marijuana is also a drug most associated with Black people and represented 47.2% of all drug arrests across both

Black and White populations in 2018. Participants who admitted marijuana use represented 54.1%. Based on this research, the statistics from 2010–2018 UCR reports indicated that the Black/White ratio of arrests for marijuana possession per 100,000 was 3.40. These statistics indicate that Black people are three times more likely to be arrested for marijuana possession/sales than White people are, even though both groups use marijuana at comparable rates. Thus, although Black and White people use marijuana similarly, Black people stand a greater chance of being stopped, detained, or arrested for marijuana possession/sales. This supports previous research concerning political and affluent users who use influence to force bureaucrats to reevaluate the drug law that affects them in favor of Rockefeller Laws that penalize the dealer instead of the user (Travis et al., 2014).

Opiates

Based on the analysis, the probability of arrest is less significant for opium, cocaine, or other derivatives, which are more prevalent among White people; arrest rates for possession of these drugs was approximately 17% for sales and 10% for possession. Admittance for opioid use among SAMHSA participants was 7.6%. The data were not representative of the United States declaration of a national health crisis in 2017 for opioid misuse, with 47,600 overdose deaths accounting for the most overdose deaths of any drug (CDC, 2019). This data were also not consistent with other SAMHSA reports that indicate that, in 2018 alone, there were approximately 10.3 million people who misused prescription opioids and heroin. There were also two million people who suffered from opioid use disorder in 2018 (SAMHSA, 2018). These statistics were

consistent with previous research that indicated White people were more likely to receive treatment than punishment for opioid-related offenses. It is also consistent with President Trump's Commission on Combating Drug Addiction and the Opioid Crisis. The commission requested 27.8 billion dollars in government funds, with 500 million dollars allocated for state grants to support the 21st Century Cures Act to reduced opioid misuse and to expand access to prevention, treatment, and recovery services (SAMHSA, 2020).

When the differences between opioid and marijuana use were assessed for this study, Black people were significantly more likely to use marijuana (49%), whereas White people were more likely to use heroin (52%). However, crack was the second highest drug for both groups (84% White people, and 14% Black people; Rosenberg et al., 2017). These findings are on par with previous research on race, class, and opioids in in the assessment of drug use by race and drug type, with Black people more likely to use and be arrested for marijuana, and White people more likely to use opiates and receive treatment (Netherland & Hansen, 2016; Tiger, 2017). These results are consistent with drug policies that have significantly higher ratios (100:1 cocaine/crack) of possession, which trigger mandatory minimums for drug offenses by drug type and quantity (U. S. Sentencing Commission, 2015). The results are also supported efforts by President Trump's and Senator Tom Cotton's legislation, such as SB 8, which sought stiffer penalties, including mandatory minimums and the death penalty for drug sales and trafficking versus drug use (Laslo, 2018).

Republican lawmakers also sought to reduce the quantity necessary to invoke mandatory minimum sentences in synthetic opioid cases (Laslo, 2018). The findings are

significant to the study because these laws tend to affect low-level drug dealers who are generally Black, lower class, and impoverished dealers, while absolving White users of punitive measures by labeling them as victims of circumstance in need of treatment. The victimization and penalization of drug use indicates that low-level bureaucrats have deviated from the original intent of congressional laws enacted to combat high-level drug offenses by arresting low-level drug dealers (Lipsky, 1969). These deviations are race-driven and result from bureaucratic discretion and lack of organizational oversight resulting in a disparity of arrests in drug-related cases (Alexander M. , 2012). Those most affected by these deviations are Black, lower class, and impoverished communities that the bureaucrats serve and are grounded in the stereotypical media depictions of drug use, biases, and hierarchies of society (Tiger, 2017). Race is an issue that leads to the disparity in arrests in drug cases.

Findings Based on Class

Social class was measured based on the educational status of the participants and ranged from less than high school to college graduate. A chi-square test of independence was conducted to examine the relationship between class and arrest for the sale of drugs in the previous 12 months. The findings were statistically significant ($p = < .001$), indicating that there was a significant association between class (education) and arrest for the possession/sale of drugs in the previous 12 months. Class/education (college graduate versus high school graduate) was a significant predictor in the model, indicating that those who were college graduates had 0.33 the odds of being arrested for the sale of drugs in the previous 12 months compared to those who had less than a high school

education. This means that though both high school and college graduates were susceptible to arrests for drug violations, college graduates had a higher rate of being arrested/booked for drug violations than those with a high school diploma. Because education is an indicator of wealth, college graduates were susceptible to drug use and privy to the secrecy of buprenorphine treatment, obtaining effective counsel, and safety valves that reduced sentencing for opioid and other drug offenses. The findings were similar to other studies on race and class as significant indicators of arrests in drug abuse cases (Friedman et al., 2019; Hatcher et al., 2017; Netherland & Hansen, 2016). For example, educated/upper-class individuals are also policy influencers that guide policy via edification, activism, lobbyist influences, and special interest groups' diverging securities (Netherland & Hansen, 2016). Drug referendums are heavily influenced by special interest groups affected by these laws. As indicated in the findings, social class (college graduate) significantly impacted drug laws and were influential in enacting Good Samaritan Laws that protect opioid addicts from drug charges when reporting overdoses (Hansen & Netherland, 2016). Other policies, such as the biomedical disease model for addiction and Rockefeller laws, were designed to victimize the users and penalize the dealer. The difference in treatment between lower and upper-class (educated) drug abusers was the difference in relatability. Members in similar class systems often socialized in the same social circles, which provided a sense of familiarity and understanding not found in differing social classes (Tiger, 2017). Therefore, upper-class opioid users were more likely to be viewed as victims of circumstance than victims of immoral behavior like their lower-class opioid users (Hansen et al., 2016). Moreover,

upper-class opioid users had the means to receive in-house buprenorphine treatments in private facilities, which removed the stigma of drug use (Hansen & Netherland, 2016). The findings also aligned with previous research that indicated that the purpose of separating victims and addicts in opioid cases was to uphold cultural expectations and police those boundaries based on class and race (Netherland & Hansen, 2017; Om, 2018; Tiger, 2017).

White hierarchies subjected lower-class Whites to the same drug outcome Blacks to preserve the distinction of White superiority (Friedman, 2020; Netherland & Hansen, 2016; Santoro & Santoro, 2018; Tiger, 2018). The findings also aligned with research that found that poor Whites were subject to similar recidivism rates as Blacks due to an invisible line among drug users subjected to punitive social control (Tiger, 2018). This social control included arrests, treatment, probation violations due to lack of resources and opportunity (economic, healthcare/treatment, education).

Findings Based on SES

SES generally encompasses the same dynamics as social class. It is a marker of an individual's position in society and the culmination of one's income, education, and occupation. For this study, SES was measured by poverty level (income). The U.S. Census Bureau is a governmental agency that measures poverty in the United States.

Poverty estimates derive from the Current Population Survey Annual Social and Economic Supplement (U.S. Census Bureau, 2020). The annual surveys are conducted from February-April and sample approximately 100,000 residents per year. The Census Bureau uses two main measures to determine poverty, the official poverty measure, and

the Supplemental Poverty Measure (U.S. Census Bureau, 2020). These measures use calculations based on three elements: income, family, and threshold to estimate what percentage of the population is poor. The official poverty measure (OPM) takes a juxtapose view of an individual or family's' pre-tax cash income with a preset threshold set at three time the cost of a minimum food diet in 1963 and adjusted for family size (U.S. Census Bureau, 2020). According to OPM, income derives from Social Security, earnings, public assistance, veteran's payments, child support, unemployment/worker's compensation, retirement/pension, interest, supplemental social security, dividends, educational assistance, and other miscellaneous income (U.S. Census Bureau, 2020). Excluded from income was housing assistance and supplemental nutrition assistance program. Poverty was measured by comparing an individual's or family's income to the minimum amount of income necessary to cover fundamental needs (U.S. Census Bureau, 2020). Those whose income falls below the threshold set based on individual or familial needs are considered poor. In 2018, the OPM national poverty rate was 12.7 %, with 38.1 million people living in poverty (U.S. Census Bureau, 2020).

A chi-square test of independence was conducted to examine the relationship between SES and arrest for the sale of drugs in the previous 12 months. The findings of the chi-square test of independence were not statistically significant, indicating that there was not a significant association between SES and arrest for the possession/sale of drugs in the previous 12 months. Based on other research, this is not consistent with findings in which income affected the individual's ability to get treatment, bail, and lengthier sentences for drug abuse violations (Alexander, 2012; Alexander et al., 2019; Cooper,

2015; Ghandnoosh & Lewis, 2014; Hatcher et al., 2017; Tiger, 2018). The findings in this research may differ based on the exclusion of military personnel residing in barracks and college students living in dormitories in the Census. The analysis results may also be skewed due to the limited number of participants admitted to arrests/booked for drug offenses. Also, the results may be due to the majority of the participants falling into the 35 and older category. People in this age range are generally established within their employment, familial, and income status. Based on their position in society, they may have qualified for treatment, probation, or dropped charges resulting in the expungement of record upon completion.

Theoretical Framework and Analysis

Lipsky's Street Level Bureaucracy (SLB) framework was used to clarify the relationships between low-level bureaucrats and the public they serve. The theory addressed the categorical nature of policies (restrictive, regulatory, and facilitating) that generally affected low-level and impoverished drug offenders via the enactment and application of drug laws. Based on previous and current research, SLB implicated the misuse of drug policies designed to curb drug use and bureaucratic discretionary power as motives for the disparity in treatment and arrests of been used against impoverished communities (Akosa & Asare, 2017).

SLB detailed how politics, power, and policies affect responses to opioid use and misuse. The critical assumptions of SLB closely aligned with the research in that (a) the actions and decisions of police and prosecutors were representative of the governmental policies they enforced based on the disparity in arrests for Black and White drug users (b)

political and historical contexts of Slavery, Black Codes, Jim Crow, and the procedures and policies represented color-blind racism implemented that affected the application of drug laws; and (c) the empirical knowledge of non-White communities, cultures, and interactions with the criminal justice system reflected the distrust among non-White communities and the criminal justice system due to the obstinacy of racial inequality (Bestler, 2008). Based on this analysis, the variables were collectively significant in their associations, allowing them to align with street-level bureaucrats' position on how power, politics, and law intersect with discretionary authority. These intersections created a broad interpretation of government laws and public policy that enabled public officials to differentiate between government theory and policy in practice which led to disconcertment and disparity (Cooper, 2015).

Limitations of the Study

The research was limited to arrested/booked for illicit drug use and did not reflect actual sentencing for nonviolent drug-related crimes. However, statistics have shown that excessive profiling and targeting of non-White neighborhoods resulted in people of color being stopped, detained, penalized, and imprisoned at three times the rate for drug infractions as their White counterparts (Bobo & Thompson, 2006). These statistics were revealing because drug abuse and distribution among all races was comparable in all facets. When conducting the research, secondary data provided some limitations to the processes and procedures used with the original data. SAMHSA conducted annual surveys to assess substance abuse and mental health issues in the 50 states and

Washington state via face-to-face interviews, excluding imprisoned, active military, homeless, and long-term hospital populaces.

Because this research aimed to assess drug arrests, the absence of the prison population did not affect the analysis outcome, as incarcerated individuals cannot be subjected to arrests. The research objective was to examine racial and economic disparities via arrests for nonviolent drug offenses; therefore, those drugs that were not subject to arrests (cleaning fluids, paint, glue, etc.) were excluded from this research. Thus, the percentages representative of possession/sales arrest pertain solely to illegal substances. SAMHSA's survey did not measure the quantity or frequency of drug sales, which also added limitations to the study.

The FBI's UCR is the most comprehensive national crime reporting agency in the United States; however, the lack of distinction among Latinx populations may skew the research. The FBI's UCR report does not distinguish between the Latinx populace, which prohibits differentiating between Latinx and non-Latinx individuals in the Black and White populations. The lack of Latinx distinctions may result in improperly coding Latinx individuals as White, which could overly inflate White arrests and misrepresent the disparity between Black and White drug arrest rates.

Recommendations

Policy Recommendations

It is recommended that the president should call for an increase in the fiscal budget to allow for more significant investments in drug control policies. Funds should be reduced in interdiction and law enforcement areas and reallocated funds to treatment,

recovery, prevention, and to enhance drug courts that specialize in drug addiction. Statistics have shown that focusing on interdiction has not been an effective method of deterrence in drug-related offenses.

Congress should reevaluate drug policies in their current state to assess potential 14th amendment violations. They should eradicate minimum sentencing laws that force judges to mandate minimum sentences based on prosecutorial charges that resulted in convictions that were generally acquired via plea bargain. Congress should also establish sentencing guidelines on the similar chemical responses in the brain with marijuana, cocaine/crack, and heroin. Congress should streamline drug and sentencing policies to reflect drug response versus drug type. Additionally, Congress should reevaluate sentencing matrices driven solely by drug quantity instead of actual circumstances of the crime or individual involvement with the crime when mandating sentencing for drug offenses. For example, in federal drug cases where conspiracy is the designated charge, more than one defendant is concerned. In conspiracy cases, mandatory minimum punishments are guided by the total weight of drugs (including nondrug ingredients) along with all drug transactions, all individuals involved in the transactions, not the individual level of involvement. Therefore, a single courier would face the same penalty as the kingpin who organized and arranged all shipments.

Further, the drug weight thresholds set by Congress should be reassessed as they are too low to identify the actual high-level offenders the laws were designed to curtail. For example, methamphetamine possession/sales were subject to a 5 year minimum sentence for five grams; however, high-level traffickers generally arrange multiple

shipments of hundreds of kilograms. Also not taken into account is that addicts may use a gram or more per day based on the level of addiction. Congress should limit prosecutorial discretion because this absolute authority leads to disparity in sentencing and lengthier sentences. Too much discretion allows district attorneys to dictate sentences, leverage guilty pleas via threats of lengthy sentences, and disparagingly provide safety valves that enable high-level drug offenders to avoid mandatory minimum sentences. Instead, Congress should reinstate judicial discretion that gives judges the authority to account for actual criminal circumstances and the characteristics of the defendants on an individual basis when imposing sentences.

On the state level, bureaucrats should focus on economic and social factors that lead to opioid misuse by creating programs that address the underlying factors that contribute to opioid use, such as pain management, substance abuse, emotional distress, poverty, and comorbidity.

State officials should align policies and resources across agencies as a conduit for greater communication and collaboration among low-level bureaucrats such as law enforcement, public health officials, and insurance agencies as a means of targeting interventions and improving surveillance and data sharing across agencies. States should implement comprehensive, holistic approaches to addiction. As research shows, addiction affects individuals at the neuroreceptor level and economic and environmental level. States should develop multi-service agencies dedicated to supporting recovery via enhanced 12-step programs, counseling, employment assistance and readiness, housing aid, and ex-offender programs, that strengthen, rebuild, and empower individuals,

families, and communities affected by SUDs. These agencies should provide cross-divisional real-time data to police, first responders, and treatment facilities to identify and map drug-related overdose occurrences to community-based outreach programs to strengthen treatment, recovery, and prevention in local communities. The creation of community-based safe/ healing spaces built on patient governance, links to the community, and physician/patient partnerships that promote nonhierarchical relationships states can effectively assist individuals who have been traumatized by poverty and violence. The programs can reduce the number of overdoses through referrals and treatment and incarcerations through vocational and faith-based programs within their state. Additionally, individuals have access to recovery networks that promote community trust, healing, and recidivism reduction for drug offenders.

Local, state, and federal initiatives to combat drug use and misuse should include inclusive and cultural-based public awareness campaigns. Government officials need to conduct a needs assessment to identify the community's needs and gaps in comprehension and understanding about drug abuse. The review would provide pertinent information on developing and contouring health-based and preventative campaigns. Cultural-based campaigns are inclusive, realistic, and relatable to individuals within each culture; they can remove the negative representation, stigma, and stereotypes associated with non-White drug use. Negative media portrayals of Black drug abusers lead to biases, discrimination, stigmas related to treatment and recovery, and harsher punishments for drug offenses. Public awareness campaigns have the potential to portray non-White drug users like their White counterparts, as family members, churchgoers, employed workers

with addiction issues. The change in narrative could remove the stigmas of drug use and opportunities for compassion, understanding, treatment, and recovery. Public awareness campaigns can contribute to policy change through community action and lobbying policymakers for change. These campaigns can serve as information-based initiatives that notify the community about current trends in drug use by drawing attention to the issues to solicit community action to make changes.

Recommendations for Future Study

Further research should center around the lived experiences of drug users to identify areas that profusely affect their ability to seek treatment, make bail, prevent probation/parole violations, and recidivism. The personal testimonies of interactions with police, prosecutors, and judges may provide significant insight into the stigmas, biases, and economic factors that individuals face in the judicial system based on race, class, and SES for drug-related offenses. The qualitative studies could provide further insight into the participant's personal experiences on the steps the courts and bureau of prisons take to penalize and rehabilitate offenders for future quantitative analysis. Their experiences could explain how the racial and economic gaps led to a disparity in incarceration rates across judges, which supports the premise that there may be a disparity in sentencing among judges based on race, class, and SES. Additional research may include examining police data on arrests to determine if police specifically target non-White communities, which results in excessive stops, detainments, and arrests. If people of color consist of 13.4% of the population but are arrested at 40% higher rates, the police may be profiling

non-White communities. This profiling may have led to disproportionate arrests in Black communities and should be the subject of future quantitative review.

This research analysis provided a basis for future study for race, class, and SES as variables for arrests in opioid cases. The examination offered significant evidence that collectively, race, class, and SES shared a likelihood of arrests in opioid and other drug cases. Further research on class or SES as sole variables for arrests in opioid cases to gain a more comprehensive understanding of the role opportunity, economics, and education play in arrests in opioid and other drug cases is another recommendation. Also, these variables should be assessed with other non-White communities such as Asian, Native American, or Pacific Islander that may also be affected by judicial biases in jurisdictions where large sample sizes exist for these populations. This research analysis provided a basis for future study for race, class, and SES as variables for arrests in opioid cases. The examination provided significant evidence that collectively, race, class, and SES shared a likelihood of arrests in opioid and other drug cases. Further research on class or SES as sole variables for arrests in opioid cases is recommended to gain a more comprehensive understanding of the role opportunity, economics, and education play in arrests in opioid and other drug cases.

Probation and plea bargains as variables are also recommended to determine if disparities exist among races, class, SES, and punitive measures aside from incarceration. If these disparities exist, further examination may warrant an understanding of incarceration's overreliance versus rehabilitation and its effects on the individual, society, and the criminal justice system. Future studies could also replicate this research using

statistics from the local or state level to ascertain whether disparities exist in these demographics that affect the number of arrests and sentencing parameters at these levels, as race, class, and SES may be social determinates in these judicial decisions.

Implications

This study aimed to address policy initiatives that affect stakeholders at the community, local, state, and federal levels. The information from this research can be used to determine if drug addiction is a biomedical disease requiring treatment or is a moral failure in need of penalization. By making a clear distinction of drug addiction, the research has the potential to streamline drug policies based on the similarities of drug effects on the brain and central nervous system and amend/eliminate sentencing laws that adversely people of color. Further, streamlining drug policies may reduce prosecutorial discretion in the type of charges that can be assessed, the use of safety valves to minimize sentences, and the plea bargains that tend to benefit White drug users during sentencing in drug cases. The removal of absolute discretion from prosecutors can reduce extensive and mandatory minimum sentences that disproportionately affect people of color. Additionally, changes in drug policy can reduce incarceration rates to time served for nonviolent drug offenders and restore the basic fundamental right guaranteed by the United States Constitution. The restoration of rights will save taxpayer money in the housing and care of inmates serving time for nonviolent drug offenses, the cost of erecting prisons due to overcrowding, and reduce the rate of recidivism due to lack of opportunity, education, and housing.

This research was also designed to address the street-level bureaucrats that enforce policies that affect the citizens they serve and how they affect sentencing laws in opioid cases. The criminal justice system is grounded in protecting the U.S. Constitution, which is codified in the 14th amendment's Equal Protection Clause.

The disparity in conviction and sentencing rates based on race, class, or SES could violate of these fundamental rights, making this an essential issue to address based on the legal statutes found in the Constitution. The social implications for racial, educational, and economic disparity include the exacerbation of community relations between non-White communities and police, preventing shared approaches to community-based policing and community assistance with a crime. Dissension against street-level bureaucrats and the public may further exacerbate social inequalities and increase race-based criminal behavior centered around stereotypical expectations.

The analysis may provide a forum for policymakers to reevaluate the use of raw data on stops, detainment, and arrests as a metric system for measuring police efficiency and productivity. By re-examining the metric process, police may reduce their presence in target populations.

This research can be used to advocate for additional resources to alleviate street-level bureaucratic stressors (overworked, underfunded, spillover stressors, lack of resources) that affect morale and decision-making skills which often results in aggressive behaviors and disparity in treatment for drug-related offenses. The research can also provide insight into reallocating funds used for erecting prisons to enhance drug courts that use judges that specialize in drug issues. These courts can offer recommendations for

suspended sentencing, probation, treatment, education, and vocational skills that not only address the drug issue but prepare the individual to reenter society as a viable and productive citizen.

Conclusions

In this chapter a review of the research question was conducted along with a summation of the findings and their application to policy. The findings were assessed to determine significance when considering race, class, SES, and arrests in opioid cases. Based on these findings, there was a significant relationship between race, class, SES, and arrests in opioid cases. The research aligned with Lipski's SLB assumptions that low-level bureaucrats enforce policies in unintentional ways that adversely affect the constituents they serve. Therefore, policymakers and criminal justice officials should consider amending drug policies to represent the biomedical issues associated with drug addiction. Funds used to erect prisons should be reallocated to enhance drug courts that specialize in drug cases to rehabilitate offenders to prevent recidivism while allowing them to maintain their basic fundamental rights. Also discussed were the limitations to the study, along with future recommendations. The social implications centered on policy initiatives in assessing drug use, arrests, and sentencing in drug-related cases. When evaluating drug use and arrests, racial, psychological, economic, and environmental factors should be considered as mitigating circumstances for crime and punishment. Policies should be based on impartiality, equality, and the safety and security of the public. The discretionary power of prosecutors should not determine who is penalized via mandatory minimum sentences and who benefits from safety valves. This absolute power

could lead to disparity in the application of sentencing laws and due process violations. The aim of the study would be fulfilled if policy makers redefined drug addiction, streamlined sentencing laws and advocated for rehabilitation to enable drug users to become productive citizens.

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