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Reimagining Drugs: An Anthropological Analysis of U.S. Drug Policy Frameworks and Student Activism

Megan A. Sarmento
University of Central Florida

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REIMAGINING DRUGS: AN ANTHROPOLOGICAL ANALYSIS OF U.S. DRUG POLICY
FRAMEWORKS AND STUDENT ACTIVISM

by

MEGAN SARMENTO

A thesis submitted in fulfillment of the requirements
for the Honors in the Major
in the Department of Anthropology
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Thesis Chair: Shana Harris, Ph.D.

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ABSTRACT

As the repercussions of the nearly 50-year U.S. War on Drugs are revealing themselves to be harmful and life-threatening, especially to lower-class and minority populations, social movements aimed at drug policy reform have been on the rise. While today's generation of college students were raised on abstinence-based discourses, which constantly warned and threatened them about the dangers of drug use, these same students often change their perspective, some as early as high school, when they begin having their own experiences with drugs and engage in more drug-related conversations. As a result, many students become motivated to change drug policy and education and address the stigma associated with drug use in order to reduce drug-related harm to individuals. This thesis examines the ideas and efforts of students at a university in the southeastern United States who are actively engaged in making these changes. Based on interviews with students involved with two drug policy reform groups in 2018, this thesis highlights the role of student activism in the larger drug policy reform movement. Student activists raise awareness of the need for a critical examination of U.S. drug policy frameworks and their place in this endeavor. I argue that student activists' involvement in the drug policy reform movement is motivated by the numerous disparities they experience and observe in the dominant abstinence-based drug approach. Based on these students' perspectives, I argue for a shift towards a more holistic harm reduction education that aims to increase the quality of care and livelihood for drug users, an accomplishment they believe is inextricable from U.S. policy.

[drug policy, college students, activism, stigma, social justice, critical medical anthropology]

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INTRODUCTION

For over a century, the United States government has been trying to find ways to deal with drug use among its population. Although some regulations and bans against drugs were introduced in the 1800s, the “War on Drugs” was officially mobilized on June 17, 1971, when President Richard Nixon declared drug abuse in the U.S. as “public enemy number one” (Pate 2011, 595). This war emerged out of a social and political context that contributed to widespread public fear of drug use and addiction as a major threat to the country and especially to its children’s future. Scholars soon argued that as a result of “inadequate information, poor arguments, and extraordinary examples” the overwhelming public opinion towards drug use was “one of moral disgust, condemnation, and fear at the threat of social and personal chaos” (Zinberg and Robertson 1972, 29).

President Nixon’s strong anti-drug stance was a response to widespread heroin addiction among U.S. soldiers returning from the Vietnam War. At the time, it was shocking for Americans to watch their military heroes become the same kind of drug “addicts” that are so often stigmatized in inner cities, particularly homeless heroin users (Courtwright 2001, 170). Although the devastating effects of addiction certainly contributed to Nixon’s decision to promote stricter drug policies, one cannot ignore the racist underpinnings of the War on Drugs. It not only commenced in the wake of the Civil Rights Movement, a time of prevalent racism and political disruption, but its implementation explicitly “produced profoundly unequal outcomes across racial groups, manifested through racial discrimination by law enforcement” (Drug Policy Alliance 2018). It was in this tense cultural and political era that the Nixon Administration set in

motion a massive anti-drug agenda based on punitive policies, many stemming from the 1970 Controlled Substances Act. The Drug Enforcement Agency (DEA)¹ explains that this federal act categorizes substances into one of five schedules, and each “placement is based upon the substance’s medical use, potential for abuse, and safety or dependence liability” (United States Drug Enforcement Agency n.d.). This federal policy has acted as a regulation guide since the Nixon era, criminalizing many drugs, including marijuana and certain psychedelics, by placing in them in the most restricted class of Schedule 1 drugs. For example, although marijuana is considered one of the most harmless drugs based on medical and pharmacological knowledge, even a small quantity of its possession in the Nixon era was considered “a felony, punishable by a prison sentence ranging up to life imprisonment” (Goode 1972, 183).

It is important to note that misguided public fear and harsh policy did not end in this era. In 1986, President Ronald Reagan passed the Anti-Drug Abuse Act, which introduced severe and mandatory minimum sentences for drug offenses (Mallea 2014, 34). Soon after, in 1990, President George H.W. Bush increased the War on Drugs budget by 50 percent, a budget which continued through Bill Clinton’s presidency and into the 21st century (Mallea 2014, 35). Although President Barack Obama initiated a shift away from this criminal framework through changes in both rhetoric and concrete dictates, such as commuting the sentences of over 1,000 incarcerated people (Drug Policy Alliance 2016), the drug policy budget under his administration still had “twice as much money going to the criminal justice system than to drug treatment and prevention” (Tiger 2013, 22).

¹ The DEA was established by Nixon in 1973, which increased the amount of federal funding allocated to the enforcement of drug laws.

Widespread fears and strict drug policies introduced by the War on Drugs persist today and have led to a modern cultural and political framework that is intolerant of drug use. For instance, popular media still deeply stigmatizes drug users and over-exaggerates many drugs' effects (Swalve and DeFoster 2016). Widespread stigmatization of drugs not only forces users to "endure social rejection, labeling, stereotyping and discrimination," but also "prevent[s] individuals from seeking and completing addiction treatment and from utilizing harm reduction services" (Drug Policy Alliance 2014). Today's intolerance towards drug use is also reflected in U.S. public education, which most commonly teaches children to abstain from all drug use through popular programs like Drug Abuse Resistance Education (D.A.R.E.), which has been critiqued for not giving students "the tools they need to make safe decisions or to get help if problems with alcohol and other drugs do occur" (Drug Policy Alliance 2018). Moreover, "rather than serving as an effective deterrent, drug education that lacks credibility and is backed by punitive measures often fosters resentment and oppositional behavior" (Skager 2013, 6). In other words, students are not receiving optimal drug education, nor are they now supporting the abstinence method that was pushed on them.

In addition to social stigma and drug abstinence education, current U.S. policies have yet to change significantly. Federal laws continue to criminalize individuals who possess certain drugs or even the paraphernalia to use them (Koester 1994). The law's strict intolerance of drug use has led to mass incarceration rates, scrutinized by the post-Civil Rights movement because drug policies and law enforcement "continue to disproportionally impact and harm communities of color" (Inter-American Commission on Human Rights 2017). The U.S. prison population is packed with people who were arrested because of drugs; as of September 30, 2016, almost half

(47%) of federal prisoners had been sentenced for drug offenses (Carson 2018, 1). Despite the fact that the War on Drugs and its lasting effects in stigma, education, and incarceration have failed to significantly decrease drug use (Campbell and Shaw 2008), the U.S. has yet to make critical changes in response. This has opened the door for researchers, organizations, and the public to actively fight for a cultural and political transformation regarding drug use and drug users in this country.

This thesis highlights the important drug-related issues identified by college students in the southeastern U.S. who are passionate about changing drug policy. This research suggests that drug users' needs are not being met by current drug policy frameworks, and drug-related problems are actually reinforced by restrictive and criminalizing policies. I show how the students in this study experienced the abstinence-based model to be lacking in empirical data about drugs, and how they find disparities between their early education and their own experiences with drugs. I also discuss the areas in which these students see a need for harm reduction strategies to be discussed and utilized in order for less drug-related harms to occur. I argue that the experiences of student activists highlight disparities in U.S. drug policy frameworks and show where changes can be made. Based on their perspective, this research argues for the implementation of programs and policies that prioritize a holistic harm reduction education and the alleviation of suffering for drug users.

LITERATURE REVIEW

Drug policy around the world has been critically examined by scholars in many different disciplines. One of the most commonly studied drug policy frameworks is the abstinence-only approach, which is widely accepted and promoted in the U.S. Through this framework, people are taught that drugs are dangerous and not tolerated in any situation, rather than taught strategies for how to prevent harm that may result from drug use in a real-life situation. This approach ignores the reality that drug use is still occurring despite the mass incarceration of people for drug-related crimes due to the highly-punitive War on Drugs. In fact, since the war's commencement in 1971, "prison numbers in the United States have increased six-fold, with little corresponding decrease in crime or drug use" (Kinner and Rich 2018). Instead of focusing first on people's well-being, the U.S. framework follows the model of the law which has zero tolerance for drug use and criminalizes those caught possessing or using illegal drugs.

Reforming drug policy has historically been difficult in the U.S. To begin with, pervasive zero tolerance rhetoric and fear-inciting anti-drug discourses in this country have created a negative connotation towards drugs and their users. Research suggests that people's ideas about drugs are heavily influenced by what is represented in popular media. Neuroscientist Natasha Swalve and mass communications scholar Ruth DeFoster criticize the U.S. media for "reporting on drug issues in ways that are (at best) misleading and disconnected from research and (at worst) dangerous and stigmatizing" (2016, 118). This media misrepresentation of drugs, in addition to traditional education techniques which focus on drug abstinence strategies, have contributed to a culture that stigmatizes individuals who choose to put a particular substance into

their body. Swalve and DeFoster find that the negative attitude towards drug users reflected in mass media heavily influences policymaking about drugs in the U.S., whereby “policy may be introduced for political reasons based on fear-based appeals propagated by the media” (2016, 116). Fear and stigma about drugs that still lingers in the U.S. today perpetuates a framework that is harmful in many ways.

The concept of “stigma,” with its foundation in the seminal work of Erving Goffman (1963), can be understood as a discredited or discreditable attribute placed on people who deviate from the norm. In the last few decades, research has highlighted the ways in which U.S. society specifically stigmatizes those who use illicit drugs. Social epidemiologist Jennifer Ahern and colleagues’ research finds that drug users’ mental health can suffer from stigma and discrimination which “may cause chronic stress and may lead to coping approaches that involve withdrawal and isolation, further harming mental wellbeing” (2006, 188). Furthermore, stigma is detrimental to drug users’ physical health by “impeding entry into the health care system, reducing accurate reporting of health issues, and lowering the quality of care received” (Ahern et al. 2006, 189). Epidemiologist Lawrence Hsin Yang and his colleagues also find that stigma “predisposes individuals to poor outcomes by threatening self-esteem, academic achievement, and mental or physical health” (2006, 1526). Moreover, stigmatized individuals are likely to become disadvantaged in capitalist society, where they receive “the full execution of disapproval, rejection, exclusion, and discrimination” (Link and Phelan 2001, 367).

Without the necessary help, care, or support from their society, drug users’ quality of life can suffer. They may resort to finding situational coping mechanisms, deciding to take health care into their own hands, make money in illegitimate ways, or cut ties with family members or

friends who are unsupportive or disappointed. For example, anthropologists Robert Quintero and Antonio Estrada (1998) study how Mexican and Mexican-American men who use drugs adopt violent behavior and engage in illegal activity to maintain their social identities and survive within their community in the face of stigmatization. Their work illustrates how stigma disadvantages these men and renders them unable to move up in society. Because such stigma is deep-rooted and detrimental in the lives of drug users, dealers, and their families in the U.S., there is space for anthropologists to support such communities and prioritize their needs alongside the rest of society.

In addition to stigmatization, many scholars address the way in which U.S. drug policy is based on the criminalization of drug users rather than focused on constructively finding solutions to drug-related problems. Epidemiologist Chris Beyrer (2012) argues that modifying current punitive policies is required to avoid unnecessary incarceration, which would allow drug users to live a free life in addition to relieving law enforcement officers from the never-ending task of finding and punishing drug users. Beyrer also points out that health officials would benefit from a policy change that shifts from a focus on criminalization to one that would allow them to provide sterile equipment, ensure safe drug administration, and treat users' addictions or health problems before they overdose or are imprisoned. Following the ongoing critique of drug criminalization, historian Nancy Campbell and anthropologist Susan Shaw, in examining the history of ethnographic research on drugs, criticize the "incarceration of nonviolent drug offenders as ineffective in preventing drug use" (2008, 689). As sociologist Rebecca Tiger neatly summarizes, "Traditional criminal processing of drug offenders has filled prisons but done nothing to stop drug use or drug-related crimes" (2013, 6).

In addition to understanding the general effects of criminalization, some research has more specifically explored the ways in which drug policy restrictions directly affect users' health. Anthropologist Andrea Lopez (2018) finds consistent roadblocks in drug users' capacity to save their peers' lives from opioid-related overdose in Washington, D.C. Criminalization of drug use prohibits her research participants from accessing life-saving resources such as naloxone, a drug that reverses the effects of overdose. Her research finds that U.S. drug policies have "a lack of political urgency for doing overdose prevention," which directly prohibits users' access to necessary health care services and education (Lopez 2018). Similarly, sociologist Ricky Bluthenthal (1998) reports similar findings in his research on the implementation of syringe exchange programs in Oakland, California. He finds that the widespread loss of life among drug users could decrease with government support. Along with legalization and funding, he argues that programs and services like providing HIV prevention education and harm reduction supplies can begin to address drug users' needs (Bluthenthal 1998, 1148). Anthropologist Stephen Koester (1994) also illustrates how U.S. drug policy poses health risks to injection drug users in Denver, Colorado. Specifically, his research shows that these users were at a higher risk for HIV infection as a direct result of laws that defined syringes as drug paraphernalia, which ensured that clean needles were only accessible to those with a medical prescription. With such limited access to resources, injection drug users resort to sharing used syringes and consequently spreading infections.

In response to the health risks that drug users experience nationwide, the harm reduction approach has introduced a new goal to "achieve positive health outcomes and reduce harms associated with drugs...without necessarily eliminating the use of drugs" (Small 2016, 26-27).

Anthropologist Dan Small (2016) conducted ethnographic research on harm reduction strategies employed at North America's first and only supervised injection site in Vancouver, Canada, which provides lifesaving resources to drug users in order to prevent overdose and HIV and hepatitis C infection. Also contributing to this emerging research, sociologist Marie Jauffret-Roustide provides a definition of harm reduction in which its main foundation "consists in giving up the idea of a single solution, drug eradication, in favour of a solution based on learning to live with drugs and on adapting to the [drug user's] needs according to their life circumstances" (2009, 163). Such programs have emerged around the world and are reducing drug-related harms. For example, France allowed pharmacies to legally sell syringes to drug users, which resulted in users' daily lives being much less centered on the quest for drugs and they "were able to take care of their health when given the means to do so" (Jauffret-Roustide 2009, 163). Providing clean needles through such programs "reduce[s] the spread of HIV, hepatitis C, and other bloodborne viruses" (UNAIDS 2016). Such programs around the world show that "the legal use of sterile injection equipment by IDUs appear to have almost universally achieved their desired effect of reducing AIDS risk behavior...[and] do not lead to increased illicit drug use either by persons who are already injecting drugs or by inducing new persons to start injecting drugs" (Des Jarlais and Friedman 1992, 63-64). Therefore, research shows that harms have decreased while drug use has not increased as a result of these harm reduction approaches. The harm reduction strategy also saves lives through its focus on preventing drug-related overdose, which Andrea Lopez discovered as necessary in her research where distributing naloxone to drug

users and bystanders enables them to reverse opioid-related overdose.² Unfortunately, U.S. drug policy has still changed very little to accommodate for this growing body of evidence.

In considering the implementation of harm reduction strategies, anthropologist Shana Harris (2016) argues for the importance of understanding the social context of drug users' lives in such work. Her research finds that harm reductionists in Argentina consider users' experiences in the context to their relationships with friends, family, and the broader community. In order for harm reduction interventions to be most effective in this context, attention must be paid to these important relationships. This socially-focused approach is helpful for understanding how individuals' experiences with drugs are unique to their social context and how interventions around drug-related issues must take this context into account.

While the above literature has focused on the various effects of current drug policies and the adoption of harm reduction approaches, other scholarship focuses more specifically on drug user activist groups around the world in order to understand their personal experiences in relation to the policies that affect them the most. Matthew Curtis (2004), a drug policy and health scholar, researches drug user activist groups in the Netherlands, Australia, and Canada that successfully built connections with harm reduction programs, police officers, and politicians to undermine stigmatization and build support for their community. These user groups have created a platform for making drug issues and users more visible in society in addition to collecting funding, changing policy, and fighting for public health as a human right (Curtis 2004).

² In the U.S., drug overdose is a particularly significant health problem. In 2015 alone, overdose contributed to 52,404 of the nation's deaths (Harm Reduction Coalition n.d.), 63% of which were the result of opioid-related overdose.

Similarly, drug and health researcher Thomas Kerr and colleagues (2006) examine the Vancouver Area Network of Drug Users, a user activist group that advocates for drug policy reform and the inclusion of harm reduction in public education. Their findings indicate that this group has been successful in “changing public perceptions of drug users” by establishing trust with nurses and volunteers through programs that encourage users to seek medical support (Kerr et al. 2006, 64).

User activists are also examined by sociologist Marie Jauffret-Roustide, whose research focuses on a group in France called ASUD (Self-Support for Drug Users) in which users are able to “position themselves as experts in HIV and HCV prevention because of their knowledge of drug use and injection practices” (2009, 167). This new and inclusive framework, she argues, allows for “systematic [drug users’] representation in all venues where relevant public policies are decided or discussed, so as to promote a model for co-production of knowledge by professionals and [drug users]” (Jauffret-Roustide 2009, 167). Including users’ voices in policy debates allows them to make suggestions for how the government may assist them, rather than allowing those in positions of power to ultimately decide how to handle drug-related problems. Nonetheless, the U.S. fails to support user organizations “due to the demonisation and criminalisation of drug use,” leaving the nation’s policy framework one-sided and unsatisfactory in meeting drug users’ needs (Jauffret-Roustide 2009, 164).

Despite these various bodies of research, there is a notable absence of anthropological research about drug policy activism among a particular population: college students. Students on campuses across the U.S. have formed organizations that advocate for a change in drug policy. However, little scholarly attention has been paid to this population. Research among students

who have been involved in activist efforts will help broaden our understanding of how U.S. drug policy affects a population who does not match the stereotypical image of drug users. Rather, these perspectives come from a highly educated population who challenges the stereotype of drug users and addicts as “worthless slackers, evildoers, and lurking threats to the quality of life if not to the very survival of civil society” (Singer and Page 2014, 7). My research aims to fill this gap in the literature in order to understand how and why this young generation of educated students is passionate about U.S. drug policy reform.

Theoretical Considerations

Using Merrill Singer (1990) and Nancy Scheper-Hughes’ (1990) pivotal writings on critical medical anthropology, I will apply such theoretical questions to examine U.S. drug policy frameworks and suggest areas for change. Critical medical anthropology understands health issues “in light of the larger political and economic forces that pattern interpersonal relationships, shape social behavior, generate social meanings, and condition collective experience” (Singer 1990, 181). In this thesis I draw on critical medical anthropology to argue that drug users’ needs are not being met in the existing biomedical, economic, political, and social system (Scheper-Hughes 1990). This guiding theory encourages anthropologists to “examine these limitations and offer suggestions for advancing on an alternative, critical course” (Singer 1990, 179). This informs my analysis by first examining the limitations of drug frameworks that student activists experience and then highlighting their suggestions for advancing policy reform to reduce drug-related harms and increase users’ quality of life.

METHODOLOGY

Research Setting and Sample

Qualitative data collection for this research took place from August to October 2018 at a university in the southeastern United States with members of two student organizations who advocate for drug policy reform: Students for Sensible Drug Policy (SSDP) and the National Organization to Reform Marijuana Laws (NORML). SSDP and NORML are national organizations with chapters on hundreds of campuses throughout the U.S. SSDP's vision is "replacing the disastrous war on drugs with policies rooted in evidence, compassion and human rights" (Students for Sensible Drug Policy 2017). NORML is primarily focused on reforming marijuana laws, "where consumers can buy marijuana for personal use from a safe legal source," and they support "the removal of all penalties for the private possession and responsible use of marijuana by adults" (NORML 2018a). The participant sample for this research included students who have been active members of SSDP and NORML on this campus. These students are not from broadly diverse racial backgrounds. My sample was primarily white, including one white woman and six white men, one Latinx woman who immigrated to the U.S. at a young age, and one black woman. Although I did not ask my participants about their economic status, all were privileged enough to attend a university and live comfortably. All participants were at least 18 years old.

Research Questions

The following three research questions guided this research:

1. What motivates university students to become involved in drug policy activism?
2. Which drug policies are students interested in reforming and why do they matter to them?
3. How do drug policy frameworks and discourses affect students' thoughts about drugs and how do they relate to their lived experiences?

Data Collection Methods

I conducted in-depth, semi-structured interviews to answer these research questions. By using this type of interview, I posed the same general, scripted questions to every participant in order to “increase the likelihood that all topics will be covered in each interview in more or less the same way” (DeWalt and DeWalt 2002, 122). The use of open-ended questions in semi-structured interviews also “allow[ed] for expansions and clarification” of participants’ answers and provided them with the opportunity to share personal stories, which enabled me to get a deeper and more personal understanding of their behaviors, values, and objectives (Madden 2010, 70). The inclusion of semi-structured interview techniques, and specifically open-ended questions, helped to build trust and comfortability between myself and the participants. For this research, it was essential to allow participants to express their values in a semi-structured way in order to compare their ideas and perceptions to the other participants and gain a holistic understanding of their motives for engaging in drug policy reform.

I used an interview guide to ensure that the same general questions were asked to each participant (see Appendix C). This guide provided structure to each interview while also allowing me the freedom to explore insightful conversations that arose. Although I wanted to

ensure that each participant was able to expand on matters that they were especially knowledgeable on or passionate about, the interview guide helped me prepare before and during the interview and served as “a checklist to be used at the end of an interview to ensure that nothing has been missed” (Weiss 1994, 49).

I audio recorded these interviews in order to obtain a verbatim record of what was said. This was essential for referring back to the interviews during data analysis, as discussed below. I also used audio rather than video recording to protect the confidentiality of participants who chose to share their experiences and personal stories, which sometimes included sensitive topics around drug use and drug-related policy.

Interview Sample and Recruitment

To recruit participants for the research, I attended SSDP and NORML meetings on campus in November and December 2017. After introducing myself, I explained my research interests and intentions to the student members who attended these meetings. After informing them about the project and expressing my interest in conducting research with them, many of the students voluntarily shared their contact information with me for future participation. As a result, I made a list of willing participants whom I contacted after receiving human subject research approval from UCF’s Institutional Review Board (see Appendix A). As I emailed students who volunteered to ask if they were still willing to be interviewed, I included an explanation of my research so that participants were clear about the projects’ intentions (see Appendix B). Research participants were not compensated for their time in any form of payment or tangible reward.

However, I will share my research results with participants “as a type of reciprocity” to show them how their participation contributed to my research (Fetterman 2010, 147).

In total, I interviewed nine students (four members of SSDP and five members of NORML). Each interview lasted 30-90 minutes which allowed me to ask enough questions to address each of my larger research questions and gave the participant time to expand on their responses when necessary. These interviews occurred on campus in a private spot to ensure the participants’ confidentiality and comfort.

Data Analysis

I transcribed the recorded interviews into Word documents that totaled 81 double spaced, text-based pages of narrative data. I used open coding to break down data into discrete concepts, searching for patterns and themes so that I could categorize and conceptualize my findings within the context of group beliefs (Strauss and Corbin 1990). The main themes that emerged from my data include: media representation of drugs, drug education, effects of policy on drug users’ lives, real-life experiences with drugs, and making a change to drug-related issues. I connected the findings from these interviews with data from academic sources to understand the situation holistically, focusing on how students are situated in relation to drug-related issues.

Ethics Approval

The UCF Institutional Review Board reviewed and approved my research on August 10, 2018, to mitigate risks to participants. Due to strict drug criminalization in the U.S. and Florida, I was concerned that interviews about drug-related issues may affect my research participants’

willingness to talk about illegal activities or subjects, as “individuals involved in illegal activity... have a legitimate concern about the repercussions of the researcher’s disclosing their identity” (Fetterman 2010, 147). As a result, I have used pseudonyms to protect the confidentiality of all research participants.

All participants were informed that the purpose of this research is to complete my Honors in the Major thesis as an undergraduate student. I read over and explained every section the consent form to each participant and obtained informed verbal consent in person before they were interviewed. By following these steps, I ensured that all participants fully understood the project’s parameters and the intentions of the research. For example, participation in this research was completely voluntary, and participants were informed that they could decline participation without repercussion. Participants who provided consent were also informed that they could withdraw their participation at any point, if they chose to do so. In obtaining consent, participants were fully aware of their role in the research and what their participation entailed.

All collected data, including audio recordings, typed notes, and participants’ information, were secured on my computer in password protected files. Additionally, any written notes or documents were kept in a secure place in my home. All files with identifying information will be destroyed once the study is completed in December, while all de-identified data will be stored in my computer for at least five years per UCF policy.

THESIS OVERVIEW

Chapter One will explore the drug ideology and education that students report to grow up learning and believing and how this has influenced their current involvement in U.S. drug policy activism. I focus briefly on the deeply rooted abstinence-based vision of Drug Abuse Resistance Education (D.A.R.E.), the dominant drug education program that my participants experienced, and note the importance of media representation of drugs in forming dominant cultural frameworks. I move on to discuss the moments when students first started to recognize issues with drug policy and the reasons why their perspective changed, including their exposure to drug use and an empirical education in college classes.

Chapter Two begins by emphasizing the importance of talking about drugs to spread awareness about drug-related issues. I go on to discuss who the students think is responsible for reforming drug policy and the dominating cultural framework. Next, I highlight my participants' own efforts in addressing drug-related issues and their suggestions for making a change and moving forward.

I conclude by presenting my argument based on the data analyzed in Chapters One and Two that student activists' experiences highlight disparities in current U.S. drug frameworks. These data indicate that drug education, ideology, and policy should shift away from abstinence approaches to be more of an honest and accurate portrayal of drug use, like that emphasized in harm reduction approaches. I also consider how this research significantly contributes to scholarship, engaging with critical medical anthropology as well as avenues for future research in this area.

CHAPTER ONE: COLLEGE STUDENTS AND DRUGS

This chapter examines my participants' experiences and positionality in relation to the current U.S. drug policy framework. Before I critique the effects of drug policy, it is necessary to first understand my participants' experiences with drugs and drug frameworks, and any concerns that they have.

Drug Ideology and Education

All of the students I spoke with for this research were born in the late 1990s, a time when the general mentality about drugs in the U.S. was dominated by the War on Drugs framework that promotes drug abstinence and the demonization of those who use certain substances. Many of my research participants revealed that the cultural ideology underpinning this framework — that drug use and users are “bad” — was made clear to them at a young age. After all, their parents' generation went through grade school after President Nixon formally declared the War on Drugs in 1971. One member of SSDP referred to the “external morale of the generation above you that's telling you, ‘hey, this is bad, don't do this’” and admitted that his parents were very strict about drug use when he was young. Similarly, another participant said that while growing up in her home-state in the mid-west, she learned that “all drugs are bad, all alcohol is bad, end of story.” Another student also explained that the term “drug user” has been portrayed his whole life as “a very negative thing, it's a bad word. We think very negatively of drug users.” Without much conversation or debate around why drug users are considered bad, my participants all believed that that is just the way it is: drug users are addicts and criminals.

In addition to drug ideology that these students learned from the generation above them, Drug Abuse Resistance Education (D.A.R.E.) was the most popular drug education program in U.S. public schools as they were growing up. Although one participant was born outside of the U.S., all of them went to school in the country. D.A.R.E.'s vision is to empower students everywhere to "choose to lead lives free from violence, substance abuse, and other dangerous behaviors" (D.A.R.E. 2018). It is clear in this mission statement that the program's goal is to achieve abstinence from drug use, rather than teach safe practices or a range of facts about their potential effects.

The ideology of this program had a lasting effect on the participants who experienced it, as evidenced through their memories. One participant recalled, "I remember doing D.A.R.E. in elementary school. Back then the times were a little different, but yeah, everything was just 'drugs are bad, don't do them, stay away' and that was pretty much the extent of that education." Other students also talked about how D.A.R.E. was hyper-focused on abstinence and the reasons why *not* to do drugs, rather than focused on providing accurate and objective drug education about the real effects of different substances and how to reduce potential harms associated with each. In one SSDP member's experience with two programs, D.A.R.E. and Gang Resistance Education and Training (G.R.E.A.T), he explained that "they're just focused on abstinence-only drug policy— well, drug ideology. And with my experience I think it would be more effective to have a more comprehensive drug education program where we go over how to use drugs safely." To sum up what nearly all of my research participants were taught about drugs during their youth, another student explained, "I feel like the U.S. takes a very abstinence-based method with drug usage and they say, 'don't do it, if you do it you might die, so don't do it!'"

When each student in this study was asked about today's media representation of drugs, they did not recall seeing much drug use on TV other than alcohol and marijuana. One student mentioned, "I can't think of any mainstream movie or TV show that deals with LSD and psychedelics [...] but it shows how marginalized it is." Despite the lack of media attention for such drugs, many of these students reported that they are used by many people. Alcohol and marijuana were reported to be the most commonly seen drugs, which are represented more frequently as social or party drugs. One student claimed that "alcohol usage and marijuana usage are the only two that I ever see."

The belief that the media representation of marijuana over time has "gotten better in being more of an accurate portrayal" is a common theme among my participants. In the past, the effects of smoking marijuana have been exaggerated and inaccurate. Two participants mentioned the infamous propaganda film, *Reefer Madness* (1936), in which high school students are pressured to try marijuana and consequently engage in a series of crimes, including murder and attempted rape. One student believed the film to be "the most exaggerated example of what a drug user could be." Another explained that society's historical representation of marijuana "has been more closely associated with the stigma of people being lazy and inattentive." Although there was a consensus among these students about its portrayal "getting a little better," one student nicely summed up that marijuana users are still portrayed "to be very lazy and slow and like they don't care about anything."

Shifts in Perspective, Realizing the Issues

Although each individual had a unique experience with drug education and was influenced in different ways by their families, schools, and various experiences, each expressed a disapproval and disconnect with the dominant educational strategy of their time. For example, when I asked what made one student reevaluate his perspective on drugs, he explained, “My perception started switching around the end of middle school when I started knowing people who would smoke [marijuana]. It gave me more of a grounded view on it. [...] It showed me that they can still be regular people and it wasn’t having an extreme effect on them like I previously thought.” While this student was growing up and being educated through the D.A.R.E. program he felt that “there was never any real presentation of facts with marijuana. All the downsides seemed like it would lead to lack of attention, memory loss, those types of things that can be blanket statements.” Meeting people whose behaviors did not align with the negative ideas about marijuana that he had grown up with led this student to change his perspective. His experiences, as well as those of his peers, in college differed drastically from the negative, blanket statements he was taught about marijuana.

Real-Life Experiences with Drugs

Real-life experiences with drugs, like this student’s first encounter with marijuana smokers, is a critical reason that many other students began to realize that drug policy might be harsher than what is necessary, and D.A.R.E. may have exaggerated what “drug use” means in general. These experiences are a big factor for why some students continue to push for a change in drug policy. Each student I spoke with reported taking at least two illegal drugs. Most of them are regular or daily marijuana smokers, and many of them have “tripped” at least once before on

psychedelics, primarily psilocybin mushrooms or lysergic acid diethylamide (LSD). Listening to the perspectives of these students who use drugs but who have not been prosecuted or socially labelled as “criminals” can provide insight into how drug use appears in the lives of these active members of society.

When talking about the positives and negatives of drug use, my conversations with participants mostly centered around either psychedelic drugs or marijuana. However, when I asked to explain how drugs have been “helpful” for him, one participant mentioned ketamine, a medication used primarily as a sedative or pain reliever:

The studies have shown [ketamine] can, as a dissociative, it can really help you look at your emotions in a different way and get to know depression and posttraumatic stress disorder. I tried ketamine last October and I swear to god for the next month I felt so pristine after, and I think it was the experience that I had but also the people that I was surrounded by, my environment.

This student’s experience demonstrates how being educated about the effects of a drug before trying it, in addition to experiencing it in a comfortable setting, can result in a positive and beneficial experience.

Several students reported positive experiences with psychedelic drugs. When I asked one student if he has experienced any benefits from using psychedelics, he said that taking LSD has been a useful way for him to break out of certain thought patterns, like the miserable, cyclical, and negative thoughts he battles with depression. When he was dealing with a bad break up, this student explained how he woke up the morning after taking LSD and his “first thoughts weren’t, ‘she’s gone, I’m miserable’ and that [negative part] took 20 minutes. And I realized, ‘wait, I didn’t have to be miserable.’” Similarly, another student described his experiences as follows:

With LSD I've definitely had a lot of interesting experiences. Because it's so long, it's never directly like "oh, I had a great trip," or "oh, I had a bad trip," it's sort of up and down. But through each experience that I've had I feel like it has really, really allowed me to open my eyes more and to feel more comfortable with myself and my own traumas and come to terms with them.

Both of these students admitted to experiencing negative thoughts and feelings while on LSD, and later psilocybin mushrooms, in such a way that suppressed feelings, like social anxiety or childhood traumas, were brought to the surface. However, both also mentioned that the negative experience was short-lived, as one explained:

Within like, 30 seconds, maybe a minute, something like that, it was really short, I realized that with the extent to which I could go with negative thoughts I could literally do the same thing with positive thoughts. So, I thought one positive thing like, 'I am ok.' And then with that, a train of thoughts just accumulated, and I felt so amazing.

Both students came out of their psychedelic experience with a switch in their mindset, which became more positive. However, they also emphasized the importance of having a comfortable and safe environment to have a good experience. Both of these participants also talked about the benefits of psychedelics that have been explored by researchers at Johns Hopkins University in which participants who ingested a high dose of psilocybin (the main compound in psychedelic mushrooms), "experiences increased self-confidence, a greater sense of inner contentment, a better ability to tolerate frustration, decreased nervousness and an increase in overall well-being" (Griffiths and Grob 2010, 78). Griffiths and Grob also site a study on LSD and another psychedelic, dipropyltryptamine, (DPT), where participants experienced "decreases in depression, anxiety and fear of death, and patients who had a mystical-type experience had the most improvements in psychological measures of well-being" (2010, 78).

One of my participants especially felt passionate about the spiritual and mental aspect of psychedelic use:

These plant medicines are really sacred and therefore if you are not in a good mind space they're not going to work. [...] I feel like a lot of people do take these medicines and go on living their life in the same way, but [...] people that are more experienced, especially with the whole tourism that's happening with ayahuasca, a lot of these people are going for a *reason*, they're not just going to trip. A lot of these people are going for mental, physical, emotional health ails that they just can't deal with anymore. And they're asking a plant to cure them or heal them, and I believe that it can show you, but the work is what comes after. I completely condone the use of psychedelics if you are going to be ok with doing the work that might come up for you.

This participant spoke of psychedelic use in a serious manner and emphasized the importance of taking such drugs with purpose. She believed that if one decides to take a psychedelic, they should be prepared to put in the work afterwards to process the mental hurdles their brain went through on its "trip." Therefore, her experiences along with the findings of Griffiths and Grob indicate how the sacred experience that often accompanies psychedelic use can produce a sense of an improved psychological well-being and overall contentment with life. This student confidently concluded, "Tripping has always brought me closer to myself and the work that I need to do." Therefore, none of these students described psychedelic use to be all positive and admitted to the challenges that accompany its use. However, each participant that had taken either LSD or mushrooms ultimately saw a positive change in their mental wellbeing.

With respect to marijuana, all but one of my research participants reported using it at one time or another. Two said they had a medical card while six of them reported to buying it illegally (one did not disclose whether he used it or not). It did not seem to be hard for these students to find marijuana without a medical card considering that none of those who regularly

smoked illegally expressed a need to start purchasing it through a doctor, even if they were using it to self-medicate. One student who did possess a medical card mentioned that it was only legally available in the form of oils and extracts, making them “not as readily available” and “really expensive.” Buying marijuana illegally, therefore, may be less of a hassle for these students.

Students do report some concern about smoking marijuana illegally. One student has “seen people be harassed and abused by police officers in public settings,” and remembers friends specifically being forced “to throw away things that were related to [marijuana use] and they had to give away information about other people.” Another student believed that he was getting drug tested “more than everyone else” at his job because he had long hair and was perceived as a stereotypical marijuana smoker. One student even spent a night in jail, although he was lucky to have his brother bail him out and his charges dropped. However, most of these students still use marijuana regularly and are willing to face the consequences.

Some students linked their marijuana use directly to medical issues while others were more focused on recreational enjoyment. Those who mention its medicinal benefits describe how it gives them relief from anxiety and depression. One student who buys marijuana illegally uses it to curb her anxiety and explained that, for her, it is best to smoke “at night time, because that’s when I get really anxious and I have my panic attacks and I’ll smoke, and it’ll calm me down. But I’ve noticed since I haven’t [been smoking], I actually had a panic attack last night.” In addition to being tremendously helpful by making her feel generally less anxious and reducing the number of panic attacks she experiences, marijuana also turned out to be a successful anti-inflammatory and pain killer for her knee. Although she was not necessarily seeking a medicine,

this student was grateful for the unexpected benefits of her marijuana use. She explained, “I’ve noticed since I haven’t been smoking that my knee has hurt *so* bad. Like, every morning I wake up and I can’t move. And the swelling, it’s been so swollen.” In this case, the line between recreational and medical purpose of marijuana use was not clearly defined.

The benefits of marijuana are clear, but the students in this study do not “think marijuana and CBD solve all the problems in the world.” One student admitted that his daily smoking could be a bad thing at times because he would get stuck in a “lazy routine,” and he believed that recreational marijuana use should be moderated. One student found that her habitual smoking got out of control at one point, as she started to abuse it as an “emotional crutch” that numbed her pains rather than cured them. She also struggled to quit smoking marijuana, something she says people do not talk enough about. She attributes this challenge to the social pressures of smoking in addition to how she was dependent on feeling the way she does when she is high. She concluded, “I know that it’s not my place to be using that substance every single day, and I think that’s something extremely important to talk to people about and bring out in the open.” Although my participants can all recognize marijuana’s problematic effects, they still fight for legalization because they support the right of each individual to choose what substances they decide to put in their body as long as they are informed of the consequences. Ultimately, these students assert the importance of knowing all of the downsides of a drug’s effects in addition to its potential benefits before taking it.

A New Drug Education

In addition to one student’s experience in which he discovered the benefits of smoking marijuana and the little consequences it had on his life, he had a second “a-ha” moment in

college when he realized that the criminal status of certain drugs in U.S. policy is not at all indicative of the substance's harmfulness. In an anthropology course, he learned that crack cocaine users (more commonly people of color) were incarcerated for far longer than powder cocaine users (more commonly wealthy and white), despite the fact that both drugs are cocaine.³ He explained that before learning this statistic, his "naïve correlation was that [for drugs] with higher danger, people who use them would be put into prison longer. But, there is absolutely no correlation. The only correlation there is, is the type of communities that use those drugs, which is mostly lower-class communities." Therefore, being exposed to a college education has shown him that drugs are perhaps different than the warning he received about them during his childhood, and the illegality of a drug does not necessarily correlate to how harmful it is.

At this time of critical learning, students in college began to understand that punitive U.S. drug policies punish particular minority communities while letting other populations off the hook and consider them less criminal for their drug use. Another student reported a change in his perspective about drugs around the same time, explaining that the information he went over in his college classes was not that different to his real-life experiences with drugs because his college education was "based on empirical data rather than with D.A.R.E., it's 'just say no.'"

Multiple students shared this experience in which college became the first place where they received subjective experience *and* objective knowledge about drugs. Although some students

³ The Anti-Abuse Act of 1986 created a disparity in the way that offenses related to crack cocaine and powder cocaine were federally prosecuted. It established a 100:1 penalty ratio for possession of crack cocaine versus powder cocaine. In other words, if someone was caught in possession of 8 grams of crack cocaine, they received the same sentence as someone caught in possession of 800 grams of powder cocaine. The Fair Sentencing Act of 2010, signed by President Obama, reduced this disparity in the penalty ration to 18:1.

report to have shifted their perspective on drugs in high school, it seems that they were all on the same page by the time they experienced college life in the U.S. The existence of NORML and SSDP provides an opportunity for college students to change the way that their peers can become educated about drugs. An executive officer of SSDP proudly explained that the organization uses the slogan “Just Say Know,” in opposition to the famous War on Drugs campaign lead by Nancy Reagan, “Just Say No,” which was clearly driven by the goal of achieving total abstinence rather than providing objective information. On the contrary, these student activists are attempting to spread a more data-based approach to drug education.

CHAPTER TWO: MAKING A CHANGE

This chapter explains how changes to the dominant U.S. drug framework can be made at multiple levels: policy, education, community support, and public health. I describe the efforts of student activists in making a change to educate others and mitigate drug-related harms. I also touch on barriers that these students find in engaging in drug policy reform and conclude by suggesting steps forward.

Who is Responsible for Change?

I asked each interview participant who they felt was responsible for making a change in regard to drug policy, prematurely expecting them to express their opinions about what the government needs to do to make change happen, or what drug users themselves can do. To my surprise, every time I asked this question, the general response was that everyone is responsible for making a change. When I asked one SSDP member who he thought is primarily responsible, he replied:

I'd say community members. Because even at the levels of government—let's say at the federal level, [...] obviously the policy makers and policy writers and our representatives in government are all community members. They're all part of our community and we need to see them as people who want to benefit the community and they need to see themselves as people who want to benefit the community.

Supporting the same idea of individual responsibility, one NORML member said:

This might sound a little cliché, but I think the individual has the most power because, for example, in 2016 we voted on [an Amendment] which made medical marijuana legal. If the individuals didn't choose to vote, 'yes, we want it legalized,' or if the word didn't get out, if we weren't effective and more people

voted no than yes, you know, that wouldn't have happened and we wouldn't have— I mean, you can go across the street from campus, there's a place called marijuana doctor and you can go and be seen by a real doctor and get a card. It's literally 10 minutes away from campus, you know. So, I think the voters absolutely have the most power and the most ability to make change.

In conclusion, these students generally agreed that *everyone* has the responsibility to change drug policy by spreading awareness, education, understanding, and caring. Student activists try to keep conversations going about drugs because they know that the government will not be motivated to make change happen until the people demand it. My participants believed that they themselves, users, educators, politicians, families, friends, neighbors, and everyone in between, can make a change when the majority of them agree that drug-related issues need to be addressed.

Students Making Change

Students in NORML are making a direct impact on policy change, specifically the legalization of marijuana. A former NORML officer reflected on how his campus chapter helped an amendment get passed that legalized medical marijuana in their state by having a petition available at their table outside of the student union to collect signatures. Chapters of NORML at campuses across the state collected thousands of signatures and contributed enough to get the amendment passed. As a result, residents can now visit a licensed doctor and be prescribed a medical marijuana card if they are deemed fit. There are many barriers that still exist for citizens to access this medicine, including the high cost, limited number of dispensaries, and restricted ways to use it, but it is important to note that progress is being made and these students are directly involved. The efforts of students in NORML to collect petition signatures led to real

change in public policy, aimed at providing more health care opportunities for those who could medically benefit from marijuana use. Additional changes have been influenced by NORML, according to one participant who explained that the president of organization at the state-level played a part in allowing “police officers the option to give citations” to people caught with small amounts of marijuana in their county, rather than arrest them. This change in policy helps reduce the number of people who are criminalized for using and/or possessing marijuana in small quantities.

Another way that students are making a change to policy is by spreading objective drug information and education. Two students from NORML individually mentioned that they hold a “Know Your Rights” meeting every year. One explained that they invite a lawyer to their meeting and ask him or her to give a presentation covering “all the different things you should do when you interact with a police officer, when you’re outside of your house, when you’re in your car, when you’re on the street, what you should say specifically, when you should and shouldn’t cooperate. Then after we have that conversation we open up the floor to anyone who has questions.” Another student similarly described the meeting by saying, “We had a lawyer come in and teach us about our rights, so you know what *not* to do so you don’t go to jail.” As the title of this meeting indicates, the purpose is to get students informed and knowledgeable about their legal rights regarding marijuana use and possession so that they can avoid incarceration.

Another way that students in these organizations work towards change is seen in one student’s explanation of how NORML was able to purchase advertising space in a national magazine that advocates for marijuana legalization called “High Times,” which is distributed around town and in smoke shops. Not only did this generate revenue for the club to continue

their efforts, but it allowed them to “continue to spread information, because that is the key, that is the best thing NORML can do: just keep educating people. Because most of the push back for marijuana legalization is ignorance. Like, people just not knowing because the government has been spewing a false record for decades. Cannabis will not kill you.” Once again, education about marijuana’s real effects was prioritized by this student in NORML.

Students also prioritize the dissemination of accurate drug information, as both SSDP and NORML table outside of their student union to talk to other students about their mission. One active member of SSDP explained one way in which they did this and why she thinks it is important:

We have these little cards that we give out, they're from DanceSafe actually, they were donated to us. But they'll have a drug, like MDMA, and then it'll have what the drug is, what a normal dose is, what to do if you overdose, and the typical symptoms or whatever you'll experience, and then they have what isn't normal.

This student found that these cards are popular when handed out during tabling because she could tell that college students were either using the drugs mentioned or they were keen on trying them, so most were interested in knowing more information about them. Rather than following the abstinence-based model by telling people to never do drugs or avoiding the subject entirely, another participant emphasized that SSDP “take[s] the harm reduction methodology which is, ‘don’t do it! But we know that you might do it, so if you’re going to do it, be safe while you do it.’” Using this method, student activists push for the advancement of education and conversation about drugs.

As briefly mentioned in the previous paragraph, students from both SSDP and NORML reported knowing about, ethically supporting, or volunteering for an organization called DanceSafe. One active volunteer and SSDP member explained:

DanceSafe is a 501C3 nonprofit and we push for harm reduction in a bunch of dance communities. So, we go to different events in the area [...] and basically, we are there to help you. What we do is we hand out water bottles so that you don't get dehydrated when you're dancing, or we hand out condoms for safe sex and we also hand out fliers on knowing how to use certain substances. We also, sometimes, depending on the event, we help people test their own substances, so that they know exactly what they're taking and things like that.

The purpose of this organization is to reduce harms that are affiliated with music festivals and drug use, and these students act on this mission by providing resources that assist in safe practices (water bottles, condoms, information about drugs). The efforts of these students align with DanceSafe's mission of "promoting health and safety within the nightlife and electronic music community" (DanceSafe 2018).

Another active DanceSafe volunteer and NORML member discussed his role in helping reduce harms and improve safety at a specific time when a festival-goer was having a difficult psychedelic experience. He explained, "It was, of course, my job to go and talk to him and help him out and help him work through what was going on because it was a bad setting for dealing with some things that were suddenly coming to the surface. One of the things we had to do was help ground him, give him a base point so they don't get lost in that storm." This student described how a girl at another event thought she ingested cocaine when it was actually ketamine. Later, when she was curled up in a ball in front of the stage, he recalled that DanceSafe volunteers made sure that nobody stepped on her and that she was breathing, and then they called the medical team for further assistance. These are just a few specific examples in

which students and organizations actively help to reduce drug-related harms and negative experiences.

Let's Talk About Drugs

Spreading facts about drugs and their related issues is something these students agree is the first step in moving forward for drug policy change. Across all of the interviews conducted in this study, each participant stressed the importance of getting conversations started about drugs through their role as student activists. One participant stressed why it is so important to simply talk about drugs:

Because the world is so quiet in speaking about drugs and because there's so much stigma around it, nobody really wants to go to get the help that they need when they're going to take, like, ecstasy for example, which is super dangerous, and you have to be careful about. So, yeah, it's problematic. I think if we were to get more conversation going about it instead of pretending that it doesn't happen, like D.A.R.E., it can really save lives. It could literally save lives.

He suggests that informing people about drugs, including all of its potential effects, how to do it safely, and what to do if something goes wrong *before* one chooses to take it or not could contribute to saving millions of Americans from experiencing harms related to drugs. Another active student in SSDP supported the idea of talking to people and informing them about drugs' real effects:

The more awareness we can spread out, or the more information we can spread out, the more people can make informed decisions. I think drug use would decrease a little or at least injuries and deaths associated with drug use would decrease. And then when that starts to happen, more programs would come out... So, I think that's why I love educating people.

The importance of educating people about drugs is not only to give them tools to reduce drug-related harms and save their peers lives', but to generate community support and eventually

government funding to run harm reduction programs to reduce harms on a larger scale. One student's drug use experience led him to conclude, "Because there's no conversation about [drugs], nobody really knows what they're going into," and student activists aim to change that.

Large-scale change will not happen until a large enough portion of the population supports it, and students express how achieving this is a daunting and slow process. When one student I interviewed first got involved with NORML and made it his goal to change U.S. drug policy, he explained that he felt a bit hopeless:

I started to realize, you know, if I really wanted to change something then not only would I have to do something, but I would have to encourage other people to do things, because the only way that this movement is going to actually work is if there's a number of people doing it.

The need to gain the majority of people's support is required for any democratic movement to be successful. This student's experience in pushing for marijuana legalization has led him and other student activists to argue that spreading awareness and education about drugs and their related issues is essential to making change actually happen. They hope that the result of their efforts is that others will be inclined to join them in supporting local harm reduction programs and voting for harm-reduction-focused policies.

Barriers to Making Change

The task of convincing a culture who has waged a political War on Drugs for the last 50 years and incarcerated users by the millions to change their ideology now is not easy. Although drugs may be an intriguing conversation for most college students, NORML and SSDP each struggle to maintain an active membership because the subject is so stigmatized that students are not willing to prioritize drugs as a topic of discussion in their public or professional life. A

former executive board member of NORML explained that students can be distracted from engaging in serious policy talk because of the social aspects of “smoking weed.” He interpreted the problem in the following way:

It’s unfortunate but collegiate chapters of NORML tend to die out because it’s difficult to continue leadership under a serious note because [students] can sometimes get side tracked with the social aspects of the club as opposed to adults who are living professionally and are fully matured who can completely talk about this subject matter without getting distracted based off of... How do I put this? Yeah, let’s go with usage.

Data from my interviews shows that it is not a coincidence that both of these drug-focused groups struggle to maintain an active and sustainable student membership. When I asked one student why he thought NORML was struggling to engage his peers' sustained involvement, he stated:

My main reason would probably be hopelessness. People don’t really see— they see the movement in motion and they don’t see what they specifically can change themselves. So, they don’t immediately see the change that they’re causing, and they get tired of putting in so much effort, so they quit.

A student in SSDP similarly notes how regardless of the organization’s mission and “what we think and know that we’re doing good, people are still turned off by the idea of it.” When asked why students do not want to stay actively involved in drug policy activism, especially since so many of them may be involved with or exposed to various substances in college, the same student explained:

I think that people are still just kind of scared by the idea of it because [SSDP] table[s] all the time and we speak to people, but people don’t really want to come out to meetings and I think it’s just because it’s still highly stigmatized.

And perhaps that’s just it: drugs are still too stigmatized for the majority of people to proudly tell their parents or future employers that they are involved in a student organization about marijuana legalization or general drug policy reform.

Recreating the Social Ethic

My analysis shows that there is a need for a shift in the common U.S. cultural conception of drug users. It is necessary to move away from the image of drug users as stigmatized “Others” toward a new social ethic where, as one student proposed, “we need to see them as neighbors. We need to see them as people. We need to see them as one of us.” This empathetic approach towards drug users aligns with sociologist Jane Addams’ concept of a social ethic, which she argues can be incorporating into policy “with the ultimate purpose of securing the welfare of the people,” as opposed to the resulting alienation and individualism that stigmatized individuals face in capitalist societies (2012, 149). We can apply this social ethic to this research, at least to the way in which we approach drug users so that their health care needs may be equally prioritized, and individuals are not stigmatized using a certain substance. One student clearly laid out a suggestion for working towards this social ethic:

I would say that we should [...] shape our policy, our interactions, and the way that we think of drug users less as “drug users” but more as neighbors. And we need to shape policy and center policy as “living as a neighbor.” So, how do we go about treating them with kindness? Giving them hope, giving them the tools that they need to successfully enjoy their life.

This research, in combination with scholarly research, illustrate giving drug users hope means eliminating stigma. Who can feel hopeful in a society if you are perceived as a criminal or an addict, labels that stick for a lifetime? This research suggests that adopting a social ethic free of stigma and full of empathy may be a major step in making changes to the harmful U.S. drug policy framework.

CONCLUSION

The college students who participated in this research all grew up in a society that was dominated by a negative attitude against drug use and users, learned through the values of the generation above them, their personal experiences with abstinence-based drug education (especially in D.A.R.E.), and media representations of drugs. Despite the U.S.'s dominating drug framework, these students eventually change their perspective about drugs to be less taboo and more positive. My participants attributed this shift to their first real-life experiences in which some drugs (namely marijuana and psychedelics) did not prove to be as harmful as they expected, and they actually turned out to enjoy some drugs' effects. Moreover, receiving a college education and learning empirical facts about drugs and their effects led some students to change their approach from drug abstinence to harm reduction.

When considering how to change U.S. drug policy frameworks, I first considered who is responsible for taking action. The consensus among these student activists was clear: every individual, as a community member, is responsible for changing the way drug users are treated in society. These students actively participate in making such changes in their community in many ways, including collecting signatures for petitions related to drug policy reform, informing students about their rights regarding marijuana laws, and spreading accurate drug information to other students while tabling and during meetings and events. Students from both organizations also work and volunteer for outside organizations, such as DanceSafe, whose missions are harm reduction-focused. Through such involvement, these students are joining the broader organized social movement in their community to reform drug policy.

There was general agreement among these students that there is a need for continued conversation about drugs in order to spread knowledge to as many people as possible.

Influencing others to advocate for drug user rights is a difficult task in a culture that so deeply stigmatizes drug use, but these students suggest that change can eventually happen if community members work together to support local programs and public policies based on harm reduction.

A shift in the common social ethic towards one that is empathetic and equally caring of the welfare of all humans, despite any particular substance use, is one that this research demonstrates could benefit the lives of drug users in the U.S.

In light of my findings, I argue that there is much room for change in U.S. drug policy frameworks. Based on my participants' backgrounds in drug education, reforming such systems to be less focused on achieving total abstinence and rather including more information about how to be safe if one does consume a drug, would ultimately educate people more objectively and result in less drug-related harms. Additionally, community members at all levels are responsible for reducing drug-related harms by at least shifting their perspective on drug users towards one that is interested in helping their fellow community members stay safe. Although these students are locally active in many ways, my research suggests that the more people who spread information about drugs and keep the conversation going, the more we will understand about how to fix such problems. Although drug-related stigma is deep-rooted in American history since at least the War on Drugs was officially declared, this research supports the belief that, with enough empathetic support, recreating a social ethic that values the wellbeing of drug users and focuses less on their "criminal" or "addict" status can reduce drug-related harms in the U.S.

SIGNIFICANCE

This research contributes to anthropological literature because it shares a small population of passionate college students' valuable ideas about drug policy reform through their experiences and activism. As discussed above, students have not historically matched the stereotypical drug user image. Instead, this population is usually viewed differently because of their status as college students seeking degrees and eventually higher paying careers. Thus, their unique perspective asserts that it is not only "junkies" who are using drugs and demanding drug policy reform. Power structures in U.S. society can no longer ignore problems in current policy that drug users, academic researchers, and student activists alike are increasingly speaking against.

My research is significant in that it advances critical anthropological analyses of conventional drug frameworks in the U.S. Scheper-Hughes (1990, 1995) explains that it is anthropologists' general role to be an "insistent challenge to commonsense, taken for granted assumptions," which I aim to do against drug policies that have been deeply engrained in educational, familial, and ideological systems that dominate the U.S. In this research, I have been critical towards the drug education that students experienced, which was generally guided by an abstinence-based approach and failed to decrease harms associated with drug use. Further, I have been critical towards the punitive policies that continue to criminalize drug users rather than to treat them.

This research, moreover, engages with critical medical anthropology to frame drug-related suffering (such as HIV/AIDS, overdose, addiction, homelessness, incarceration, social

stigma, etc.) as socially produced and maintained disparities that are directly backed by U.S. policy. Merrill Singer (2012, 1751) advocates for critical medical anthropologists to focus on the study of social suffering, which he defines as “the immediate personal experience of broad human problems caused by the exercise of political and economic power.” Although this research did not focus on a population who is necessarily defined by its suffering, the students I spoke with told stories of everyday suffering through their experiences with drugs, such as one participant’s experience with seeing people harm themselves at festivals by taking drugs that they were not fully informed about or prepared to take. By understanding the ways in which these students witness and personally experience suffering related to drug policy in the U.S., we can get more valuable and insightful ideas for how organizations, political leaders, and *all* community members can take action to reduce drug-related harms that millions of people in the U.S. experience a year.

In proposing questions for critical medical anthropologists, Merrill Singer (1990, 185) first suggests that we ask the following: “whose interests does our work further; who is empowered by our efforts?” My findings indicate that students feel like they are not getting proper drug education or care from their society. Although this research cannot conclude exactly whose interests *are* being met, these students testify that theirs certainly are *not*. One student implies that he was not empowered by his experience with drug education which “really pushed the negative effects of them and never at all said anything about the positive” and “was creating stigma on the people that were going to use those things.” Further, he explains how the health interests of his peers have been neglected because drug education programs pretend like students will totally abstain from drug use and then “when something goes wrong, you’re not taught how

to help yourself get over it or medically fix that.” The social and political movement for drug policy reform among these students aims to make change happen by first and foremost, modifying the dominant cultural framework to focus more on assisting those who suffer, or those whose needs are not being met. In order to empower those individuals, it is essential that more community members choose to prioritize the reduction of drug-related suffering from all angles. This research certainly contributes to the conversation about drugs and aims to empower the interests of those who seek to eliminate drug-related suffering in their community.

By applying critical medical anthropology to disparities in drug policy to both personal experiences and empirical knowledge, this research helps “examine these limitations and offer suggestions for advancing on an alternative, critical course” (Singer 1990, 179). In other words, I contribute findings that indicate where college students see issues in U.S. drug policy frameworks and their proposed solutions to those problems. One obvious solution that these students and millions of Americans around the country propose is to allow marijuana for legal adult use. Because of marijuana’s popularity in the U.S., including its’ widespread use among college students, its’ legalization will significantly decrease the number of “criminal offenses” committed in the country for those who choose to use a particular substance.

The legalization or decriminalization of certain drugs in the U.S. would produce another potentially critical benefit for millions of American citizens: new medical resources. To use the most prominent example of the time, research has found many therapeutic properties of cannabis on “nervous system functioning, neuronal development, memory and learning, food intake, and pain and inflammation,” which is also supported by data in my interviews (Chapkis 2007, 447). Although only 12 U.S. states and territories have passed laws allowing for the personal

possession and consumption of marijuana, most states have now recognized the medicinal value of the drug (NORML 2018b). In fact, only four states still do not have medical marijuana laws enacted and 13 remain limited to CBD-specific medicines, while the rest now permit medical marijuana for those who possess a state-issued license (NORML 2018c). One participant explained that since a lot of America's chronic problems "are inflammation-based and cannabis is one of the most effective anti-inflammatories, and it's what you can do that doesn't have long-term, damaging effects [...] on your kidneys or liver," it can be a life-changing pain reliever for some people. Another student physically experienced these anti-inflammatory benefits of smoking marijuana on her injured knee, in addition to the drug's effectiveness in relieving her anxiety. She also experienced less negative side effects from marijuana than she did from prescription pain pills, which made her extremely dependent on opioids in only a couple of months and experience intense pain once she stopped. In addition to cannabis, the potential medical benefits for psychedelics are showing incredible potential at Johns Hopkins University, as discussed in Chapter One (Griffiths and Grob 2010). Why not legalize drugs whose medical value have proven to possess many benefits and little side effects?

Medical exploration of drugs is important to address people's ailments which are not being fully managed with the current biomedical system. Eight out of my nine research participants confessed to using marijuana and/or psychedelics and experiencing positive outcomes in their overall wellbeing as a result, despite admitting to some negative effects associated with drug use. Although this is a small sample size, these research findings significantly contrast with the designation of marijuana and several psychedelics as Schedule 1 drugs, the most regulated class of drugs. One criterion for this scheduling, according to the U.S.

Drug Enforcement Agency (DEA), is that these drugs are deemed to have no currently accepted medical use. This research highlights the fault in this federal policy, as students experienced positive medical benefits and few harmful effects from both marijuana and psychedelics.

Overall, this research seeks to inform the public about drug policy issues that college students agree are socially significant problems. I advocate for my participants' efforts to be publicly heard by highlighting their perspectives and experiences in my work. This research sheds light on a social movement that has yet to be acknowledged by institutions capable of changing drug policies or mitigating their negative effects. Therefore, it is necessary that continued research be done among students working on these issues in order to make a real change.

Future Research

Although extant research recognizes problems that current U.S. drug policies pose, such as homelessness (Koester 1994), overdose (Lopez 2018), HIV/AIDS (Beyrer 2012), addiction (Singer 2012), not enough public action has been taken to acknowledge this societal problem and work towards a solution. Important research has been done to highlight the activist efforts of drug users around the world, such as the Vancouver Area Network of Drug Users (VANDU) (Kerr et. al. 2006) or the French organization called ASUD (Self-Support for Drug Users) (Jauffret-Roustide 2009), but the U.S. has not made significant changes to federal drug policy in response to critical findings around the world.

In 2012, Merrill Singer laid out what “the tomorrow of the anthropology of addiction” should look like. In following his proposal, my research investigated a specific population's

“perception of drug risks and benefits” and their “societal response to the failure of the global war on drugs” (Singer 2012, 1752), but on a small-scale. There is a lot of room for research to be done among various populations in order for anthropologists to work towards a complete picture of human experiences with drugs and the U.S. policy’s far-reaching effects. Future research must continue to document, as Singer argues (2012, 1752) “the role of drug research as a valued arena of anthropological work” and to increase “involvement in both examining and enhancing harm reduction, treatment, and recovery.” With continued research in the field, there is an endless potential to make changes to public policy that work to reduce drug-related harms plaguing the U.S. and improve millions of people’s quality of life.

REFLECTIONS

With respect to the drug ideology I was exposed to from my parents' generation in addition to my childhood drug education, my experiences are identical to the students who participated in this research. I too grew up being strictly told by my parents as well as D.A.R.E. that drugs are bad. When I was young, I was convinced that the only drug I would ever try is alcohol because it was legal, and everyone who tried drugs like marijuana, cocaine, or methamphetamine, were inherently bad people. I too recognized disparities in my drug education toward the end of high school and even more so in college. My participants and I share some of the same reasons for our involvement in drug policy reform efforts, one major factor being that our experiences are inherently different than the negative expectations we held. Even more importantly, our college education has exposed us to flaws in U.S. drug policy which have adversely affected the quality of life for drug users. These experiences have encouraged us to inform more people and help make a change.

My own position in this research was one in which my participants and I interacted on a level playing field. I related to each participant as a peer, almost like a friend, where each of us were passionate about the same topics. My beliefs about changing drug policy generally aligned with those of the majority of my participants. This deeply involved and subjective position as a researcher influenced my analysis because it allowed me to empathize with my participants and their experiences. Moreover, it made me aware of how their beliefs, as well as my own, are particular to the social context that we shared: all of us attended public school and college in the U.S., were taught by our parents' generation to have zero tolerance towards drug use, found our

experiences with drugs to be different than what we were taught, and now see a need to shine a light on the problems we associate with drug policy in this country.

My challenge as a researcher was to remain critical towards my participants' ideas when my first instinct was to support them due to our similar backgrounds. This struggle provided me with a constant awareness of my personal bias and served as a reminder to question my participants' statements and avoid making quick assumptions or generalizations. I believe my positionality was beneficial for this research because I felt as if I had an insider perspective, so I could understand my participants' concerns on a more personal level. To use the words of sociologist Wendy Chapkis, "my status, then, was that of a sympathetic, though not uncritical, ally" (2007, 444). While one could argue that my similar background with these students might obscure my objectivity, I believe my empathetic positionality made me better equipped to understand their reasoning and critically examine drug policy frameworks.

APPENDIX A: IRB APPROVAL LETTER



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Shana Harris and Co-PI Megan Sarmento**

Date: **August 10, 2018**

Dear Researcher:

On 08/10/2018 the IRB approved the following human participant research until 08/09/2019 inclusive:

Type of Review: UCF Initial Review Submission Form
Expedited Review Category #6 & 7;
This approval includes a Waiver of Written Documentation of Consent
Project Title: An Anthropological Analysis of U.S. Drug Policy Frameworks and Student Activism
Investigator: Shana Harris
IRB Number: SBE-18-14145
Funding Agency:
Grant Title:
Research ID: N/A

The scientific merit of the research was considered during the IRB review. The Continuing Review Application must be submitted 30 days prior to the expiration date for studies that were previously expedited, and 60 days prior to the expiration date for research that was previously reviewed at a convened meeting. Do not make changes to the study (i.e., protocol, methodology, consent form, personnel, site, etc.) before obtaining IRB approval. A Modification Form **cannot** be used to extend the approval period of a study. All forms may be completed and submitted online at <https://iris.research.ucf.edu>.

If continuing review approval is not granted before the expiration date of 08/09/2019, approval of this research expires on that date. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

Use of the approved, stamped consent document(s) is required. The new form supersedes all previous versions, which are now invalid for further use. Only approved investigators (or other approved key study personnel) may solicit consent for research participation. Participants or their representatives must receive a copy of the consent form(s).

All data, including signed consent forms if applicable, must be retained and secured per protocol for a minimum of five years (six if HIPAA applies) past the completion of this research. Any links to the identification of participants

should be maintained and secured per protocol. Additional requirements may be imposed by your funding agency, your department, or other entities. Access to data is limited to authorized individuals listed as key study personnel. In the conduct of this research, you are responsible to follow the requirements of the [Investigator Manual](#). This letter is signed by:

A handwritten signature in blue ink that reads "Renea Carver". The signature is written in a cursive style with a large initial 'R'.

Signature applied by Renea C Carver on 08/10/2018 03:09:05 PM EDT

Designated Reviewer

APPENDIX B: EXPLANATION OF RESEARCH



EXPLANATION OF RESEARCH

Title of Project: An Anthropological Analysis of U.S. Drug Policy Frameworks and Student Activism

Principal Investigator: Shana Harris, Ph.D.

Co-Investigator: Megan Sarmiento, Honors in the Major Candidate

You are being invited to take part in a research study. Whether or not you take part is up to you. The purpose of this research is to understand students' interests and role in U.S. drug policy reform.

What you should know about a research study:

- Someone will explain this research study to you.
- A research study is something you volunteer for.
- Whether or not you take part is up to you.
- You should take part in this study only because you want to.
- You can choose not to take part in the research study.
- You can agree to take part now and later change your mind.
- Whatever you decide it will not be held against you.

Feel free to ask all the questions you want before you decide.

What you will be asked to do in the study: You will be asked to participate in an interview. The interview should take between 45-60 minutes at a place convenient for both you and the Co-Investigator. You will be audio-recorded during this study. If you do not want to be recorded, you will not be able to be in the study. Discuss this with the research team. If you are audio-recorded, the tape will be kept in a locked, safe place. The recording will be erased or destroyed when the study is completed in December 2018.

You are free to decline to answer any question during the interview and may withdraw from participating at any time without prejudice or penalty.

Location: The interviews will take place at an agreed upon private location on the University of Central Florida (UCF) campus.

Time required: Approximately 45-60 minutes will be required. You will be asked to participate in an interview at a time that is convenient for you between July and October 2018.

This study is confidential. A pseudonym will be assigned to you in order to ensure confidentiality.

Study contact for questions about the study or to report a problem: If you have questions or concerns about your participation in this research please contact: Megan Sarmento, Honors in the Major Candidate, Department of Anthropology, (540) 748-9744, msarmento2@knights.ucf.edu, or Dr. Shana Harris, Principal Investigator, Department of Anthropology, shana.harris@ucf.edu.

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at +001(407) 823-290

APPENDIX C: Interview Guide

“An Anthropological Analysis of U.S. Drug Policy Frameworks and Student Activism”

Megan Sarmento, PI

The following questions indicate domains of conversation that the PI will attempt to explore. In the tradition of classic ethnographic methods, the PI may add follow-up questions on each of these issues to elicit more thorough responses.

1. Why did you join SSDP/NORML?
2. What do you hope to achieve by being involved in SSDP/NORML?
3. How do you feel that your involvement in SSDP/NORML enables you to make a change with respect to drug policy?
4. How might SSDP/NORML contribute to policy change as a national organization? How might change occur at UCF?
5. What do you believe makes your position as a student important in this policy reform movement?
6. What drug policy are you most passionate about changing and why?
7. Are there any drug policies that have affected your life or anyone close to you? If so, which ones and how?
8. Have you received any formal drug education? If so, what was it and what did you learn?
9. If you did receive formal drug education, how successful was that strategy in achieving its purported goal(s)?
10. Are there any differences between what you were taught about drugs/drug policy and what you have seen or experienced in your life? If so, please explain.
11. How do you feel that drug use or drug users are portrayed in the media? Are they portrayed similarly or differently than what you have seen or experienced in your life?

12. Who do you believe is responsible for making changes related to drug issues?
13. Based on your experiences with activism, what are some changes you think can be made to U.S. policy in order to help mitigate drug-related issues?
14. What is your opinion about the criminalization of drug use and users?
15. Have you seen effects of drug criminalization on yourself or on anyone you know? If so, please explain.
16. How do you think that drug use and users should be handled in the U.S.?

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