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ORIGINAL PAPER

The War on Drugs That Wasn't: Wasted Whiteness, "Dirty Doctors," and Race in Media Coverage of Prescription Opioid Misuse

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Abstract The past decade in the U.S. has been marked by a media fascination with the white prescription opioid cum heroin user. In this paper, we contrast media coverage of white non-medical opioid users with that of black and brown heroin users to show how divergent representations lead to different public and policy responses. A content analysis of 100 popular press articles from 2001 and 2011 in which half describe heroin users and half describe prescription opioid users revealed a consistent contrast between criminalized urban black and Latino heroin injectors with sympathetic portrayals of suburban white prescription opioid users. Media coverage of the suburban and rural opioid "epidemic" of the 2000s helped draw a symbolic, and then legal, distinction between (urban) heroin addiction and (suburban and rural) prescription opioid addiction that is reminiscent of the legal distinction between crack cocaine and powder cocaine of the 1980s and 1990s. This distinction reinforces the racialized deployment of the War on Drugs and is sustained by the lack of explicit discussion of race in the service of "color blind ideology." We suggest potential correctives to these racially divergent patterns, in the form of socially responsible media practices and of clinical engagement with public policy.

Keywords Addiction · Whiteness · Prescription opioids · Media · Heroin

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Introduction

The outpouring of sentiment in media coverage surrounding the opioid overdose death of actor Philip Seymour Hoffman in 2014 crystalized a decade of media fascination with the white prescription opioid *cum* heroin user. Through the 2000s, news headlines had sounded the call of the most recent American moral panic surrounding drugs—this time, among white, suburban youth and the middle aged white housewife next door: on *Fox News* "The New Face of Drug Addiction" (Lee 2013), on *NBC News* "Painkiller Use Breeds New Face of Heroin Addiction" (Schwartz 2012), on *Today* "Hooked: A Teacher's Addiction" (Carroll 2014), and on *ABC News* "Heroin in Suburbia: the New Face of Addiction" (Michels 2008) and "The New Face of Heroin Addiction" (ABC News 2010). Although the race and ethnicity of the protagonists in these stories was rarely explicitly mentioned, it was clear from the photos, the surnames, and the locales (Vermont, Maine, Newton Massachusetts, West Los Angeles) that the novelty was their whiteness and the shock that (presumed white and middle class) readers would experience stemming from that fact that "they are just like us!" Images of thin, young blond women in the buttoned shirts such as the Portland, Maine resident that is photographed with tourniquet, searching for an intact vein in the *New York Times* article "Heroin in New England More Abundant and More Deadly" (Seelye 2013) (See Fig. 1) sold copy because the photos defied a century of media driven imagery that established who was, and who was not, a heroin user.

Some might argue that such stories have the potential to de-mystify addiction across the board, to prove that "anyone can become an addict," showing addiction to be a blameless disorder "that does not discriminate." Looking at the differences in media coverage of opioid addiction by race, however, we argue that these white opioid images are resetting the terms of drugs and race in popular culture in ways that insidiously further distinguish white from black (and brown) suffering, white

Fig. 1 Image of white heroin use in the New York Times

from black culpability, and white from black deservingness. Arising in tandem with, rather than in tension with, the official "War on Drugs" and its mass incarceration of blacks and Latinos, white opioid images have helped to carve out a separate space for white opioid use in the popular American imagination, one that leads to racially stratified therapeutic intervention and works to further insulate white communities from black and brown drug threats, leaving intact law enforcement crackdowns on black and brown urban residents in the name of public safety.

In this paper, we contrast contemporary media coverage of white non-medical opioid users with that of black and brown heroin users to show how divergent representations logically lead to different public responses and policy interventions. In this sense, the popular press is helping to create a form of narcotic apartheid that is inscribed not only on divergent narratives of the human qualities, family, and community lives of white compared to black or brown addicted people, but that is also inscribed on racially divergent legal codes and local, State and Federal policies. In this way, media coverage of the suburban and rural opioid "epidemic" of the 2000s helped to draw a symbolic, and then a legal, distinction between (urban) heroin addiction and (suburban and rural) prescription opioid addiction (even after its progression to heroin addiction) that is reminiscent of the legal distinction between crack cocaine and powder cocaine of the 1980s–1990s (Felner 2009).

The U.S. popular media association of illicit drugs with non-white ethnic groups stretches back at least one century to images of the threat of Chinese immigrant opium dens, of "cocaine crazed Negroes," and Mexican reefer madness that led to the passage of early narcotics control laws, including the 1914 Harrison Act and the 1934 Marijuana Tax Act (Cartwright 1982; Musto 1973). Print and televised media have long portrayed "addicts" as ethnic minorities (Taylor 2008), and portrayed blacks as more menacing and criminal than whites in news stories involving drug use (Peffley et al. 1996; Reinarman and Levine 2004). These representations racially code urban drug epidemics, such as crack cocaine, as black or brown. They support policy responses that intensify the criminalization of both individual users and dealers.

Analyses looking at the representations of White drug users are rare with the notable exception of methamphetamine. Methamphetamine has been constructed as a white drug used in poor rural communities, one that denotes declining white status and cultural anxieties about white social position (Murakawa 2011; Linnemann and Wall 2013; Garriott 2011, 2013; Linnemann and Kurtz 2014). Meth users have been "constructed as the bottom of the White racial- economic spectrum: 'White trash' (Murakawa 2011, p. 223)." Interestingly, the meth user, though disparaged, is less linked to violence and is more contextualized and sympathetic than crack users (Murakawa 2011). Similarly, Tunnell (2004) argues that when Oxycontin first emerged in rural, poor Appalachia, it was socially constructed as "hillbilly heroin" a white drug. This intersection of whiteness and class is also apparent in media coverage of non-medical use of stimulants (such as Ritalin, Adderall) by middle class and affluent whites in search of educational or job performance enhancement. In this coverage, this non-medical stimulant use is not generally portrayed as drug abuse or addiction, even though stimulants are scheduled narcotics with known

abuse potential and dependency/addiction syndromes; rather, the pressures of academic and job performance are cited in sympathetic portraits of middle class whites caught in the escalating demands of work and school. In fact, many stimulant users are positively portrayed as valiant, hard working entrepreneurs and thought leaders who use stimulants as "neuroenhancers" (Talbot 2009, Arria and DuPont 2010). When an epidemic is coded as a middle class white, largely suburban problem, different representational strategies and interventions are invoked. Individual white drug users are portrayed as largely blameless victims of their own biology, and deserving of help, such as treatment and prevention of complications such as overdose and infection (Netherland and Hansen 2016). As discussed more fully below, class as well as race factors into the social construction and representation of drugs.

The drug war relies on a reciprocal relationship between the criminalization of blackness and the decriminalization of whiteness (Lassiter 2015). Although the long history of racializing accounts of drugs and drug use continues today, their racial coding is more subtle than in past accounts. Gone are the headlines, such as that of the *New York Times* in 1914 just before the passage of the Harrison Act: "Negro Cocaine 'Fiends' Are a New Southern Menace: Murder and Insanity Increasing Among Lower Class Blacks Because They Have Taken to 'Sniffing' Since Deprived of Whisky by Prohibition" (Williams 1914). While such overtly racist media accounts are rare, we argue that today's media stories about drugs users employ "colorblind" racism buoyed by white privilege that is equally potent. As Bonilla-Silva explains, under color-blind racism "the maintenance of white privilege is done in ways that defy facile racial readings" (2003, p. 93).

Race is seldom mentioned explicitly in stories about drug use by white people. Indeed, being unmarked is a hallmark of whiteness: as "the unmarked category against which difference is constructed, whiteness never has to speak its name, never has to has to acknowledge its role as an organizing principle in social and cultural relations" (Lipstiz 2004, p. 67). While white race is not mentioned in drug stories, it operates nonetheless in coded terms.

To uncover whiteness in media accounts, one must search for code words that are used as markers of race. As Davis notes, "when used indexically, code words or phrases are deployed to create racial meaning that generates a sort of pathological profiling of groups without direct reference to race" (2007, p. 251). Chief among these in media coverage of drug use are "urban"—code for black or Latino—and "suburban" (and sometimes "rural")—code for white. Heroin users are usually cast as urban dwellers (see Scotti and Kronenberg 2001; Steiner and Argothy 2001) and, thus, as the appropriate targets for law enforcement. "Suburban," in contrast is used to mark whiteness. In our sample of media reports, "urban" and "suburban" were used extensively to connate black and white respectively. To verify this, we looked up the location and demographic profile of the neighborhood region for each publication and found that, indeed, "urban" was typically a marker of a predominantly Black and/or Latino community, and "suburban" marked a predominantly white, more affluent community. This geographic coding was reinforced by the anglo-American surnames of the addicted people described, as well as physical descriptors that further identified the protagonists as white. News

stories set in rural white communities used coding strategies similar to accounts of opioid use in suburban communities.

In addition to race, class, and geography play an important role in the constructions of and responses to drug scares, and drugs constructed as "white" may vary in how sympathetically users are portrayed because of their associations with poverty and rurality. Perhaps this is not surprising given that whiteness is no more monolithic than Blackness (Pruitt 2015; Alcoff 2015). Alcoff, for instance, argues that "White supremacy is itself incoherent and can manifest itself quite differently depending on historical periods and social groups" (2015, p. 15). Representations of drugs and the people who use them are influenced by the complex intersections of class- and race-based disadvantage (Pruitt 2015). White drug users who are disparaged appear linked primarily to rural poverty. Abuse of prescription opioids first surfaced in rural Maine, Maryland, and then Appalachia among the rural poor, likely because the isolation made prescription opioids more accessible than street drugs and because of a high prevalence of pain syndromes related, in part, to "hard lives of manual labor" (Inciardi and Cicero 2009, p. 106; Tunnell 2004). Known as "hillbilly heroin," the use of oxycontin in rural Appalachia was linked with crime by local law enforcement and politicians despite the fact that crime rates did not increase (Tunnell 2004, 2005). Several studies of methamphetamine have rooted the construction of that drug as white in the growing economic and class insecurities of rural whites. Garriott (2011, 2013) argues that meth production and use grew in rural communities for a number of reasons, including the need to supplement income in areas where jobs are scare and low wage and to help workers in monotonous, repetitive jobs (like the poultry industry) perform better. Even within class, there are important distinctions to be made between rural, suburban and urban Whites (Pruitt 2015). Beori and colleagues, in their study of suburban meth users, found that many had been introduced to meth as a means of enhancing their performance and productivity at work and "maintaining a suburban lifestyle (2009, p. 14). Adderall, a stimulant very similar to methamphetamine is routinely used by students to perform better on tests with little stigma attached to it use (Hanson et al. 2013).

Constructions of white drug scares, just like those centered on people of color, are about policing boundaries and shoring up cultural expectations based on race and class. Poor, rural methamphetamine users violate white expectations of productive, rational citizens fitting with the neoliberal requirements of whiteness. As Linnemann and Wall argue, the construction of methamphetamine "polices moral boundaries and fabricates social order through the specter of a 'white trash' Other who threatens the supposed purity of hegemonic whiteness and white social position (2013, p. 318)." Methamphetamine users are "outside community, outside law, outside reason, outside bourgeois conventionality (Linnemann and Wall 2013, p. 323)." As such, methamphetamine and the anxieties about "White trash" threaten to dilute and undermine hegemonic whiteness. In these contexts, the association between whiteness and drug use have been used to extend the punitive logic generally applied to people of color who use or sell drugs. As discussed more fully below, in the case of White opioids, we see a different, but related, strategy for reinforcing hegemonic whiteness. Two crucial factors distinguishing prescription

opioid painkillers from methamphetamine as "white" drugs are (1) the social class of the imagined users, with prescription opioids initially marketed to a suburban, privately insured clientele with regular access to primary doctors, and (2) the fact that prescription opioids enter the space of drug trade as legal drugs dispensed by healthcare practitioners, while methamphetamine had to be processed in illegal plants for non-medical use and from its inception was there for more criminalized. As a result, rather than simple casting out or disparaging of white opioid users, we see instead attempts to reclaim and restore (through medicalization of their drug use) these white bodies. As opioid use grows among middle class suburban whites, we argue that opioids are constructing another kind of White drug user—an innocent victim worthy of empathy and deserving of less punitive policy responses.

These representational tropes reinforce racially disparate policy responses. Although black Americans are no more likely than whites to use illicit drugs, they are 6–10 times more likely to be incarcerated for drug offenses (Bigg 2007; Goode 2013). Drug offenses accounted for two-thirds of the rise in the federal inmate population and more than half of the rise in state prisoners between 1985 and 2000, with more than half of young black men in large cities in the U.S. currently under the control of the criminal justice system (Alexander 2010), and middle aged black men more likely to have been in prison than in college or the military (Rich et al. 2011). Alexander (2010), Wacquant (2009) and others make the case that the criminal justice system is, in effect, a new state-sponsored racial caste system. Indeed, not only are black and brown people who use drugs more likely to be incarcerated than white drug users, they are also less likely to be seen by healthcare providers and offered addiction treatment, counseling or tools for prevention of overdose and injection related infections (Acevedo et al. 2015). If they do receive medical treatment for opioid dependence, they are more likely than their white counterparts to receive methadone, under DEA surveillance in stigmatized methadone clinics, than to receive buprenorphine, which is pharmacologically similar to methadone but can be prescribed in the privacy of a doctor's office and taken at home (Hansen and Roberts 2012; Hansen et al. 2013).

The history of race and moral drug panics demonstrates similar legal inequities. During the crack cocaine epidemic of the 1980s–1990s, for instance, policy responses rested on demonizing black and Latino crack users, while leaving relatively untouched white powder cocaine users. The resulting policy was harsh minimum sentencing for crack possession: the amount of crack cocaine and powder cocaine needed to trigger certain U.S. federal criminal penalties was set at a disparity of 100:1, even though crack and powder cocaine have essentially the same chemical make up (Felner 2009). The primary policy response to crack was to lock up hundreds of thousands of black and Latino people for possession and sales. To date, we have seen no move to similarly criminalize white suburbanites for their illegal use of prescription opioids and heroin, even though the scope of this epidemic far exceeds that of crack in the 1980s and 1990s.

Indeed, Americans are far less likely to face arrest for illicit use of prescription medication than they are for possession of illicit drugs. For example, in 2009, the arrest rate per 100,000 was 15.6 for the illegal possession of manufactured drugs, compared to 72.8 for the possession of heroin or cocaine (U.S. Census Bureau

2009). These differences are especially striking given the high prevalence of illicit prescription drug use (but low arrest rates) and low prevalence of heroin use (but high arrest rates). In 2013, the specific illicit drug category with the largest number of recent users (excluding marijuana) was nonmedical use prescription drugs (6.5 %); 1.7 % of those using prescription drugs illegally were misusing pain relievers. In comparison, 1.5 % of Americans used cocaine and 0.3 % used heroin (Substance Abuse and Mental Health Services Administration 2014). The "non-medical use" of pain relievers is almost twice as high among whites as Blacks (SAMHSA 2010), while rates of heroin use among Blacks, Latinos, and whites are almost identical (SAMHSA 2014). Given these numbers, if our enforcement policies were applied proportionally, we would expect to see a greater jail and prison population of whites illegally using prescription drugs than we do.

In this paper we characterize the emergence in popular media of a "new face of addiction" that racially code the crisis of prescription opioid addiction and resultant heroin addiction as white. How do these media representations humanize white opioid addiction as a tragedy of wasted potential, rather than a violent threat? What are the policy implications of and responses to this shift in symbolic coding and narration of the "new face of addiction"? By exploring the representational strategies of the popular press and their effects on drug policy, we begin to unpack the processes by which race is chemically and legally inscribed in contemporary U.S. culture. By making these processes explicit, they become intellectually and politically available for alteration in the service of a different, more equitable public consensus about drug policy and the appropriate societal response to addicted people.

Methods

This analysis is part of a larger project through which we trace how different technologies of whiteness (e.g., neuroscience, pharmaceutical technology, legislative innovation, and marketing) continue a legacy of racialized drug policy in the U.S. (Netherland and Hansen 2016). The larger study relies on interviews with addiction treatment researchers, providers, and policy makers, participant observation in methadone and buprenorphine clinics, and analysis of marketing materials and of the congressional record on drug policy debates. We found that a critical factor shaping the U.S. policy response to non-medical opioid use is popular media representations of it—the object of this analysis. In order to trace the development of media narratives and images of race and opioids over the decade of the 2002 FDA approval of physician office-based opioid maintenance treatment for opioid addiction, Lexus Nexus® news index was used to search the popular U.S. press for stories on opioid use in two time periods—2001 and 2011—using heroin and non-medical prescription drug use. Keywords "prescription opioids", "prescription opiates," "Oxycontin", "oxycodone," were used in order to examine differences by type of opioid (illicit versus prescription) and over time as coverage of the prescription opioid epidemic gained momentum. Of the articles found, 41 published in 2001 were on heroin use, 37 in 2001 were on non-medical prescription opioid

use, while of those published in 2011, 58 were on heroin and 40 were on prescription opioids. 77 were eliminated from the sample due to lack of any description of the opioid users. Of those articles that remained, 25 were selected from each of four categories (2001 heroin, 2001 non-medical prescription opioid use, 2011 heroin, 2011 non-medical prescription opioid use) using a random sampling technique.

Articles in the final sample were scanned and entered into NVIVO 9.0, a qualitative analysis software program, and thematically coded using a codebook developed by a team of four graduate and post-graduate level coders through a process of initial coding, group discussion and consensus. Final codes fell into one of several categories including race and ethnicity of user, type residential location (urban, rural, suburban—verified by demographic descriptors of each neighborhood), mention of SES indicators (e.g. type of housing, profession, student status, private school), mention of criminality/arrest, mention of therapeutic intervention, mention of humanizing personal background of user (e.g. descriptions of family, friends, education), and mention of illegitimacy of prescription for opioid analgesics among other codes.

Our qualitative analyses identified recurrent themes and supporting quotes using iterative thematic coding techniques, including continuous comparison and pragmatic adaptation of grounded theory in order to develop relevant coding categories (Emerson et al. 2011; Strauss and Corbin 1997; Lingard et al. 2008; Reeves et al. 2008). At least two coders were used for all transcripts to check inter-coder reliability. Discrepancies between coders were resolved through team discussion and consensus.

Findings

The Surprise of White Drug Use

One of our strongest findings was that drug use in black and Latino urban communities is not considered newsworthy. We found few accounts of prescription drug use or the emerging heroin problem in urban, non-white communities. The absence of stories and what is missing in the stories that exist are in of themselves telling. When we did find accounts of drug use in urban communities, the stories were very short—in most cases, simple arrest reports that note the criminal charges, the amount of drugs seized, and the names of the people involved. This report from the St. Louis Dispatch is representative:

> Fourteen men from St. Louis and St. Louis County were arrested early Wednesday as part of a large-scale effort by federal and local authorities cracking a heroin trafficking operation. … Law enforcement officials said local heroin traffickers have been responsible for much violence here but could not say how much. "This case illustrates that heroin trafficking and violence go hand-in hand," said Asa Hutchinson, administrator of the federal Drug Enforcement Administration. (Bryan 2001, p. B2)

The report goes on to list the names and addresses of all fourteen men involved. Notable here is that what is considered newsworthy are trafficking, arrests, and the link to violence. As we found in most of the urban drug stories, there are no details provided about the lives, families and backstories of the people involved. Their periodic reports of drug sales, crime, or violence in urban communities have mundane, detached quality. In this reporting, the prevailing narratives assume that involvement in drugs and crime is to be expected in urban black and Latino neighborhoods. The media's omission of personal histories of urban blacks and Latinos who use drugs or struggle with addiction has a dehumanizing effect. The public never learns the details of these lives, how they came to use drugs, or the impact of drug use on their well-being, families and communities.

In contrast, drug use in suburban, predominantly white communities is portrayed as surprising and novel. Story after story describes drug use in suburban, white communities as a new and dangerous phenomenon, even though decades of the epidemiological evidence shows that blacks and whites have long used illicit drugs in relatively similar proportions (SAMHSA 2014). The assumption in the media accounts is that white communities have heretofore been free from drugs; these neighborhoods are not the expected place to find drug use. As one news reporter puts it:

> This isn't about inner cities and successive generations of unemployed addicts. This about suburbia, and rural America—Amish country, for heaven's sake—and middle-class high school students who have seen their lives unexpectedly derailed. (Ostrow 2001)

Underlying this surprise is the assumption that drug use is to be expected in poor, ethnic minority urban communities, but not in suburban and rural white America. White communities are the unmarked norm. And the fact that drug use is now happening in white communities (or so we are told) is precisely what is newsworthy. As a Denver Post story pointed out: "it's a white problem now" an African American woman notes, adding that "if it weren't, the camera crew wouldn't be here" (Ostrow 2001).

That drug use is seen as novel can be understood as part and parcel of the historical denial about drug use in white communities. Steiner and Argothy argue that this denial has been essential to maintain the War on Drugs and reaffirm white supremacy:

> Denying white drug use and denying the prevalence of racial inequality allows the drug war's runaway punitiveness to "make sense" to the majority of Americans. Holding a belief system that portrays underprivileged African Americans and Latino/a Americans as incompetent and criminal at the same time that it reinforces whiteness as competent and law abiding, is the privileged white majority's punitive fix—a "cultural crack," if you will (2001, p. 444)

As we explain further below, these news accounts help maintain the notion that whites are competent and law-abiding as well as abstinent and self-contained and carefully differentiate white drug use from the drug use of those living in

predominately black and Latino neighborhoods. It is not only that white drug problems are constructed as new and surprising; they also receive a kind of consideration, details, backstory, and exposition absent from stories about black and Latino communities.

White Drug Use: A Blameless Etiology

One key difference between stories of drug use in urban and suburban or rural communities is that, in stories about suburban or rural white drug use, the etiology of the person's drug use was often explored, while in accounts of drug use among blacks and Latinos such explanations about why someone started using drugs were simply missing. Accounts of how white people became addicted to opioids generally fell into three categories: (1) young people start using the prescription medications of their parents or grandparents; (2) the person "fell in with a bad crowd," and (3) the person was prescribed pain killers for an illness or injury and then became addicted to them. This story from suburban Minneapolis is typical:

> Ashton, 20, grew up in North Branch in a loving, supportive family. He was a stellar student and athlete until he found a new crowd in middle school. They smoked weed and drank on the weekends. Seeking acceptance, he became a user, then a dealer, which gave him ready access to cocaine, meth and ecstasy. After his father had back surgery, Ashton and his friends scavenged his supply of pain medication (Sullivan 2011)

Importantly, Ashton began using *despite* his loving, supportive family and his stellar performance in school and in sports—neither he nor his family is to blame. His use is given several explanations. First, he fell in with a new crowd. Second, he was seeking acceptance. Third, he had ready access through his dealing connections and through the prescriptions from his father's back surgery. Given our deeply rooted fears about and stigma surrounding drug use and drug users, these explanations about why and how Ashton began using drugs help construct him as someone who, despite his drug use and his drug dealing, is sympathetic and relatable. Similarly, iatrogenic medicine emerged as a common explanation for how people became addicted in white communities that helps cast the blame somewhere beyond the individual user. The Tampa Tribune explains how one woman fell victim:

> In fall 2010, Julie Schenecker "fell into a severe depression," the documents state. "During this time she began to pull away from friends and family and began to undergo a series of surgeries that resulted in her addiction to pain killers, in particular Oxycontin" (Poltilove 2011)

Here, the cause of addiction is an underlying depression and a series of surgeries. As with Ashton, Julie's drug use has an explanation; it is made understandable. It wasn't expected or assumed; rather, a series of conditions and events help us to realize exactly why and how she started using. Moreover, both Julie and Ashton are in some ways blameless for their use. They had a legitimate medical conditions and became victims to circumstance and a medical field that has made prescription opioids widely available. As this Marin, California paper puts it:

> How do prescription drugs get into the hands of drug abusers? Many addicts report that a routine pain medication prescription after a procedure or injury started them on the downhill path (Elliott 2011)

Here, what's "routine" is a pain mediation prescription; this is sharp contrast to what is "routine" for black and brown drug users—the link to violence, noted above. This disparity is likely exacerbated by the fact that people of color, even those with legitimate pain complaints, are less likely to be prescribed opioids pain killers than whites (Green et al. 2003).

In these media accounts, one way we see black and Latino users differentiated from white users is that white users are allowed to have their addiction explained in ways that often leaves them blameless or at least sympathetic to the reader. These are "good people who just had something go wrong in their lives" (Schiavone 2011). Even in cases of overdose, the white user is held blameless:

> "Whatever happened, it obviously was not intentional," said Wood, a longtime friend of both teens. "They were two very special girls and we didn't expect this to happen. The whole school is mourning for them" (Warsmith 2001)

In stories about black and Latino people who use drugs, the criminality of their actions is the story. This finding is consistent with that of Steiner and Argothy in their analysis of the courts. They noted that "the contemporary drug war promulgates a profoundly racist illusion that represents white illicit drug abuse as a private health problem and black illicit drug abuse as a public 'criminal' activity" (Steiner and Argothy 2001, p. 444). The backstories about the root of addiction afforded to white people are important, not just for explaining the supposedly new white opioid epidemic, but also because it keeps them blameless and offers a rationale for keeping white users out of the drug war—a theme we explore further below.

Wasted Whiteness: White Drug Use as Tragedy

White people who use drugs are not only sympathetic because of how and why they started using drugs. Their stories are depicted as particularly tragic because they are seen to have wasted their tremendous potential—more was hoped of them and for them. In their analyses of the methamphetamine epidemic, Murakawa (2011) and Linnemann and Wall (2013) argue that that white drug scares mark fears about white status decay, declining economic security, and the inability of poor and middle class whites to "keep up." Linnemann and Wall note: "The notion meth 'turns you into' white trash—marked by facial sores and lesions—is important because it reveals an invisible, yet privileged category of whiteness, one that is pure and uncontaminated (2013, p. 325)." The idea that whites who use drugs are squandering their privilege and putting their status at risk has also been noted in analyses of both stoner films and of the reality TV show, *Intervention*. Sears and Johnson (2010) claim that stoner films are on one level about "the specter of seeing white domination go 'up in smoke'—via wasting, as opposed to hoarding, white

privilege." In her analysis of *Intervention*, Daniels notes that "virtually every episode of *Intervention* follows this form of wasted whiteness and squandered white privilege (2012, p. 117)." According to Daniels, producers of this show intentionally constructed the stories in each episode around white subjects as a way to challenge the stereotype of addiction. Within these media narratives, portrayals of white drug simultaneously challenge stereotypes of addiction afflicting primarily black and brown people and reinforce the expectations that white people fulfill their privileged potential to be "productive" neoliberal citizens.

In our analysis, we find that media accounts of white drug use go out of their way to humanize the person using drugs, to explain how he or she defies the stereotype of a drug user, and then to describe the potential that the individual tragically lost. Unlike analyses of methamphetamine with it palpable overlay of poverty, we did not find tropes of "white trash" nor a casting of opioid users into the realm of the "socially disposed and ungrievable (Linneman and Wall 2013, p. 326)" but rather a more sympathetic accounting of loss and misfortune. These are accounts of personal, individualized tragedy—not the impersonal arrest reports that characterized media accounts of drug use in black and Latino communities.

These stories, which are often about the tragic death of a young person due to opioid overdose, create an identification between the imagined white reader and the victim. The underlying assumption is that the reader is white, and the victim is often contrasted to a "real addict"—an unnamed other freighted with stigma. As this story from the *Roanoke Times*, "It happened to a kid like Ian", puts it:

> I'm not talking about homeless, bum-looking street people—I'm talking about relatively affluent, well-dressed, high-achieving Volvo-driving kids, kids who belong to the honor societies, who play soccer and lacrosse, kids headed to the good schools (Day 2011)

The stories about white drug use also go out of their way to reassure us that these individuals, even though they use drugs, are familiar folks. The media accounts are replete with references to how the people in these stories "could be you." As one woman noted: "It's the person in line beside you at Publix, the woman next to you in the pew at church" (DeGregory 2011).

Once the identification between the reader and the victim has been made, the stories generally recount the tremendous potential that was lost to drugs or to overdose death. This account below is typical of many of these stories, which describe a relatively young person who got addicted to drugs and lost everything, including his life:

> John Garrighan was a smart, precocious musician who at 14 formed a pop-punk band that, by the time he was 22, had toured nationally and sold thousands of albums. After eight years of shooting up, dozens of stints at rehabilitation clinics and then relapses, he overdosed in the restroom of a Squirrel Hill coffee shop on Jan. 29 and died the next day (Pittsburgh Post-Gazette 2011)

The story goes on to talk about how his brother, parents and friends are mourning, not just his death, but his lost potential. Often these stories are told by bereft parents

or friends either as opinion pieces or through extensive quotes by the reporters. In this story from Batesville, Indiana, a father is quoted at length talking about the death of his daughter to a high school auditorium filled with students:

> Manda was the best thing that ever happened in my life, and even though Manda had two parents who loved her unconditionally, had good friends, went to good schools and had good teachers… she let the beast of drug addiction take over her (Raver 2011)

Significantly, drug addiction is an external threat, a "beast," not an inherent flaw in Manda's good character, a character which was tragically overcome by the "beast." Generally accompanied by a picture of the lost loved one, these accounts often go into great depth about the person's life: what s/he did in school, who his/her friends were, what s/he hoped to do in the future, what hobbies s/he enjoyed. We found no stories of overdose deaths in black and Latino communities, although we know overdose happens in those communities as well. Rather, as noted above, we found arrest stories. The only details of the individuals involved included name, age, and criminal charge. The individuals in those stories were not afforded particulars about their lives, their families, their hopes and aspirations.

The stories of the deaths of white people are considered tragic in part because of the underlying assumption of promise and privilege lost. If affluence is a constitutive element of whiteness (Pruitt 2015), then the loss of that affluence (whether realized or aspirational) is tragic. Because of drugs, people normally expected to be "productive" cannot fulfill obligations and expectations (a neoliberal) society has for them. As Lane DeGregory of the *Tampa Bay Times* notes, with the increasing opioid crisis in white communities: "Hard workers can no longer hold jobs. Smart students drop out. Good moms neglect their kids, drain their bank accounts, steal from family members (2011)." Part of the implied tragedy is that of squandered whiteness and a system of advantages to which black and Latino people have limited access. The ways that this systemic advantage is built on racial inequality goes unflagged. Nor do these accounts of white opioid use mention the criminal justice system that disproportionately disciplines blacks and Latinos.

Contagion and Threat of Miscegenation

In addition to efforts to differentiate and make exceptional white opioid use by treating it as novel and explaining its causes in ways that humanize the white drug user, whiteness is also maintained by shoring up the geographic boundaries between white and black or Latino communities. Whiteness is always being reinterpreted and subject to internal contestation (Alcoff 2015). Right now whiteness is under particular threat as demographers and the U.S. census bureau are predicting that between 2042 and 2050 whites will no longer be a majority in the U.S. (Alcoff 2015). In the face of such a "threat" and the increasing porosity of the boundaries between racial groups, the maintenance of geographic boundaries between Black and white becomes ever more imperative for those wishing to maintain white racial dominance.

This geographic separation is evident in reports of increases in suburban heroin use as a consequence of tightened restrictions on opioid prescribing leading to dwindling prescription opioid supplies (NIDA 2014). As one paper from Fargo put it: "That's a direct conduit… They were using diverted pain meds, then the price for too high. Some switched to heroin (Nowatzki and Benshoof 2011)." In our analysis, we found that the transition from prescription drugs to heroin is often couched in a theme of contagion—that is, the transition from prescription pills to heroin is leading to a mixing of suburban and urban drugs and drug users. For example, a *Chicago Daily Herald* article reported: "Suburban teens who fall into the trap of heroin use often drive to West Side…to buy the drug" (Daily Herald 2001).

White people searching for drugs in urban areas are not only crossing geographic boundaries, they are crossing boundaries that lead them from the imagined safety of the suburban and rural white community and exposing themselves to the violence that supposedly characterizes the inner city drug markets. As Elijah Anderson points out, white and black spaces are perceived as distinctive, and black spaces are seen as dangerous by many whites: "[f]or the larger society, from the nightly news and media reports of rampant black-on-black crime … images of the black ghetto loom large" (2015: p. 13). In addition, the contagion runs both ways. Just as white people are portrayed as seeking drugs in urban areas, so too drug dealers from urban areas are portrayed as infiltrating white communities. As this account from Madison, Wisconsin explains:

> [T]he drug is being transported by street gangs and drug trafficking organizations along the interstate system from Chicago. Communities from the state line to the Fox River valley, and through the east side of the state from Milwaukee on south, have been inundated with the drug (Elbow 2011)

The problem being described here is the breakdown of the segregation between white, supposedly drug-free, non-violent communities and black and Latino supposedly drug-filled, violent communities. This threat of miscegenation logically calls for reinforcement of the social-geographic boundaries between white and black or brown neighborhoods, symbolically undergirding disparate policy responses.

Solving the Policy Paradox: The white Drug War That Wasn't

The specter of a white opioid epidemic Poses a policy paradox for a country that has historically responded to drug epidemics by increasingly criminalization of drug use, possession, and sales. While media reports constructed a white opioid user who is sympathetic and blameless, the sheer numbers of opioid users and the escalating rate of overdose deaths demanded a response. In our analyses, we looked at what kinds of policy responses were mentioned in articles on opioid use and found that they differed by race. Articles on urban opioid use mostly mentioned arrest or criminal justice involvement, with only one article mentioning methadone and one mentioning treatment. In contrast, articles about suburban and rural prescription drug use mentioned prevention, education, treatment, prescription heroin, drug take-back programs, and cracking down on doctors' prescribing. Reports on suburban and rural heroin use mentioned treatment drug courts, probation, education, and

cracking down on trafficking. Importantly, none of the articles about white drug use suggested incarcerating people for use or possession.

Instead, what we see in this new landscape of a white drug epidemic is a focus on the prescription drug supplier—so-called dirty doctors and pill mills. As one article put it: "just about all the drugs that are sold and used illicitly can trace their existence to the tip of a doctors pen." Given that the drug user in these stories is a morally blameless white person and that big pharma, one of the best funded industrial lobbies in the country, is beyond the political reach policymakers, doctors are the available target. Indeed, several stories villainized the unscrupulous doctor, who (more often than not) was a foreign-born person of color.

This account from the Charleston Gazette is typical of others:

> A 25-year-old patient told the investigator that [Dr.] Acosta hooked her on Oxycontin after an April 2000 office visit. Instead of addressing the addiction, Acosta helped the patient inject the drug to get high (Messina 2011)

One Trinidadian doctor was even charged with murder in case of an overdose. The media have identified "key points of diversion, including unscrupulous and unethical medical professionals, forged and fraudulent prescriptions, pharmacy theft and doctor shopping."

In addition to criminal charges against individual doctors and clinics, the media reported widely on the proliferation of prescription drug monitoring programs (PDMPs). In 2005, Congress passed the National All Schedules Prescription Electronic Reporting (NASPER) Act, and authorized $60 million in spending through grants at the US Department of Health and Human Services to establish state-run prescription drug monitoring programs. Forty-nine states now have such programs, and in 22 of those participation by prescribers and/or pharmacists is mandatory (Haffajee et al. 2015). This supply side tactic, while not directly criminalizing users, ultimately is aimed at cutting off a user's supply of medication and may well be fueling the transition from prescription opioids to heroin that is now well documented (Dasgupta et al. 2014).

The other innovation to curb the abuse of prescription opioids reported widely in the media has been DEA's National Prescription Drug Take-Back programs, which allow individuals to dispose of unused prescription medications. Partnering with local law enforcement agencies, the DEA program collected 2 million pounds (1018 tons) of prescription medications in four years (DEA 2013). In 2010, Congress passed the Secure and Responsible Drug Disposal Act of 2010, amending the Controlled Substances Act (CSA) to allow the DEA to develop permanent, ongoing, and responsible methods for medication disposal. Prior to the passage of the Act, there were no legal means for transferring possession of controlled substance medications from prescription holders to other individuals for disposal (U.S. Congress 2010). Like drug monitoring programs, this strategy is notable for its focus on upstream causes of use and refusal to penalize individual users, even though the Act explicitly acknowledges the death and crime associated with the misuse of prescription medications.

Discussion

Against Color-Blindness

The media and law enforcement have found alternative targets for the war against opioids in white, suburban and rural communities. As noted above, many of the "dirty doctors" mentioned in media accounts are immigrants and people of color. More broadly, targeting doctors to avoid criminalization of individual users is a prohibitionist approach with unintended consequences. Not unlike the crackdown on doctors surrounding the Harrison Act of 1914, constraining the supply of 'legal drugs' drives people to obtain substances illegally, putting themselves at risk both from the unregulated and untested illicit drugs and of arrest. Increased scrutiny of prescribing practices limits physicians' autonomy and may discourage them from using harm reduction approaches, such as prescribing buprenorphine. Buprenorphine prescribers in suburban Staten Island, New York, for example, reported that they began turning away opioid dependent patients out of fear of liability after New York State mandated their participation in the prescription drug monitoring program (Mendoza et al. in press). This crackdown on supply, along with the introduction of tamper-resistant formulations of opioids medications, has forced many of those addicted to prescription medications to turn to heroin, which can be both cheaper and easier to obtain (Cicero et al. 2012).

In addition to "dirty doctors," media outlets have been reporting on routes which link heroin from the largely black and Latino inner city to white heroin users in the suburbs. One such account from Queens, New York, noted that the District Attorney there had renamed the Long Island Expressway (LIE) the "heroin highway;" the LIE links Queens, which has a majority people of color, to Long Island, which is predominantly white. The article also showed mug shots of eight Queens suspects—all people of color. Even within a drug scare coded as white, the media and policy makers have targeted black and Latino dealers and (often foreign) doctors.

Yet, the media's portrayal of the prescription opioid epidemic has created an interesting policy space and an important opportunity for both a new representational and political approach. On the one hand, media accounts have reified the notion that white and black drug use are different and separate—humanizing white drug users while perpetuating the association between black and Latino drug use, crime and violence. On the other hand, they have shown that a less punitive, more humanistic approach to responding to drug problems is possible. The disparate treatment of white drug use in the media provides an opening to expose the political and cultural economy of race and drugs in order to leverage a more equitable response both at the levels of representation and policy for all people who use drugs.

While the racialization of drug policy and treatment might lead some to call for universal medicalization of addiction, the white opioid crisis indicates that if racial exclusions are not explicitly acknowledged, they will be reproduced in medicine and other institutions where opioids are encountered. A "color blind" universalism reproduces racial strata through denial and silence around the racializing institutional processes that lead to racial differences in outcomes. For example,

research on pharmaceuticals, addiction and race has demonstrated that the biochemical stratification of people of African and Latin American origin has been represented and materially shaped in sites ranging from genetics labs, medical clinics, and neighborhoods, to popular media, courtrooms and policy debates (c.f. Fullwiley 2007; Campbell 2000; Courtwright 2001; Singer 2008; Bourgois and Schonberg 2009; Roberts 2011; Tiger 2012). And in other medical arenas, ranging from abortion to pulmonology, the same kind of colorblind ideology has led to policy responses that reinscribe racially disparate treatment with very real material consequences (see for example, Sollinger 2013, Pollock 2012, and Braun 2014). Indeed, this is what has happened within addiction medicine, where political expediency to legalize the use of buprenorphine by private doctors required associating it with less stigmatized suburban white populations, and where economic motivations led buprenorphine's manufacturer to market to insured, employed, largely white clientele. As a result, methadone clinics and office-based buprenorphine have carved out two different clinical spaces for two opioid maintenance therapies: public versus private practices, tightly DEA regulated versus less regulated, symbolically associated with poverty versus affluence, urban versus suburban or rural, and black versus white (Hansen and Skinner 2012; Hansen and Roberts 2012).

Racial and ethnic inequalities are symbolically imbedded in U.S. popular and political cultures as well as medicine and are reliably and imperceptibly reproduced in U.S. institutional practices. Specific interventions are required to counterbalance their hold on drug policy. If policy and clinical responses to addiction are to be racially inclusive, a racial/ethnic impact assessment is one way to predict and document the effects of health policies and clinical practices on racial and ethnic inequalities. Racial ethnic impact statements have been implemented in a few states, such as Iowa and Connecticut, and proposed in others, such as New York (London 2011; Mauer 2009). They require policymakers to conduct a formal assessment of how a specific policy proposal is likely to ameliorate or exacerbate racial disparities, particularly in the criminal justice system. These statements, modeled on fiscal and environmental impact statements, are meant to avoid policies that purport to be colorblind or race neutral but, in fact, result in differential treatment. These policy assessments could go a long way in heightening public awareness of the ways that racism is institutionally reinforced.

Health reform may be opening a window for more deliberate work against the racialization of clinical practice. The Affordable Care Act requires population health outcome assessments as a basis for clinical reimbursement. Although few clinical administrators have operationalized this mandate, the mandate itself is an incentive for clinical practitioners to learn to act at institutional and policy levels, rather than exclusively at the level of individual patients, in order to improve their outcomes.

In short, the problem of race and opioids cannot stop with expansion of access to treatment. Clinicians and health advocates have to address institutional racism, as reflected in media coverage of inner city heroin use versus the prescription opioid epidemic, if they want to dismantle racial exclusions in drug interventions. This calls for approaches to clinical training and interventions that addresses upstream cases of health inequalities, such as structural competency (Metzl and Hansen

2014). An example of an organization of advocates for treatment of addiction as a public health problem rather than a racially bifurcated law enforcement issue is Punishment to Public Health (http://johnjay.jjay.cuny.edu/p2ph/x.asp#.VXdqVaZzpQo), a collaboration of clinical practitioners, public health researchers, and disenchanted criminal justice officials who have come together to lobby against incarceration for illicit drug possession and to advocate for diversion of arrestees into mental health and addiction treatment services. This collaboration, based in New York City, has made alliances with the New York Police Department to provide mental health assessments and diversion from courts for arrestees and has worked with a range of non-governmental organizations to develop community reintegration and recidivism prevention programs for released inmates; to conduct community participatory research documenting the racially discriminatory impact of neighborhood-based, racially stratified stop and frisk police practices; and to implement educational advancement programs for low income youth with a criminal justice history. The community-based interventions of From Punishment to Public Health and their NGO partners have helped to redress the effects of unequal drug law enforcement, and their direct testimony to policy makers has supported reform of drug laws themselves as a central to racial justice, civil rights, and health itself.

The media has long played a central role in fomenting drug scares and perpetuating racst stereotypes (see for example, Reinarman 1994). Journalists must do better at noticing the racism inherent in their coverage of the opioid epidemic and becoming more conscious of implicit bias in their reporting. They can start by making sure that their portrayals of people who use drugs are fair and equitable across race and class. Socially conscious journalists have created interventions to reduce racial profiling around health issues: two examples of organized efforts among journalists are the Santa Clara University Executive Roundtable on Digital Journalism Ethics initiative and the University of Santa Cruz Science and Justice Research Center, that bring together journalists, researchers and industrial executives discuss the responsibilities of the news media to accuracy, inclusion, transparency and accountability, including around race and technology (http://www.scu.edu/ethics/about/people/directors/journalism/lehrman/homepage.html, http://scijust.ucsc.edu/march-04-science-communication/). Such collaborative efforts of stakeholders in media representations and in policy implementation promise to make the symbolic production of race, pharmaceuticals and drugs an object of more conscious, justice oriented, collective deliberation.

Our study of media portrayals of race and opioids points to the critical role of racialized imagery and narratives in generating public support for disparate policy responses in drug control. The extent of unmarked, naturalized discourses of white deservedness and humanity in the face of opioid addiction indicates the degree to which racially disparate drug laws require extensive cultural work to justify and maintain against political challenges. The flurry of media activity around white prescription opioid use represents a considerable investment of public relations effort. It may also indicate the vulnerability of racialized constructs of race, addiction and criminality to social analysis and organized alternative readings of drug policy. Media analysis is a political act, one piece of a multi-pronged effort that will be necessary to challenge drug war punishment and as racial violence in contemporary form.

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