

Shimon:

Welcome to Doin' the Work: Frontline Stories of Social Change, where we bring you stories of real people working to address real issues. I am your host, Shimon Cohen.

In this episode I talk with Cassandra Frederique who is the New York state director of the Drug Policy Alliance. We talk about Cassandra's work to decriminalize drugs, challenge racially biased policing, and build coalitions. Cassandra emphasizes how to meet people where they're at on these issues and remain accountable to those most affected. I hope you enjoy the conversation.

Hey, Cassandra, thanks for coming on Doin' The Work. I'm really excited to have you here. And just to get going, maybe you could talk about the current work you're doing.

Kassandra:

Thanks. Really excited to be on your show. So, I work at the Drug Policy Alliance and my job is to figure out how to end the war on drugs in New York, and that looks like dealing with the opioid crisis, it looks like dealing with policing and mass incarceration, it looks like legalizing marijuana, and it also looks like debunking a lot of the myths and biases and stigma associated with people that use drugs. And now, more and more, people that sell drugs.

So, some of my work, right now we're managing a campaign on legalizing marijuana, working on, how do we have a conversations about what does reparations look like for the drug war? Especially in this moment where we see how race is impacting the way that everyone is talking about drugs. So, just looking at the very real difference in rhetoric where, when we talk about people that are using prescription drugs and heroin versus people who used crack in the past.

We're really trying to figure out how we navigate this moment. And then, also just looking at how to remove drugs, and drug possession from the criminal justice system. So, a lot of work, super-busy, and really interesting to navigate with so many different personalities here in the Big Apple.

Shimon:

I can only imagine lots of power players too.

Kassandra:

Yeah, I mean, New York is a pretty crowded field. There's so many folks that are focusing on a lot of different social issues. I think one of the things that I've learned is that a lot of the power base and the density is in the five boroughs, but when you go outside of New York City, there are one or two strong players, and I think one of the things that had, that New York could benefit from, is building out the advocacy superstructure, or actually supporting more of the advocacy infrastructure throughout the state, because I think New York City makes a lot of noise and not everything that we're facing here in New York is relevant to people in other parts of the state, and the things that people are facing in other parts of the state are just as important as some of the things that people are facing downstate.

So, navigating the upstate-downstate divide is something that I spend a lot of time thinking about. I'm thinking about how to navigate resources to make sure that we're operating in a way that's equitable for all the people that we're supposed to be representing.

Shimon:

And how do you address when people say, "Legalize marijuana." Of course, there's been a big push nationwide, states legalizing marijuana. How do you approach that discussion and why would you support that? Why is your organization working for that?

Kassandra:

I think there are a couple of things when it comes to legalizing marijuana, and, I would say, in generally, other drugs, right? We cannot continue to regulate what people put in their bodies, absent harm to others. So, really recognizing that people should have choices and how do we support self-determination and give people the tools to make healthier choices? So, that's one.

The other thing I would say is that I think part of the reason why we're pushing for a conversation around removing criminal penalties for drugs and legalizing marijuana is because our drug laws are illegitimate, right? So, most of these laws were not created around the toxicity or the potency of a drug, but more so around who that drug was associated with. And so, if you think about the first drug laws, you'll see that that was associated with Asian migrants.

If you see why marijuana was made illegal, it's the reason why in this country we call it marijuana as opposed to cannabis, which is what everyone else calls it, is because we associate it with Mexicans. And heroin and cocaine were associated with Blacks, and so, part of our reason about saying that these drugs are illegal, the basis of what made these drugs illegal was illegitimate.

And also, the harms associated with these drugs pale in comparison when we look at the harms associated with the drug responses, and I think that can be really hard for people. One of the things that I've become more present to as I organize with multiple people, is what it means for me to be supportive of people in recovery, and also pushing for the decriminalization of drugs and the legalization of marijuana.

How do I recognize that some people feel like removing criminal boundaries can put their sobriety in danger, and how do I navigate that when I'm talking to a parent who lost their kid, right? Was killed, by the state based on suspicion of drug possession. Or, in New York, we just had this woman who was stopped by the cops and had marijuana and some pills in her car and the two detectives raped her. Right?

And so, how do I hold all those balances at the same time and try to remain people-centered and navigating the different policy determinations that we make? And it's not easy, but I think one of the things that we recognize is that drug prohibition has failed, and the only way I can make all three of those constituencies safer is if we remove it from the criminal legal system.

Shimon:

You talked about reparations of the drug war, and what you were just talking about leads me, again, just to think about what that concept of reparations for the drug war, given the impact that criminalization of drugs has had, specifically on Black and Latino communities. Could you speak a little bit about reparations for the drug war, and what that campaign, or that program, looks like?

Kassandra:

So, part of what we're trying to establish is that the drug war is so much more than people getting locked up in jails and prisons. That the drug war is people losing custody of their kids. The drug war is people getting illegally tested in hospitals when they're giving birth. It's losing your housing, it's losing financial aid. It's not getting that job. It's being deported or being inadmissible for a drug charge.

There are so many different things that the people are navigating and there are so many different consequences that people are living under. And so, the duress around the war on drugs is so heavy. And oftentimes when people think about it, they think about consequences pretty narrowly.

And part of our work is really identifying how the drug war has impacted the different systems that people interact with. So, be it housing, be it immigration, be it recovery, be it harm reduction, and really figuring out, okay, so what are the things that are happening to people, and what are the changes that can be made legislatively, culturally, administratively, and then, recognizing from those solutions that those are not enough. Because, those conversations are based with organizations and some people that are affected but not everyone.

And so, the other thing that we're hoping to do is to do a truth and reconciliation process in New York, where people provide the truth-seeking, the truth-telling that is necessary. So, really trying to get to the truth, right? Where people are providing testimony about how the drug war has impacted their life.

And then, from the kind of research that we're doing around mass criminalization, in conjunction with the truth-telling process that we're hoping to do throughout the state, we're hoping to come up with an agenda that we can present to agencies, and to legislatures, and to communities that really creates an agenda of how to start the conversation around repair.

And so, the things about reparations, there's multiple principles and one of them is truth-telling, another one of them is monetary. Other things are like intergenerational _____ [passing vehicle cuts off word], and the promise that won't do it again. And so, these are the kinds of things that we're trying to create a container to do in New York as we try to navigate through the drug war.

Which is really interesting to have a conversation around reparations in a moment where New York is really struggling with the opioid overdose crisis. And so, how do we have a conversation about removing ourselves from the drug war when there are so many people's lives and loved ones that are being lost? And recognizing that it's actually even more important for us to have this conversation right now, even in a 45 administration.

Shimon:

I imagine that the fear of people who have family members who are addicted, or parents about their children, that fear is so real. And some of their initial mindset, or their initial reaction, might be, "Well, these criminal penalties are going to help my loved one get better."

Kassandra:

Right.

Shimon:

What do you say to someone who says that to you?

Kassandra:

So, I think this is where being a social worker actually helps me, right? I think about what it means to create a therapeutic line between a social worker and that client, and what are those things that build trust. And oftentimes when I go speak in public spaces and I meet parents that have lost their loved ones, or parents that are mad about someone who sold their child drugs, or how that husband or wife struggled with addiction and stole from the house, and didn't give anything back.

And those are very real things, right? And I think for me, one of the things that I continue to push is that the criminal justice system is actually not where people are going to get help. And so, when people often

say like, "Drugs saved my life; that judge saved my life." Oftentimes I ask, "Okay, so what actually saved your life?"

People talk about access to services. People talk about structure, people talk about having time to think. People talk about someone listening to them or caring, and I often ask, "If you could have got those supports outside of a criminal justice space, do you think that would have been okay?" And most people say yes.

Now, there are some people that feel like punishment is the only thing that is going to get them to make something work. And what I do in those cases is that I point people to research, and I'm like, "Actually, punishment is not the best motivator in people moving." But, I think one of the things that's super important is, one, never invalidating someone's experience, right?

Really just meeting the person where they're at. In drug policy, oftentimes people talk about harm reduction, and harm reduction is based on the same principle that social work is. Meeting your patient where they're at. Meeting your client where they're at, and when I meet a parent who lost their loved one, my first issue is not to say what they're saying is wrong. My first issue is to acknowledge that they're in a place of deep sorrow, and that what they want is for their person, their loved one, to no longer use drugs, or they want that person to come back, or they don't want this to happen again to other people.

And I try to find the common ground that is possible, and then I just offer different alternatives. There are going to be people that will never agree with anything that I say, but I think, for me, one of the things that I just hold on to is that I know that the research that I'm fighting for actually saves lives, even if it's not the person that's in front of me.

And that's really hard for people, but I know that if we didn't have drug prohibition in the way that we did, a lot of people would not be dead right now. And I think the anger is towards that failed response as opposed to the work that I'm trying to do.

Shimon:

I love how you're talking about meeting people where they're at and tying it to your social work background, and those clinical skills, but really, just skills of listening to people, right? Instead of going in there...

Because, I think when we have policy agendas that we're trying to achieve, we can go in there and try to force our agenda, or people do that. Some people do that and-

Kassandra:

Most policies.

Shimon:

Right. And a lot of times people who are doing that have some sort of power that they don't have to meet people where they're at, necessarily.

Kassandra:

That's right.

Shimon:

But you're in a place where if you don't do that, it's over.

Kassandra:

Mm-hmm. And I think one of the things that makes drug policy and criminal justice work different, or creates the potential for it to be different, is because when we're thinking about drug policy, drug policy is not effective if it's not informed by the people that are using drugs. It's just not. Right?

So, we have to recognize what it means for me to be paid to do this work versus the person who was outside right now under the bridge shooting up, right? There's a different power differential there. And regardless of my experience, I could be using heroin as well, but that person that's living under the bridge is dealing with more elements than I am right now on the corner of 29th and 7th.

And how is my policy agenda going to be beneficial to that person under the bridge? Because our work at DPA, our metrics are not just if we get the bill passed. It's if the overdose number goes down, it's if the incarceration number goes down. So, if the people that are getting incarcerated, the people that are using drugs, are not benefiting from the work that I'm doing, then I'm not doing actually anything.

Their expertise is central to the work that we're doing and there's a humility in recognizing who actually is the expert. While I may have tools that this person may not have, part of my job is, one, to build the capacity of that person, for them to have the tools and to be able to step back, and then, two, recognizing that if my policies don't translate to the people under the bridge, then they're not real policy, and drug policy has the opportunity to be in this place because so much of our work around opioids, intravenous drug use, and public health, really comes from meeting people where they're at, and most importantly, not leaving.

Shimon:

Let's talk about building capacity. You just mentioned that and I wanted to talk with you about some of your successes with mobilizing, and some of these campaigns, like your statewide campaign to end New York's racially-biased, marijuana arrests. I guess, can you talk a little bit about that campaign, but as you talk about it, talk about how you do help people to build their capacity?

Kassandra:

So, one of the things that's super-important in the way that we do organizing, and I was taught by my social work supervisor, Gabriel Sayegh, was understanding that the campaign work that I do needs to have a built-in accountability to the communities that I'm advocating on. And so, the campaigns that we've done around marijuana arrests have always been done in conjunction with groups like Center for New Leadership or Vocal New York.

Vocal New York, especially, because it is a drug user union, which means it is people that actively and formerly use drugs, who create a political agenda and advocate on the behalf of it. Most, if not all of my campaigns in New York state, are done in conjunction with Vocal New York. In Ithaca, where Vocal doesn't have a chapter, I work with the Southern Tier AIDS project, and that is a syringe exchange whose clients and participants are people that use drugs.

And so, for me, part of the ways that you build capacity is by building your campaigns with the people that are directly going to be affected by the campaign that you're running. And so, you can't do your policy work without working with people that use drugs. And so, there's that.

And I also think that part of that building of capacity is recognizing when I should be speaking in the media, and when they should be. And how do I build their capacity to lead the press conferences? How do I build their capacity to speak to elected officials? And so, most of the meetings that I do in Albany, I definitely do some meetings by myself, but there are a lot of the meetings that I do with people that actually use drugs and can benefit from the policies.

And I think that's different than tokenizing marginalized groups where you just have this person come around and just tell their story of their trauma. It's making sure that people are able to talk about the policies the same way that I am, right? And not just ask people to come so they can tell their story of the time that they overdosed in the McDonald's bathroom.

It's really about, how do we make sure that this person has the tools and resources to be the best advocate that they can be? Because inherent in the fact that they are the one that are dealing with the issue, they are automatically a better advocate. And that's part of what social work sometimes fails to continue, which is, we need to be working ourselves out of a job, and so, in the organizing of doing this work, it's, how do I organize myself out of the job? And what that looks like is, how do I make sure that the members of the user's union can do these meetings without me, can do these meetings without the professional staff at Vocal, and can eventually run the drug policy reform movement?

Shimon:

And what does that look like, in terms of helping people get prepared to do that?

Kassandra:

It looks like the People's Harm Reduction Coalition out in Seattle, which has Shilo Jama, who is an active user who runs an organization and is consistently in the side of the legislators in Seattle, who presents at Vienna, Austria to talk about drug users, who's currently in California right now and did a workshop on pregnant people who use drugs, and harm reduction, and what supports they need in hospital. It's, to me, the goal is for there to be more Shilos.

Shimon:

Can you talk a little bit about the history of stop and frisk in New York City and the work that DPA has done to address that issue?

Kassandra:

So, part of the work that we started out doing around marijuana legalization was really focusing on the racial disparities and marijuana arrests in New York City. And the only way we were able to do that when we started doing one-on-one conversations around the city was recognizing that the way that people were getting arrested was through police interaction.

In the police interaction, the results of the marijuana arrests were racially biased. But, in order for that to happen, that meant that people were dealing with police. The people that were dealing with police was mainly the same people that were getting arrested. And so, that meant that there was racially biased policing happening.

And I'll tell you, as a young person, as a person who grew up in New York City, it was not surprising to me that the policing was racially biased in the state. And so, we joined a coalition called Communities United for Police Reform, which mainly focused on the policing issues that were happening in New York City and recognized that, in order for us to do effective drug policy, we had to do reform work, because police were the frontline actors in getting people caught up.

So, we worked with Communities United for Police Reform to call out the way that NYPD was policing communities of color. And then, we worked with Vocal to talk about when people were dealing with these illegal police encounters, most of the time people were not being charged with anything. 90% of people that were involved, that had a stop and frisk interaction did not commit any crime. 10% of those people were brought in for something, and most of those people were brought in for marijuana.

And so, for us it was really making the connection as to how we're criminalizing large groups of people just for walking down the street, and how we were creating 800,000 people in the last 20 years, really focusing on how they were getting criminal records based on an illegal stop and frisk.

And so, there was a lot of pressure, and media, and attention in talking about the racially biased policing, and I think, in addition to the narrative that we were pushing, the height of the success was also coming at the time where the whole country was dealing with police killing young men of color, and less so reported, young women of color.

And then, there was also high impact legislation where one of the main attorneys for the Center for Constitutional Rights, Darius Charney, he's a lawyer, but he's also a social worker, and people didn't even recognize the role that social workers were playing in creating the narrative, in doing the advocacy, and doing the rest, which organizing. But then, also in doing the high impact legislation, very similar to the way that social workers were crucial and reforming the Rockefeller drug laws here in New York, which were mandatory minimums for drug possession.

So, a lot of our policing work really came out of recognizing that, in order for us to get the marijuana arrests to go down, we had to deal with the larger issue of policing and that that was the larger frame and marijuana was a symptom of that.

Shimon:

For folks listening to the podcast who maybe do more one-on-one work with clients and want to do more policy advocacy-type work, coalition building, what would be your biggest advice?

Kassandra:

So, I think for the social workers that are doing work clinically and are doing micro-level work I think, you just have to take a look at the policies that the agencies that you're working on, and see what are the policies that make your job harder. Be it healthcare, be it the criminal justice system, be it education, be it child welfare, be it your position as a mandated reporter. What are the things that make it harder for your client to get the things that they need?

And those are the things that you should work on outside of your job. There are organizations that are working on these issues. How can you be of service to them? Are there clients, are there stories that you can provide as material resources for people that are doing organizing work? We're always looking for stories. We're always trying to figure out, what does this policy loophole mean to someone in their real lives? And you have access to tons and tons of people who are dealing with the things that we're fighting with every day.

So, figure out what makes your day-to-day job hard, and see if people are working on it, and see how you can be a resource even if it's just you giving technical assistance. Even if it's someone has launched a campaign and the changes that they proposed you know are not going to work. You're a great person to say that. "I work on the frontlines and I know that's not going to work. What you actually need to do is these things."

Clinical social workers have a treasure trove of information that people that are in the policy world have no access to, and if you want to be involved but not burn yourself out, I think it's about being a resource to the people that are doing the policy work that will make your life and your client's life easier.

Shimon:

I really like that and that's been a theme with some other guests I've had on here, that people who have this frontlines experience are experts and need to step up and believe in themselves as being experts.

Kassandra:

That's right. I think part of it is that, I think, because we've stratified our profession into micro, macro, mezzo, policy, clinical organizing, administration, we then believe those delineations, and then, we can't actually do the work of social work.

Shimon:

Yeah, I think that's really true and part of it is the professionalization of the field, funding, we know the reasons, but we've got to be able to break out of these roles, I guess. Just shifting to a bit of a different topic. I'm interested in how you got involved in this work.

Kassandra:

So, Drug Policy Alliance was actually my social work placement, so it was my second year placement and I lived the dream, they hired me, and I worked my way up. But a lot of it was because I was really interested in policy reform. I think I had a class around social work in the criminal justice system and it really blew my mind in just all the ways that I could merge two of my passions together.

I definitely thought that I would be doing more clinical work in a criminal justice setting, and then, realized that what I wanted to do was stop the river, right? As opposed to pulling people out of the river, I wanted to stop the river. And I think I found my role and my talents in doing that work, as opposed to pulling people out.

But, yeah, it was my social work placement. And I think it's really important for people to remember that your placements either can help you find your passion, or help you find the things that you don't like, and either way, whatever your placement is, you're learning something from it. You're learning what kind of manager you can work with, what kind of work you like to do, where you want to be, what kind of field you want to be in. I think it's super, super-exciting.

Shimon:

Thanks for sharing that, and I absolutely agree with you, and I like the analogy of the river. I like that. That's pretty good. How can folks listening to the podcast support your work? I will put a link to the organization in the show notes so people can go there. But, if you just want to share, how could people support your work?

Kassandra:

So people, I'm not going to tell a bunch of social workers to donate, but if you can donate that would be great. Become a member at DPA would be awesome. We love increasing our membership. But, the other thing I would say is, I think it's super-important for people to study harm reduction, use people-centered language. I think everyone can do the work by not using the word addict, or junkie, or crackhead.

I think social workers recognizing that we are as much of a solution to the problem as we are the problem. Right? One of the things I didn't get to talk about is just, in general, how social workers perpetuate the state in many ways, especially when it comes to criminal justice reform, especially when it comes to the area of addiction, and drug policy, and harm reduction.

And so, I think ways that people can support is by using people-centered language and recognizing that you need to take a step back and recognize that the field that we're in is conflicted and that we need to be intentional about the way that we operate in people's lives.

Shimon:

Absolutely. And that reflection on who do we serve-

Kassandra:

Exactly.

Shimon:

... or what systems are we serving? Are we serving the people or are we serving a system?

Kassandra:

People are... They need jobs and if you are working for the state, then you're working for the state, but recognize that you need to be doing work on the outside to disrupt what you're doing from nine to five. And that means being an off-the-record technical assistance for some of the policies that are really messing up your clients' lives, or figuring out if there are agencies that are more aligned with the ethics of social work.

Shimon:

I like that. I think that's really good. I really appreciate the time we've had talking together, and I want to thank you for doin' the work in your community.

Kassandra:

Ah, thanks.

Shimon:

Thank you for listening to Doin' The Work: Frontline Stories of Social Change. I hope you enjoyed the podcast. Please follow on Twitter and leave positive reviews on iTunes. If you're interested in being a guest or know someone who's doing great work, please get in touch, and thank you for doing real work to make this world a better place.