Read ME 2023

Resources To Help With Discussions About Substance Use

Thank you to Hilary Eslinger at Maine Access Points for putting this together!

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Vidoes:

- The War on Drugs: From Prohibition to Gold Rush by Jay-Z and Molly Crabapple: https://www.youtube.com/watch?v=HSozqaVcOU8
- Harm Reduction 101: https://drugpolicy.org/issues/harm-reduction
- Harm Reduction Truth: https://www.youtube.com/watch?v=x9f5rz75swE&t=285s
- PBS Love in the Time of Fentanyl: https://www.pbs.org/video/love-in-the-time-of-fentanyl-kjqkfu/

Podcasts

- Narcotica: https://narcocast.com/
- Crackdown: https://www.crackdownpod.com/

Books & Zines

- Joyeux Noir no. 1, Mallory Culbert : https://www.flipsnack.com/mculbert/joyeux-noir-no-2-ukl7y2lk9s.html
- Joyeux Noir no. 2, Mallory Culbert : https://www.flipsnack.com/mculbert/joyeux-noir-no-2.html
- On Earth We're Briefly Gorgeous, Ocean Vuong
- Drug Use for Grown-Ups: Chasing Liberty in the Land of Fear, Dr. Carl L. Heart
- Righteous Dopefiend, Philippe Bourgois
- Undoing Drugs, Maia Szalavitz
- Fighting For Space: How a Group of Drug Users Transformed One City's Struggle with Addiction, Travis Lupick
- In the Realm of the Hungry Ghosts, Close Encounters with Addiction- Gabor Mate
- Chasing the Scream, Johann Hari
- Felon, Reginald Dwayne Betts
- On Freedom; Four Songs of Care and Constraint, Maggie Nelson
- The Body Keeps the Score; Bessel van der Kolk
- The Biology of Desire; Why Addiction is not a Disease, Marc David Lewis
- Between the World and Me- Ta-Nehisi Coates
- How to Change Your Mind- Michael Pollan
- Emergent Strategy, adrienne maree brown
- Pleasure Activism, adrienne maree brown
- The Grievers, adrienne maree brown

RESPECT TO CONNECT: UNDOING STIGMA

WHAT IS STIGMA?

Stigma is a social process linked to power and control which leads to creating stereotypes and assigning labels to those that are considered deviate from the norm or behave "badly" -- stigma creates the social conditions that makes people who use drugs believe they are not deserving of being treated with dignity & respect, perpetuating feelings of fear and isolation

WHAT DOES LIBERATION LOOK LIKE?

- Liberation is the act of setting someone free from imprisonment, slavery, or oppression
- In the context of drug use & sex work, liberation is about freedom from thoughts or behavior -- "the way it's supposed to be" -- and how we are conditioned to perpetuate harms to others

WHAT DOES STIGMA LOOK LIKE?

- Stigma limits a person's ability to access services they need because they feel unworthy of receiving or requesting services
- Stigma creates barriers while receiving services by people feeling unwelcome or judged by program staff that offers services

TREE OF LIBERATION

Leaves: Actions

- Create plans together based on their goals
- Ask clarifying questions to understand the whole story & needs
- Share resources & education for their friends to have

Trunk: Beliefs

"They can do _____"
"They're telling me the truth"
"They care about the community"

Roots: Perceptions

Capable
Trustworthy
Caring

TREE OF STIGMA

Leaves: Actions

- Ignore the story & project your own agenda
- Require mandatory XYZ because "they won't do it otherwise"
- Only talk about the "disease" & not about what they have control over

Trunk: Beliefs

"They're probably lying"
"They don't have the willpower"
"They can't help themselves"

Roots: Perceptions

Not trustworthy
Lazy
Sick

HOW WE STIGMATIZE PEOPLE

Pathologizing drug use & patronizing people who use drugs

Implying that people who use drugs are diseased, don't have control over themselves, or can't be trusted

Blaming people who use drugs & imposing our own moral judgements

Telling people that use drugs that they don't care about themselves or their community

Criminalizing people who use drugs

Asking someone who may look like they use drugs if they have ever been incarcerated during an employment interview & being immediately disqualified

Creating fear around people who use drugs which serves to isolate them

Believing people that people who use drugs are morally corrupt, untrustworthy, dangerous to children & the community

HOW YOU CAN BRING IT TO YOUR WORK

Actively include people who use drugs & experience marginalization for their expertise when developing new programming or evaluating current one

Ensure services are grounded in an understanding of how people's health, priorities, & experiences are shaped by the criminalization of drug use

Emphasize building relationships & trust with people who use drugs as important outcomes

Ensure all services are provided in a culture of respect & safety within workplace

Consider how past histories of trauma, violence, layers of disadvantage & stigma may affect a person's ability to engage with providers

Review documents & materials to ensure we are using people first language/non-stigmatizing language & change them if necessary

PERSON-FIRST *LANGUAGE GUIDE*

USE IT FOR: PEOPLE WHO USE DRUGS.

Person who uses (or injects) drugs - can be abbreviated PWUD or PWID:
This can be used to describe any person who uses substances. Many people actively use substances (yes - even daily!), and referring to non-problematic use as abuse implies a willful misconduct that has been shown to increase stigma and reduce quality of care.

Substance use disorder:
This term is defined in the DSM V. In the past, this has been referred to as "addiction." Instead you can say, "person with a substance use disorder." Substance use disorder refers to drug use that has in some way become problematic in a person's life. Much like other issues that arise, treating it with support, medication, and without stigma is the most effective strategy.

Problematic/chaotic use:
This is how many people who are dependent on a substance or struggle with managing their drug use in a way that doesn't leave them vulnerable prefer to refer to themselves, to keep things less clinical. Some people prefer to be referred to as people experiencing chaotic use. The degrees to which people have been affected may vary and are most highly influenced by factors like race, socioeconomic status, gender, sexual orientation, and access to resources.

If you're providing: *a service, a resource, or support*

don't stigmatize.

People frequently use less than friendly language to describe themselves, that's their prerogative. Do not correct people with lived experience on their preferred way to refer to themselves. Use respectful language to show people who use drugs that you respect them with your words.

OTHER IMPORTANT TERMS/ CONCEPTS:

Re-initiating use (after a period of abstinence):
The term relapse is steeped in moral judgement and stigma. People are most at risk of dying when they use alone. Removing stigma from how you refer to someone's experience can build a rapport that allows you to provide meaningful support instead of further adding to the shame they might feel.

Supervised Consumption Space:
This is a space where people who use drugs can consume them (via injecting, snorting, eating, and in some cases smoking) under trained supervision. This makes the process safer, and ensures people have access to sterile supplies and - don't die. Of 102 sites in 63 cities, there has never been a death in one of these facilities.

Sterile/Used:
These terms can be used to refer to injecting equipment like syringes or any other drug paraphernalia. The clean/dirty dichotomy creates a false narrative that people who use drugs are inherently unclean. This is not only false, but extremely stigmatizing. The clean/dirty dichotomy should NEVER be used to describe people.

Highly Stigmatized Drugs:
The "hard/soft" dichotomy of drug use is harmful to those using more highly stigmatized drugs such as meth, heroin, crack, and some other recognizable substances. This change in language recognizes that people can use any substance responsibly, problematic/chaotic use depends on the person, not the substance.

TRIGGER WARNING: The following section denotes words not to use. If you've been stigmatized in the past, you don't need to read any further.

Try not to use:

- addiction
- relapse
- hard/soft drugs

Absolutely don't use:

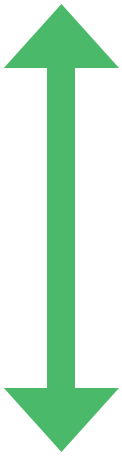
- junkie
- addict
- substance abuser
- druggie
- clean/dirty
- shooting gallery

HARM REDUCTION ACTION CENTER

Substance Use Spectrum

Substance use occurs on a spectrum, from total abstinence to chaotic use and a whole host of behaviors in between. There are many degrees of use, and the extent to which substance use affects or interferes with a person's life varies by substance and by circumstance. While abstinence is a part of the substance use spectrum, harm reduction does not require it; harm reduction supports safer drug consumption even (and especially) in chaotic use.

Abstinence
Experimentation
Occasional Use
Regular/Social/Recreational Use
Heavy Use
Substance Dependence
Chaotic Use



Adapted from Denning et al, *Over the Influence* (The Guilford Press: 2003).

Harm Reduction supports and celebrates any positive change while resisting a narrative that would treat the substance use spectrum as a moral ladder. A positive change is one that reduces risk to oneself and one's community, that makes space for a person to pursue spiritual, emotional, and physical health and wholeness, that emerges from and increases their agency. One person's positive change may be to start smoking heroin instead of injecting it, thereby reducing the risk both of overdose and of many infections; another's may be to shift from heavy use to occasional use in order to make more time for a job, hobby, or relationship; another's may entail giving up one or more substances entirely to prevent harm. Principles of non-judgment and non-coercion require that none of those choices be treated as morally superior or inferior to another. Everyone's path is their own, but Harm Reduction offers compassionate, evidence-based support on the journey.

PRINCIPLES OF HARM REDUCTION

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

FOUNDATIONAL PRINCIPLES CENTRAL TO HARM REDUCTION

Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs "where they're at," and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

However, National Harm Reduction Coalition considers the following principles central to harm reduction practice:

- Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others
- Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm
- Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them
- Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm
- Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

Revised 2020

FOR MORE RESOURCES, VISIT HARMREDUCTION.ORG

/HarmReductionCoalition /HarmReductionCoalition @harmreduction @harmreduction

NATIONAL HARM REDUCTION COALITION

HARM REDUCTION INTERVENTIONS

(H)arm (R)eduction:

A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence

(h)arm (r)eduction:

The approach and fundamental beliefs in how to provide the services

risk reduction:

Tools and services to reduce potential harm

The "risk itself (e.g. related to drug use or sex work) that you're discussing

The "mindset" that someone brings to the situation, including thoughts, mood, and expectations

The physical and social environments of where the person is, and their pereception of how that can promote/reduce risk

RISK

- What issue is being presented?
- What other possible sources of harm might be connected to the main issue?
- What drug is being used? What is the risk of overdose?

SET

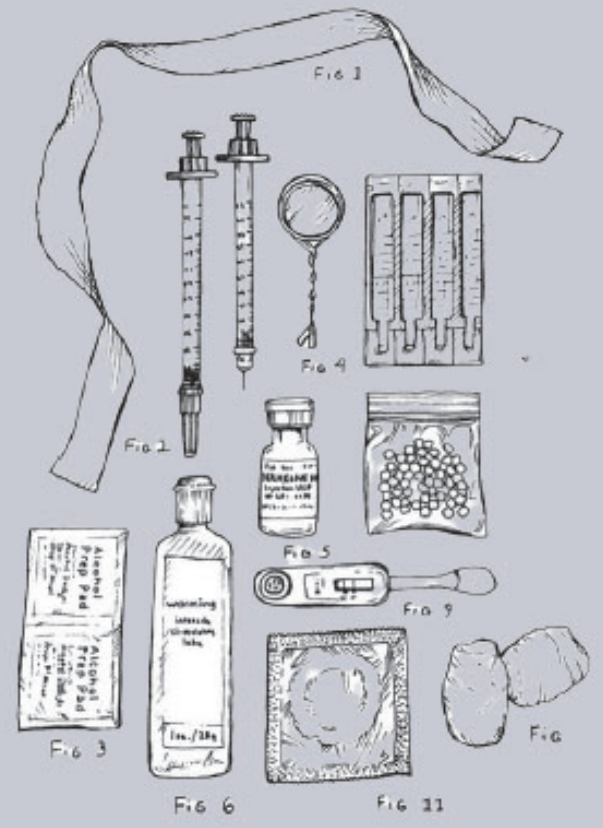
- How are they feeling? Confident? Angry? Anxious?
- Are they physically in pain or hurt? Do they need to get well?
- Can they engage with you fully? Are their basic needs being met?

SETTING

- What is the physical environment where the potential harm is occurring? In a home? At work? On the street?
- Who is around them? Police, bystanders, other participants? How does the person present to these people? How will they react?

Case Study : Jessica

Jessica has been using heroin on and off for the past 10 years. Jessica stopped using for a few months while she was with her ex, but they recently broke up. She is feeling depressed and anxious and is looking to use again. She buys a bag and heads to the syringe exchange for some new points and heads to her encampment in a rush.



A difficult life is not less
worth living than a gentle one.
Joy is simply easier to carry
than sorrow. And your heart
could lift a city from how long
you've spent holding what's been
nearly impossible to hold.
This world needs those
who know how to do that.
Those who could find a tunnel
that has no light at the end of it,
and hold it like a telescope
to know the darkness
also contains truths that could
bring light to its knees.
Grief astronomer, adjust the lens,
look close, tell us what you see.

- Andrea Gibson

A History of the Drug War - https://drugpolicy.org/issues/brief-history-drug-war

The Early Stages of Drug Prohibition

Many currently illegal drugs, such as marijuana, opium, coca, and psychedelics have been used for thousands of years for both medical and spiritual purposes. So why are some drugs legal and other drugs illegal today? It's not based on any scientific assessment of the relative risks of these drugs – but it has everything to do with who is associated with these drugs.

The first anti-opium laws in the 1870s were directed at Chinese immigrants. The first anti-cocaine laws in the early 1900s were directed at black men in the South. The first anti-marijuana laws, in the Midwest and the Southwest in the 1910s and 20s, were directed at Mexican migrants and Mexican Americans. Today, Latino and especially black communities are still subject to wildly disproportionate drug enforcement and sentencing practices.

Nixon and the Generation Gap

In the 1960s, as drugs became symbols of youthful rebellion, social upheaval, and political dissent, the government halted scientific research to evaluate their medical safety and efficacy.

In June 1971, President Nixon declared a "war on drugs." He dramatically increased the size and presence of federal drug control agencies, and pushed through measures such as mandatory sentencing and no-knock warrants.

A top Nixon aide, John Ehrlichman, later admitted: "You want to know what this was really all about. The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying. We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did."Nixon temporarily placed marijuana in Schedule One, the most restrictive category of drugs, pending review by a commission he appointed led by Republican Pennsylvania Governor Raymond Shafer.

In 1972, the commission unanimously recommended decriminalizing the possession and distribution of marijuana for personal use. Nixon ignored the report and rejected its recommendations.

Between 1973 and 1977, however, eleven states decriminalized marijuana possession. In January 1977, President Jimmy Carter was inaugurated on a campaign platform that included marijuana decriminalization. In October 1977, the Senate Judiciary Committee voted to decriminalize possession of up to an ounce of marijuana for personal use.

Within just a few years, though, the tide had shifted. Proposals to decriminalize marijuana were abandoned as parents became increasingly concerned about high rates of teen marijuana use. Marijuana was ultimately caught up in a broader cultural backlash against the perceived permissiveness of the 1970s.

This video from hip hop legend Jay Z and acclaimed artist Molly Crabapple depicts the drug war's devastating impact on the Black community from decades of biased law enforcement.

The video traces the drug war from President Nixon to the draconian Rockefeller Drug Laws to the emerging aboveground marijuana market that is poised to make legal millions for wealthy investors doing the same thing that generations of people of color have been arrested and locked up for. After you watch the video, read on to learn more about the discriminatory history of the war on drugs.

The 1980s and 90s: Drug Hysteria and Skyrocketing Incarceration Rates

The presidency of Ronald Reagan marked the start of a long period of skyrocketing rates of incarceration, largely thanks to his unprecedented expansion of the drug war. The number of people behind bars for nonviolent drug law offenses increased from 50,000 in 1980 to over 400,000 by 1997.

Public concern about illicit drug use built throughout the 1980s, largely due to media portrayals of people addicted to the smokeable form of cocaine dubbed "crack." Soon after Ronald Reagan took office in 1981, his wife, Nancy Reagan, began a highly-publicized anti-drug campaign, coining the slogan "Just Say No."

This set the stage for the zero tolerance policies implemented in the mid-to-late 1980s. Los Angeles Police Chief Daryl Gates, who believed that "casual drug users should be taken out and shot," founded the DARE drug education program, which was quickly adopted nationwide despite the lack of evidence of its effectiveness. The increasingly harsh drug policies also blocked the expansion of syringe access programs and other harm reduction policies to reduce the rapid spread of HIV/AIDS.

In the late 1980s, a political hysteria about drugs led to the passage of draconian penalties in Congress and state legislatures that rapidly increased the prison population. In 1985, the proportion of Americans polled who saw drug abuse as the nation's "number one problem" was just 2-6 percent. The figure grew through the remainder of the 1980s until, in September 1989, it reached a remarkable 64 percent – one of the most intense fixations by the American public on any issue in polling history. Within less than a year, however, the figure plummeted to less than 10 percent, as the media lost interest. The draconian policies enacted during the hysteria remained, however, and continued to result in escalating levels of arrests and incarceration.

Although Bill Clinton advocated for treatment instead of incarceration during his 1992 presidential campaign, after his first few months in the White House he reverted to the

drug war strategies of his Republican predecessors by continuing to escalate the drug war. Notoriously, Clinton rejected a U.S. Sentencing Commission recommendation to eliminate the disparity between crack and powder cocaine sentences.

He also rejected, with the encouragement of drug czar General Barry McCaffrey, Health Secretary Donna Shalala's advice to end the federal ban on funding for syringe access programs. Yet, a month before leaving office, Clinton asserted in a Rolling Stone interview that "we really need a re-examination of our entire policy on imprisonment" of people who use drugs, and said that marijuana use "should be decriminalized."

At the height of the drug war hysteria in the late 1980s and early 1990s, a movement emerged seeking a new approach to drug policy. In 1987, Arnold Trebach and Kevin Zeese founded the Drug Policy Foundation – describing it as the "loyal opposition to the war on drugs." Prominent conservatives such as William Buckley and Milton Friedman had long advocated for ending drug prohibition, as had civil libertarians such as longtime ACLU Executive Director Ira Glasser. In the late 1980s they were joined by Baltimore Mayor Kurt Schmoke, Federal Judge Robert Sweet, Princeton professor Ethan Nadelmann, and other activists, scholars and policymakers.

In 1994, Nadelmann founded The Lindesmith Center as the first U.S. project of George Soros' Open Society Institute. In 2000, the growing Center merged with the Drug Policy Foundation to create the Drug Policy Alliance.

The New Millennium: The Pendulum Shifts – Slowly – Toward Sensible Drug Policy

George W. Bush arrived in the White House as the drug war was running out of steam – yet he allocated more money than ever to it. His drug czar, John Walters, zealously focused on marijuana and launched a major campaign to promote student drug testing. While rates of illicit drug use remained constant, overdose fatalities rose rapidly.

The era of George W. Bush also witnessed the rapid escalation of the militarization of domestic drug law enforcement. By the end of Bush's term, there were about 40,000 paramilitary-style SWAT raids on Americans every year – mostly for nonviolent drug law offenses, often misdemeanors. While federal reform mostly stalled under Bush, state-level reforms finally began to slow the growth of the drug war.

Politicians now routinely admit to having used marijuana, and even cocaine, when they were younger. When Michael Bloomberg was questioned during his 2001 mayoral campaign about whether he had ever used marijuana, he said, "You bet I did – and I enjoyed it." Barack Obama also candidly discussed his prior cocaine and marijuana use: "When I was a kid, I inhaled frequently – that was the point."

Public opinion has shifted dramatically in favor of sensible reforms that expand health-based approaches while reducing the role of criminalization in drug policy.

Marijuana reform has gained unprecedented momentum throughout the Americas. Alaska, California, Colorado, Illinois, Maine, Massachusetts, Michigan, Nevada, Oregon, Vermont, Washington, and the District of Columbia have legalized marijuana for adults. In December 2013, Uruguay became the first country in the world to legally regulate marijuana. Canada legalized marijuana for adults in 2018.

In response to a worsening overdose epidemic, dozens of U.S. states passed laws to increase access to the overdose antidote, naloxone, as well as "911 Good Samaritan" laws to encourage people to seek medical help in the event of an overdose.

Yet the assault on American citizens and others continues, with 700,000 people still arrested for marijuana offenses each year and almost 500,000 people still behind bars for nothing more than a drug law violation.

President Obama, despite supporting several successful policy changes – such as reducing the crack/powder sentencing disparity, ending the ban on federal funding for syringe access programs, and ending federal interference with state medical marijuana laws – did not shift the majority of drug policy funding to a health-based approach.

Trump Era: DPA Pushes Forward Despite Challenges

The Trump administration threatened to take us backward toward a 1980s-style drug war. President Trump started building a wall to keep drugs out of the country, and called for harsher sentences for drug law violations and the death penalty for people who sell drugs. He also resurrected disproven "just say no" messaging aimed at youth.

2020 brought the additional challenge of the COVID-19 pandemic – a public health crisis that exposed the systemic issues within our society and revealed just how deeply the drug war permeates these systems. People who interact with these systems are unable to take the most basic of steps to prevent the spread of COVID-19 – including those in jail or prison, the homeless, people with substance use disorder, those who rely on access to medication-assisted treatment or medical marijuana, and immigrants. During this crisis, it is harder for them to engage in social distancing, and to access necessary medication assisted treatment – such as methadone or buprenorphine, or medical marijuana – as well as other health and harm reduction resources.

Despite these obstacles, we at the Drug Policy Alliance pushed forward with monumental drug policy reforms in the 2020 elections. In a historic, paradigm-shifting win and arguably the biggest blow to the war on drugs to date, Oregon voters passed Measure 110, the nation's first all-drug decriminalization measure. This confirms a substantial shift in public support in favor of treating drug use with health services rather than with criminalization.

Marijuana reform also won big. Voters in Arizona, New Jersey, Montana, and South Dakota passed measures to legalize marijuana for adult use. It was also a historic year for medical marijuana, with victories in Mississippi and South Dakota.

All across the country, in liberal states and conservative ones, people made their voices heard. And they said loud and clear that it is time to end the drug war.

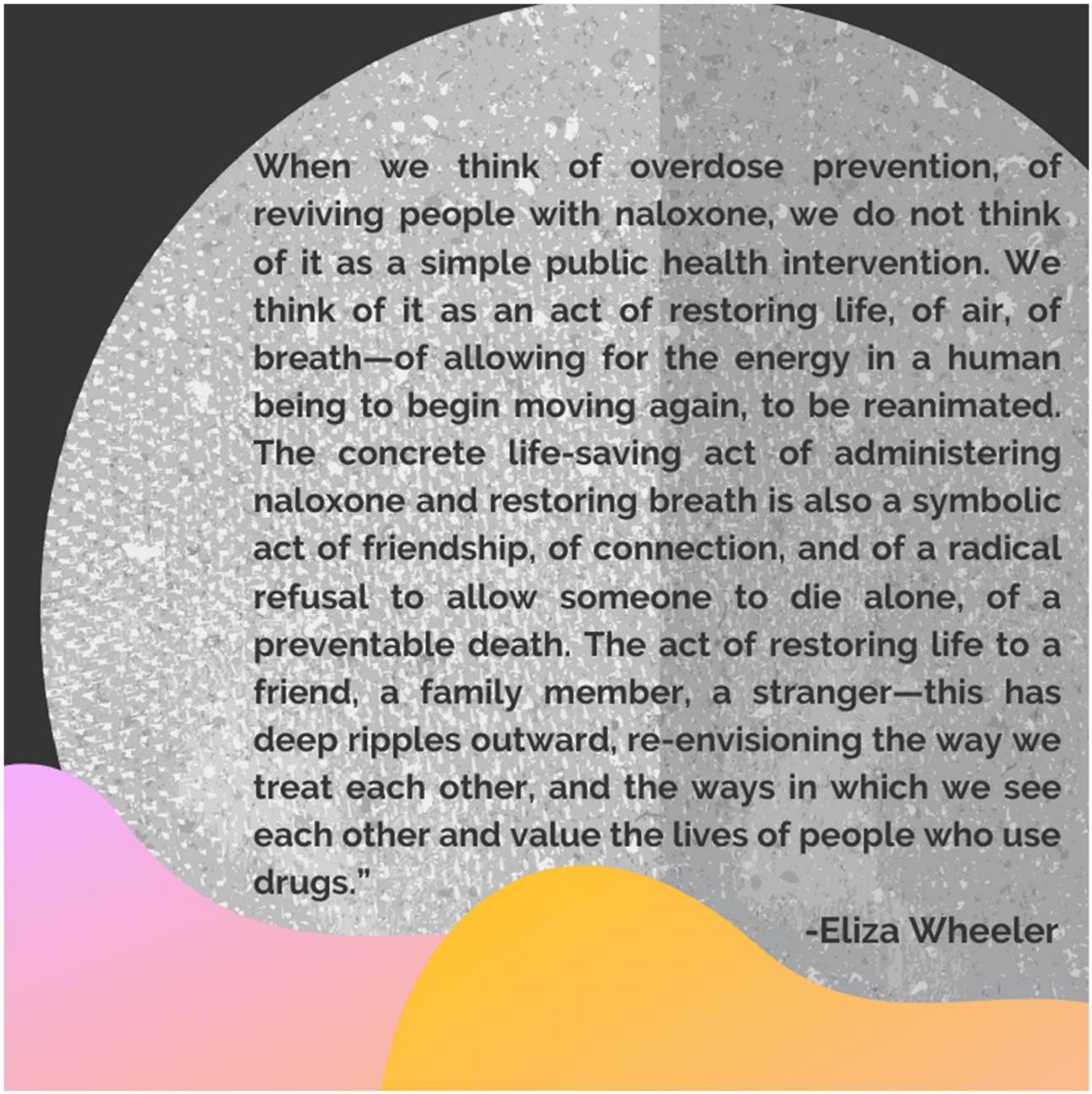
New Administration, New Opportunities

Now Joe Biden is President of the United States – and with every new administration brings new opportunities.

Biden has stated that it was a “mistake” to support legislation that ramped up the drug war and increased incarceration, including the '94 crime bill, when he was in the U.S. Senate. He now says we need a compassionate approach to problematic drug use.

At the Drug Policy Alliance, we agree. And we’re ready to make change. We look forward to working together on a humane approach to drugs that reduces the role of criminalization and increases access to health based treatment and harm reduction services for people who need them.

We look forward to a future where drug policies are shaped by science and compassion rather than political hysteria.



(Image made by Maine Access Points/ Quote: Eliza Wheeler)

Columbia Journalism Review.

CRITICISM

Photos reveal media's softer tone on opioid crisis

JULY 26, 2017
By MICHAEL SHAW

A billboard encouraging help and recovery from Heroin addiction in Middletown, Ohio on March 16, 2017. Image by Andrew Spear/Redux

The racial bias is inescapable: A drug crisis that is largely affecting suburban and rural whites is being treated with a drastically different attitude and approach

in words and imagery than those used to characterize heroin use in the 1970s, crack cocaine in the late 1980s, and the drug problem plaguing America's people of color and urban poor today.

Elected officials, the criminal justice system, and the American media have adopted a "kinder and gentler" tone around the opioid crisis. The attitude and phrasing of a recent *New York Times* article—titled: "In Heroin Crisis, White Families Seek Gentler War on Drugs"—is both an example and an illustration. As is *Time*'s just-published photo story "A caring lens on the opioid crisis." The visual language is just as illuminating. The opioid crisis has been framed as a threat from outside, with drug users facing an "illness or a "disease" rather than a personal moral shortcoming.

You can see in this photo how demonstrators cast addicts who have died from drugs as victims, and in the inset photo, literally as an angel. In another photograph, you can see how the same group, FedUp!, has co-opted the quilt as a protest symbol reminiscent of the AIDS crisis.

ICYMI: Six rare images that capture Trump's TV addiction

The largely white drug "epidemic" we're facing now bears little resemblance to the scenes of squalor, sociopathy, and criminality depicted in this 33-photo Getty package shot in the Bronx and published in June. And photos from the urban "war on drugs" don't look much different today than they did 30 years ago.

A US Marshal, far left, keeps his pistol trained on suspects as other marshals raid a crackhouse. (AP Photo/Scott Applewhite)

The photo above by Scott Applewhite, also shot in the Bronx, appeared in 1989. It was published to illustrate an eight-week federal anti-drug initiative characterized by armed police raids on inner city crack houses. Suffice it to say police in general have taken a different approach to white opioid drug users (more on that later).

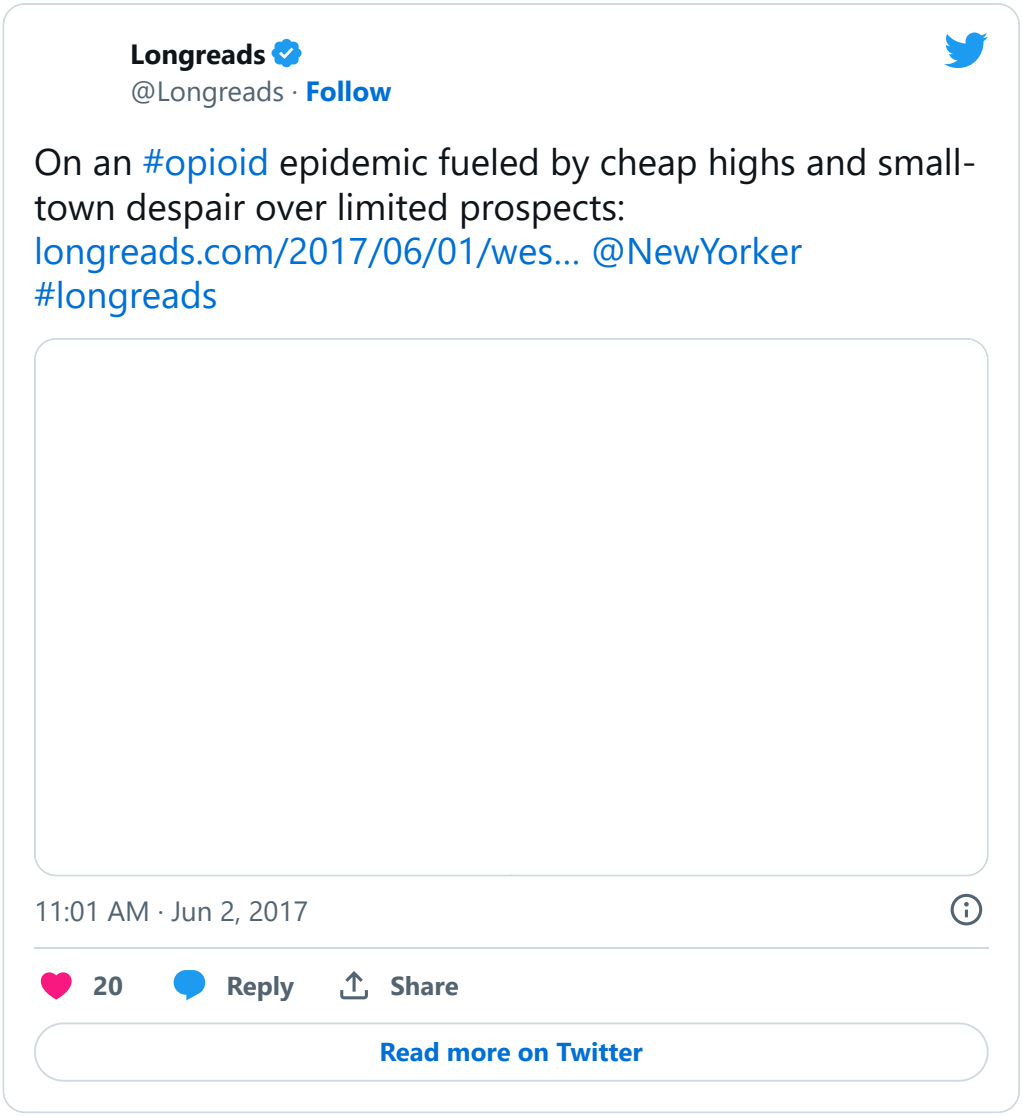
Over the years, photographers have produced many landmark photo stories and bodies of work about drug addiction. The subjects and the settings have been uniformly harsh, the subjects primarily indigent and wayward, and the environs largely decrepit. Those stories include Larry Clark's "Tulsa," shot in the mid-1960s and published in 1971; Jessica Dimmock's "The Ninth Floor," shot in the Flatiron District of Manhattan and published in 2007; Michel Du Cille's Pulitzer Prize winning work in 1988 documenting crack addiction in Miami.

leplacartphoto
5,944 followers

View

View more on Instagram

Another important photo story in the canon of addiction is Eugene Richards's "Cocaine True Cocaine Blue." The project was shot primarily in New York and Philadelphia from 1988 to 1992 and published in 1994. The Instagram post above captures the visual tone and sensibility of that historical investigation. Notice the difference in tone between the historical work and a opioid story in June in *The New Yorker* shot by Richards in one West Virginia county.



This tweet depicts four of six Richards images that illustrated the story. In the top left photo, the girl playing in the yard lives with her grandmother. She lost her father to a heroin overdose. The top right photo shows people running a project that helps place addicts in rehab. The middle photo shows a mother, a recovering addict, showing off her newborn. And the last photo is a doctor who offers free public classes in the use of Narcan, the drug that reverses opioid overdoses.

ICYMI: 11 images that show how the Trump administration is failing at photography

What are the larger themes of photo coverage of the opioid crisis, centered on rural and suburban white America, and where do they contrast with coverage of drugs in cities? Photos are almost always shot in color rather than the starker black and white. We typically see daytime or well-lit indoor photos, as opposed to night action on seedy streets or dark alleys. There is minimal engagement with courts, jail, or the police. And there is a stress on domesticity. The photos often are shot at a home, the spaces mostly tidy or pulled together. Bedroom portraits are common.

Opioid stories typically stress the bonds and commitment of family, extended family, and community.

#KARMA

WHITE FAMILY OVERDOSE

A photo of Courtney Griffin, who died of a heroin overdose w/her sister Shannon, left, and her mother Pamela pic.twitter.com/U4Jc9ylnwF

— CRIMES AGAINST MELAN (@CrimesMelan) April 21, 2017

This image in the tweet above appeared in *The New York Times* "gentler drug war" story mentioned above. It's a photo of Courtney Griffin, who died of a heroin overdose in 2014. The picture in the center show Courtney closely flanked by her sister and her mother. Emphasizing love and closeness, as well as nostalgia and irony, the photo exemplifies how the opioid imagery stays away from pain, despair, isolation, and, of course, relationship problems.

Victims are often depicted in a sympathetic light, with an emphasis on family bonds and survivor grief. A sub-theme of opioid crisis coverage: Many stories showcase children who have been saved by loving grandparents.

In the photo accompanying a *Times* story, notice the child safe in her bedroom, the letters on the wall spelling out her name, reinforcing identity and continuity. This pattern is a dramatic contrast to the narrative of broken homes, addicted babies, mothers depicted as unfit, the engagement of state agencies, and children routinely placed into foster care that is so characteristic of drug stories focused on black families in cities.

P.G. County police officer Alex Bailey and his partner stand in the...

P.G. County police officer Alex Bailey and his partner stand in the doorway of the Waters apartment just before Kenny left to go to school at about 7:30 AM in Prince George's County, MD on September...

Getty Images

This photo, in contrast, comes from a two-part series in *The Washington Post* in 1989. It chronicled the life of six-year-old Dooney Waters, who lived with his mother in a Prince George's County crackhouse. According to the original article: The locks on the door had been replaced with balled-up socks. The walls were full of holes kicked in by addicts, and white paint patches sporting grafitti were spread indiscriminately. Dooney's father, a former convict, ultimately separated him from the complex, and his mother.

Opioid stories, on the other hand, tend to focus on treatment and recovery.

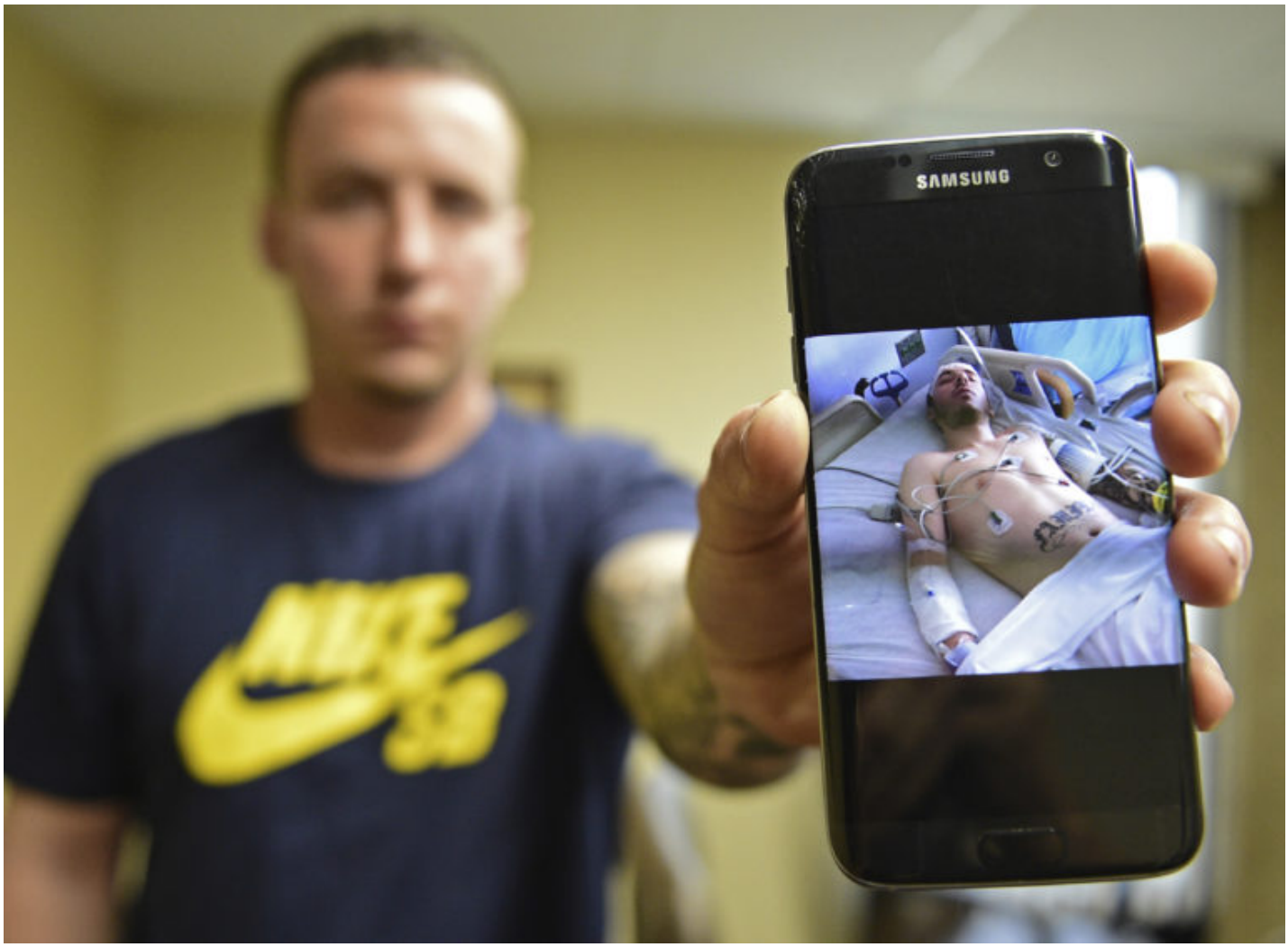
Current residents, alumni, their family, and supporters gather for a...

Current residents, alumni, their family, and supporters gather for a reunion picnic on Saturday, June 17 in Bowie, MD. Champ House is an all-volunteer recovery house that services men suffering from...

Getty Images

This photo by Jahi Chikwendiu appeared in a *Washington Post* article highlighting a recovery house in Bowie, Maryland. Opioid stories consistently stress close-knit towns and support communities.This is a reunion picnic with residents, graduates, family members, and supporters. Of course, the bonding and intimacy in these photos obscure the alienation and the emotional isolation that go hand in hand with addiction.

The issue of responsibility is largely absent until the theme of recovery comes into play. At that point, users and addicts are often shown exercising remarkable will and winning the battle with the disease. Photos stress dignity, help-seeking, coping skills, and self-reliance in the face of poverty and other challenges.



Paul Wright shows a picture of himself in the hospital after a near fatal overdose in 2015, Thursday, June 15, 2017, at the Neil Kennedy Recovery Clinic in Youngstown, Ohio. (AP Photo/David Dermer)

> Consider this AP photo of a young man showing a picture of himself after a near-fatal overdose in 2015. It's like it can't be the same person, the Nike "Just Do It" accentuating a sense of agency over addiction.

This photo was featured in a major article on the opioid crisis published this month by *The New York Times Magazine*. Faith, love, and patriotism are themes that often lace photos of the opioid crisis.

Toronto Star | Carlos Osorio

In this photo from Getty, we see a look of conviction on the man's face and an American flag in the background. This formerly homeless man started a wildly popular Facebook group after his friend died of heroin and is now a sought after drug counselor. What's more American than bringing nationalism, patriotism, and a sense of can-do to a problem otherwise riddled with shame?

ICYMI: Paper makes audacious decision to highlight silent epidemic

When you do see photos of actual drug use, the images are typically clinical and objective, as opposed to desperate and dingy. After all the crafted photojournalism like the images you see above, it's jarring to see these user pictures more in the style of stock photography.

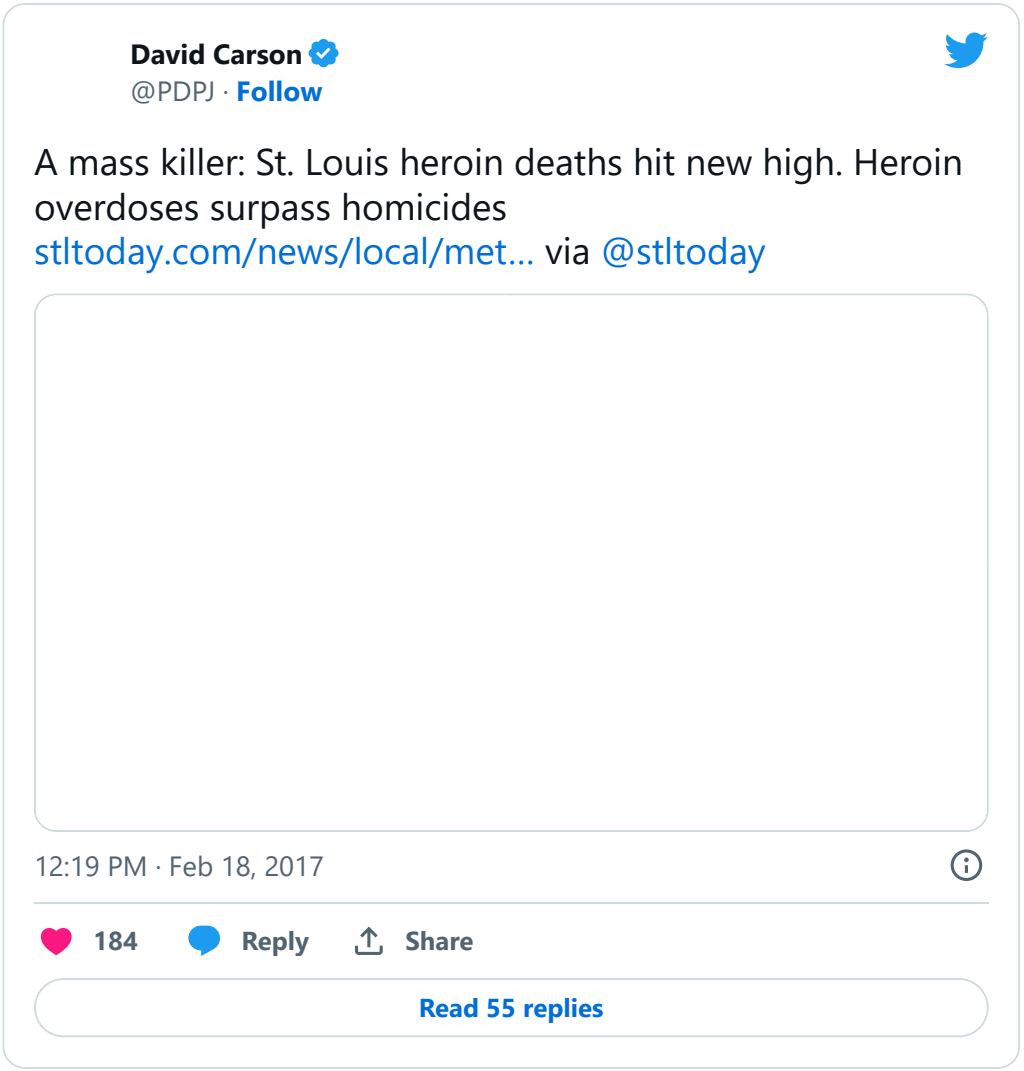
Getty Images News | John Moore

This photo by John Moore is part of a Getty story about New London, Connecticut, which is suffering an unprecedented heroin and opioid pain pill epidemic. You'll notice that the user wears a crucifix, a symbol of faith and a visual buffer with the drug use. Unlike other drug scourges, where photos of users using were common and showed faces, many opioid portraits hide the users' faces. We hardly ever see anguish, craving, or the high, the rush, or the stupor. The subjects look as if they are doing a routine task, like brushing their teeth.

Compare this to a frame from a Getty package in May 2015 on the rise of synthetic marijuana, or K2, in New York City.

Getty Images News | Spencer Platt

> This photo by Spencer Platt shows a black male drug user unceremoniously splayed out on an East Harlem sidewalk.
>
> Of course, there are exceptions.



This tweet captures several photos from a *St. Louis Post-Dispatch* story that the public found widely disturbing. Administration of heroin in most opioid stories is visualized in a casual way. In the unusual instance that depiction is blatantly graphic or inordinately casual though, a much stronger impact has been elicited. In this case, a couple is photographed shooting up at home, the woman six months pregnant. Beyond the act of administration, however, the rest of the imagery still conforms to many of the domestic norms described above. The February 6, 2017 photo was made in the kitchen, as the couple apparently prepared a meal. The place looks otherwise spotless; both wear clean clothes, and the dishes on the far counter seem to be washed. In the accompanying images by photojournalist David Carson,

the drug use fits a larger routine. It might be a horror, but it's a particularly antiseptic and contained one.

In light of campaign politics and now the debate over healthcare, geography has been almost as prominent a theme in the opioid crisis as demographics. A great deal of the towns are down-and-out, suffering from poverty and a loss of industry. In many cases, however, the photography softens the blow.

This photo led a Guardian story titled: "America's poorest white town: abandoned by coal, swallowed by drugs." The photo by David Coyle shows a house along Crystal Creek in Beattyville, Kentucky. Adopting a documentary style, there is an

> eerie quiet and a haunting beauty to the scene. Beattyville might be a town under siege, but the photo imparts a sense of dignity to the desperate locale.

This April 5, 1987 photo is part of the 1988 Pulitzer Prize in feature photography by Michel du Cille on his photo essay on crack cocaine addicts in a Miami housing project. (AP Photo/The Miami Herald, Michel du Cille)

> You can compare that bucolic scene to the one above by Michel du Cille which was part of his 1988 Pulitzer Prize winning photo essay on crack cocaine addicts in a Miami housing project. Far from sympathetic, the black-and-white image and the harsh light gives the housing project the feel of a prison.
>
> The visual narrative around the opioid crisis has largely sidestepped criminality. In fact, many opioid stories depict police as social advocates fighting for the community, as exemplified by the July *New York Times Magazine* cover story. In some cases, they are even a lifeline for users thanks to first responders who carry the drug Naloxone for reversing an overdose.

Getty Images News | Spencer Platt

> Contrast this August 2015 arrest photo from East Harlem, the charges unspecified, (shot in this case by Spencer Platt for Getty Images), with the NYPD Instagram post below, from May.

nypd
579K followers

View

As a form of public service announcement, the two officers promote their use of Naloxone spray accompanied by an account of how they "saved a man from a potentially fatal overdose" just the week before. In fact, the visual stories hardly address the dealers and distributors of opioids at all. (That's in shocking contrast to the drug action, and even a dealer waving a fistfull of bills, in this story about drug abuse among the homeless in Chicago published in 2015 by The Daily Mail.)

I'm not sure what the race or ethnicity was of the person the NYPD rescued, but a thorough news image search reveals that most articles about Narcan or Naloxone either feature white drugs users or addicts, photos of white people who are being resuscitated (such as in this slideshow), or else they feature trainings or simulations with white volunteers and, almost exclusively, white mannequins.

There is a clear double standard in the visual framing of the opioid crisis. The gentler tone presents a marked departure from historical drug coverage, and the bias in the depiction of the problem as it plagues urban people of color feels baked in. What is even more concerning is the prospect for closing this perceptual gap. Besides racial disparity in journalism, the dog-whistle politics of President Trump is encouraging divisiveness and driving a deeper wedge. Still worse, the GOP leadership is patronizing addicts and states with proportionally larger populations

> of afflicted rural white populations with the promise of increased prevention and treatment funding as part of its argument for repealing Obamacare.
>
> Kinder and gentler is only relevant until you see the omission. And then it compounds the disease.
>
> *CJR's health care reporting is sponsored in part by a grant from the Commonwealth Fund.*
>
> **ICYMI: How drug reporting is changing**

Michael Shaw is publisher of the nonprofit visual-literacy and media-literacy site ReadingThePictures, an analyst of news photos and visual journalism, and a frequent lecturer and writer on news imagery, photojournalism, and documentary photography. Follow ReadingThePictures via Twitter and Instagram.

https://www.ventdiagrams.com/archive#/8-vents-about-mental-health/

Stigmatizing Drug Use Is Killing Us, But Why Is It So Hard to Stop?

BY SHARDA SEKARAN SEPTEMBER 8, 2022

Despite significant strides in drug policy in recent decades, and changing attitudes about some substances, stigmatization of people who use drugs remains a pervasive challenge—one that puts our health, wellbeing and lives at serious risk. Why is the temptation to judge and shame certain people who use drugs such a tough habit to break?

Sociologist Erving Goffman's 1963 book, *Stigma: Notes on the Management of Spoiled Identity*, was considered groundbreaking work for its time, and continues to be relevant today. The English word "stigma" stems from the Greek *stizein*, meaning "to tattoo." Goffman describes how stigma, for the ancient Greeks, was explicit and visual. A stigma was a bodily evident sign to indicate someone was of low status, disgraced, or for whatever reason best for respectable people to avoid. For instance, a person might be physically branded as a slave.

By establishing their distance from the stigmatized group, dominant groups benefit from an elevated sense of self and status. As with the ancient Greeks, the more visible and obvious the stigma, the more powerful and inescapable it becomes. Throughout human history, physical markers have enabled conquest and subjugation. These can be imposed on the stigmatized group, such as forcing Jewish people to wear the yellow star of David in Nazi Germany. Other people are born

stigmatized, such as with systemic racism, which degrades people's humanity based on phenotype or skin pigmentation.

The physical effects of certain drug use can also be used to reinforce stigma. As one harm reduction outreach worker described to *Filter*, "It was really hard for me to re-enter the workforce, even with the nicest clothing, still having track marks and all this other baggage that you can see."

Like prestige symbols, stigma symbols offer a shortcut for establishing hierarchical position. A flashy car, impressive job title and expensive clothes suggest success and worth. On the other hand, being branded a drug user provokes fear, shame, judgment and the threat of prison. As Sarah Wakeman, medical director for Substance Use Disorder at Mass General Brigham in Boston, told *Filter*, much of it boils down to "The very fact that we criminalize certain types of drug use. The whole point of criminalizing something is to increase the stigma of that action."

The imposition of stigma inherently devalues a person's humanity. The "drug user" label suggests that they can be routinely subjected to a multitude of discriminations. As Goffman explains, "By definition, of course, we believe the person with a stigma is not quite human … On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances."

“We have bars which are perfectly socially acceptable … then criminalize people who need a safe space to use other types of substances.”

Stigmatization of drug use is used as grounds to deny people’s rights to housing, employment, education, health care and more. Societal shaming promotes riskier, isolated drug use while diminishing access to critical harm reduction resources and treatment—literally costing lives.

Drug use stigma is contextual. Moral judgement of drug users is often hypocritical, as well as discriminatory. People often make ethical allowances to justify their own methods for getting buzzed.

“I think there’s still this intense othering of people who use certain types of drugs and this notion of a distinct *us* versus *them*,” Dr. Wakeman said. “You know, there are *those* people who inject drugs, for example, or *those* people are different than us who use alcohol. Just think about the conversation around overdose prevention sites or supervised consumption spaces. We have bars which are perfectly socially acceptable for the people who are making the laws and policies that then criminalize people who need a safe space to use other types of substances.”

More privileged people can confine their drug use to private spaces, while maintaining conventional lifestyles and careers. They are more likely to avoid the risks of poverty, criminalization, and limited access to safe supplies that result in

physical markers of poor health, lack of nutrition and subsequent damage to their appearance. “We don’t have the same degree of stigma, or even outright hatred that you can see towards certain communities of people who use drugs. That is connected to a long history of racism in the United States and how that has driven a lot of decisions around drug policy,” Dr. Wakeman said.

Jarringly, the more disadvantaged the person—living in public housing, perhaps, or on the streets—the more likely they are to be placed in a position where their drug use is made visible and subjected to the most stigma. Terrell Jones, the outreach and advocacy program manager at New York Harm Reduction Educators and a long-time harm reduction leader, told *Filter* that the hardships of the COVID pandemic have exacerbated the problem. “Stigma is at an all-time high because of the increase of drug use due to social and economic factors, where people have started using more and it’s more and more public drug use that people are experiencing,” Jones said. “People are walking around with their kids and seeing injection drug use and it hurts.”

“People disrespected me, dehumanized me, mocked me, and put me into a deeper hole of my drug use.”

For the most vulnerable, their drug use is transformed into the defining aspect of who they are. They are subjected to dehumanizing labels. Unlike stigmas placed on people who are, for instance, disabled or suffering from an illness, drug-use stigmas—in common with those around sex

work, weight or gender non-conformity—often result from perceptions of a moral failing, indulgent behavior or depravity.

“People disrespected me, dehumanized me, mocked me, and put me into a deeper hole of my drug use,” Jones said. “The community needs to understand how much of a part they play. Instead of putting people down, give them some kind of resource. That goes a long way. This person is a human being. People act like drug users come from another world, like aliens, outcasts … people where something went wrong.”

Stigma damages trust and access to effective care for people who use drugs in medical settings, creating further risk. “Doctors and nurses are humans and members of society,” Dr. Wakeman said. “They’ve been influenced by the same societal stigma that laypeople have, particularly because learning about drug use and addiction and harm reduction is generally not a part of our medical training or hasn’t been to date … I think there sometimes is cognitive dissonance for health care providers in that they’ve been taught that drug use is bad. Often it’s actually the policies around drug use that cause the most harm. But I think in people’s minds, there’s this notion that drug use is harmful to your health, so if someone is engaging in that behavior, they must not value their health.”

“Reframing that narrative,” she continued, “is, ‘Actually people who use drugs have not forfeited their human rights, including their right to the best possible health care.’”

Stigmas even follow people into treatment and recovery programs, where expectation of total abstinence dominates and people who "relapse"—or even who use certain medications, like methadone—are judged harshly or deliberately excluded from services and support. "The narrative was so strong that if you're not abstinent, and not abstinent in this way with this kind of program model, you are still perceived as less than," one former participant told *Filter*.

Harm reduction at its core is a strategy against stigma. Giving people the space and freedom to manage their own health without judgment or coercion is a core component. Harm reduction is not just a strategy to minimize the risks of drug use, but a philosophy for self-care and community care that promotes compassion, openness and practical knowledge that can improve and save lives.

But harm reduction is also dismissed by abstinence-only believers who label its practices as permissive or "enabling." Before we can shift the general population's stigmatization of drug use, perhaps we need to dismantle the exclusion and shaming within the drug treatment and recovery community, which pushes people out of the services and support that could help them stabilize or save their lives.

After a year of reporting on the overdose crisis for *Vox,* journalist German Lopez declared that stigma against drug use is "the single biggest reason America is failing in its response to the opioid epidemic." Overdose claimed over 100,0000 lives in the US

in 2021. These were deaths that could have been prevented, by naloxone, methadone, buprenorphine, drug checking services and safe consumption sites, among other resources.

Stephen Hamill is vice president for policy advocacy and communication at Vital Strategies, a public health nonprofit. Earlier this year, Vital Strategies launched the first national advertising campaign to raise awareness about harm reduction as a remedy for the US overdose crisis (full disclosure: I served as a communications advisor for the campaign). “As long as people see this issue as something that doesn’t affect them, it will never gain political priority,” Hamill told *Filter*. “You will continue to see NIMBYism around putting services in every community because they feel like, *People like me don’t need a needle exchange. We don’t need safe supplies or drug testing kits. It’s those bad people who are going to benefit*.”

Humanizing those “other” people was a core strategy of the Vital Strategies campaign to subvert the stigmas that create obstacles for harm reduction programs. It featured the stories of people who use or have used drugs, presenting them as human beings who are loved, and who are contributing to their communities as harm reduction workers.

Dr. Wakeman also described a program to challenge stigma in hospital settings, whereby patients who use drugs volunteer to return to the hospital and visit with the staff where they were hospitalized. “I think that can be incredibly humanizing because people who work in hospitals and emergency rooms in particular

often only encounter folks in a moment of crisis," she said. "They may see someone when they're in the throes of active withdrawal or after an overdose … it can be really powerful to just connect with the person outside of that to see them in their normal clothes and see them as a sister or a father or just a human being, essentially."

"We do need more non-stigmatized people with courage enough to acknowledge our own drug use."

Another approach, most prominently advocated by Dr. Carl Hart, a neuroscientist, noted author and psychology professor at Columbia University, calls for privileged drug users to put skin in the game by publicly outing their own drug use.

Admittedly, the ability to keep one's drug use private is a benefit of privilege. It's a tough ask to let go of that benefit and risk the curse of stigma. Yet we do need more non-stigmatized people with courage enough to acknowledge our own drug use. Whether it's caffeine, nicotine, alcohol, mushrooms, marijuana or opioids, just about all of us have consumed substances that alter our consciousness. Being open and honest with ourselves might not only make us better, more compassionate and less judgmental people, it could also improve our own health.

If we look to comparable campaigns to end stigma—for instance, around HIV, mental health and sexual orientation—the template we need looks like a web of all of the above. We need to draw attention to the human cost of stigma, the people whose lives were cut short and their grieving loved ones. We need the

statistics that demonstrate what compassionate and non-judgmental care can accomplish. We also need the stories of people living fulfilling lives, after using drugs or while still using them, that transcend stigma. We need to challenge the use of dehumanizing language and labels that reinforce discrimination—such as the word “clean,” which suggests that people who use drugs are “dirty.” We need to hold the media accountable for their role in perpetuating drug-use myths and stereotypes.

As Hamill said, “Stigma can be a way of disassociating yourself from the risk. It’s like *that’s* something that wouldn’t happen to someone like me, *that* happens to these other people who have bad behaviors, or they’re bad types of people.”

To change this, we need to be willing to let go of the hollow sense of status that labeling and judging others may give us. Perhaps if we can learn to acknowledge that our own shit indeed does stink, we can avoid constantly stepping in it.

BLOG POST

The End of the Addict

MEGHAN RALSTON

I'm breaking up with the word "addict" and I hope you'll do the same.

"Addict" is one of those words that so many of us use, largely without pausing to wonder if we should. We just take for granted that it's totally okay to describe a human being with one word, "addict" -- a word with overwhelmingly negative connotations to many people.

We don't really do that for other challenging qualities that can have a serious impact on people's lives. We don't say, "my mother the blind," or "my brother the bipolar." We don't say, "my best friend the epileptic," or "my nephew the leukemia."

We don't do that because we intuitively understand how odd it would sound, and how disrespectful and insensitive it would be. We don't ascribe a difficult state as the full sum of a person's identity and humanity. Maia Szalavitz eloquently expressed similar frustration with terms like "substance abuser" in her recent piece at substance.com.

When we do feel the need to reference a state of disability, challenge or disease when describing a human being, we say something like, "My mother has cancer," or "My nephew has leukemia." And we would almost certainly never let that be the only thing said about that person, something that defined them. We do not say or suggest that a person *is* their challenge. We remember that they are a person first, then if appropriate indicate their challenge as one factor of their existence.

Why can't we be that intelligently sensitive with people struggling with drugs?

For many people, myself included, the word "addict" is incredibly harmful and offensive. You do not have my permission to call me an addict. You can of course refer to *yourself* as an addict, if you wish, but please do not refer to everyone physically or psychologically dependent on drugs as "an addict."

The sense of fear, loathing, otherness and "less than" created by that word far outweighs any benefits of using linguistic shorthand to quickly describe a person. "Addict" is a word so singularly loaded with stigma and contempt that it's somewhat appalling that we continue to let it be used so easily and indiscriminately.

Even in a chaotic stage of drug use, we are not "other." We are women, we are someone's daughter, we continue to laugh, we continue to like jazz and cheeseburgers and comfy pajamas. We cry, we get so lonely, we hate sitting in traffic. Addiction can be wretched, no question, but we do not ever stop being human beings, even during the times in our lives when we are dependent on drugs.

I may be in the fight of my life with drugs, but I am not the drugs that I take. I am a fighter, a survivor -- I am never merely "an addict." Please do not destroy the totality of who I am by reducing me to that one word. We retain our full humanity despite our challenges, particularly when our challenges are much deeper than our attention-grabbing drug use might suggest.

My days of chaotic substance abuse are long behind me. I am not "an addict" now, and I wasn't "an addict" then. I'm just a person, who had a period of difficulty, pain and challenge. I battled, I failed, I tried again -- just like most people.

Why not try using any of the following as alternatives to calling someone "an addict": person dependent on drugs; people struggling with drugs; person in recovery from addiction. The use of person-centric language may seem inconsequential, but I assure you, it is not. It is vitally important to scores of people, most of whom you've never met and never will. They are the people who, in the eyes of the world, are lumped into that "other" category you've created for them by calling them "an addict."

They don't want to be there anymore. I'm hoping to tell their story with this blog post. We've been silent too long. We've had enough. Please -- put our humanity first.

Please stop using the word "addict."

Meghan Ralston is the harm reduction manager for the Drug Policy Alliance.

http://www.kahyangni.com/ldh8uxgvhl69uafexyrjrl6x8j85ui

Kratom.org

Type to search help articles

Kratom Guides

What Is Kratom? Uses, Side Effects, & Safety

Kratom is a plain-looking evergreen tree originating from Southeast Asia. It's used as a stimulant in lower doses and a sedative and painkiller in higher doses.

Written by **Wade Paul**

Medically reviewed by **Dr. Devin Carlson**

Last Updated 6 months ago

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What Is Kratom?

Kratom (*Mitragyna speciosa*) is a member of the Rubiaceae family of plants, making it a close relative of the coffee plant (*Coffea spp.*).

Much like its cousin, kratom is a powerful central nervous system stimulant. It's used to boost both physical and mental energy.

Kratom has been a popular herb among laborers in Asian countries as a way to prevent burnout since the early 19th century — but its traditional medical use likely extends much further than that.

The effects of kratom are unique — it has some qualities that are stimulating, others that are sedative or anxiolytic. The dose of kratom determines its effects. High-dose kratom is a powerful painkiller and euphoric similar to opiate pain medications.

In lower doses, the kratom plant only offers mild pain relief but activates the central nervous system to make users feel more alert and energized.

How is Kratom Used?

The *Mitragyna speciosa* leaves are chewed fresh, smoked, or powdered and brewed as a strong tea.

Some suppliers offer kratom extracts — which are made by removing everything but the active ingredients of the kratom resin.

Outside Southeast Asia, the most common way of consuming the plant is to mix the dried, powdered leaves with a glass of water. This produces a strong and bitter drink. It's unusual for someone to enjoy the flavor of kratom, but this isn't why it's used.

Most users will flavor the beverage with honey or sweetener to help mask *some* of the disagreeable flavors and wash the rest back as quickly as possible.

What's The Dose of Kratom?

There's no one-size-fits-all when it comes to the best dose of kratom. Many variables affect the dose — including strain selection, the freshness of the leaves, your individual weight, and the desired effects.

We can split the dose of kratom into two different camps:

- **Low-Dose Kratom** (2–6 grams of dried powder)
- **High-Dose Kratom** (6–12 grams of dried powder)

If it's your first time using kratom, it's best to start at the lowest dosage range and increase gradually over several sessions once you know how your body responds.

If you want a more precise estimate on the ideal dose of kratom for your body — aim to take around 0.03 grams per pound of body weight for the stimulating effects or a dose of 0.06 grams per pound for the sedative and painkilling effects.

For reference, a teaspoon of dried kratom powder is around 2.5 grams of powder, and a tablespoon is roughly 7 grams.

What Does Kratom Feel Like?

Kratom is a complex plant — there are 16 key ingredients in the leaves, each with its own set of effects. The ratios of these compounds can change from one strain to another, giving each one a unique effect profile.

The dose also affects how kratom feels.

Low doses are stimulating. It feels similar to coffee but less likely to result in negative side effects like anxiety or jitteriness. It also has a mild euphoric action at this dose — helping to uplift the mood and promote more clarity of thought. These doses are used as a nootropic or stimulant to boost physical and mental energy and stamina.

Around the 7-gram dosage mark — the effects of the herb do a complete flip. At higher doses, kratom has a sedative action. Users feel relaxed, carefree, and lazy. These doses are most useful for supporting sleep, easing anxiety, and alleviating chronic pain or muscle tension.

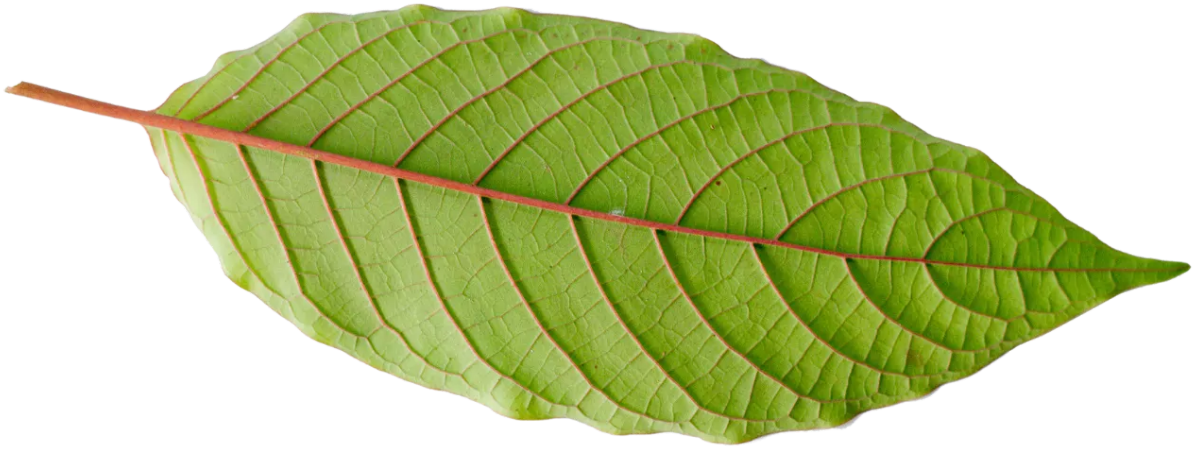
Other effects of kratom at all doses include mild visual effects, increased empathy, and a warming sensation in the body.

It's a popular aphrodisiac — increasing sexual arousal and improving erectile function. Some people find the sexual stimulant effects of kratom begin to taper off with higher doses.

How Long Does Kratom Last?

In total, the effects of kratom last around 3 or 4 hours.

The effects of kratom take about 30 minutes to take effect and peak around the 1-hour mark. People who use kratom on an empty stomach report an even faster onset of effects — but this also increases the chances of experiencing side effects.



What Are The Benefits of Kratom?

Kratom has a long history of medical uses that range from infection and bladder disease, fevers, diarrhea, diabetes, fatigue, and mental health disorders.

Today, kratom is primarily used for its nootropic and painkilling benefits. Some users take the herb as an alternative to prescription painkillers or as a buffer to help wean themselves off addictive opiate medications.

Kratom For Pain

Although there are few studies to back up the potential medical uses of kratom, it's considered one of the most effective herbal pain relievers — second only to opium.

Learn more about how to use kratom for pain relief.

Withdrawal symptoms from kratom are also milder and short-lived.

Kratom For Addiction & Withdrawal

A 2008 case study explored the use of kratom for alleviating withdrawal symptoms of a recovering opiate addict [3]. The patient in this study reported that the withdrawal period was considerably less intense compared to prescription painkillers but took a little longer to recover completely.

Prior to the study, the patient was addicted to hydromorphone. He quit the medication abruptly and was able to avoid withdrawal by using kratom four times per day. He reported kratom was effective for both preventing withdrawal symptoms and alleviating the chronic pain that prompted him to use the painkillers in the first place.

Kratom is currently being explored as an alternative to methadone as the standard treatment for opiate addiction in developing countries due to its impressive safety profile and widespread availability.

Kratom has also been found effective in battling mild symptoms of alcohol withdrawal, such as restlessness, anxiety, aches, pains, and dips in mood.

Kratom As A Nootropic

Besides strictly therapeutic qualities, kratom is also considered by brain hackers an effective tool for personal growth. It's used short-term to boost mental energy and focus, and long-term to enhance overall mental endurance and stamina.

Similar to other natural psychoactive substances, kratom can also catalyze deep emotional, psychological, and interpersonal healing. It's reported to liberate users from the constraints of everyday patterns in behavior. Some suggest the herb can divert attention to neglected problems by promoting introspective thoughts — especially at higher doses.

Kratom For Anxiety

Kratom has been shown to have clear antidepressant and anti-anxiety benefits in animal studies [4]. Mice treated with mitragynine were found to have lower concentrations of corticosterone (one of the key stress hormones) in their blood.

Risks & Side Effects of Kratom

Kratom is generally considered safe — but there are some caveats. We need more long-term clinical studies before we can jump to any definitive conclusions.

So far, we know that mitragynine — one of the active ingredients in kratom — demonstrates very little toxicity, even in large doses. Researchers have reported no lethal effects in rats administered very high doses (1000 mg/kg) of kratom leaf or 806 mg/kg of pure mitragynine (taken orally) [5].

With that said, there are still plenty of risks and side effects to be aware of when using kratom.

Kratom Adulterants

For one, kratom products vary in quality — different preparations may contain dangerous adulterants. Some samples of kratom have been found to contain prescription painkillers like fentanyl, hydrocodone, or morphine.

In Sweden, nine people died from a "boosted kratom formula" called *Krypton*. This product contained a combination of kratom, caffeine, and O-desmethyltramadol. Other kratom products have been found to contain significantly less kratom than advertised on their packaging.

Kratom & Drug Interactions

Kratom should not be mixed with any other medications. There have been reports of patients mixing kratom with stimulant medications such as modafinil that have led to seizures.

It's also particularly dangerous to mix kratom with alcohol or other central nervous system depressants — especially with higher doses.

If you're taking any illicit or prescription medications, it's important you first speak with your doctor about using kratom before trying it yourself.

What Are The Side Effects of Kratom?

- Anxiety
- Constipation
- Dizziness
- Headaches
- Heart palpitations
- Hyperpigmentation
- Insomnia
- Itchiness in the skin
- Loss of muscle coordination
- Low blood pressure
- Low libido
- Nausea

- Poor appetite
- Seizures
- Tremors or muscle contractions

Can You Overdose on Kratom?

Although no study has identified a lethal kratom dosage in humans, one 2019 study found the lethal dose in mice.

It was actually a lethal dose of extracted alkaloids injected intravenously. For mitragynine, a median lethal dose for 50% of the test population (LD50) was reported to be 27.8 mg per 1 kg of body weight. 7-hydroxymitragynine has a threshold of 24.7 mg/kg [8].

When consumed orally, the LD50 for mitragynine in mice was 547.7 mg/kg, with no lethal dosage observed for 7-hydroxymitragynine.

These doses are far too high to reasonably achieve using oral forms of the herb. Only by injection is it possible to hit doses this high. Kratom produces severe nausea and vomiting long before reaching the toxic dose.

Is Kratom Addictive?

Yes, kratom can be addictive — but only with long-term use.

While the addictive nature of kratom is much milder than powerful pharmaceutical drugs, this herb can still result in changes to the opioid receptors that can lead to physical dependence. The longer you use kratom, and the higher the dose, the more likely you are to become dependent on the drug.

Long-Term Negative Health Effects of Kratom

The long-term safety of kratom has yet to be fully elucidated as well. Most of the long-term safety data we have available on the herb come from anecdotal reports only [6].

Users who were taking kratom regularly for two to eight weeks reported experiencing nausea, itching, dark urine, jaundice, and abdominal pain. These side effects may indicate that long-term use of kratom also affects the liver. Heavy kratom users might have problems with over-pigmentation or darkening of the cheeks. In rare cases, high concentrations of alkaloids may cause kidney damage and compromise cardiovascular functions [7].

Kratom Active Constituents

There are literally dozens of active ingredients in the kratom plant, each one producing a different set of effects. Most of the active ingredients are classified as either indole or oxindole alkaloids. They exert their painkilling, anxiolytic, stimulating, and nootropic benefits by binding and interacting with various neurotransmitters in the brain.

Each kratom strain has a different ratio of active ingredients — this gives each plant a unique set of effects. Some are more stimulating, others more sedative or painkiller. The difference in effects is the result of different concentrations of the active ingredients.

Roughly 90% of the active alkaloid content consists of just four compounds, but there are many others as well:

1. **Mitragynine** — This is the most abundant constituent in most kratom strains, accounting for up to 66% of the total alkaloid content of the plant. It acts as a 5-HT2A receptor agonist, which is a similar mechanism of action used by psychedelics like LSD and psilocybin. It also targets the mu-opioid and kappa-opioid receptors.
2. **Paynantheine** — The second most abundant alkaloid in kratom. Paynantheine acts as a smooth muscle-relaxant and opioid receptor agonist with relaxing effects.
3. **Speciogynine** — The third most abundant alkaloid in kratom. It provides a great deal of the plant's muscle-relaxant and anti-anxiety benefits.
4. **7-hydroxymitragynine** — Abundant in varying concentrations for different kratom strains but is most common in red-veined kratom strains. Acts through

the mu-opioid receptors.

What Are The Different Types of Kratom?

As with most plants, there are many different strains of kratom — each with different characteristics.

What is a strain?

Whereas a species is a genetically unique plant with its own species name, a strain refers to the offspring of a plant that shares the same genetic makeup but differences in physical or chemical profiles. All kratom is the same species (*Mitragyna speciosa*), but there are many different *strains* within that species — such as Red Kali, Green Hulu, White Dragon, and many more.

There are three main categories for the different kratom strains based on the color of the leaf veins — red, white, and green.

While there's a lot of variability within each category, it is a fairly reliable way of cataloging the different effects we can expect from each leaf type.

Red Vein Kratom Strains

Red vein kratom is generally more relaxing and sedating than the other types. It's usually the best option for pain relief and sleep support. The red color is thought to result from the higher 7-hydroxymitragynine concentrations.

These strains are also some of the most fast-acting. You can start to feel the effects of most red-veined leaves within about 20 minutes.

Red-Vein Kratom Strains Include:

Search for..

JK	Red **Jongkong Kratom**	AS	Red **Asia Kratom**
KA	Red **Kali Kratom**	EL	Red **Elephant Kratom**
IN	Red **Indo Kratom**	SU	Red **Sumatra Kratom**
HU	Red **Hulu Kratom**	MA	Red **Malay Kratom**
TH	Red **Thai Kratom**	HO	Red **Horn Kratom**
BO	Red **Borneo Kratom**	DR	Red **Dragon Kratom**
BA	Red **Bali Kratom**		

White Vein Kratom Strains

White vein kratom is generally thought to be the most stimulating option (with some exceptions).

It's more popular among people who tend to take their kratom first thing in the morning, similar to a coffee. They're rich in euphoric alkaloids, which make them a great option for boosting mood and motivation.

White-Vein Kratom Strains Include:

Search for..

BO	White **Borneo Kratom**	TH	White **Thai Kratom**
BA	White **Bali Kratom**	MD	White **Maeng Da Kratom**
IN	White **Indo Kratom**	HO	White **Horn Kratom**
EL	White **Elephant Kratom**	DR	White **Dragon Kratom**
SU	White **Sumatra Kratom**	MA	White **Malay Kratom**
JK	White **Jongkong Kratom**		

Green Vein Kratom Strains

Green-vein kratom is stimulating, similar to white-vein — but with longer-lasting effects. They're also much more abundant and therefore cheaper overall. These strains are usually quite balanced, offering a good array of sleep-supportive, anti-anxiety, and stimulating benefits.

Because of the high variability within the green-veined group, these strains are much more unpredictable. Some are more stimulating, others much more sedative.

Green-Vein Kratom Strains Include:

Search for..

MA	Green **Malay Kratom**	MD	Green **Maeng Da Kratom**
BO	Green **Borneo Kratom**	HU	Green **Hulu Kratom**
VI	Green **Vietnam Kratom**	TH	Green **Thai Kratom**
HO	Green **Horn Kratom**	IN	Green **Indo Kratom**
DR	Green **Dragon Kratom**	SU	Green **Sumatra Kratom**
SM	Super Green **Malay Kratom**	KA	Super Green **Kali Kratom**
BA	Super Green **Bali Kratom**		

Is Kratom Legal?

Yes, kratom is legal in most (but not all) parts of the world.

Kratom, like many other mind-altering plants, has a checkered history with the legal system.

There seem to be three different philosophies a country can take towards the kratom plant:

1. “It can be addictive, so it should be illegal!”

2. “It’s much less addictive and dangerous than other opiates, so it should be legal!”
3. “What the heck is kratom?”

Kratom Laws in North America

Kratom isn’t included in the United States federal list of controlled substances, although the DEA considers it a “drug of concern.” This means it’s on their watch list but not officially banned or regulated. If it becomes clear the herb is leading to issues with overdoses or addiction, they’ll likely step in to ban it nationwide.

However, as we’ve already covered, the potential for abuse with kratom is much lower than all other opioid medications, and it’s virtually impossible to overdose on the herb without injecting it — which is exceptionally rare. There isn’t much point in doing it (it will make you feel like trash).

Most US states follow the federal guidelines involving kratom — which means it’s perfectly legal to order it online and use it without a prescription. A select few states have decided to ban the herb with their own state laws.

States that have banned kratom use:

- Alabama
- Indiana
- Rhode Island
- New Hampshire
- Tennessee
- Vermont
- Wisconsin

In both Canada and Mexico, the herb is entirely legal — you can order it online or in-store without a prescription.

Kratom Laws in Asia & Australia

In Malaysia and Thailand, Kratom is also known as biak-biak, kakuam, ithang, thom/tom, and ketum. It's so deeply rooted in the local culture that hardly anybody considers it a drug. Most people will turn to use kratom for pain relief before going for prescription painkillers.

Indonesia still allows the use of kratom. In fact, they're the primary exporter in all of Southeast Asia.

Other Southeast Asian countries have banned the substance — including Malaysia and Thailand.

Australia, Japan, Myanmar, New Zealand, Singapore, and South Korea have also banned or regulated the use of kratom.

Kratom Laws in Europe

Neither *Mitragyna speciosa* nor mitragynine or other alkaloids from the plant are listed in any of the Schedules of the United Nations Drug Conventions.

Different European countries have a big difference in opinion on the kratom plant. Some parts permit the sale openly; others have no mention of the herb — good or bad — while others ban it with enforced jail sentences.

As of 2021, kratom is legal in the following European countries:

- Austria
- Belgium
- Croatia
- Czech Republic
- Germany
- Greece
- Holland
- Hungary
- Moldova
- Slovakia

- Spain

In the UK, kratom remains illegal under the Psychoactive Substances Act. The plant and its active compounds are controlled by various bills in several EU member states, including Denmark, Poland, and Sweden.

Kratom Frequently Asked Questions

There's a lot involved with this useful herb. If we cannot answer your question, check out this faq, which we keep updated whenever we get a new question we haven't answered. Feel free to drop us a line if there's something in here we haven't covered. We'd love to help!

Does Rotating Strains Prevent Tolerance?

Kratom tolerance is one of the main concerns among people who use the plant regularly.

One common misconception is that by using different strains, we can side-skirt the formation of tolerance to this plant.

Unfortunately, aside from a few anecdotal reports on Reddit, there's no evidence to suggest this is true. The alkaloids are the same in each strain — the only difference is their ratio compared to each other.

Is Kratom Injectable?

According to a 2018 survey conducted by Ohio Substance Abuse Monitoring Network, 7 out of 10 kratom users admit they would shoot the drug if they had the opportunity.

It's technically possible to inject kratom, which is a common method of administering the herb to mice in medical research — however, it's not practical in real-life applications.

Injecting the herb involves pharmaceutical-grade preparation, which makes it very expensive and hard to find. Secondly, it's not an enjoyable way of using the plant at all.

The effects of injecting pure kratom alkaloids are rarely positive — often leading to severe side effects and discomfort, such as the kratom wobble.

The bottom line is that while it's technically possible, nobody injects kratom because it's expensive, won't offer you the core benefits, and will make you feel terrible.

Does Kratom Show Up On A Drug-Test

A drug test can only find what it's looking for. This means if a compound isn't specifically listed on the drug panel, it's not going to pick it up.

If kratom is listed on the drug test, it will find it in the bloodstream. It can take over a week for kratom to clear out of the body completely, so if the test is given within that time frame, it will likely show up.

However, most companies, government agencies, or athletic associations ordering the drug test aren't looking for kratom. The herb is completely legal in most parts of the world, so there's no reason to look for it in the first place.

This could change if you live in a region where kratom is outlawed.

Kratom is unlikely to trigger a false positive drug test for other opiate medications as well because the chemical structure of the active ingredients is very different from

conventional pharmaceutical or illicit opiates.

How Long Does Kratom Stay in Your System?

There are conflicting results regarding the time kratom can be detected in urine [9]. Some say the body flushes kratom out of the body in as little as one day — while others claim it can stay in your system for upwards of two weeks.

Most experts agree kratom alkaloids are virtually undetectable in the blood by the second week after ceasing use.

As with just about any substance, the more often you use it, the longer it takes for it to be removed from the body.

Can Kratom Lead to Psychological Trauma?

There's some evidence suggesting a link between long-term kratom use and delusional behavior. While moderate use won't cause psychological problems, some kratom users have developed anxiety after taking high doses for prolonged periods.

The kratom “high” is usually mild and easy compared to many other psychoactive substances.

You should never use kratom or any other psychoactive substance if you or a close family member has a history of psychosis, bipolar disorder, or schizophrenia.

Where Can I Buy Kratom?

Kratom is available both locally and online. When searching for kratom near you, make sure to check out local vape shops, head shops, and specialty stores. As mostly a buyer’s market, it offers a full range of options and a myriad of reviews. However, there’s also a lot of confusion and inconsistency.

If you want to get the best deals on high-quality kratom, we recommend finding a trustworthy online vendor. While we’re not saying that everyone listing kratom for sale actually knows their business, you can find many passionate vendors out there with knowledgeable customer service and premium-grade kratom powder.

Is It Legal To Grow Kratom At Home?

It’s legal to grow kratom wherever the herb isn’t banned.

The only things you need to get started growing kratom are some seeds or live plants — which you can order from most kratom vendors online along with the powder.

Kratom is a tropical plant, so you’ll need to give it lots of light and water and keep it in a nice warm spot in your house, away from the air conditioner, cool windows, or areas of the house that get plenty of breeze.

What’s The Best Way To Take Kratom?

The most common method of using kratom, by far, is the “toss and wash” method. This involves “tossing” back a spoonful of the raw powder and following it up with a big gal of water (the “wash” part).

The flavor of this herb is disagreeable. Even mixing it with fruity juice does a poor job of masking the flavor. It's best to just knock it back quickly and get it over with — sort of like ripping off a bandaid.

Apprehensive people may choose capsules to avoid the taste altogether. The downside is that you'll need to take several capsules to hit the effective dose of the herb.

Last but not least, you can brew your kratom powder as tea. Kratom tea is believed to have the fastest onset of all methods and doesn't cause stomach upset. Keep in mind the taste is still not going to be ideal with this method, but flavoring it with some honey can help.

Is it Safe to Take Kratom Resins, Extracts, & Tinctures?

Kratom extracts and resins are very potent. They're safe to use but should only be attempted by those with a lot of experience using kratom. It's easy to take too much of these concentrated extracts, which can make you feel nauseous and dizzy.

Start with a very low dose and increase gradually with each dose until you find what works for you.

Tinctures can be very hit or miss. Some are super potent, others much weaker. With practice, you'll learn how to gauge the tincture's potency based on the concentration listed on the bottle (such as 1:5, 2:1, or 10:1).

Related: How to Make Kratom Tinctures?

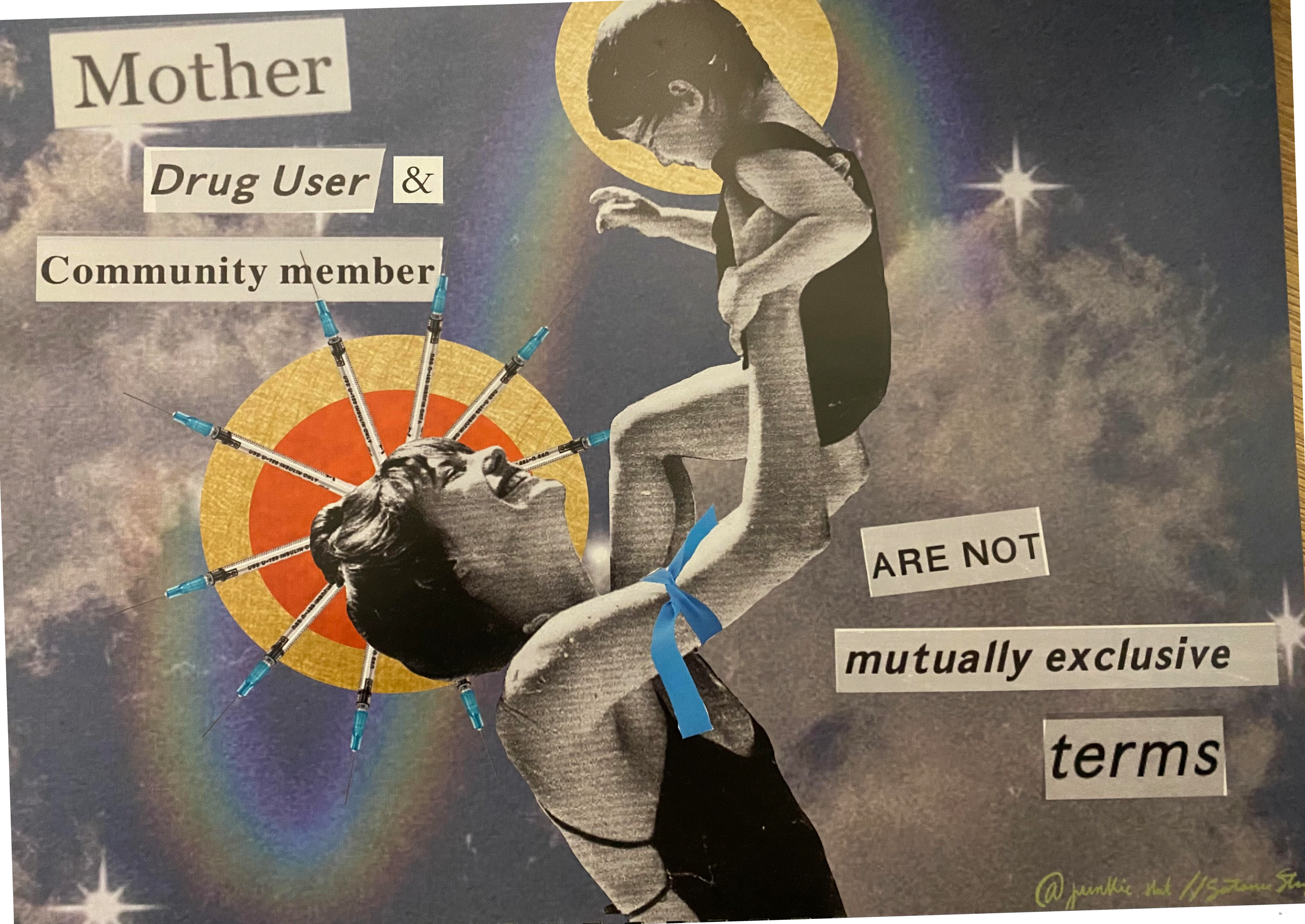
Can You Smoke Kratom?

Although stories of people smoking kratom aren't unheard of, doing so won't produce much of an effect. Heat destroys most of the psychoactive effects of the alkaloids in kratom. You'll still feel the effects, but they'll be much milder, and you'll end up wasting a lot of the active ingredients in the herb.

Can I Microdose Kratom?

There are some people who have been posting results of their experiences microdosing kratom online. Users report having higher energy levels, better focus, and a stronger sense of health and wellbeing after using microdoses of kratom.

Currently, there are no clinical studies to back up these effects, and the long-term health implications of taking kratom on a daily basis still aren't well understood.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