

In defence of drug dealers' humanity

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I'm going to state a basic fact that will make some people very angry: Drug dealers are human beings.

That this statement upsets some people, or that it is controversial at all, is a problem that those of us who work in drug policy constantly face. On Twitter earlier this month, Michelle Tandler – a former venture capitalist and wealthy “anti-San Francisco influencer” – publicly bemoaned the lack of vigilante groups in the Bay area as she mused about whether or not fentanyl sellers should be lynched. As a researcher who studies drug prohibition, I responded by pointing out that not only is this kind of bloodthirsty rhetoric abhorrent, but drug sellers are, for the most part, workers entrapped in a violent system of marginalization, trying to survive where they have been denied functional access (often through systemic racism) to the licit job market. I pointed out, as my colleagues and I often do, that prohibition is in fact a root cause of most of the harm and chaos stemming from the drug trade. Legalization and regulation would save many lives. Even Twitter owner Elon Musk weighed in on this contentious discussion, surprising many with his stance in favour of the legalization of fentanyl. Despite this, I received dozens of threats and harassing messages for stating a position backed up by evidence.

I understand that, for many people, the overdose crisis is very personal. More than 34,000 Canadians have lost their lives to opioid toxicity since 2016. Grieving communities are looking for answers, and blaming people who sell drugs is a common default. It makes sense in the context of what we've been told by the proponents of the War on Drugs: Drugs are extremely dangerous and bad (except for alcohol, tobacco and caffeine, of course), and dealers are all amoral drug pushers who get people hooked and then take advantage of their addictions.

But is this view accurate? Is it helpful for understanding the complexities of the current crisis? Or does it feed into the stigma that is causing us to use the same ineffective and punitive methods of control, over and over again?

The reality of the drug trade is much more complex. Prohibition isn't fighting the fentanyl crisis – it helped create it in the first place. The more the police crack down – while little is done to address the root question of why so many people want painkillers – the more they push it underground. Drug busts incentivize the flooding of the market with more compact, stronger drugs. More potent drugs are easier to transport and hide, but they're also more dangerous as they're difficult to properly dose. It happens every time prohibition is implemented, from the banning of alcohol in the U.S. in the 1920s and 30s, which had the unintended consequence of displacing beer and wine with the consumption of harder liquors, all the way up to the present day, where fentanyl has largely replaced heroin – which replaced morphine, which replaced opium (which was made illegal in Canada in 1908).

Despite countless aggressive attempts, no amount of surveillance or state violence has been able to stamp out drugs, which are available even in prisons, the most heavily guarded places on Earth. This is not to say we should give up the fight to keep people safe from overdoses. Quite the opposite. It means we need to let go of old, punitive, ineffective methods and start trying approaches that actually make practical sense. We have to respect the dignity of our fellow human beings who are struggling and in pain.

Drug sellers are not a monolith. Just like bartenders and retail cannabis sellers, they have different reasons for doing what they do. But unlike those working in legal drug industries, illicit drug sellers do not have access to a regulated supply of the substances they sell, nor to worker protections.

Some are trapped, doing drug work as survival work, to make rent and keep themselves alive. Some enjoy the work; some hate it. Some are entrepreneurs; some are “employees.” Many use fentanyl themselves. We know that street-level sellers, the ones interacting with their customers – who are often their friends – do not want people dying of overdoses, and care deeply about the crisis. A study of fentanyl sellers in Vancouver found that they were actively embedded in their communities. When they were given drug-checking resources, they actively wove practices of community care and ethics into their work, such as by “returning dangerous batches and modifying fentanyl in order to make it safer to consume.”

Challenging one’s preconceived beliefs about a contentious social issue is an uncomfortable process. But the continued propagation of fear, anger and inaccurate stereotypes only benefits the proponents of the failed War on Drugs. This framing gets them votes and funds bloated police departments rather than community services, housing and health care. An approach that focuses on addressing the reasons why so many people turn to illicit drugs in the first place – trauma, untreated chronic pain, housing insecurity – is not only more compassionate, it’s more effective. To keep those who are actively using alive, we should provide access to a safe, regulated supply of heroin and fentanyl – just as those struggling with alcohol addiction have access to (although the policies for each drug should look different). Increasingly, groups of people who have lost loved ones to overdoses, such as Moms Stop The Harm, are advocating for these approaches.

The primary goal of acknowledging drug sellers as workers within a system is not to sympathize with them, but to understand why they exist in the first place – and to understand the system itself. A problem cannot be solved unless it is first understood.

Prohibition created the fentanyl crisis. More of it will just make things worse.