

University of New Hampshire

University of New Hampshire Scholars' Repository

Honors Theses and Capstones

Student Scholarship

Spring 2021

The Effect of Politicians, Racism, and Corporations on the Opioid Epidemic in New Hampshire

Rachel E. Young

University of New Hampshire, Durham

Follow this and additional works at: <https://scholars.unh.edu/honors>



Part of the [Women's Studies Commons](#)

Recommended Citation

Young, Rachel E., "The Effect of Politicians, Racism, and Corporations on the Opioid Epidemic in New Hampshire" (2021). *Honors Theses and Capstones*. 562.

<https://scholars.unh.edu/honors/562>

This Senior Honors Thesis is brought to you for free and open access by the Student Scholarship at University of New Hampshire Scholars' Repository. It has been accepted for inclusion in Honors Theses and Capstones by an authorized administrator of University of New Hampshire Scholars' Repository. For more information, please contact nicole.hentz@unh.edu.

The Effect of Politicians, Racism, and Corporations on the Opioid Epidemic in New Hampshire

Rachel Young
University of New Hampshire
Advisor: Robin Hackett
Women's and Gender Studies Honors Thesis
Spring 2021

Table of Contents

<i>Introduction</i>	2
<i>What is Substance Use Disorder and how is it treated?</i>	4
Treatment Options	5
<i>Origins of New Hampshire’s Opioid Crisis</i>	7
NH’s Population and Mental Illness	8
Socioeconomic and Cultural Influences	9
Pharmaceutical Companies Influence	10
Over-prescription of Narcotic Drugs	11
<i>NH Task Forces</i>	12
<i>NH Solutions to the Opioid Epidemic</i>	13
<i>NH Politicians</i>	15
<i>Are there any solutions?</i>	19
Eliminating the War on Drugs	20
Mitigating the Originating Factors	21
<i>Changing the Medical Model (universal healthcare)</i>	21
<i>Social Welfare Systems/Programs</i>	23
A Change to the Criminal Justice System	24
Paying Reparations to Bridge the Wealth Gap	28
Vote	30
<i>References</i>	32

Introduction

New Hampshire is a relatively small state with a population of only a little more than 1.25 million (*U.S. Census Bureau QuickFacts*, n.d.). Despite this, we have an incarceration rate of 373 per 100,000 people, putting our state at over double the rate of the UK and about half of the US total rate (Prison Policy Initiative, n.d.). When examined through the lens of race, the incarceration rate of Black people is 2,241 per 100,000 as compared to 336 White people per 100,000. Black people make up about 1% of our population yet comprise 7% of our prison and jail population. There is a large racial disparity in the inmate population that implies that there is something about our laws and policies that targets Black people in particular. Notably, in 2014, drug/alcohol crimes were listed as one of the top offenses in NH (*All about NH's Prison Population*, 2018). The connection of the most common crime in NH to the most over-represented inmate population in NH leads one to question the enforcement of these laws. The War on Drugs has created an environment of punishment (rather than treatment) in terms of drug consumption, as well as slavery and Jim Crow laws emboldening citizens to police Black bodies outside of law enforcement. Historically, NH has been a fairly liberal state in terms of Black slavery, with a small amount of slaves and a seemingly progressive policy timeline (Slavenorth.com, 2003). With Black incarceration in NH being so disproportionately high, it is pertinent to examine any factor that may help offer insight, whether that be socially, economically, culturally, historically, etc.

One possible explanation for our incarceration rate in NH is our struggle with the Opioid Crisis. New Hampshire is infamous for our Opioid Crisis, with even Donald Trump claiming that the state is a “drug-infested den” (Stack, 2017). The issue of alcoholism is not often brought up in connection to this crisis but the rates of consumption and addiction are among the highest in

the country (News from the Node, 2017). Drug overdose deaths peaked in 2017 with about 36 deaths, but we have seen a decrease, with only about 30 deaths in 2019. Meier et al. (2020) interviewed a small sample of NH residents to better understand the patterns of drug usage among the population. 84% had intentionally used fentanyl and 42% had sought out drugs that they knew had caused an overdose in someone else. The participants in the study claimed that most heroin in NH contains fentanyl. New Hampshire is in the midst of a public health crisis as the deaths continue to plague our communities and incarceration only attempts to slow the problem, as opposed to treating the underlying causes.

We also have a large homeless population in New Hampshire, which could contribute to our high incarceration rate and high amount of drug use. According to the State of Homelessness in NH report (2020), NH has seen a 21% increase in homelessness, with the biggest increase occurring in unsheltered individuals (as opposed to people who have temporary housing/shelter or those who live with others for short periods of time). Again, there is a significant racial divide when examining this issue. White people in NH have similar homelessness rate as compared to the national average (11.9 vs. 11.5, respectively) but the most significantly different populations from the national average are Native Hawaiian/Pacific Islanders (182 vs. 159.8), Black/African Americans (65.2 vs. 55.2), and Hispanic/Latinos (50.1 vs. 21.7). With these racial divides cropping up in so many societal values, there needs to be some focus on why this is occurring. We can more effectively combat a problem when the underlying factors are examined and known by those who attempt to stem the issues through policy.

Among these underlying causes that exacerbate drug use and deaths, I posit that the state of NH is attempting to hold two simultaneous and incompatible views: One, that the state's current drug problem is due to a public health crisis and must be handled through social services,

harm reduction programs, and the alleviation of societal stressors, and two, that the solution is to criminalize drugs further, more aggressively seek out the drugs on the street, and thus increase the police budget to accommodate these actions, which further exacerbates racial disparities in incarceration. **I will begin by exploring the resources on substance use disorder and its treatment. Then, I will detail possible origins of the Opioid Crisis in NH and afterwards, examine the literature posted by New Hampshire task forces, organizations, and policymakers that allude to an evidence-based, science-focused approach. Then, I will explore the state's current battle with cannabis legalization and how those attitudes can be seen as a transition to the perceived solution from politicians and consultants. Afterwards, I will explain NH's current actualized solutions to the Opioid Epidemic. I will finish by going into detail on how the politicians in office have contributed to our current state of affairs, ending with a host of possible solutions to the presented issues, like reparations, voting, and changing the prison system.** If any change is to happen, merely the recognition of a problem and its possible solution(s) is not enough. It is the implementation of these solutions in line with the problem from which growth and stability can emerge. If the state continues to acknowledge the issues yet pretend that criminalization and incarceration are the solutions, we will only see massive amounts of money poured into a system that produces no positive changes.

What is Substance Use Disorder and how is it treated?

To begin, I would like to define addiction to better discuss substance use disorder in this paper. As defined by the Mayo Clinic (n.d.), substance use disorder is “a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication”. This can include alcohol, cannabis, prescription medication, over-the-counter medication, etc. Substance use disorder is the psychiatric diagnosis for the more commonly

known terminology of drug abuse. While many people still use this term, it is considered more derogatory as the affected person is believed to be experiencing mental distress that leads to destructive drug use, which they have little to no control over.

Treatment Options

There have been many approaches to treating someone with substance use disorder over the years. There was experimentation with aversive stimuli (like medication that induces nausea) paired with drugs, particularly alcohol, which was not seen to work and thus not used commonly today. There are drugs that are illegal today that weren't considered dangerous before the 1960s when Harry Anslinger banned many drugs as the head of the Federal Bureau of Narcotics (Editorial Staff, 2013). This caused a lot of people to be imprisoned, rather than treated for their disorder. Today, there are federal programs to fund in- and out-patient rehabilitation programs, which allow people to tailor their treatment experience better to their lives.

Many people's idea of treating any form of drug addiction likely resembles that of Alcoholics Anonymous (AA). AA typically consists of the following of certain steps (the 12-Step Program), meeting once or several times a week to share testimonies and troubles with fellow addicts, and the collecting of tokens to reward longer and longer times without a relapse. There are many types of this group-session type therapy, like Narcotics Anonymous and Gamblers Anonymous. However, there are still many varied approaches to treating substance use disorder. Some people will attempt to treat their nicotine addiction with hypnosis. Some people find success with abstinence, but others feel that they pare down, rather than fully cut something out. It is a complicated process as it should be tailored to fit the patient's needs at the moment and to fit into their overall goals for their future.

Treatment for substance use disorder has come into the limelight whenever a celebrity is questioned about their addiction troubles. Robert Downey, Jr., Sir Elton John, and Demi Lovato are some famous people who have openly talked of their experiences going to a rehabilitation clinic (Staff Writers, 2017). These clinics typically involve group sessions, individual therapy, and activities to further delve into addiction issues for each participant. In-patient rehabilitation clinics are prohibitive to many people with substance use disorder because it varies in price from around \$6,000 and up to \$20,000 for a 30-day program and there is limited space in each facility due to the longer stays (*Cost of Rehab*, n.d.). If a patient needs a longer stay, possibly 60 or 90 days, that price can go from \$12,000 to \$60,000. On top of the price and limited beds, there is very little to say that any individual program is suited for any one individual. If someone enters a program, they may find that it is not suited to their needs and they could relapse or leave early. If that was the only money they had for a program, they are now left on their own to navigate their way out of an addiction.

In-patient rehab clinics are inaccessible for the above reasons but also due to the very idea that someone can leave their home for anywhere from 30-90 days and return smoothly at the end of that period. Many people have children that would go unsupported or a job that might not take them back when they are healthy. They could lose their lease because they aren't working and can't pay their rent. These people may turn to outpatient rehab to try to treat their illness. These programs tend to run at a cheaper price and last longer, with the average program running for 3 months at \$5,000. These types of programs are less intensive as the patient needs to visit a center of their own volition and keep their recovery on track with less supervision. While this may work better for some people who want to maintain their lives outside of rehab, it can be harder for people to hold themselves accountable in the long run.

For those addicted to narcotics, there are several options available for getting treatment. There are the aforementioned in-patient and out-patient options, but they can also utilize a methadone clinic. A methadone clinic is a treatment center that a patient would visit on a set schedule to receive a small dose of methadone, which is a drug that mimics morphine and offers a way for those addicted to narcotics to curb their cravings and get help in the interim. The goal of this sort of program is to gradually decrease the amount until the patient has been successfully weaned off of the medication. In NH, there are 11 of these clinics that serve our population (Nilsen, 2014).

Origins of New Hampshire's Opioid Crisis

There are many different reasons or ways that someone becomes addicted to a drug. Sometimes it is through habituation or it is part of a culturally relevant activity that becomes problematic for some people. However, these are reasons why an individual might become addicted when compared to anyone else. Why do we see such an increase in substance use disorder in New Hampshire? As a small state high up on the East coast, it seems that we shouldn't have great access to drugs like heroin but, in a report called the "New Hampshire Drug Control Update", 12.15% of the population had used an illicit drug in the last month, as compared to the national average of 8.82% (Substance Abuse and Mental Health Services Administration, N.D.). This raises the question, why are we consuming drugs at such a significantly higher rate than the nation? Do we have a larger influx of drugs? (This question will actually be answered by the section "NH Solutions to the Opioid Epidemic", which discusses a program called "Operation Granite Hammer") Do we have a particularly large population of mentally ill people? This section will attempt to answer why we have a high drug-usage rate through reviewing current literature surrounding illicit drug use.

NH's Population and Mental Illness

One possible explanation for the rampant surge in illicit drug use in NH is that our mental health in general is deteriorating as a statewide population. Substance use disorder is a mental illness classified in the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5) and is generally comorbid with depression and anxiety, which means they are commonly seen occurring together (Kelly & Daley, 2013). Substance Abuse and Mental Health Services Administration (2015) published a report on NH mental illness that can offer insight into this possibility.

In 2014, 4.1% of NH's adult population (as compared to 3.9% of the US population) had thoughts of suicide and 4.7% had experience serious mental illness in the last year. Nearly half of anyone with mental illness in NH did not receive treatment, meaning only half of them did receive treatment of some kind. When focused specifically on alcohol abuse in people aged 12 or older, 7.6% of people had experienced this in the last year. Changing the focus to illicit drug use, that number drops to 2.8% of NH people over 12 years old but only 14.6% of people received treatment. Is it possible that the difference in treating mental illness and treating substance use specifically is the cause to our spike in use and overdose rates? These statistics generally show that NH has a much bigger alcohol problem than it does with illicit drugs. The percentage of people depending on alcohol in NH is larger than the US population but the statistics on illicit drugs are very similar between NH and the US. If our use of these drugs is similar to the national average, what about our state is causing this to be seen as an even larger epidemic than the US is experiencing?

Socioeconomic and Cultural Influences

It is also possible that socioeconomic and cultural influences are to blame for our drug problems in NH. In a study on substance use and socioeconomic status (SES), Lewis et al. (2018) attempted to learn what the factors are behind substance use in the US population. When focused on alcohol, the authors found that, in general, lower SES led to earlier ages of initial consumption and faster movement from initial use to regular use. This held true with cannabis and only partially true with cocaine (it was only found in differences between problematic use). The results that the authors reported from this study help establish a relationship between levels of SES and substance use disorder and possibly offers some insight to our problem in New Hampshire.

Poverty in NH is fairly different from that of the US, with NH having a poverty rate of 7.9% versus the national average of 11.8% (calculated at the end of 2020; Tanzi & Saraiva, 2021). This is good as we are seemingly doing better at controlling poverty in our state than the nation reportedly is. However, a more insightful statistic might be the wage distribution in NH as compared to the nation as a whole. According to Data USA (n.d.), NH has a Wage GINI of 0.452, which is lower than the national average of 0.478. Between 2018 and 2019, our index actually decreased by 3.17%, which means that the distribution of wages became less equitable. Interestingly, the counties with the highest median income (Rockingham, Hillsborough, and Merrimack) are also the counties with the highest overdose deaths. These counties are also some of the most populated areas, which could be an explanation for why the richest counties are experiencing the most deaths as well. More populated areas generally have higher poverty rates because they have a higher population density and a larger homeless population. It seems as though poverty could contribute to the Opioid Crisis in NH, especially when considering where

in the state we see the effects most clearly, but I do not believe that it is the sole, or even most significant, contributor to our problems with drugs.

Pharmaceutical Companies Influence

Pharmaceutical companies are the manufacturers of prescription drugs, but they are also influencers of public policy. They have to function as a business that needs capital and profit, which means that they need to price drugs at a profitable rate and also market them to their population to make that profit. A very popular way to influence policy and the people who make policy decisions is through lobbyists, which are people hired to convince others to align closer with a company's or a group's motives. There is a belief that, through this process, pharmaceutical companies have bribed doctors and politicians to push their newer (and thus more expensive) drugs onto patients to make a profit, even when these drugs may not be in the best interest of the patient.

A stellar example of this practice is the case of OxyContin. Originally created by Purdue Pharmaceuticals, OxyContin is similar to oxycodone (a narcotic similar to morphine and used for pain control and treatment) but it is a sustained-release version of the drug. It entered the market in 1996 and, according to a study on OxyContin and subsequent substance abuse (Van Zee, 2009), Purdue enacted an elaborate marketing plan (including attending symposia to market directly to those who can prescribe it, creating physician profiles to target the doctors' most likely to prescribe narcotics, and even distributing OxyContin merchandise) to expand the use of the drug very quickly. An integral part of this marketing plan hinged on their sales representatives: a bonus was awarded to the representatives who successfully increased sales of OxyContin, which added another layer of incentive to increase the number of prescriptions being

written. Perdue's sales of this drug grew from \$48 million in its first year to over \$1 billion in 2000.

In their effort to increase sales, Perdue blatantly misrepresented the addiction rates of OxyContin. While they claimed the addiction rate was "less than 1%" (a line they trained their sales representatives to say), the studies this rate was based on are flawed as they were focused on patients who used the drug for acute pain, like burns, and the drug was marketed, and thus prescribed, for chronic non-cancer related pain treatment. Zee (2009) cited multiple studies that, between them all, claimed that, in the treatment of chronic pain with opioids, anywhere from 3-45% of patients become addicted to them. This is not an uncommon practice from pharmaceutical companies and in 2020, four pharmaceutical companies (Johnson & Johnson, McKesson, Cardinal Health, and AmerisourceBergen) were sued for the roles the companies played in the Opioid Epidemic. Through the purposeful manipulation of the masses, these companies push their drugs for the number one motive: profit. They are less concerned with the patients and with individuals than they are their ledger because they are a for-profit business that must maintain a particular cashflow. The influence these companies had on the explosion of opioid use is inextricable because they fueled the need, and they provided the vice.

Over-prescription of Narcotic Drugs

With the marketing that the pharmaceutical companies put behind their new drugs comes the need for doctors to prescribe those drugs. While a lot of the people prescribing opioids were primary care physicians, there was also an abundance of shadier doctors who would write less-than-legal prescriptions for people who didn't need them. These were doctors who were breaking the law by accepting bribes from patients or people who wrote prescriptions when they shouldn't have been allowed to. Appleby and Lucas (2019) wrote about a study that focused on the

prescribing habits of almost 20,000 surgeons over a five-year period (nearly 350,000 prescriptions). There were some surgeons who were prescribing over 100 pills to a patient for the first week after surgery.

Two very important notes about this study are that each pill is equivalent to 5 milligrams of oxycodone (considered much more than needed for acute pain treatment) and this study only focused on prescriptions written under Medicare, the U.S. medical care system for retired people or disabled people. While some surgeons quoted in this article shifted blame onto the computer programs that were automating the prescriptions, there needs to be more care taken to monitor pain prescriptions. It was the beliefs that preceded the boom in opioids on the market that caused these programs to over-prescribe, as pharmaceutical companies wanted to charge insurance companies more, causing a cycle of too many people having their hands on too many pills.

NH Task Forces

In a report titled, “Expanding Our Response: The NH Governor’s Commission on Alcohol and other Drugs Action Plan” (n.d.), there is a lot of talk about science and evidence as the basis of the plan for NH going forward. The goals laid out by this commission touch on decreasing drug and alcohol overdose deaths, reducing the negative consequences of alcohol and drug use, decreasing the number of citizens who need treatment yet don’t have it, and reducing lifetime likelihood to misuse alcohol and drugs. Among the list of “Guiding Principles”, the authors have written that decisions should be based on the idea of substance use disorder and mental health, among other ideas to use harm reduction techniques and deliver these all in a culturally appropriate manner. However, when the authors get to the strategies that are supposedly going to be used, the first section is on law enforcement. Among the tasks listed for this group, they have stated that they will continue to support Operation Granite Hammer,

continue to prosecute drug offenses and offenses related to overdoses, and expand the number of officers trained through this task force to further enforce drug laws. While this is only one of the eleven stated strategies, it is the most well-funded part of the program. Moon (2020) found that, in 2019, NH towns and cities spend an average of \$194 per resident on police, as compared to \$112 on fire departments and \$9 on public health. NH tax-payers are putting nearly 20 times as much money towards the police than to our public health programs, which we acknowledge as instrumental in solving the public health crisis we called the Opioid Crisis. I will revisit the issue of police funding in the section on modern NH politicians.

NH Solutions to the Opioid Epidemic

“Operation Granite Hammer” seeks to find and prosecute large-scale drug dealers, particularly of heroin and fentanyl, bringing drugs into the state. The goal of this program is to remove large amounts of drugs from the streets, which they perceive as a collaborator in the Opioid Crisis. This is accomplished mostly through funding the police, as they are the ones responsible for the implementation of these rules. The ideology this program rests on is that the availability of drugs directly influences, and therefore must be influencing, the rate of drug use among the population. This is not true, and it is possible to see that through the rate of drug use in New Hampshire in conjunction with this program.

There are little publicly available documents detailing anything about Operation Granite Hammer. There are, however, several articles that describe the arrests made and the people who were charged with offenses. Robidoux (2016) describes the four arrests of drug-users in the greater Manchester area. From these arrests, only 7.5 grams of methamphetamine, a half of an ounce of cannabis, and 0.5 grams of crack cocaine were recovered by the officers. The names and faces of the arrestees, along with where they were arrested, were published like a list.

Curiously, there were no arrests of any large amounts of drugs with an intent to distribute, which is the main goal of this program. These were normal drug arrests that they publicized as a success of this police program, when in reality, they failed to find where the drugs were coming in for sale and thus failed their mission as a program.

Urquhart (2018) writes about another set of arrests that were produced from Operation Granite Hammer. Again, mug shots and names were published for the public to see. A lot of these arrests happened in the greater Nashua area, generally in Southern NH. One officer, Lieutenant Brian Kenney, was quoted as saying, "... it's unavoidable to run into collateral arrests." As far as the published statistics go, it seems that this program has mainly dealt in these "collateral arrests". Further in the article, Lieutenant Kenney said that most of the drug users that they have encountered/arrested have to go out of state to buy their drugs and come back here with them and that generally, it is very hard to come by drugs in this state. He claimed that most of the dealers used by NH drug users are in Massachusetts. These quotes directly contradict the notion of funding this state-level program. If the for-profit street dealers are no longer here, the mission for the program has been completed and thus funding should flow elsewhere, like substance use or sheltering programs. This is direct evidence for my claim that NH holds two opposing views, as this program is now being funded solely to arrest small-time drug users as there are no for-profit dealers to arrest. We can't continue to fund a program that aggressively criminalizes drug-use while we meagerly fund programs that we claim are based on "scientific, evidence-based approaches" that include ideas like harm-reduction programs, as it contains two opposing foundations for the conceptualization of drug-use.

NH Politicians

New Hampshire is a libertarian state that has a lot of politicians and a unique relationship with those politicians. With such a large House of Representatives, it is inevitable that most people know one personally, have a family member who was elected, or possibly even ran for a position themselves. We are First in the Nation for voting, so the nation looks to us to predict upcoming elections and thus we are a very popular spot for politicians to campaign. Our motto is “Live Free or Die”, which is the foundation and motive for a lot of law and policy, though that is not to say we never contradict it. New Hampshire blends conservative and liberal values freely, which our politicians take advantage of to serve their communities (and/or their own interests).

Marty Boldin was a top advisor for Governor Chris Sununu and very active in his roles as a drug policy advisor and former addiction representative. In a live session with an honors symposium in 2017, Marty explained that he engaged in drug-use in college, which caused him to spiral and become more and more involved with drugs. This was the first exposure I, and many others in the class, had to the beliefs that were being fed directly to our Governor. He discussed the relationship of proximity to drugs and the likelihood to do drugs but, notably, not the social and cultural factors that will exacerbate the relationship.

This is an ideology that is exemplified through many reports that he was involved in. In a YouTube video called “Marijuana – The Gateway Debate”, Marty explains his view of drugs and the relationship of cannabis to other drugs as a gateway drug. The core of his beliefs is that some people have a predisposition to substance use disorder, and we should structure society to limit the exposure everyone has to these products to reduce drug use and to protect those who may be inclined abuse them. This, in conjunction with the class discussion, leads me to believe that he supports prohibition, especially in light of the fact that one student pushed back on his

glorification of prohibition during the discussion. He claims in this video that most people who have substance use disorder have used cannabis and that the two entry-way drugs for most people are alcohol and marijuana. This does not necessarily mean that people who use these two substances are more likely to form this disorder, like Marty implies, because it could mean that these people are more likely to use an array of drugs or to have started using at a younger age, where these products are more available to them than harder ones. Marty makes the bold claim that the biggest indicator of young adult drug use is availability, not a genetic marker. This is to say nothing of the social and cultural context, like previously mentioned above. There have been cases where alcohol and nicotine ads were found to be more prominently and more often displayed in lower-income neighborhoods, exposing children to the idea of using substances and increasing the availability (S. Smith, 2010). If availability is the greatest indicator of future drug use, why aren't there examinations being done to understand the disparity in availability across differing neighborhoods?

Marty Boldin held his position as a consultant to Governor Sununu until 2018. McDermott (2018) wrote about his resignation from this position, as there was some confusion surrounding the details. It was assumed that his resignation was due to some personal issues among him and some co-workers. There were reports of people claiming that they felt uncomfortable around him and some allegations that he was asking volunteers to work during their school hours, which is prohibited for students. While he no longer holds a position in the NH government, his impact will be felt far into the future as his attitude is held by so many policy-makers.

Jeanne Shaheen has been one of our senators since 2009. She has run as a Democrat each time, with a platform that is centered on putting NH first (Ballotopedia, n.d.-b). She is serving as

a senior member of the Senate Appropriations Committee, which allows her to direct money towards New Hampshire for the Opioid Crisis. In 2019, Shaheen was the first and only Democrat endorsed by the NH Police Association (DiStaso), which begs the question: why is she favored even when her party is generally not supported by the police? As mentioned before, she has the ability to influence where funds are directed at the federal level, which has allowed her to supplement the police budget drastically. In 2019, Jeanne Shaheen was able to score \$600,000 in additional funding for the NH police (*Shaheen, NH Delegation Announce More than \$600,000 for NH Law Enforcement Funding for Anti-Heroin Task Force & Officer Performance Development*). It was claimed to be for the anti-heroin task force and developing officer performance. In addition to Shaheen's work, Chris Pappas, Maggie Hassan, and Annie Kuster (all top NH Democrats) supported this funding effort. A portion of this money (around a third of it) was set to be distributed directly to Dartmouth College to develop officer performance software. The other part of the money was to increase the abilities of the anti-heroin task force, which is related to Operation Granite Hammer. As there are very little, if not zero, street-level dealers in NH, it is unthinkable that even more money should be poured into the program. It has finished its task and should be dissolved so that people suffering from substance use disorder can seek help, rather than swallowed into the criminal justice system. So far, Operation Granite Hammer seems to be a fairly expensive way to arrest anyone who does drugs.

Chris Sununu is the New Hampshire Governor, a position that he has held since 2017 (Ballotpedia, n.d.-a). He is a Republican and the son of the owner of the McIntyre Ski Area in Manchester, NH. He also has a relationship with the police association, which seems common among the New Hampshire politicians. His platform consists of opposing cannabis legalization, halting/reducing funding for Planned Parenthood, and objecting to efforts to combat Climate

Change, among other issues (*Chris Sununu on the Issues*, n.d.). In 2020, he was the official endorsement of the NH Police Association, the year after they endorsed Shaheen. DiStaso (2020a) wrote an article for WMUR where some officers were interviewed to understand their endorsement. They cited his opposition to ending qualified immunity for police officers, saying that they want to protect NH and its population but not if it can affect their families' financial well-being. Qualified immunity for police officers is essentially the idea that once an officer has been cleared on a case where force has been used, they cannot be sued for this action if it occurs in another case in the future (Sobel, 2020). Ending qualified immunity would mean that police officers must restrain themselves from using excessive force and would be held to stricter standards as members of the public can hold them responsible for their actions. This sentiment shared by the officer in the article is concerning because it implies that these officers would not do their job if they were to be held fully accountable for actions that they take on the job.

In 2017, Governor Sununu signed a bill to decriminalize cannabis up to three-quarters of an ounce (Angell, 2017). While there is a bill to legalize cannabis currently in the Senate (HB 1648), COVID-19 was cited as the reason to hold off on a vote (Marijuana Policy Project, 2021). With a Republican-led House and Senate, it seems unlikely that this legislation will be pushed further, especially when considering Governor Sununu's historical opposition (J. Smith, 2019). The influence of Marty Boldin on Sununu is seen through his hesitance to increase the availability of anything he deems to be a drug.

Sununu released an executive order in 2020 to address police violence against NH citizens. This order claims that there will be a police reform in the state. To do this, he decided to create a task force whose sole job would be to implement ways to hold the police accountable. He named 13 people who will be included on the task force, with only 2 of these members being

members of the public and 4 of them associated (or extremely closely associated) with the police. The two members of the public were written to be picked by the Governor and to serve “at his pleasure”, likely meaning that they can be dismissed at any time. There is an imbalance on this task force as the police overrepresent themselves within it and give little space for the members of the public, which are the victimized group. They also fail to adequately represent the entirety of the state as only two people represent nearly a million and they are handpicked by the Governor, who does not necessarily represent what the people want. This task force is an idea to reform rather than revolutionize the criminal justice system, which inevitably becomes only incremental progress, as opposed to large-scale changes on a systemic level. If changes aren’t made more immediately and continue to be reactionary, lives will be lost and the only way to react to them will be post-mortem.

Are there any solutions?

After reading the multitude of problems that intertwine with our local Opioid Crisis, it may seem as though we have little to do that will disentangle us from the web. However, there are many people who have written about various solutions to a lot of these issues already that we should look towards for help in this moment. We can work to mitigate the originating factors (like over-prescription of narcotics, incentives from pharmaceutical companies, or sociocultural factors) through various counter-incentives or programs currently underway from people who recognize these issues. As an intersectional feminist, I will also explore the proposed radical interventions that are written about in feminist and Black liberation literature. To see how low-level programs can interact with more radical, societal-level change in structures is fascinating as it is possible to mesh solutions together to fit our state’s unique position in the Opioid Epidemic.

Eliminating the War on Drugs

First and foremost, New Hampshire has to extinguish the War on Drugs. Believing that drugs can be criminalized out of existence, which would cure substance use disorder, is not compatible with the belief that we should treat people with substance use disorder through social services and treatment programs. Currently, people either must be caught with drugs on them or in their system to possibly get access to treatment through drug court or they have to have a way to reach out and get treatment without being criminalized. If the powers that be, in this state, want any real, substantial change to our drug use as a population, people who use drugs have to know that they won't be sent to prison for asking for help or for relapsing so they can gain trust in their support system and want to move on from using drugs.

I would like to examine Portugal as a country that has completely shifted away from the criminalization of drugs. Portugal faced a brutal drug usage crisis where overdoses and public drug usage was rampant among the population (Bajekal, 2018). In an effort to conserve resources and save lives quickly, the country decriminalized every drug in 2001. The new policy for possessing drugs is that anyone can have up to a 10-day supply on them without facing arrest. If someone has more than that, they are taken to a clinic with a doctor, a lawyer, and a social worker to understand their options, how to use safely, and how to evaluate their relationship with drugs (is it healthy or maladaptive?). Portugal has moved to a system where, instead of funneling people into the criminal justice system, they make it salient to everyone exactly how and where they can receive treatment.

With a focus on making treatment as visible and available as possible, Portugal has seen a tremendous few years in terms of usage rates, deaths, and resources. Both the lifetime usage rates, and the past year and past month usage rates have decreased (Transform: Drug Policy

Foundation, 2018). This is counter to what people often think will happen when drugs are decriminalized as they assume that access will increase, which will increase usage linearly. Portugal is a case study on proving that wrong. In addition, between 2000 and 2005, problematic usage and injecting drugs decreased, and drug usage overall is lower than European rates. The Drug Policy Alliance (DPA; 2018) published a report on Portugal that sheds some light on statistics like these, since their large policy shift. The DPA found that overdose deaths decreased by 80%, new diagnoses of HIV from drug users dropped from 52% to 6%, and drug offenses ending in conviction decreased by over 40%. If drugs are decriminalized, not only will overdose, addiction, and usage rates fall, but rates of HIV will likely decrease as well. Frakt (2017) reported on a study found that a dollar spent on treatment can save up to three dollars through crime reduction. Additionally, every dollar spent on needle-exchange programs saves at least six dollars in costs that would have been spent on HIV treatment (Nguyen et al., 2014). This quote from the DPA puts these numbers into context for people from the U.S.: “In 2017, there were more than 72,000 overdose deaths in the U.S. If the U.S. overdose death rate were on par with Portugal’s, there would have been fewer than 800 overdose deaths that year (Drug Policy Alliance, 2018).”

Mitigating the Originating Factors

Changing the Medical Model (universal healthcare)

The topic of public healthcare is a contentious and political issue. Many other countries besides the U.S. have a universal healthcare system, like the U.K., Switzerland, and Spain (New York State, 2011). Many proponents of implementing this in the U.S. talk about the massive savings cost and access to care that would open up. Outside of these benefits, people who have this universal healthcare will no longer have to be affiliated with an insurance company or have

to interact with medical billing or pharmaceutical companies ever again. One of the possible originating factors of our current Opioid Epidemic is the influence of these insurance and pharmaceutical companies. With these companies no longer being able to set the price of drugs and removing their ability to directly market drugs to consumers, unnecessary prescriptions will likely decrease significantly, and the number of pills distributed will drop. All of the possible (and likely) benefits from universal healthcare will directly or indirectly affect the addiction and drug usage rates in the United States.

With the option of several different models for health insurance, it is hard to truly understand what each model could offer, the benefits or risks of each, and how universal healthcare could and would be actualized. Universal healthcare is not exactly the same in every implementation of it (Thales Group, 2021). The Bismarck model is one that ties health insurance to employment, similar to the current model in the United States. The Beveridge model assumes that health insurance is inherent with citizenship and it is funded through taxes, allocated by public authorities. The third model, the Semashko model, also provides universal access to healthcare but the state owns all the healthcare centers while paying the professionals in the industry. Patients are able to access this healthcare for free but are responsible for costs like that for medications. The final model is the Out-of-Pocket model, which is very similar to the Beveridge model but there is a proliferation of private businesses in the sector and some public insurance for elderly and/or disadvantage people. This is the current model that the US utilizes.

There are incredible advantages of instituting a more universal model of healthcare (Thales Group, 2021). I am advocating specifically for the implementation of the Beveridge model in this section. The first advantage is the increase in longevity seen by countries that have embraced this model or ones similar to it. Citizens of Italy have an average life expectancy five

years longer than the average US citizen with France and Canada behind Italy with four years above the United States. Cai et al. (2020) studied the potential cost-savings of shifting to a single-payer healthcare system in the US. The authors found that, using previously created economic models of universal healthcare, there is possibility for savings even in year one of implementation. There may be an increased cost in terms of expanding the reach of healthcare as more people sign up for it when it becomes socialized, but that cost is offset by the savings from beginning to end of the healthcare process.

Social Welfare Systems/Programs

If we moved from funding the police to reduce drug usage to funding social programs, we could add much more money to the programs that our task forces already endorse. Earlier in the paper, I examined our task forces that are attempting to reduce the effects of our Opioid Crisis, which would benefit from a large cash influx. However, there are direct cost savings from putting more money into treatment and/or prevention programs, which many people feel is contradictory as they see it only as the money spent and not the real money saved. For example, SAMSHA (2009) calculated the potential savings with the implementation of a youth prevention program in schools. At the lowest, we could save \$40 billion in lifetime costs and at the highest, we could save over \$120 billion. For every dollar spent on a student, we could save \$18 by starting this prevention program. With the successful implementation of this program, states would see, at the most conservative estimate, a savings of at least \$487 million within two-years of its inception.

With this topic of discussion, many people will recall the program “D.A.R.E”. While this was a very far-reaching program that many people had to interact with, it was ultimately a failure in accomplishing what it aimed to do. Berry (2021) wrote about this failure in depth. The first

way it failed is in the presentation of the information itself. Police officers were used to present the punitive measures that would be taken if the children ever did drugs, rather than an addiction specialist or therapist who would help them break habits. In addition to the adversarial approach exemplified by the police giving these speeches for the program, D.A.R.E. worked to hide evidence of its failure when a report sponsored by the Department of Justice revealed data that proved just that. Berry claims that the program's failure to incorporate pertinent data to improve its influence led to the ultimate failure of the program. The third listed reason was a lack of a quality curriculum as the program relied on lectures on how bad drugs are and how to refuse them. The program also led parents to believe that a book they created of slang terms to learn and measures for their children to complete would be able to inform them of any possible worrisome drug use by their children. While this program failed almost entirely in its mission except informing children of the existence of drugs, programs to inform people of safety in drug use and ways to evaluate harmful or maladaptive use of drugs could be of great help.

A Change to the Criminal Justice System

The discussion of police reform has been waning in the zeitgeist but in the summer of 2020, it was the topic on every news channel. With a wave of reports of police brutality and protests cropping up in all 50 states (Burch et al., 2020), many people demanded a change to our criminal justice system. A popular topic of discussion was the issue of qualified immunity for police (defined and discussed earlier in the paper) and whether or not it should be removed. Some cities even pushed forward policy that would reform the police, like Minneapolis. However, Minneapolis has failed to enact any major change to the police department and instead has focused on change to policy on use-of-force standards and "no-knock" warrants (Williams, 2021). There have been many scholars who have theorized how to change the criminal justice

system to reduce recidivism rates, lower imprisonment rates, and reduce over-crowding in prisons. There are also other countries in the world that offer unfamiliar solutions to the issues that we are facing now.

As a country, we have already been working towards dismantling the War on Drugs. The War on Drugs was the push to crack down on drugs, like cannabis, cocaine, and crack. There are many people in prison today serving time for drug charges involving cannabis, yet we are seeing more and more recreational dispensaries become available to the public across the country. According to Sawyer and Wagner (2020), 191,000 out of the 1,291,000 people in the state prisons were charge with a drug offense (14.7%). States that are showing support for recreational cannabis are beginning to change their drug laws to allow prisoners to be released. California, for example, has released 2,700 prisoners as their felony convictions have been bumped down to misdemeanors (California Grocers Association, 2015). This move has reduced prison over-crowding and allowed a less hypocritical stance on cannabis legalization in the state. If this is the trajectory that the rest of the country is to follow, we will see a change in the prison population as drug arrests become less prevalent.

The Nordic Prison System has become a sort of shining example of a future possibility of a prison system that focuses on rehabilitation, rather than retribution. Nordic prison systems boast a recidivism rate of only 20% (Dreisinger, 2018), as compared to the U.S.'s 83% for state prisoners over a nine-year period (Clarke, 2019). Norway also runs what are called "open prisons" (about 30% of their prisons are open), which means that prisoners are able to keep their jobs and visit their families with the ability to commute daily. Norwegian prisons look more like normal rooms with bathrooms and prisoners are offered many different programs to learn trades and expand their knowledge (Life in Norway Editorial Team, 2018). The focus of this type of

prison system is to teach the prisoners how to reintegrate into typical societal life after their release. The hope is that by offering them a path outside of criminal activities and allowing them to explore hobbies safely, they can gain employment and maintain a life once they are a free citizen again. This system breaks the cycle of criminality we commonly see in the United States so it's possible that this could offer us a way to reduce our recidivism rates and improve our crime rates as a whole.

In addition to dismantling the prison system (and thus the prison-industrial complex as well), there should be overall change to the carceral system, including massive change to our policing. The phrase “Defund the Police” has become a calling for many left-leaning people and those who are committed to a change in our systems of punishment. This is not a recent topic of discussion as many activists have espoused the benefits of reducing police funding and/or overhauling the current policing system, with Hochman (2020) claiming that these conversations have been around since the early 1900s and came into popularity in the latter half of the century. While the phrase sounds declarative and absolute, it is interpreted in a few different ways by those who support it or don't. It could mean “change the way police are structured”, “move funding from the police to social services and education”, or “get rid of the bad apples”; or it could be more literal to mean “get rid of the police entirely”. It is important to be clear in the distinction of which one supports because they can result in radically different futures. When I refer to “Defund the Police” in this paper, I mean to say that policing as a construct should be abolished and replaced by a rehabilitation-focused, victim-led, transformative type of justice that serves all of society, rather than removing someone from society and eternally punishing them.

With modern-day policing in the US evolving from slave patrols (Waxman, 2017), police are a fairly modern invention that many believe serve to protect property and capital rather than

human life. New Hampshire spends a lot of money on police, as previously discussed in this paper, and therefore, if the state were to divest money from this policing system, it would be possible to invest more in education, social services, harm reduction, etc., which would work more towards preventing crime as well as rehabilitating those that do commit crime. Fernandez (2020) wrote a piece for the ACLU that claims that we would be safer without our current system of policing. Fernandez also wrote of the possibilities of where funding could go if not for the massive police budgets, especially in major metropolitan areas. Only 5% of the arrests that police carry out year to year are of serious offenses like murder and rape, so if police were directed away from criminalizing smaller, more insignificant crimes, there would be less state violence against citizens with less possibility for officers to encounter citizens. For those most serious crimes, rehabilitation should be centered in a new system of justice. Rehabilitation, as opposed to retribution, focuses on the perpetrator eventually re-entering society having learned skills outside of criminal activities and having had their basic needs met, allowing them to move onto legitimate professions.

People of color are disproportionately targeted by the police, with Black, Native American, and Native Alaskan people significantly more likely to be killed by police than White people (Edwards et al., 2019). If the police budget were to be defunded, I believe that state killings would decrease (due to a decrease in opportunity) and so murders of people of color would also decrease. While this would begin to ease the trauma inflicted on these communities, it would not offer a way for families to begin to heal from previously inflicted trauma. I believe the quickest and most absolute path to begin the healing process for communities of color that have been subjugated through slavery, Jim Crow laws, and the War on Drugs is to pay reparations to descendants of those affected by slavery. In addition to reparations, reversing the

effects of the War on Drugs (i.e., sealing records to ensure access to housing and employment, expunging drug offenses from records, the immediate release of inmates with drug charges for cannabis, etc.) would be a massive step toward creating a sense of equilibrium in American society.

Paying Reparations to Bridge the Wealth Gap

Reparations are a thorny subject for discussion. Many people feel as though it is unnecessary as African slavery is over, Jim Crow laws have been stripped from the books, and those old racists must be long gone by now. For many African Americans, the consequences of these racist programs in our country can be felt as little as one generation back. Ruby Bridges, the first Black girl to be integrated into the public school system, is only 66 years old this year (Michaels, 2015). Reparations as a concept is not new. The United States has paid reparations to multiple groups, like Native Americans and people who were forcibly sterilized (Branigin, 2020), so this is not a novel idea.

The biggest consequence visible from these policies is the massive disparity in the wealth of Black and White Americans. Bhutta et al., (2020) found that Black families have wealth that is less than 15% that of White families, through both median and mean wealth estimates. This is a consequence from racist policy in our very recent past. Black families were denied mortgages and unable to keep their homes if they missed a single (over-inflated) mortgage payment, which ruined their chances at building wealth because homes are the source of many families' wealth. Black people were also denied public education, which ruined their chances at higher-level jobs when they struggled with subjects that their White counterparts were taught since elementary school. Not to mention colleges and universities that denied Black people admission, again

greatly diminishing their chances of being qualified for well-paying career-type jobs and allowing only White people to fill those positions.

Reparations can mean a lot of things to a lot of different people. Ta-Nahisi Coates (2014) wrote in “The Case for Reparations” of a family starting in the 1920s continuously affected by the racism in America. He explained the effect of sharecropping after a devastating loss of their land and of the illegitimate mortgages that Black people were coerced into, only for their homes to be ripped out from underneath them. There is ample evidence inside and outside of this piece of writing that shows the horrific and undeniable effects that institutionalized racism had on Black families, let alone other minorities and marginalized groups. In an effort to push reparations forward, Coates explains that John Conyers Jr. has introduced HR 40 to every session of Congress for the at least the last 25 years. HR 40, aka the Commission to Study Reparation Proposals for African Americans Act, calls for a Congressional study into the effects of slavery, during and after its abolition. This bill has never made it to the House floor yet, as discussed by Nkechi Taifa of N’COBRA in Coates’ piece, it does not authorize any money to the affected parties. It is hard to say what reparations should or would look like because the study of it on a federal level has been stalled to a halt. Reparations could be direct payments to families, mortgage forgiveness, closure for family trees broken by slavery, or a combination of any number of social programs.

If we are to pay reparations to Black people in the state of New Hampshire who are descendants of slavery and Jim Crow laws, we will see the wealth gap between White and Black families diminish and hopefully become negligible in the future. With our wide racial disparity in the NH prison systems, I believe that evening out the wealth divide would invigorate the economy through real estate sales, increase tax revenue, diminish houselessness, and reduce drug

crimes and thus incarceration. By creating an equitable prison population before reforming or revolutionizing it, we will quickly remove people who are criminalized for their race or their generational proximity to racism.

Vote.

This paper focused on a variety of issues that funnel into one large beast of a problem. There are people who have suffered from the effects of the Opioid Epidemic because they struggled with substance use disorder or because a loved one was in the grips of drug issues. There are people who unknowingly fueled the state's (and the nation's) need for narcotics by prescribing too many pills too many times and there are people who knowingly affected policy and law that change the way we can interact with the medical system. At the federal level, politicians feel out of reach and out of touch with their constituents. However, New Hampshire has a unique relationship with our legislators. We have so many representatives (over 400 members in our House of Representatives) that many people know, or have met or have been, a person who has influence over many aspects of our lives as citizens of NH. Many politicians come to NH when election years come around as we are First in the Nation to vote and therefore set the path for the nation in terms of voting. Voting is our power in NH, as it is in the rest of the country, but we feel a greater significance with each of our votes as we can see the effects of that choice happen in real-time.

Voting is meant to be the way that we voice our support for the people and the solutions to issues that we want to see utilized in our lives. While many politicians feel distance from their constituents, NH politicians are forced to face their communities. We have a population of approximately 1 million and a fairly small amount of land, which bring us all face to face with many of each other inevitably. We, the population of NH, need to exercise our right to question

our representatives as they are an extension of us and our voting power. If we want something, we should be demanding it from those who we gave power and exercising those systems to be utilized as they were intended. The simplest way to make change in this state is to vote. It maybe not the quickest or most effective but it is usually the easiest and most passive option for most people. This may not be the case for every state, but we are a small and intimate state that already has a political tilt that should be exploited. This may not even be the best way to handle every issue we have with our government; it is simply a tool that must be used, especially in our unique place in this country. Create the expectation that politicians are bound to the will of the people as they ultimately should serve our interests.

References

- All about NH's prison population.* (2018). Citizens Count.
<https://www.citizenscount.org/news/all-about-nhs-prison-population>
- Angell, T. (2017, September). *New Hampshire Marijuana Decriminalization Takes Effect.*
<https://www.forbes.com/sites/tomangell/2017/09/16/new-hampshire-marijuana-decriminalization-takes-effect/?sh=532cde286250>
- Appleby, J., & Lucas, E. (2019). *While addiction crisis raged, many surgeons overprescribed opioids—STAT.* <https://www.statnews.com/2019/06/21/surgeons-overprescribed-opioids-analysis-shows/comment-page-1/>
- Bajekal, N. (2018). *Want to Win the War on Drugs? Portugal Might Have the Answer | Time.*
<https://time.com/longform/portugal-drug-use-decriminalization/>
- Ballotopedia. (n.d.-a). *Chris Sununu—Ballotpedia.* https://ballotpedia.org/Chris_Sununu
- Ballotopedia. (n.d.-b). *Jeanne Shaheen—Ballotpedia.* Retrieved April 10, 2021, from
https://ballotpedia.org/Jeanne_Shaheen
- Berry, M. (2021, February 9). *3 Reasons Why the DARE Program Failed.* American Addiction Centers. <https://americanaddictioncenters.org/blog/why-the-dare-program-failed>
- Bhutta, N., Chang, A., Dettling, L., & Hsu, J. (2020, September). *Disparities in Wealth by Race and Ethnicity in the 2019 Survey of Consumer Finances.*
<https://www.federalreserve.gov/econres/notes/feds-notes/disparities-in-wealth-by-race-and-ethnicity-in-the-2019-survey-of-consumer-finances-20200928.htm>
- Branigin, A. (2020, October 6). Durham, Washington, D.C., become latest cities to call for reparations for black residents. *The Root.* <https://www.theroot.com/durham-washington-d-c-become-latest-cities-to-call-fo-1845292103>

Burch, A. D. S., Cai, W., Gianordoli, G., McCarthy, M., & Patel, J. K. (2020, June 13). How Black Lives Matter Reached Every Corner of America. *The New York Times*.

<https://www.nytimes.com/interactive/2020/06/13/us/george-floyd-protests-cities-photos.html>

Cai, C., Runte, J., Ostrer, I., Berry, K., Ponce, N., Rodriguez, M., Bertozzi, S., White, J. S., & Kahn, J. G. (2020). Projected costs of single-payer healthcare financing in the United States: A systematic review of economic analyses. *PLoS Medicine*, 17(1).

<https://doi.org/10.1371/journal.pmed.1003013>

California Grocers Association. (2015, March 10). Calif. Prisons Have Released 2,700 Inmates Under Prop. 47. *California Grocers Association*. <https://www.cagrocers.com/calif-prisons-have-released-2700-inmates-under-prop-47/>

Chris Sununu on the Issues. (n.d.). OnTheIssues.Org. Retrieved April 16, 2021, from https://www.ontheissues.org/Chris_Sununu.htm

Clarke, M. (2019, May 3). *Long-Term Recidivism Studies Show High Arrest Rates | Prison Legal News*. <https://www.prisonlegalnews.org/news/2019/may/3/long-term-recidivism-studies-show-high-arrest-rates/>

Coates, S. by T.-N. (2014). The Case for Reparations. *The Atlantic*.

<https://www.theatlantic.com/magazine/archive/2014/06/the-case-for-reparations/361631/>

Community Health Institute/Center for Excellence. (n.d.). *Expanding Our Response: The NH Governor's Commission on Alcohol and other Drugs Action Plan*. Retrieved April 16, 2021, from https://1viuw040k2mx3a7mwz1lwva5-wpengine.netdna-ssl.com/wp-content/uploads/2019/02/FINAL-Gov-Comm-1_16_19rev.pdf

Cost of Rehab: Paying for Addiction Treatment. (n.d.). Addiction Center. Retrieved April 16, 2021, from <https://www.addictioncenter.com/rehab-questions/cost-of-drug-and-alcohol-treatment/>

Data USA. (n.d.). *New Hampshire.* Retrieved April 16, 2021, from <https://datausa.io/profile/geo/new-hampshire>

DiStaso, J. (2020a, October 15). *NH Primary Source: New Hampshire Police Association endorses Republicans Sununu, Negrón.* WMUR. <https://www.wmur.com/article/nh-primary-source-new-hampshire-police-association-endorses-republicans-sununu-negron/34373691>

DiStaso, J. (2020b, October 30). *NH Primary Source: NH Police Association endorses Democrat Shaheen for US Senate.* WMUR. <https://www.wmur.com/article/nh-primary-source-nh-police-association-endorses-democrat-shaheen-for-us-senate/34526925>

Dreisinger, B. (2018, July 19). *Norway's Prisons Are Better Than the American Prisons.* <https://www.businessinsider.com/norways-prisons-are-better-than-the-american-prisons-2018-6>

Drug Policy Alliance. (2018, March). *Drug Decriminalization in Portugal: Learning from a Health and Human-Centered Approach.* Drugpolicy.Org. https://drugpolicy.org/sites/default/files/dpa-drug-decriminalization-portugal-health-human-centered-approach_0.pdf

Editorial Staff. (2013, April 6). *How Drug Addiction Treatment Has Changed in the Last 50 Years.* Drug Rehab Options. <https://www.rehabs.com/blog/how-drug-addiction-treatment-has-changed-in-the-last-50-years/>

- Edwards, F., Lee, H., & Esposito, M. (2019). Risk of being killed by police use of force in the United States by age, race–ethnicity, and sex. *Proceedings of the National Academy of Sciences*, *116*(34), 16793–16798. <https://doi.org/10.1073/pnas.1821204116>
- Fernandez, P. (2020). *Defunding the Police Will Actually Make Us Safer*. American Civil Liberties Union. <https://www.aclu.org/news/criminal-law-reform/defunding-the-police-will-actually-make-us-safer/>
- Frakt, A. (2017, April 24). Spend a Dollar on Drug Treatment, and Save More on Crime Reduction. *The New York Times*. <https://www.nytimes.com/2017/04/24/upshot/spend-a-dollar-on-drug-treatment-and-save-more-on-crime-reduction.html>
- Hochman, N. (2020). *The Origins of 'Defund the Police.'* <https://thedispatch.com/p/the-origins-of-defund-the-police>
- Kelly, T. M., & Daley, D. C. (2013). Integrated Treatment of Substance Use and Psychiatric Disorders. *Social Work in Public Health*, *28*(0), 388–406. <https://doi.org/10.1080/19371918.2013.774673>
- Lewis, B., Hoffman, L., Garcia, C. C., & Nixon, S. J. (2018). Race and Socioeconomic Status in Substance Use Progression and Treatment Entry. *Journal of Ethnicity in Substance Abuse*, *17*(2), 150–166. <https://doi.org/10.1080/15332640.2017.1336959>
- Life in Norway Editorial Team. (2018, October 20). *Prisons in Norway: Inside a Norwegian Jail*. Life in Norway. <https://www.lifeinnorway.net/prisons/>
- Marijuana Policy Project. (2021, April). *New Hampshire*. MPP. <https://www.mpp.org/states/new-hampshire/>

- Mayo Clinic. (n.d.). *Drug addiction (substance use disorder)—Symptoms and causes*. Retrieved April 16, 2021, from <https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112>
- McDermott, C. (2018). *Sununu's Drug Policy Adviser Resigns After AG Investigation*. <https://www.nhpr.org/post/sununu-drug-policy-adviser-resigns-after-ag-investigation>
- Meier, A., Moore, S. K., Saunders, E. C., McLeman, B., Metcalf, S. A., Auty, S., Walsh, O., & Marsch, L. A. (2020). Understanding the increase in opioid overdoses in New Hampshire: A rapid epidemiologic assessment. *Drug and Alcohol Dependence*, 209, 107893. <https://doi.org/10.1016/j.drugalcdep.2020.107893>
- Michaels, D. (2015). *Ruby Bridges*. National Women's History Museum. <https://www.womenshistory.org/education-resources/biographies/ruby-bridges>
- Moon, J. (2020). *How Much Does Your Community Spend on Police?* <https://www.nhpr.org/post/how-much-does-your-community-spend-police>
- New York State. (2011, April). *Foreign Countries with Universal Health Care*. https://www.health.ny.gov/regulations/hcra/univ_hlth_care.htm
- News from the Node. (2017, August 23). *National Data Ranks NH, VT in Top 10 States for Alcohol Consumption*. The National Drug Abuse Treatment Clinical Trials Network - Northeast Node. <https://www.ctnnortheastnode.org/national-data-ranks-nh-vt-top-10-states-alcohol-consumption/>
- Nguyen, T. Q., Weir, B. W., Des Jarlais, D. C., Pinkerton, S. D., & Holtgrave, D. R. (2014). Syringe exchange in the United States: A national level economic evaluation of hypothetical increases in investment. *AIDS and Behavior*, 18(11), 2144–2155. <https://doi.org/10.1007/s10461-014-0789-9>

- NH Coalition to End Homelessness. (2020). *2020-State-of-Homelessness-in-NH-Report-Online-Final-compressed-1.pdf*. <https://www.nhceh.org/wp-content/uploads/2021/03/2020-State-of-Homelessness-in-NH-Report-Online-Final-compressed-1.pdf>
- Nilsen, E. (2014, November 10). *First of four parts: A life-changer: Effects of methadone treatment extend beyond users*. SentinelSource.Com.
https://www.sentinelsource.com/news/special_reports/methadone/
- Prison Policy Initiative. (n.d.). *New Hampshire profile*. Retrieved April 1, 2021, from <https://www.prisonpolicy.org/profiles/NH.html>
- Robidoux, C. (2016). *Operation Granite Hammer round-up leads to several arrests*.
<https://manchesterinklink.com/5-arrested-drugs-operation-granite-hammer-round/>
- Sawyer, W., & Wagner, P. (2020, March 24). *Mass Incarceration: The Whole Pie 2020*.
<https://www.prisonpolicy.org/reports/pie2020.html>
- Shaheen, NH Delegation Announce More than \$600,000 for NH Law Enforcement Funding for Anti-Heroin Task Force & Officer Performance Development | U.S. Senator Jeanne Shaheen of New Hampshire*. (2019).
<https://www.shaheen.senate.gov/news/press/shaheen-nh-delegation-announce-more-than-600000-for-nh-law-enforcement-funding-for-anti-heroin-task-force-and-officer-performance-development>
- Slavenorth.com. (2003). *Slavery in New Hampshire*. <http://slavenorth.com/newhampshire.htm>
- Smith, J. (2019, June 26). *New Hampshire Governor Sununu vetoes marijuana for-profit bill*. Marijuana Business Daily. <https://mjbizdaily.com/new-hampshire-governor-nixes-for-profit-cannabis-firms/>

- Smith, S. (2010, August 30). Tobacco signs still target city's poorer areas. *Boston.Com*.
http://archive.boston.com/news/health/articles/2010/08/30/tobacco_signs_still_target_citys_poorer_areas/?page=1
- Sobel, N. (2020, June 6). *What Is Qualified Immunity, and What Does It Have to Do With Police Reform?* Lawfare. <https://www.lawfareblog.com/what-qualified-immunity-and-what-does-it-have-do-police-reform>
- Stack, L. (2017, August 3). Trump Called New Hampshire a 'Drug-Infested Den,' Drawing the Ire of Its Politicians. *The New York Times*.
<https://www.nytimes.com/2017/08/03/us/trump-new-hampshire-drug-den.html>
- Staff Writers. (2017, September 18). *30 Famous People Alive Today Who Have Battled Addiction*. Best Counseling Degrees.
<https://www.bestcounselingdegrees.net/resources/famous-addiction-survivors/>
- Substance Abuse and Mental Health Services Administration. (2009). *Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis: (569922009-001)* [Data set]. American Psychological Association. <https://doi.org/10.1037/e569922009-001>
- Substance Abuse and Mental Health Services Administration. (2015). *Behavioral Health Barometer: New Hampshire, 2015*. 25.
- Tanzi, A., & Saraiva, C. (2021, January 25). U.S. Suffers Sharpest Rise in Poverty Rate in More Than 50 Years. *Bloomberg.Com*. <https://www.bloomberg.com/news/articles/2021-01-25/u-s-suffers-sharpest-rise-in-poverty-rate-in-more-than-50-years>
- Thales Group. (2021). *Health care systems: Models, pros and cons, and smart health card contribution*. Thales Group. <http://www.thalesgroup.com/en/markets/digital-identity-and-security/government/health/universal-health-care>

Transform: Drug Policy Foundation. (2018, November). *Drug decriminalisation in Portugal: Setting the record straight*. Transform: Drug Policy Foundation.

<https://transformdrugs.org/blog/drug-decriminalisation-in-portugal-setting-the-record-straight>

Urquhart, A. (2018). 14 arrested in recent Granite Shield bust. *Nashuatelegraph.Com*.

<https://www.nashuatelegraph.com/news/local-news/2018/05/19/14-arrested-in-recent-granite-shield-bust/>

U.S. Census Bureau *QuickFacts: New Hampshire*. (n.d.). Retrieved April 16, 2021, from

<https://www.census.gov/quickfacts/NH>

Waxman, O. B. (2017). *How the U.S. Got Its Police Force*. Time.

<https://time.com/4779112/police-history-origins/>

Williams, B. (2021, March 5). *After Floyd's death, police reform efforts move slowly*. MPR

News. <https://www.mprnews.org/story/2021/03/05/after-floyds-killing-police-reform-efforts-not-fast-or-far-enough-for-some>

Van Zee, A. (2009). The promotion and marketing of oxycontin: commercial triumph, public health tragedy. *American journal of public health*, 99(2), 221–227.

<https://doi.org/10.2105/AJPH.2007.131714>