

# Structural Violence and Medicine

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# Drugs and Prisons

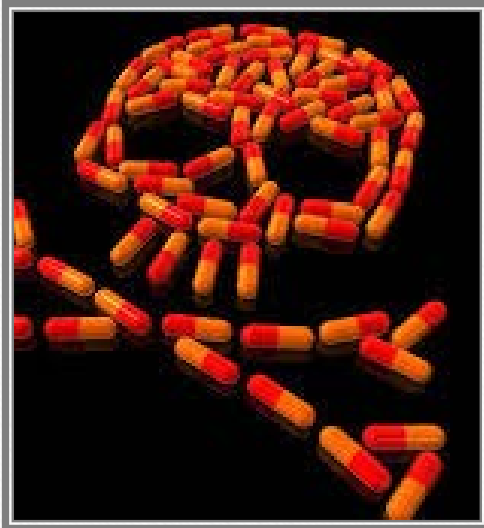
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- Structural Violence: Social structures – economic, political, legal, religious, and cultural – that stop individuals, groups, and societies from reaching their full potential.
- At year-end 2014, over 25,000 people were serving sentences in local jails and another 48,000 were serving sentences in state prisons for drug possession nationwide.
- In 2002 (the most recent year for which national jail data is available), Black people were over 10 times more likely than white people to be in jail for drug possession. In 2014, Black people were nearly six times more likely than white people to be in prison for drug possession.



# Diversion of Care

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- Punitive measures and stigma as a solution for drug use leads to death
- From 1999 to 2017, more than 700,000 people have died from a drug overdose.
- Rates remained highest among males, persons aged 18–25 years, persons with annual household incomes <\$20,000, persons living in urban areas, and persons with no health insurance or with Medicaid.
- Only a median of less than 10% of incarcerated individuals who need treatment for SUD receive it; most incarcerated individuals committed their “crime” while under the influence; almost half of all incarcerated individuals meet the DSM diagnosis for SUD

# Market Structure as a Progenitor



Licit vs Illicit depending on market  
(street vs doctor's office)



“Drug Dependence” label given to  
people addicted to “prescription drugs”  
while individuals using similar  
substances without prescription (but  
just as dependent) were “criminal”

# Legislation as Violence

- The Harrison Narcotics Tax Act of 1914 began as an effort to use tax law to restrict narcotic commerce to medical professionals. By the 1920s, the Act was interpreted by the Narcotics Division of the Treasury Department as empowering them to incarcerate people who were using and distributing these substances for “non-medical” purposes
- Those who were unable to access healthcare and resorted to using the same drugs on the street were given prison sentences while those who had access to health care became legally addicted or “dependent” and remained free.

# Who is effected most?



Poor, Minorities (namely African Americans), Young Adults



Structures of violence target minorities even if the “pathology” is not so discriminate



As the notion of addiction and who signifies “addict” is reimagined, pathology as well as management and functionality are all altered to align with a different social goal of rehabilitation instead of criminalization and incarceration.



In the early 1990s, long after the war on drugs was waged, President Bush senior instated the National Institute on Drug Abuse. Addiction psychiatry became a recognized subspecialty in 1993 further solidifying the mental health implications of these use disorders



# Who Benefits the most?

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- Private Prisons, politicians, Judges, etc. (largely white male dominated arenas)
- Cannabis Legalization: In 2017, 73 percent of cannabis executives were white, and the business is slated to be worth more than 20 billion dollars by 2020.

# Questions to think about

- How do healthcare institutions contribute to structural violence?
- Are healthcare institutions an institution of violence?
- How are institutions of violence created?
- How can one prevent/ameliorate the effects of structural violence?
- What does non-violent healthcare look like?

