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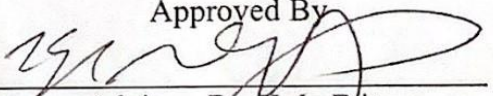
CONFRONTING STIGMA: ETHICAL LEADERSHIP, INFLUENCE, AND THE DIGNITY
OF PEOPLE STRUGGLING WITH ADDICTION

By
Jacob Fennell

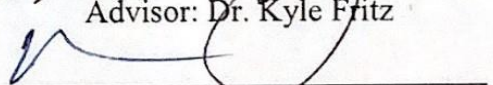
A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of the
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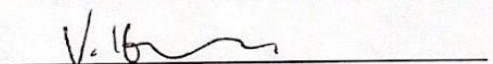
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DEDICATION

To my family and friends for their constant care and support, thank you so much.

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Thank you to Dr. Kyle Fritz for being such an excellent advisor. You have been beyond helpful and supportive throughout every step of this process from picking a topic to revising this thesis into a piece of academic work that I am very proud of. I would also like to acknowledge all of my other professors during my time at the University of Mississippi for challenging me and pushing me to let myself shine. I have learned and grown more than I ever expected I could have.

ABSTRACT

People struggling with addiction in the United States of America deserve better treatment. The current stigma of people struggling with addiction as moral failures perpetuates a policy of drugs that sees them as criminal. This policy should be repealed and a better culture of care should be created. People struggling with addiction deserve a standard of treatment based on the core tenet of human dignity. In engaging with the history and cultural beliefs that are the foundation of this mistreatment, this same tenet of dignity must be upheld. This specifically comes into my project when exploring methods of changing these very cultural understandings. To explore how this can be done, I look at methods of influence and leadership, identifying that government leaders have a moral obligation to right historical and present wrongs. I evaluate potential methods on the basis of their effectiveness and their respect for human dignity. I arrive at a method that focuses on autonomous leader-follower relationships with the purpose of discerning the public good. I apply this method to potential visibility and outreach strategies on the local government level and classify my proposal as a matter of justice and equity for people struggling with addiction.

TABLE OF CONTENTS

CHAPTER I: AN OPPRESSIVE GOVERNMENT AND A WARY PUBLIC	1
CHAPTER II: THE VIOLATION OF HUMAN DIGNITY BY CRIMINAL DRUG POLICY	9
CHAPTER III: REASONING, LEADERSHIP, AND THE METHODOLOGY OF MORAL CHANGE	22
CHAPTER IV: FIGHTING STIGMA AS A MATTER OF PUBLIC HEALTH	35
CHAPTER V: THE IMPORTANCE OF FIGHTING STIGMA AND FUTURE RESEARCH	46
BIBLIOGRAPHY	50

Chapter 1 - An Oppressive Government and a Wary Public: America's Relationship with Drugs

1. The History of the Problem

The United States has a drug problem. According to the 2020 National Survey on Drug Use and Health, “Among people aged 12 or older in 2020, 6.6 percent (or 18.4 million people) had at least one illicit drug use disorder in the past year” (NSDUH, 2022, p. 29). The response to drug addiction in the United States has traditionally been one of law and order. As the decades have passed, the exact contours of the war on drugs have shifted with different presidential administrations and national health circumstances.

For the purposes of this thesis, it is the criminalization of a health problem that is the core moral issue. Certainly, many things have changed in regard to our national conversation about drugs as many states have legalized or decriminalized marijuana use and prominent national politicians have admitted to drug use. This includes former U.S. President, Barack Obama, who talked openly about being in a group of friends in high school who regularly smoked marijuana (Sanchez, 2014). However, as of right now, Oregon is the only U.S. state to decriminalize the use of all drugs, including cocaine and heroin (Selsky, 2021). Another important note as we move forward is the distinction between drug addiction and drug use. Looking at the history of this problem, the two are often conflated with one another. At the very least, it is not a distinction that has meant much to government officials. While drug use is simply the using of drugs, we can classify addiction specifically as a disorder. I'll discuss the exact shape of this disorder and how we should understand it later on. For the purposes of this project, I'll specifically discuss the stigma facing people struggling with addiction. However, in doing so, I must acknowledge that even though attitudes have certainly changed on drugs like marijuana, specific prejudice still

faces those who struggle with addiction. It's a prejudice with roots in the targeted criminalization of drug use. My contention is that past efforts to push people into the status of second class citizens are the foundation for the stigma of today.

In this chapter, as we look at the origins of the policy of criminalization, the focus on enforcement, and the societal attitudes that inform these policies, a very distinct issue arises. The problem in question is the denial of human dignity through the insistence on incarcerating drug addicts rather than offering them help. The aforementioned anxieties of the American public are based in sociocultural understandings about addiction and personal responsibility. What has happened is that the needs and desires of people struggling with addiction have been almost completely superseded by the worries of a closeminded American public. Ending drug criminalization policies and building better, more equitable structures of support for addicts requires engaging with and even changing these beliefs in a way that does not violate the very principle of dignity that we are trying to uphold. Understanding the origins of drug criminalization policy and our present cultural justification for this policy requires two different levels of analysis: a look at the history of criminalization and an exploration of modern attitudes regarding people struggling with addiction.

Organizations advocating for civil rights in the United States have done extensive work to detail the history of criminal drug policy in this country. The American Civil Liberties Union, an organization with a strong reputation of protecting civil rights in the U.S. judicial system, published a report on the history of drug prohibition in this country. It reads "At the turn of the century, many drugs were made illegal when a mood of temperance swept the nation. In 1914, Congress passed the Harrison Act, banning opiates and cocaine" (ACLU). The piece goes on to describe how the prohibition of alcohol soon followed, but was repealed less than two decades

later due to concerns about organized crime and violence. However, prohibition of other drugs would remain with its impact being felt with the official start of the War on Drugs, decades later.

With the repeal of alcohol prohibition, any impact of a national spirit of temperance largely went away even as the prohibition of drugs remained. These laws were waiting and ready in place once the federal government launched its War on Drugs in 1971, putting a new emphasis on enforcement. To put it simply, drug criminalization now had teeth, teeth that were bared for the purposes of racial oppression. The Brennan Center for Justice is a nonprofit organization at NYU Law School that works to advocate for policies that uphold principles of justice and equality. Nkechi Taifa, who has worked as an activist, analyst, and scholar in the criminal justice field for nearly 40 years, writes extensively on the War on Drugs for the Brennan Center. She begins her piece with a now infamous quote from President Nixon's domestic policy advisor, John Ehrlichman, which reads "We knew we couldn't make it illegal to be either against the war or blacks, but by getting the public to associate the hippies with marijuana and blacks with heroin and then criminalizing them both heavily, we could disrupt those communities" (Taifa, 2021, para. 2).

Taifa goes on to detail developments in policy since the start of the War on Drugs during the Nixon administration, identifying them as newly created methods for the subjugation of Black people. She writes, "...the 1986 Anti-Drug Abuse Act established mandatory minimum sentencing schemes, including the infamous 100-to-1 ratio between crack and powder cocaine sentences" (Taifa, 2021, para. 3). Taifa also writes about the 1994 Violent Crime Control and Safe Streets Act which gave police departments new resources to engage in racial profiling and an increasing ability to charge and lock up children guilty of drug crimes (Taifa, 2021). She establishes the racist history of the increased enforcement of drug prohibition and also identifies

the “tough on crime” narrative at the center of these developments. This is injustice that needs to be set right.

2. Present Attitudes

While the historical origins of drug criminalization are certainly important to understand, there’s another vital piece of the equation. How is drug criminalization culturally justified today among the general public? We can use survey data to paint a picture in which our public justification for the criminalization of drugs starts to come into clearer view. First, we should establish why American beliefs about addiction matter. Patrick Abbott and Duane Chase wrote about the connection between culture and how a society understands consistent drug use in an article for the *Psychiatric Times*. They point out that so much of our treatment of these drugs and their use depends on our understanding of which substances are considered illicit, which is often culturally determined. They write, “Culture plays a central role in forming the expectations of individuals about potential problems they may face with drug use. For many social groups, this may provide a protective factor” (Abbott et al., 2008, para 9). They make mention of the specific ceremonial role that alcohol has in Aztec culture and how any use beyond that was forbidden with a death penalty awaiting any offender (Abbott et al., 2008). Abbott and Chase argue that this sociocultural understanding influences our collective reaction to problems of abuse. Again, I’ll make a link between use and addiction. Whether or not we identify someone’s usage of a drug as constituting a disorder, culturally defining a substance as illicit and unsafe can be a boundary to proper treatment. A culture in which one faces the death penalty for consuming alcohol in a non-ceremonial context is probably not one that is conducive to creating a safe space for addicts to get better. The U.S. is certainly not a safe space with a tender and helpful culture. It

is our hyper fixation with work and production combined with our general wariness of those different than us that has us endorse the government's oppressive criminal justice agenda.

Our collective culture and attitudes about drugs are constantly shifting. However, we can certainly identify some general thoughts that Americans have about drug addiction specifically. Many activists on issues related to drug addiction will call for the recognition of drug addiction as an illness in order to combat these prejudices, but the survey data suggests that many Americans already do recognize this and hold their prejudices despite the fact. The Associated Press and the NORC Center for Public Affairs Research conducted a study in 2018 concerning American views about those struggling with drug addiction. The findings included, "Although 53 percent of Americans view addiction as a medical problem, they remain wary of the afflicted. Fewer than 1 in 5 Americans are willing to closely associate with someone suffering from drug addiction as a friend, co-worker or neighbor" (Perrone, 2018, para. 6). Research from other trusted institutions on matters of public health tell a similar story. A 2014 study conducted by the Johns Hopkins Bloomberg School of Public Health gauged people's opinions on people struggling with drug addiction and concluded:

Only 22 percent of respondents said they would be willing to work closely on a job with a person with drug addiction compared to 62 percent who said they would be willing to work with someone with mental illness. Sixty-four percent said that employers should be able to deny employment to people with a drug addiction compared to 25 percent with a mental illness (Benham, 2014, para. 6).

Here, we see people struggling with drug addiction not being given the same deference or care as those suffering from other mental health problems. Anxiety about associating with others and our

own glorification of a pristine and unchallenged working culture are underlying influences of this prejudice.

3. A Socially Determined Problem

It is clear that if drug policies are going to improve and we are going to better serve and protect the dignity of all people, our very understanding and cultural beliefs about addiction are going to have to change. Neil Levy has written extensively on addiction and specifically on our beliefs about addiction and can provide insight into a better path of belief for all of us. Levy goes against the conventional opinion that addiction is a brain disorder and argues that viewing addiction more through the lens of societal responsibility can improve our overall response to these problems. Levy's central claim is this: addiction is not a brain disease because, in many ways, drug use is clearly the brain working perfectly fine. It is the brain going after a substance with a very strong positive reinforcement mechanism (Levy, 2013).

According to Levy, what matters in both our classification and treatment of afflictions like this is the extent to which it impairs function. On this, Levy writes "Stroke, schizophrenia, and Alzheimer's disease cause significant defects of rationality and agency in almost every environment...Addiction differs from paradigm brain diseases in that its correlates do not cause impairment across all, or nearly all, accessible environments" (Levy, 2013, para. 5). While craving drugs can certainly be cognitively stressful, Levy is of the opinion that this is not comparable to true impairment. Furthermore, and most importantly, a person struggling from drug addiction depends on a correlation with an environment in which drugs are actually

accessible. Levy is of the opinion that this environmental lesson is the most important impact of this belief as he says:

Responding appropriately to addiction, as well as allocating blame between addict and other actors, requires us to be sensitive to these facts. Addiction is a pathology that involves neuropsychological dysfunction (pharmacologically, for instance). But addiction is a pathology only because of the addicts' social embeddedness, and it may be equally appropriate to respond to it by altering the social conditions that cause and sustain it (Levy, 2013, para. 13).

We must recognize the social conditions and beliefs that contribute to both addiction and our poor response to addiction as we redefine our cultural beliefs and responsibility in regard to drug addiction. These are the conditions that make this project worthwhile. There is a decades old problem that leaders need to dedicate themselves to making right, but it's a problem in which we all play a part.

In upcoming chapters, I'll craft a moral argument against the criminalization of drug use and perform a review of different methods for changing cultural beliefs. The core value to keep in mind as we proceed is human dignity. It's clear that our present policies and paired beliefs about drug addiction and those suffering with it are broken and lead us to not treating certain members of our population as full members of society. These beliefs are also wrapped up in this country's history of explicit racial oppression. For the future of reform and the principles of justice and dignity, we ought to confront these beliefs. In doing so, however, we cannot violate the very principle of dignity that we are trying to uphold by participating in manipulation or some other malpractice. What has really occurred is a failure of leadership. The needs of some have been systematically ignored in favor of the oppressive desires of others. In Chapter 3, I'll introduce an ethical method of leadership which will inform a proposal in Chapter 4. For change

makers invested in turning around our country's decades long drug problem and doing so in an ethical manner, the questions are as follows: how do we create a practice of leadership in the pursuit of justice and righting past wrongs? How do we engage with these cultural wrongs in a way that respects the autonomy of the entire population?

Chapter 2 - The Violation of Human Dignity by Criminal Drug Policy

1. Introduction

The purpose of this chapter is to establish a moral reason for why this is a cause worth pursuing along with the importance of dignity throughout the rest of my project. Drug criminalization policy is unethical because it violates the basic principle of human dignity. As was discussed last chapter, criminalizing illicit drug use is part of the history of racial oppression in the United States and classifies those struggling with addiction as second class citizens as they are denied jobs and a basic place in society. What results is a refusal to give people the help that they need. In this chapter, I'll make a moral argument for this very case.

The argument that I'll make in this chapter is not necessarily focused on any metaphysical proof of human dignity. Instead, it is a more applied approach that shows how some understanding of dignity is necessary to protect immoral interference in the lives of others. Furthermore, I'll explain how the concept of dignity and autonomy can be helpful in understanding past wrongs and righting them. The argument will flow in this way: 1) Every person has dignity in that it is essential to establishing a proper standard of treatment. 2) The criminalization of drugs serves to subvert this standard. 3) Our government institutions ought to enact policies that promote human dignity and repeal policies that violate it. These premises bring us to the following conclusion: We should repeal the policy of drug criminalization.

2. Human Dignity

Before analyzing why exactly drug criminalization denies the conditions of human dignity, we need to establish a foundation for what exactly human dignity is and why it is a useful

concept. To do that, we'll draw on the work of scholars from Immanuel Kant to more contemporary thinkers. Kant, a significant moral philosopher, was primarily concerned with creating a universal moral law. He offers different ways to formulate or think about what this law looks like, one of which is called the humanity formulation. The *Stanford Encyclopedia of Philosophy* does an excellent job of cataloging philosophical beliefs and characterizes Kant's humanity formulation as follows: "What the Humanity Formula rules out is engaging in this pervasive use of humanity in such a way that we treat it as a *mere* means to our ends...it is not human beings *per se* but the 'humanity in human beings that we must treat as an end in itself'" (Johnson et al., 2016, sect. 6). People, more specifically their humanity, must never be treated as a mere means to the ends of another, but instead must be treated as an end in themselves.

That leaves the question of what exactly means and ends are. In short, ends are goals, objectives, or principles being pursued and means are the methods by which those ends are achieved (Johnson et al., 2016). As they relate to the humanity formula, this can be taken in both a negative and a positive sense as the encyclopedia reads "Humanity is in the first instance an end in this negative sense: It is something that *limits* what I may do in pursuit of my other ends, similar to the way that my end of self-preservation limits what I may do in pursuit of other ends" (Johnson et al., 2016, sect. 6). The definition of this duty in a positive sense is the idea that we must cultivate and support the pursuit of the ends or goals of others. Importantly for our purposes, Kant thinks that these duties are universal and that we must recognize them ourselves and acknowledge our status as "universal law *givers* rather than universal law *followers*" (Johnson et al., 2016, sect. 7). We need to recognize the effect that our ends and actions have on others as it pertains to a problem like the treatment of people struggling with addiction.

Drawing on Kant, we can define human dignity specifically as a special value or significance that human life has, a significance that we draw from human characteristics such as autonomy and reason (Johnson et al., 2016). That being said, most scholars are more interested in the implications of dignity rather than crafting a stalwart defense for its existence. It's in this scholarship that we'll establish why human dignity is such an important concept for the purposes of this thesis; it's a concept that creates a standard of treatment and provides a justification for righting past wrongs. It also places limits on the ways in which new goals can be achieved.

Manuel Toscano, a philosophy professor who has done extensive work on moral philosophy and human rights, looks at the history of the term dignity and argues that the concept is ultimately a rather strong one. He acknowledges that there appears to be some contradiction in the very desire for dignity to be an egalitarian concept as it's one with comparative and hierarchal roots (Toscano, 2011). However, Toscano ultimately argues that we can use the idea of dignity as a type of moral status to create a foundation for distinctly human rights. Toscano cites the work of Jeremy Waldron who has looked to link the history of the term dignity to more egalitarian concepts. Dignity is derived from the Roman word of status, *dignitas*, a term that was applied to those of high rank or honor who were deserving of respective esteems and privileges (Toscano, 2011). While we can see how this can seem to conflict with our egalitarian formulations of dignity, he instead argues that we can marry the two. On this, Toscano writes, "In this traditional view of the world, all natural creatures are subordinated to mankind, but all men belong to the same high rank. By sharing the same high status in the natural world, all men have the distinction and nobility that corresponds to that elevated position, therefore deserving the same esteem and honours" (Toscano, 2011, p. 13). In the traditional understanding of dignity, there are constraints on what can be done to one with *dignitas* and also certain things they are

owed. Working with the premise that we are all of this high rank is where we find the basis for proper treatment. This is especially relevant when it comes to our nation's drug problem. What is missing in the present policies is the idea that there are certain things that you can never do to a person. Irrespective of any metaphysical proof, it's clear from the discussion in Chapter 1 that there is at least some feeling that people struggling with addiction can be thrown to the side.

Toscano describes dignity as a "threshold concept" and one that is meant to help us establish exactly the kind of aforementioned standard (Toscano, 2011). As was outlined in Chapter 1, the core issue is our beliefs about and treatment of drug addicts. We often understand them as second class citizens, people that we don't want in our places of work or in our social circles. In this way, drug criminalization denies people struggling with drug addiction from existing in the same high status that Waldron and Toscano say that we should all occupy. It serves only the end of oppression.

Looking to combat this misguided exploitation leads us directly to human rights. As alluded to previously, the core idea for Toscano is one of constraints and privileges based on the status of dignity that we all share. On this, Toscano writes "It is true that people have those rights because they have dignity, but the claim works the other way around too: they have that status because they have the rights protecting their personal inviolability and imposing constraints on how they should be treated" (Toscano, 2011, p. 20). In short, a right to dignity can be interpreted in two different ways, both of which produce the same result. We may have rights to bodily autonomy or the freedom of speech because of our dignity, but we may also have dignity on the basis of our rights to those things. Either way, certain constraints and privileges arise out of this acknowledgment.

Sarah Clark Miller, a professor of philosophy and bioethics is of the belief that dignity is a flawed concept, but one that can be redeemed through rational application. She details the problems with dignity by citing Ruth Macklin and saying “Because of its widespread ambiguous usage and the way in which it is often called upon to evoke expansive and imprecise ideas, Macklin ultimately holds that dignity lacks any abiding meaningfulness” (Miller, 2017, p. 110). Dignity is far too broad of an idea and it doesn’t help us build to anything substantive, according to these scholars. That being said, Miller ultimately agrees with Toscano that dignity is useful as a foundational concept. Importantly for our purposes, her final intervention on behalf of dignity is to describe dignity as a fundamentally relational concept. Dignity exists only due to our relationships with one another. She argues that this is a piece that has often been overlooked as she writes

Philosophers, in general, and ethicists, in particular, have tended to overlook and underappreciate the significance of human relationality for normativity. This is to say that in focusing on the moral significance of the individual, they have failed to fully investigate and appreciate the moral significance of the relationality humans enjoy (Miller, 2017, p. 118).

She argues that it is in our interdependence with others that we find ourselves and any understanding of normative action. This will be vital later when discussing potential methods by which cultural beliefs can be changed, keeping in mind the relevance of dignity as it pertains to our relations with others. Miller and other scholars fully acknowledge that dignity is a largely intuitive concept with an unclear foundation, but it is also one of great importance. Primarily, this importance lies in our understanding of our relationships with others and our understanding of what kind of treatment we are owed.

As we move throughout the thesis, it's important to keep this specific view of dignity in mind. Once again, the central problem of this project is how we are to right wrongs in a way that does not perpetuate further wrongs along the way? How do both leaders and all of us understand our relationships with and obligations to one another? Throughout the rest of this chapter, I'll expand on how drug criminalization violates dignity both historically and presently. I'll then talk more about bodily autonomy and the obligation that government entities have to protect it.

3. How Criminalization Violates Dignity

In Chapter 1, we established how our modern drug laws are directly the result of this nation's centuries long attempt to develop and implement new methods for the oppression of Black people in this country. By returning to this history, we can identify an explicit violation of the principles of humanity outlined above. In short, the very nature of oppression is to deny the autonomy, reason, and core humanity of a person for some other purpose. It's a system of policies designed to not treat people as ends in themselves, but instead as means for the ends of subjugation, segregation, or cruelty. Returning to Nkechi Taifa, she does the historical work to arrive at this very conclusion as she writes "Before the War on Drugs, explicit discrimination — and for decades, overtly racist lynching — were the primary weapons in the subjugation of Black people. Then mass incarceration, the gradual progeny of a number of congressional bills, made it so much easier" (Taifa, 2021, para. 3). Our government has a twisted tradition of oppressing Black folks and the War on Drugs is simply the most recent method. Taifa even acknowledges that it is the application and attitudes underneath these laws that so often cause the problems as she says "In many instances, laws today are facially neutral and do not appear to discriminate intentionally. But the disparate treatment often built into our legal institutions allows

discrimination to occur without the need of overt action” (Taifa, 2021, para 9). Taifa actually uses this point as one of confidence and optimism as she points out policy developments in the late 2000s and into the 2010s that looked to right some of these wrongs (Taifa, 2021). Of course, when looking specifically at drug addiction, it’s a problem that faces people from a variety of backgrounds. What I aim to argue here is that this history serves as a foundation for people viewing drug use as dangerous, a stigma that of course carries over to those struggling with drug use disorder. Survey data cited in Chapter 1 from the same time period reveals a continued desire of the public for placing drug addicts in a state separate from the rest of society, resulting in a lack of proper care.

Taking care of an individual and giving them a safe place in society is really a practice in dignity. Sarah Clark Miller made this exact connection in her piece as she asked us to consider “the possibility that care, much like rationality, might serve as a distinctive moral power...” (Miller, 2017, p 114). This connects to the idea of dignity informed rights as discussed above, holding that there are standards of treatment that people are owed and constraints on negative behavior as well. The question remains: how does drug criminalization specifically violate these rights? Taifa demonstrates how this mistreatment has been targeted against Black folks. Indeed, the government needs to right these wrongs and acknowledge that many people in this country have not been treated with the standard that Toscano describes. Miller may give us part of the answer of what better treatment looks like, but what is the core wrong going on here? To answer these questions, we’ll need to look at the work of Brian Earp, a philosopher and bioethicist at Yale University, and his colleagues on the topic of drug use and criminalization. Importantly for our purposes, their work exists in the same space of thinking about racial justice and the characteristics of human dignity.

Earp and his colleagues take a multileveled approach to their argument that all drugs should be decriminalized for non-medical purposes. They cite truths similar to those espoused by Nkechi Taifa as they talk about the racial injustices built into drug criminalization. On this, the authors write “In the U.S., overall rates of illicit drug use and opioid misuse among Black people are very similar to those among White people. However, Black people are more likely to be arrested, prosecuted, convicted, and incarcerated – with longer sentences – for drug offenses.” (Earp et al., 2021). As discussed in Chapter 1, looking at the history of punishment and sentencing for drug crimes reveals that drug prohibition has largely been justified and utilized as a tool for the oppression of minority groups.

Upon establishing the discrepancy in incarceration for Black and white folks, these authors take a deeper look at the drastic impacts of incarceration. On this, they write “...initial race disparities in arrests, convictions, and sentencing can lead to and maintain long-term vulnerabilities and widening socio-economic disparities. In turn, differences in socio-economic status can contribute to disparities in the effectiveness of substance abuse treatment programs” (Earp et al., 2021). In short, incarceration not only impacts one’s standing in society, but it ultimately makes it harder for you to be treated for your drug problem. People are generally wary of having drug users around and our system of racially biased mass incarceration ensures that drug addicts are placed in separate spaces in society. These authors expand these harms to children whose parents have been incarcerated and call for those who are facing or have faced criminal punishment on the basis of drug possession to be released and/or have their records expunged (Earp et al., 2021). Earp and his colleagues’ unique contribution for the sake of this thesis lies in their efforts to take this history and apply the principles of bodily rights to it.

Earp and his colleagues make it abundantly clear that the core reason that drug criminalization is immoral relates to the issue of bodily autonomy. On this, they write “...people generally have rights over their own bodies that allow them to make decisions not only about their health, but also about the substances they choose to consume” (Earp et al., 2021). They add more detail to this general principle by citing the many different reasons one may have for choosing to take drugs such as exploring their consciousness or character. Earp and his colleagues note that drug criminalization serves to weaken other rights too as they say “...it makes some people more vulnerable to violations not just of their civil liberties but also of their right to life, even when they are not engaged in illegal activity. For example, drug laws can be used as a pretext for privacy-invading police actions” (Earp et al., 2021). In this example, we can start to see some of these principles working in concert with one another. Not only is it the case that people should be allowed to use these drugs when they are not hurting anyone else by doing so, but other parts of their human dignity including the very right to their own life can be compromised by the policy of drug prohibition.

These are abhorrent practices that cannot continue. There is a history of oppression and mistreatment here that needs to be addressed. This need for justice may be a sufficient justification for the decriminalization of drugs, but there is more to the story. In the next section, I'll go into more detail about philosophical justifications for certain social rights and their need to be protected. This is a discussion that will become increasingly relevant in Chapter 3 as I discuss an ethical method of policy leadership.

4. The Obligation to Dignity and Autonomy

Upon establishing the importance of a concept like dignity and detailing how drug criminalization is in violation of it, I'll now move on to my third premise. Government entities ought to act in the interest of dignity and autonomy in the repealing of old policies and the formation of better ones. In defense of this premise, we will return to the discussion of proper human treatment. Manuel Toscano gave us two options for how to interpret the relationship between rights and dignity: 1) we have dignity and are thus guaranteed certain rights or 2) we have certain rights and this is what guarantees us our dignity (Toscano, 2011). Either way, these rights must be secured and protected for the condition of dignity to stand. The questions that then must be answered pertain to why our government institutions should care about rights and what rights are we looking to secure as it relates to drug criminalization.

The answer to the first question relies on the idea of constraints and entitlements. As described by the *Stanford Encyclopedia of Philosophy*, human rights are designed to protect all people from certain abuses. One of the central reasons for having a governmental system is the idea that there are certain things that can never be done to a person and we need laws to make sure that those things don't happen. That seems fairly plausible, but where do we draw these protections from? James Nickel discusses the work of Alan Gerwith who worked to connect human rights to other ideas important to this project such as agency and autonomy. Nickel writes of Gerwith's philosophy, "He argued that denying the value of successful agency and action is not an option for a human being; having a life requires regarding the indispensable conditions of agency and action as necessary goods. Abstractly described, these conditions of successful agency are freedom and well-being" (Nickel, 2019, sect. 2.2). Our life as it is constituted requires some degree of freedom, autonomy, and welfare. Gerwith says that we have good reason to claim those things without major exception. That claim logically requires that we acknowledge

that everyone else has the same claim, a conclusion that Gerwith utilizes to create a foundation for universal human rights.

Some discussion of care ethics and the meetings of needs can also bring us to the establishment of this standard. Nel Noddings specifically provides us with a needs-based conception of rights. Ultimately, she feels that other frameworks of rights are limited in their applicability and their ability to include the specific demands of individuals. She writes, “The degree of both need and satisfaction may be debated, but if a need has risen to the level of a right, the one who claims the right feels justified in demanding that it not be denied” (Noddings, 2002, p. 55). She acknowledges that needs and their ability to be satisfied are subject to discussion, but she does give a great deal of power to us to claim the meeting of our needs as a right.

When looking at what specific constraints or entitlements are necessary, we should return to the idea of Immanuel Kant and not treating people as mere means to other ends. For the purposes of this thesis, we’ll be looking at mostly social rights. As defined by Nickel, “Social rights [are those] that require that governments ensure to all the availability of work, education, health services, and an adequate standard of living” (Nickel, 2019, sect. 3). To treat people as an end in themselves, they must not be subject to certain conditions of oppression or exclusion. Furthermore, they should be provided with a standard of care that is conducive to their own wellbeing and their pursuit of such. As was discussed previously, drug criminalization violates the individual autonomy of a person and separates them from a certain standard of living. Rights, in lockstep with a full acknowledgment of human dignity, is the method by which we ensure just treatment of all members of a society. This applies both to the policies that we pursue and the

methods by which we pursue them. Thus, our government institutions should always promote dignity in their policymaking.

It might be the case that one acknowledges the racist implications and history of drug criminalization and also allows for the fact that this history exposes vulnerabilities, especially for racial minorities, to the violation of other fundamental rights. However, one may still argue that the use of drugs significantly worsens one's life and the government has the responsibility to protect its citizens from "throwing their life away." It is not the aim of this thesis to fully examine the personal or societal effects of drug use. Irrespective of the actual effects of drug use, the status quo is immoral. Even if someone wanted to argue that drug use needs to be limited in some systemic way, the present system of policies is certainly nowhere close to the best option. Drug criminalization is a reflection of our country's racist history and our social ills as we push people away from society's central structure and make them more vulnerable to the violation of other rights. Drug prohibition is a policy with no merit and it needs to be repealed.

As the literature cited in the above argument demonstrates, there's no shortage of writing on the immorality of drug criminalization. Some of these authors, such as Earp, have also written on potential better solutions for helping those who are struggling with addiction. While this literature is certainly valuable, there's something lacking. We know from Chapter 1 that this is a problem that exists socially as the result of certain people either holding misconceptions about people struggling with addiction or actively looking to harm and exclude them. Furthermore, it exists as a result of a leadership failure, the subversion of the needs of people struggling with addiction in favor of the aforementioned prejudice. At its absolute core, it's a matter of fighting stigma before some of the more technical policy conversations are even realistic. What seeking better treatment for people struggling with addiction first needs is a proper method of leadership

and influence. Here is where the principle of dignity will be key as I'll apply the same rules that inform the rights of addicts to the targets of such influence.

Chapter 3 - Reasoning, Leadership, and the Methodology of Moral Change

1. Introduction

Thus far, we've established that drug criminalization is both morally wrong and directly influenced by certain harmful cultural beliefs and greater oppressive goals. As part of explaining that moral wrong, we looked at ideas of dignity and autonomy. What we've discussed is that drug criminalization is not only a policy that unjustly polices the bodies of others, but it's also a network of policies designed to send Black folks and other oppressed peoples to prison. Changing criminal drug policy will require directly engaging with and maybe even changing this immoral foundation. But, the same Kantian principles allow people to set their own ends and have their own beliefs. How can we change this policy without violating the dignity or autonomy of the people who hold these beliefs?

The criteria for such a method is simple. It must first be ethical and adhere to the principles of dignity and autonomy that are so central to my ethical case. Second, it must be effective and actually address the core problem of stigma and prejudice that informs bad criminal drug policy. This need and how the method I propose meets this need will become evident throughout this chapter and the next as I provide my proposal. There are a couple important things to note about these criteria. For one, my desire is to put the moral onus on government leaders in a very real and involved way. However, I acknowledge that big social problems like this require investment and participation from everybody, including those who are directly harmed by the status quo. This is why I ultimately focus in on a smaller scale in Chapter 4. Second, these are moral conversations about righting past wrongs. In previous chapters, I've talked a lot about government leaders and even citizens being either purposefully or casually unethical. As with all proposals with a moral basis, it does ultimately require that people have some desire to be good.

My aim is to provide a model by which government entities can consistently promote the pursuit of the good.

Finding a method of leadership that is both effective and ethical in the context of our nation's drug crisis and caring for those who are most hurt by it is the goal of this chapter. Some methods of change are obviously wrong. Manipulation and coercion directly violate human dignity by either removing consent from the process or introducing a threat. The common response to these clearly wrong practices is to say that people need to be given reasons to believe or do something in order for it to be ethical. However, the idea of just giving reasons has both ethical and effective limits. What we're really looking for is a strong method of ethical leadership. In order to make significant collective change while also upholding the rights of each individual, leaders must be committed to the common good and dignity of each person. They must be willing to engage their followers on the basis of public reason, standing firm on the fact that no one gets to hold the violation of another person's dignity as their own end. Doing this in practice will require strong and visible moral relationships between leaders and followers. In this chapter, I'll go more into detail on each of these methods, explaining where they fall short or where they succeed. I'll close by explaining how all issues of drug addiction are really public health issues and how public health influence and leadership is unique in its balance of individual autonomy and the common good. That model of leadership will influence the strategy in support of those struggling with addiction that we explore in Chapter 4.

2. Unethical Methods of Influence

It's fairly simple to identify coercion and manipulation as unethical methods of influence. However, this shouldn't be presupposed without any argument. For example, care ethicists such as Nel Noddings are very comfortable with coercion in the case of raising children and cultivating them as better carers and moral actors (Noddings, 2002). While it might be true that children need to be misled sometimes and laws can only exist with some threat of punishment, these practices may not be as permissible when it comes to influencing adults to change their beliefs. Starting with coercion, we can define this method as attempting to persuade someone of something, paired with a threat of force or punishment if they're not persuaded. Alan Wertheimer has done some great and unique work looking at the ethics of coercion as it relates simply to persuasion. Wertheimer's main project can be referred to as the "baseline approach." In short, he wants to look at the condition of someone prior to some proposal and then examine the effect that the proposal has on them. Importantly for this thesis, Wertheimer takes a rights approach here (Wertheimer, 1987). It's important to note before directly quoting Wertheimer that throughout his book, *Coercion*, A refers to a person making a proposal and B refers to the receiver of that proposal. In regard to coercion's relationship with rights, Wertheimer says "As our discussion of the law suggests, there are reasons for thinking that it is sometimes seriously wrong (rights-violating) for A to threaten to do what it would not be independently wrong (or, more accurately, rights-violating) for A to do" (Wertheimer, 1987, p. 219). In short, there is room for the idea that a threat can make something wrong that would not be wrong independently. Even a righteous cause like seeking better care for those who are struggling with addiction can become corrupted.

Wertheimer uses very Kantian language and says that it is "wrong to secure our ends by using other people's bargaining chips" (Wertheimer, 1987, p. 220). What we get here is a picture

of coercion that doesn't depend on what the proposal actually is. One has a right to not simply be used for the end of another, no matter how normal or noble that end is. Wertheimer uses the example of the immorality of threatening criminal prosecution to enforce some private agreement (Wertheimer, 1987). That leads to the second key factor of Wertheimer's baseline, the actual effect of the proposal on the proposed and their ability to reject it. Again, Wertheimer describes this in terms of the conditions that B faces before and after any given proposal. He often describes examples that are clearly not coercion because B's condition would be undeniably worse if they were to say no to whatever A is asking. He writes

If B agrees to an amputation of his leg in order to avoid certain death, he cannot later sue for battery, on the grounds that his consent was not valid because he had no choice. If B's car is disabled on a deserted road, and A offers to help for a nonexorbitant price, B cannot refuse to pay because he had no reasonable choice (Wertheimer, 1987, p.197).

These examples are clearly different from being threatened with a beating if one doesn't sign a contract or say that they believe in a certain thing. We don't need to look at any measure of efficacy for coercion because we can eliminate it as being immoral under the specific conditions Wertheimer describes. Someone participates in unethical coercion when they introduce a threat on someone's safety or dignity that was not previously present in the problem. That is undeniably wrong to do in any circumstance, but it certainly doesn't pass when our entire project is the protection of human dignity.

Manipulation and coercion are often paired with one another, but they are distinct influence strategies. While coercion is defined by pairing some threat of harm or the worsening of one's overall condition as a function of persuasion, manipulation doesn't have to involve a threat. Here, we'll define manipulation as the strategy of either bypassing one's rational nature or

taking advantage of it in some other way. In short, manipulation operates under the thought that the subject of persuasion's reason is secondary and something to be used rather than respected. Looking at other cases that could be considered manipulation may reveal greater issues with the idea of persuasion by the way of giving reasons.

Moti Gorin, an associate professor at Colorado State University, has written extensively on applied bioethics, including the ethics of influence. In his piece "Do Manipulators Always Threaten Rationality?" he acknowledges that bypassing one's rationality for the purposes of persuasion is clearly unethical manipulation. Returning to Kant, this is because you are using someone's humanity and rationality as a means for some other end. However, he also worries that holding the bypass interpretation as the only meaning of manipulation is too strict and leaves out other examples of unethical persuasion. He cites examples in which one is manipulated by having their very rational faculties used against them. To paraphrase one such example, he creates a situation in which you have begrudgingly agreed to go to the opening night of a play with your friend. Halfway to the theater, you engage your friend's rational capacity by saying that you're worried that you left the stove on and you need to go check it. Your friend feels like they can't say no to going back and you end up missing the play exactly like you wanted (Gorin, 2014). This is a really key example because it implies that it matters why we are giving someone reasons in the first place. From a Kantian perspective, we have to not only acknowledge and respect the rationality of others but we also have to recognize that their rationality is not arbitrary and serves their own private ends. Explicitly using rationality in this case is wrong. It can even be compared to Wertheimer's coercion definition as the potential consequences of not heading home to check on the stove are so great that it's almost impossible for your friend to refuse.

What Gorin has done is open up bigger problems with the idea of reason giving as an ethical influence strategy.

3. Reasons and their Limits

When thinking of influence or persuasion, many people probably think of giving people rational, organized reasons to believe something. We generally think of this not only as an ethical practice but also an effective one, a tool that we can improve by working on our critical thinking and public speaking skills. While none of this thinking is necessarily wrong, we shouldn't presuppose the absolute rightness of rational persuasion. Terry Price, a philosophy professor who specializes in leadership ethics and moral psychology, has done a thorough examination of rational persuasion as part of his greater project in *Leadership and the Ethics of Influence*. Early in the chapter centered on rational persuasion, he says it isn't clear why giving reasons is necessarily any different than coercion or manipulation as he writes "The source of the difficulty is that the very act of giving someone reasons for action – not unlike coercing or manipulating someone – is a straightforward attempt to alter what another person feels, thinks, or does" (Price, 2020, p. 65). Rational persuasion can't automatically be considered the "gold standard" of influence. Similar to what Gorin discussed, there seems to be some other factor that determines the ethics of influence. The core of the issue is that you're seeking to alter someone else's goals for the sake of some goal that you have.

As Price continues to challenge rational persuasion, some common themes arise in his criticism: 1) the dependence of rational persuasion on something other than pure reason and 2) undesirable consequences of rational persuasion. For example, he cites the society we have today

as being overly dependent on rational persuasion and how this dependence has given us a certain kind of leadership as he writes "...the 'powers of reasoning' are little more than the kind of force employed by leaders in modern, democratic societies. When argumentative skill is the currency of politics, many of the highest offices will be filled, as they currently are, by lawyers" (Price, 2020, p. 65). As Price continues, it becomes clearer why this society run by lawyers is ultimately not very good. He says that while a leader may have their reasons for persuasion, these reasons can be just as dogmatic and rigid as what we would call manipulation as he writes "His behavior is wrong if he is so intent on convincing them that he will not let up until they believe as he believes or, at least, see the great merits of his point" (Price, 2020, p. 66). In short, a focus on reason doesn't necessarily give us the right thing to do. In a government system that promotes argumentation and being on the correct side of a debate, leaders can hold their own dogmatic views and simply frame them with reasons.

Price adds worries about whose reasons and rationality that we're talking about when we think about rational persuasion, expanding on the idea that giving reasons can be just as wrong as manipulation. Perhaps even more importantly, it can be hard to tell the difference. Returning to our example regarding your lying to your friend about leaving the stove on, we can identify that as manipulation like Gorin says. However, to your friend, it appears as though you've given them an absolutely good reason to not go to the play.

Price also notes important logistical limits on rational persuasion as he says "All reasons are conveyed in some form or other. Words, whether spoken or written, are not created equally. How effective a message is in terms of its persuasiveness will depend on all kinds of additional considerations" (Price, 2020, p. 69). Rational persuasion is not some pure transfer of data; it requires some kind of form. Not only is this a limit on its effectiveness, but we can also see

ethical implications here as someone could present their reasons in a form that makes the party being influenced feel as though they have to agree.

Of course, Price does believe that there is some form of ethical leadership. We'll return to what that picture looks like for him later, but he alludes to it in this chapter as he writes "If the problem with rational persuasion is that one autonomous agent is using her reasons to influence another autonomous agent's behavior, then the solution may be for the person exercising influence to appeal to reasons that are potentially compelling to the...target's values" (Price, 2020, p. 78). An issue once again arises though with the potential that we're simply using the target's values to get what we want. Returning to our example of manipulation, it's true that your friend values your house not burning down. But, you're using this value to get yourself out of having to see the play. What Price wants is a relationship in which leaders appeal to the followers' values because said leaders also hold those values. Or, at the very least, they want to meet the needs of their followers for their own sake. So, what we need is a better, more complete theory of ethical leadership. This theory must rely on good, public reasons that are valued and applied for their own sake and not for some other purpose. The idea of dignity and autonomy is still key though. Before ultimately describing this method of leadership, I'll discuss how autonomy and dignity work specifically in a public health setting like our national drug problem.

4. Autonomous Relationships in a Public Health Setting

Many of the problems encountered thus far in this thesis have their origin in people holding the wrong goals or ends. Our government institutions have sought racial oppression and the creation of a secondary class of citizens as we discussed in the first two chapters. In the thought

experiments looked at in these chapters, we see influence and leadership for the sake of some ends other than human dignity and the common good. In describing a method of ethical leadership that answers these concerns, it might be helpful to consider public reason in the context of the specific problem that we're talking about. Drug addiction is socially determined and requires social solutions. Public health issues always exist at the crossroads of this public responsibility and bodily autonomy. Defining the right principles on which we ought to lead and influence on matters of public health will give us a better idea of leadership that we can then apply to better policies.

Examining much of the literature on the subject of ethical influence can seem to lead to nothing but dead ends. In the very pursuit of respecting the dignity of others, it can feel like there is no way to ethically influence someone to do the same. A good method does exist, one that relies on the foundation of public reason in public health. David R. Buchanan has done extensive work on ethics in public health and he grounds his research in ideas like free will and agency that are relevant to this thesis. Buchanan identifies public health concerns as being growing ones in our day and warns against an overreliance on liberalistic paternalism. Broadly speaking, liberalistic paternalism is characterized by interfering in one's life in some way because they would be worse off if they acted without said interference (Buchanan, 2008). Buchanan identifies concerns with liberalistic paternalism that are similar to the ones stated above in regard to rational persuasion. He writes "The moral concern is that the presumption that one is right, and therefore justified in seeking to override other people's judgment, constitutes treating them as less than moral equals. It denies people the right to choose their own ends of action" (Buchanan, 2008, p. 16). Once again, we get that question of "Whose reason?" when it comes to being influenced. Any moral justification of liberalistic paternalism would necessitate an account

of the person doing the influencing being absolutely right in their thinking. We seem to be right back in the same hole, stuck feeling like there is no objective truth and no way to achieve it. Surely though, there is some truth and some right action to take to ensure that we protect the health and dignity of others, a path to justice.

Identifying and describing a model for public health justice is exactly Buchanan's project in his paper. In doing so, Buchanan wants to make distinctions between autonomy and liberty. He writes "Most Americans view autonomy as synonymous with liberty...in which liberty is construed as negative freedom from restraint...By contrast, the definition of autonomy of interest here, following Kant, is based on the integration of freedom and responsibility" (Buchanan, 2008, p. 17). Buchanan is right on here. As established by Kant, autonomy is dependent on some understanding of responsibility and the acknowledgment of both the ends of others and their status as ends in themselves. In a public health context, this can put serious restraints on what ends someone can hold in violation of another person's dignity. Buchanan writes more about public responsibility, saying "...many public health professionals take the position that society as a whole bears responsibility for the pattern of distribution of unhealthy behaviors...On the basis of such findings, a prominent position in public health is founded on an egalitarian conception of justice" (Buchanan, 2008, p. 18). Looking back to Chapter 1, we know from Neil Levy that addiction is a socially determined problem. Furthermore, we know that the greater narratives about and consequences of addiction in the United States are both social and purposeful. With the origin of the problem being collective in nature, it's only right that the solution should also be one that we all participate in.

Buchanan uses this idea to dismiss the idea that one's private reasons, their "liberty" to believe what they believe and do what they do, is of ultimate importance in the realm of public

health. Buchanan outlines what does matter, saying “Thus, the project recommended here is a ‘public reasons’ approach. It is based on the cooperative search for moral agreement, established on the basis of good reasons, in which nothing but the force of better argument should prevail” (Buchanan, 2008, p. 20). Some concerns similar to what Price raises may be present here as we might worry about this creating a system in which it is simply the person who is best at arguing who gets to decide what is best. This is distinct though. While Price spoke of arguments for private reasons, Buchanan is describing a process by which we find true common values and equitable decisions. We can better apply Buchanan’s call for public reason and the common good to an ethical leadership method.

This discussion of finding the common good leads us back to Terry Price as we establish our methodology. As stated earlier, Price is ultimately focused on the philosophy of leadership and ideas about the relationships between leaders and followers that can guide the pursuit of the common good. Price dedicates Chapter 6 to a discussion of how Kant’s principles lead us to a very specific kind of moral leadership, one in which leaders are not trying to get their followers to do something that they may not want to do. Instead, Price says that leaders are at their most ethical when they pursue the ends that followers, and indeed all of us, have set for ourselves. He writes of this:

This appeal to autonomous agency also makes leadership look much less like an effort to control followers. If what a leader gets followers to do is work to achieve the ends to which they – the followers – are committed, then we can understand the behavior of followers as ultimately issuing from their own agency (Price, 2020, p. 145).

Of course, we cannot simply concede to the inverse of the problem that we discussed earlier.

Followers can just as easily set bad ends that leaders must then blindly work toward. It is in the

combination of Buchanan's call for the common good in public health and Price's call for this kind of leader-follower relationship where we find our method.

The best way to think about the ethical method presented here is as follows: Buchanan provides the ethical framework where Price assists more with ensuring that the method is effective. The conclusion here is that while respecting one's dignity may mean having to respect their beliefs and ends, objective truth and justice do exist. There are public matters like socially determined health problems that require public solutions, problems where private goals and values may have to be superseded. While Price does serve more of a practical function here, his theory is also a normative one. For Price, we determine what the common good is by having a more egalitarian model of leadership, one in which leaders exist only to fulfill the needs of the people.

I'll add a vital wrinkle to this methodology. As was discussed in Chapter 1, what has happened thus far with the War on Drugs and the treatment of people struggling with addiction in this country has certainly been a failure of leadership. In that chapter, I described a leadership failure as the unjust supersession of the needs of one group in favor of the ends of another group. This can specifically be described as a failure in the case of said ends being the very denial of the needs of the other group. So, in practicing ethical leadership, leaders ought to create distinct spaces and opportunities for these past wrongs to be set right.

For the purposes of better drug policy and care for those struggling with addiction, here's what this model looks like. Those who desire for addicts to be classified and treated as second class citizens don't have the right to their beliefs about drug addiction being beyond reproach. Leaders can and should work against such awful ends. For these leaders, this looks like creating the space for people struggling with addiction to express their needs directly. While drug

criminalization is a national problem with roots in federal policy, it's best to examine how these kinds of leader-follower relationships can first work best on the local level. Other pursuits of justice have started with local demonstrations to make the needs of a group of people more well-known. These strategies and the policies that mirror them will directly reflect the method discussed in this chapter.

Chapter 4 - Fighting Stigma as a Matter of Public Health

1. Introduction

Addressing the problem of inequitable drug criminalization policy requires the collective identification and pursuit of the public good. As was discussed last chapter, an ethical method of leadership cannot look like manipulation or coercion and simple reason-giving has its own ethical and effective limits. Ethical leadership on socially determined issues of public health like our national drug problem requires participation and consent. The issue we arrive at is this: much of the problem identified in this thesis is one of stigma and prejudice. The common refrain in response to such issues is a call for greater “education.” While education is often associated with the public good, it falls into the aforementioned traps that Terry Price describes about reason-giving. As stated last chapter, it’s a bad idea to look at this difficulty and respond by removing any ability of a method of leadership to be effective. Both followers and leaders should be able to exert some influence on what the public good looks like, especially on matters of public health. As a matter of equity and justice, leaders have a special obligation to take into account the concerns of those who have been harmed by past policy wrongs such as the purposeful oppression described in Chapter 2. In this chapter, I will briefly discuss the limitations of public health education as a part of my introduction. Then, we’ll look at how those who are struggling with addiction experience and respond to issues of stigma and prejudice. I’ll close this chapter by looking at past social justice movements and examining how they fit in with my method and proposal.

Education has become a bit of a buzz word in reference to solving issues of social injustice. Terry Price described how this can become ineffective and dogmatic as those in positions of leadership operate under the presumption that those who disagree with them simply don’t

understand. Don Nutbeam, a public health researcher at Sydney University, has written extensively on the history of public health campaign strategies and the range of their effectiveness. He uses the example of anti-smoking campaigns to note how comprehensive strategies are necessary as he writes:

Efforts to communicate to people the benefits of not smoking, in the absence of a wider set of measures to reinforce and sustain this healthy lifestyle choice, are doomed to failure. A more comprehensive approach is required which explicitly acknowledges social and environmental influences on lifestyle choices and addresses such influences alongside efforts to communicate with people (Nutbeam, 2000, p. 261).

This directly mirrors the method created in Chapter 3. A socially determined problem like our national drug problem requires a socially coordinated solution, a solution that involves more than just giving reasons. Two key issues of application arise. One, looking at our method constructed last chapter, policy solutions should arise from the concerns of the very population that leaders are looking to serve. In the case of this thesis, the words and concerns of those struggling with addiction are of particular importance. Second, upon taking said concerns into account, it follows that any concrete solution must be social in nature. A more just future for those struggling with addiction will not be found in backrooms or policy memos. The solution lies in our very interactions with one another, visibility and conversation strategies that have been used by oppressed groups in past movements for greater justice.

2. Stigma in the Eyes of its Targets

As discussed as far back as Chapter 1, bad ideas about what it means to suffer from addiction are at the heart of this national moral problem. As we look to promote a social, ethical leadership in pursuit of crafting a better future, it's vital to look at how this prejudice affects its very target. In an article published in the *Harm Reduction Journal* in 2020, Brandon Muncan and other researchers published their findings from a series of interviews with people who inject drugs (PWID) in New York City. Their research method involved interviews with 32 subjects who self-identified as PWID. The researchers describe the nature of these interviews as follows: "Interview questions focused on the following domains: drug/substance abuse history; injection history; experiences with overdose; experiences with healthcare...and experiences with the criminal justice system" (Muncan et al., 2020, p. 3). The primary area of interest in their findings is the prevalence of "enacted stigma" on the subjects by healthcare professionals and how this created an expectation of future stigma that specifically worsened care of these individuals.

Among the subjects interviewed, enacted stigma was unfortunately common. The researchers write, "Of the 32 participants, 23 (71.9%) reported some form of enacted drug use stigma including, but not limited to, discrimination...and dismissive attitudes of providers at hospitals and clinics. Many participants reported direct instances in which a healthcare practitioner used language that was hurtful or had a judgmental demeanor" (Muncan et al., 2020, p. 4). What is uniquely helpful about this piece is the inclusion of direct testimonies from the research subjects about their experiences and the specific words said to them. For the purposes of this thesis, the most important issue that the interviewees talk about is "anticipated stigma." Anticipated stigma is the expectation that one will experience some kind of prejudice and not be cared for as a result. While not quite as many subjects said that they experienced anticipated stigma, it's still a significant number at 19 of the 32 (Muncan et al., 2020). One man talks about his experience

trying to talk to a doctor about having scabies, saying “I caught scabies going to that shelter...so I used to tell the doctor. He tried to say it was the coke [cocaine]. No, the coke don’t get me like that. I’ve been doing coke for many years...so I’m trying to explain it to him. He’s like ‘No, it can’t be. There’s no such thing.’...I lost a little confidence in doctors, to be honest” (Muncan et al., 2020, p. 5). In this personal story, we can see the very creation of our social problem. This man, referred to as Francisco in the article, is told that his illness must be his own fault and that there is no other possible explanation. This makes him distrustful of the healthcare system in the future.

The focus of this thesis is on the prejudice against drug users in the criminal justice system. The history of that prejudice and its connection to racial oppression was described in my first two chapters. That being said, the story of Francisco and the other subjects is intimately intertwined into that story. The implication is the same: people struggling with addiction are responsible for their own afflictions and we don’t want to be closely associated with them. What we specifically see with Francisco’s story is someone being removed from the very system of public good that is so central to this thesis. Upon his concerns being denied, he feels as though our government and health systems are designed to deny him care and he is absolutely right. This is the social environment that we have created: one in which stigma is explicit and harmful and leaves those struggling with addiction feeling like there is no avenue of care to which they can turn.

My aim with this section is to illustrate the kinds of narratives that many who are struggling with addiction face, prejudices and incidents that are not at all reflected in many of our policies surrounding drug use. Not only are these needs subverted, but these needs are a direct result of

the social problems discussed in Chapter 1. These needs and perpetual wrongs need to be given consideration under the method that I described in Chapter 3.

3. Visibility Strategies of Justice

Stigma being at the core of injustice is not a new development. Civil rights movements of the past have similarly identified ill-formed ideas of other groups of people as being a core issue. In applying the method described in this thesis into a better policy vision, past strategies for addressing these stigmas will be key. Past leaders have done this by employing visibility strategies. Generally speaking, visibility strategies are political approaches that emphasize bringing minority identities and the injustices done upon them to the forefront of the national conversation. In this section, I'll describe past visibility movements and connect them directly to my method.

Looking at the method established in Chapter 3, ethical leadership necessitates close, autonomous relationships between leaders and followers. The ultimate goal of these relationships is a greater understanding and application of the public good. When addressing injustices like the unjust policies described in this thesis, this means leaders adjusting and paying particular attention to the needs of the group that has been oppressed or otherwise treated unfairly. What's been accomplished with this method is a movement outside the realm of being concerned about reasons and their delivery and into the realm of concerns about human attention. What we're looking for is a way for followers in need to make themselves known and for leaders to give them the space and the right to do so. This means visibility. In an attempt to achieve better visibility and more just treatment for those struggling with addiction, we need to look at the

employment of visibility strategies of the past and understand how they worked or could have worked better. Importantly, the aim here is not to describe ways in which those searching for justice could have done better. Instead, it is to reckon with how government entities failed in response and how leaders of the future can craft environments better suited to responding to injustice.

As alluded to earlier, some of the most well-known visibility strategies come from the Civil Rights Movement in the United States. One example comes from Greensboro, North Carolina as students from the historically Black North Carolina A&T State University performed a sit-in at the segregated F.W. Woolworth department store. They remained at the “whites only” lunch counter even after the store had closed and more students joined them the next day. Documenting the history of sit-ins for the *Encyclopedia Britannica*, Kurt Hohenstein writes about the impact that this movement had. He says, “The sit-in movement destroyed a number of myths and stereotypes about Southern Blacks...it became clear to observers that Southern Blacks were not content with Jim Crow segregation” (Hohenstein, 2014, para. 5). We can see how this accomplishment directly corresponds to the pursuit of the public good in our method. The reporting of these sit-ins informed people around the country that Black folks were hurting and took the oppression of present policies very seriously. Of course, we know that government entities often reacted antagonistically to these kinds of demonstrations and our ultimate desire here is to craft public policy that reflects an ethical model of leader-follower relations. We can use another example in the Stonewall riots to better examine this contradiction.

The Stonewall riots in June of 1969 were key in the history of gay rights in the United States. Once again, the *Encyclopedia Britannica* does an excellent job of documenting this history. It notes how the solicitation of homosexual activity was illegal in 1969 and how “Gay bars were

places of refuge where gay men and lesbians and other individuals who were considered sexually suspect could socialize in relative safety from public harassment” (Britannica, para. 2). While these spaces were designed to be private safe spaces, they were often subjects to visits or harassment from the police. This happened at such a place in Greenwich Village as “In the early morning hours of Saturday, June 28, 1969, nine policemen entered the Stonewall Inn, arrested the employees for selling alcohol without a license, roughed up many of its patrons, cleared the bar...” (Britannica, para. 3). The article goes on to detail how New York had a statute about wearing “at least three articles of gender-appropriate clothing” and the police took people from the bar into custody. Often as a result of this harassment, the patrons of a bar like the Stonewall Inn would simply leave, but not on this night. Bars in Greenwich Village had been consistent targets and the people decided to resist police action, including the throwing of “bottles and debris.” This chaos reached its climax as “The police barricade was repeatedly breached, and the bar was set on fire” (Britannica, para. 4). The article goes on to discuss how the legacy of Stonewall is ultimately very similar to that of more nonviolent demonstrations like the sit-in in Greensboro. Indeed, most progressive paradigms of history view Stonewall as an absolutely justified and truly vital catalyst for the history of gay rights in this country. While I view this as certainly being true, what does this have to do with creating better policy futures? The answer lies in examining what is really at the core of these demonstrations.

If we break down these protest events into their individual parts, we can see that they are attempts at better leader-follower relationships. It is not the aim of this thesis to break down the effectiveness of protest strategies or nitpick how the civil rights leaders of the past could have strategized or organized better. Instead, as expressed previously, it is about creating a more ethical government leadership in response to the needs of followers. Any issues with the above

examples lie squarely with the government officials who were antagonistic to refusals of harassment and oppression. Importantly, events like Stonewall only became violent due to repeated persecution. Even with their imperfections, we know the impact that these protests had on their respective movements. So, how can similar catalysts be more consistently created in the future for similar movements like calls for greater dignity for people struggling with drug addiction? The solution is this: Government leaders, specifically local leaders, have an obligation to create and preserve safe spaces and official capacities for oppressed groups to express their needs. Doing so will allow needs not usually expressed or realized in our discussions of the public good to come into the light. Importantly, the concept of protecting rights and correcting past wrongs in the pursuit of justice is still central here. While one might argue that it is a leader's obligation to find the balance of the needs of all of their followers, I've established that the needs of some have been ignored for decades. So, the aim of the policy strategy in this chapter is to correct that imbalance.

4. Local Protection and Support of Followers' Rights

While the problem identified in this thesis does exist at the federal level, significant responses to injustice in the history of this country have often started locally. Furthermore, it certainly makes sense to first explore the application of ethical leader-follower relationships on the smallest scale. The goal of local leaders should be to create more consistent ways for oppressed groups to make themselves and their needs known.

The summer of 2020 saw some of the most significant instances of social protest in this country since the Civil Rights Movement of the 20th century. As a result, many organizations

found a renewed interest in how communities can address inequities. While the success of these initiatives has certainly been a subject of debate, it is at least fair to say that local leaders are more conscious of these issues than they were before. The Municipal Research and Services Center (MRSC) is a non-profit organization that has had the mission of assisting and empowering local government since its founding in 1934. Leah LaCivita published an article for the MRSC in September of 2020 detailing new programs or efforts of local governments to address racial inequity in Washington State, where the Center is located. She defines one category of approaches as being “Community” approaches and she says, “Components of this work include local government staff and elected officials meeting with and listening to diverse communities in order to build relationships and identify obstacles to achieving equity” (LaCivita, 2020). It’s easy to see how this can connect directly to our ethical method of leadership. The idea is to bring leaders and followers closer together and unify their ends on problems of equity and justice.

We can focus in on the efforts of one community in Pasco, Washington to see what this can look like in action. The city’s website details their Citizen’s Advisory Committee as it reads:

The Citizen's Advisory Committee meets monthly to address community concerns and assist in developing strategies for implementation of Community Oriented Policing components.

The committee is tasked with reviewing police policies and providing input regarding police services, training for officers and civilians, and educating citizens about their role in a community based philosophy.

Once again, this directly relates to our method. Under this plan, citizens are given the opportunity to provide direct input on police practices and policies. The problem that the city of Pasco is trying to address is also directly comparable to the one in this thesis. It’s a problem that

is rooted in oppression and directly affects the entire public. Of course, it should be noted that these kinds of initiatives only exist due to the public protest of the groups in question. These programs are distinct attempts to create a more sustained space for the expression of people's needs and desires. People struggling with addiction deserve the same opportunity.

The proposal of this thesis is as follows: Local governments need to fulfill their obligation to serve as the most direct representatives of the interest of the people they govern. The issues discussed in this thesis range from issues within our nation's history to the malpractice and stigma of healthcare professionals. Indeed, more research into unlocking greater compassion in spaces like the healthcare industry could also be vital to solving this problem. However, in looking at the history of our nation's ability to turn around major moral problems, we have often begun by elevating voices and issues at the local level. It should serve as a common shame that simply letting one's needs known has had to take the form of civil disobedience and has resulted in detainment or worse. In building a more just future, local government entities, from the mayor's office to law enforcement, need to be more amicable to these kinds of expressions. This newfound amicability can take the form of local programs like what the MRSC has documented and supported in Washington State. I highlighted the advisory committee because it most directly mirrors the leader-follower relationship model of ethical leadership.

My contention remains that government leaders need to do substantial work to right historical failures. In applying that argument, it's my aim to put as much of the burden on elected government leaders as possible. As a result, I'm going to leave this proposal fairly adaptable while also giving some more specific guidance. It is not my goal to have people struggling with addiction (or really any people) serve in a pseudo-government role that they never asked for or

do not have the time for. So, fulfilling this obligation may need to look more like outreach initiatives for government leaders to more intimately engage with stories like the ones I described at the beginning of this chapter. Or, it may involve creating the space for increased consultation from public health ethicists. The important thing is to create some special consideration for needs that have previously been ignored.

My ultimate goal is to give leaders a roadmap that is wholly separate from any unethical leadership or simple education. Not only am I very skeptical of public health education as discussed at the top of this chapter, but crafting an education campaign ultimately shifts the responsibility more to public citizens than the proposal I have here. As I discussed earlier, this is a social problem that requires participation; it requires people sharing their stories, concerns, and for people to listen. However, leaders have a special obligation to seek these needs out and take the first step in establishing these relationships. In a time in which conversations about highlighting issues of inequity at the local level are very prevalent, local governments can receive support from organizations like the MRSC and other nonprofits in fulfilling this mission.

The primary issue presented in this thesis is one of stigma and how policy leaders can address it. It is not ethical for government entities to simply steamroll the ends of others, but said entities also need to look at their own corrupted history of wrong and hurtful thinking. Furthermore, they cannot act like the hurtful ends of others are beyond reproach and they need to dedicate themselves to needs that have been too often ignored. Significant moral change in this country has occurred as a result of people demanding that their plights and needs are known. A government entity promoting such actions is not a form of reason-giving or any kind of denial of liberty. It is simply a fulfillment of an obligation to autonomy. This is especially true with a problem of public interest and public health like our nation's drug problem.

Chapter 5 - The Importance of Fighting Stigma and Future Research

In a country like the United States, our public policy flows directly from our nation's history and our present process of discerning what the public good looks like. Over the past half century of American history, one of the most pressing issues has been drug use and addiction. The history of the policy discussions on this issue mostly looks like this: the War on Drugs and subsequently, more progressive attitudes in response to the War on Drugs calling for better treatment of those struggling with addiction. These calls also often include a push for the decriminalization of drugs. As discussed in Chapter 2, drugs should be decriminalized as their very criminalization violates the autonomy of those who use drugs. In that chapter, we explored how autonomy not only guarantees a certain degree of bodily non-interference, but it also applies to protections from certain kinds of malicious influence and leadership. It is here where the project of this thesis is found. Not only can people and their ideas not simply be railroaded, but how to ethically lead toward better policy solutions is an area in dire need of more research. This is especially true in respect to issues of social justice like the one found in this thesis. In short, leaders need to both examine their scope of what the right thing to do is and take care in how they achieve it. This is, of course, a question with no singular answer, but part of the solution lies in the above research about a consistent, ethical approach.

The year 2020 was, for better or worse, a year that inspired a new curiosity into how we approach things. Issues of bodily autonomy and righting injustice have been at the center of that conversation. Of course, not all developments have been positive. This is largely because of a lack of a cohesive model of leadership. What this means and what is provided by the methodology in this thesis is more than a "come together" cliché. It's a model for figuring out the right thing to do and how to pursue it in a way that not only acknowledges the autonomy of

others but is built upon it. Upon applying this autonomous relationship method, we arrived at a proposal that mirrors how some local communities are venturing to fulfill their duties. This result is limited in some ways. Some of the limits on this research is explicitly purposeful as the purpose of this thesis is not to identify specific solutions to our nation's drug problem (other than repealing criminalization, of course). It is instead intended to look at how present policies are affected by both history and present cultural attitudes and how engaging with these beliefs is necessary to making significant change. I'll spend the rest of this chapter discussing what further research is needed on the subject of both the methodology and the findings.

Many could object to Terry Price due to how vague his method is and these worries certainly hold some weight. His theory is philosophically sound as he builds on traditional ideas of dignity and autonomy in a way that is actually applicable. Combining our understanding of Price with research from bioethicists allows us to make the distinction between liberty and autonomy and actually accomplish something. Of course, both Price and our more medical sources still come from a very abstract perspective. At the very least, while bioethicists like Buchanan are more applied, they still deal largely in ideals. We know from my research that many people in this country hold prejudice toward people struggling with addiction and we know the effect that this stigma has. Further research could ask questions like how are these beliefs formed and reinforced on a psychological or sociological level.

Of course, there are also questions about how grounded or realistic this method even is in its ability to be applied. Why can't we just educate people on the issues and let them decide for themselves? A major aim of this thesis is to draw a distinction between "educating people" and a more proactive relationship built on finding the common good. Of course, further research can be done on how these educational campaigns work, where they come from, and what their impact

is. For now, I'll argue that one of the major advantages of the method of autonomous relationships is consistency. To illustrate how important this distinction is, I'll talk need to talk briefly about a common application and understanding of "visibility."

In both our method and how it is applied, some may argue that we have plenty of visibility and potential for good relationships with people who struggle with addiction. Popular American television shows like *Euphoria* portray high school kids who are struggling with addiction in a very sympathetic light. People have pointed to TV shows in the past like *Good Times* as being socially important for a very similar reason, creating visibility where there previously was none. There's key issues with this thinking though. First, are these TV shows hitting the audiences that we want it to in order to actually change minds and make a social impact? Secondly, what kind of representation are we getting in these shows? Are they layered and dynamic or are they primarily built on stereotypes? Either way, these media portrayals are not a proper substitute for policy. As one of our key sources in Chapter 4 notes, we need to consistently hear about stigma directly from the people who it affects most intimately.

Initiatives like those that I explored in Washington State are still very new. One could definitely argue that citizen's advisory committees and new outreach strategies are simply paying lip service to underlying injustice and can't be mistaken for real change. Time may just have to tell the story here, but I do think the structure of these proposals is very sound. As we explore with both the survey data and the personal stories of stigma, violence and injustice start on the community level and deserve a community solution. Of course, a greater discussion of systems of oppression and how they work on a grander scale could help as further research. As discussed with the source from Nkechi Taifa, I of course don't take it for granted that oppression exists as a matter of history and national policy. However, for the kind of ethical leadership that we're

looking for here, I found it helpful to look specifically at local initiatives. That being said, there are limits there that need to be explored further.

One major issue with my findings is the assumption that all communities can or should work in the same way. Some places may not have the resources to support such consistent input and outreach with members of the community. Furthermore, some may be so monolithic that the effect of such a program isn't felt in a way that changes anything. This objection is largely valid. Once again, addressing this objection necessitates further consideration of the larger systems at play in this country. But, it also necessitates every community doing what is best for them. That is why the method outlined here is what is really central to me with this thesis. A robust understanding of the distinction between autonomy and liberty and the construction of more consistent leader-follower relationships is a model that can apply to any problem of public interest.

Many people, in my generation especially, want to change our nation and our world for the better. This often involves righting past wrongs and building a better future for those who need it most. However, we must always be curious and relentlessly pursue how things go wrong in the first place while keeping human dignity at the front of our minds. Creating change requires changing minds, a process where the respect of human dignity is also of paramount importance. People who are struggling with addiction in this country are treated unfairly and unjustly. The stigma held against them by others deserves to be fought, but it needs to be done in a way that is both ethical and effective. Constructing spaces and relationships in which needs can be communicated is a vital piece of that puzzle.

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