

Invisible (Black) Epidemiologies: The Function of White Hegemony in Drug Epidemics

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Abstract

This paper will explore the ways that race (and class) function in drug epidemics in the United States. It has two main goals: (1) to reconcile the contradictory responses to the largely “white” contemporary opioid epidemic and the “black” drug epidemics of the past (i.e. 1920s Prohibition Era and War on Drugs/crack epidemic) and (2) to examine the ways that contemporary examinations and reactions to the opioid epidemic render the experiences of communities of color invisible, focusing specifically on the lack of coverage and humanizing narratives of the Black community’s struggle with opioid addiction. I will argue that both divergent responses to “black” versus “white” drug epidemics and the absence of coverage of Black opioid users in the contemporary epidemic are both rooted in attempts to maintain hegemonic whiteness.

Biography

Udodiri Okwandu is a PhD candidate in the Department of History and Science at Harvard University, where she studies the intersection of race, medicine, and science. She has primarily focused on the medicalization of social deviance.

Citing This Work

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I. Introduction

In a 2017 op-ed written for BuzzFeed News, Jewel Wicker, a freelance entertainment and culture reporter, simultaneously reflects on the overdose deaths of four of her maternal uncles and the contemporary opioid epidemic. Two of her uncles passed away from heroin and fentanyl overdoses while the remaining fell victim to crack cocaine overdoses. Wicker's family remembers her uncles as loving and devoted siblings, fathers, and friends who enjoyed simple pleasures like live music and driving 18-wheeler trucks but, unfortunately, fell victim to a family genetics and social and economic conditions that left them vulnerable to drug addiction.¹ Wicker's sympathetic reflection on her uncles' overdoses mirror many of the contemporary media portrayals of both opioid users and victims of opioid related overdoses - one that is humanizing, forgiving, and, often, emphasizes the disease model of addiction.² However, Wicker's story differs in two key ways - first, her uncles were Black American. Second, they passed away during the 1960s heroin and 1990s crack cocaine epidemics, periods that were marked by the demonization and criminalization of urban, minority drug users and dealers.

This characterization of black heroin and crack cocaine users offers a sharp contrast to contemporary portrayals of the opioid epidemic, which center around sympathetic suburban and rural white people who become addicted to prescription medications and later turn to heroin. As Wicker laments, "I didn't grow up hearing stories that humanized [Black people] affected by addiction or seeing advocates argue for sympathy and rehabilitation over stigmatization."³ However, in addition to illuminating the contradictory ways that American society responds to particular populations' illicit drug use, the contemporary portrayal of the opioid epidemic obscures

¹ Jewel Wicker, "For Black Families Like Mine, The Drug Epidemic Isn't New," BuzzFeed News, November 17, 2017, Accessed October 23, 2018, <https://www.buzzfeednews.com/article/jewelwicker/for-black-families-like-mine-the-drug-epidemic-isnt-new>

² The disease model of addiction describes an addiction as a disease with biological, neurological, genetic, and environmental sources of origin.

³ Wicker, "For Black Families Like Mine."

the devastating reality of opioid addiction in non-white populations like the Black community. While White Americans demonstrate the highest rates of opioid use, rates of increase in opioid deaths have risen more steeply among Black Americans (43% vs. 22%) since 2013. In fact, in 2017 overdose death rates dropped among White Americans and Latinos by 13% and 4%, respectively, while increasing by 26% for Black Americans.⁴ Moreover, in several states opioid overdose death rates among Black Americans exceed those of all other races. In Chicago for example, Black people make up 15% of population but account for 24% of opioid-related deaths.⁵ Despite these disheartening statistics, the rhetoric surrounding the opioid epidemic continues to largely ignore the plight of the Black community, rendering their pain and suffering invisible as it did in the 1960s and 1990s and, ultimately, dehumanizing their experiences with addiction.

The goal of this paper is twofold: (1) to reconcile the contradictory responses to the largely “white” contemporary opioid epidemic and the “black” drug epidemics of the past (i.e. 1920s Prohibition Era and War on Drugs/crack epidemic) and (2) to examine the ways that contemporary examinations and reactions to the opioid epidemic render the experiences of communities of color invisible, focusing specifically on the lack of coverage and humanizing narratives of the Black community’s struggle with opioid addiction. As such, this paper will explore the ways that race (and class), function in drug epidemics in the United States.

I will argue that both divergent responses to “black” versus “white” drug epidemics and the absence of coverage of Black opioid users in the contemporary epidemic are both rooted in

⁴ Martha Bebinger, “Black Drug Users Grapple With Surging Opioid Overdose Death Rates,” WBUR, May 24, 2018, Accessed September 25, 2018, <http://www.wbur.org/commonhealth/2018/05/24/blacks-dying-more-from-opioid-overdoses-than-whites>

⁵ John Keilman, “Black Victims of Heroin, Opioid Crisis ‘Whitewashed’ Out of Picture, Report Finds,” Chicago Tribune, December 26, 2017, Accessed September 24, 2018, <http://www.chicagotribune.com/news/local/breaking/ct-met-heroin-crisis-african-american-impact-20171220-story.html>

attempts to maintain hegemonic whiteness.⁶ Hegemonic whiteness can be defined as practices and meanings that produce both racial cohesion and difference.⁷ The protection of white hegemony in past and present epidemics works, primarily, by imagining “epidemics” differently depending on the population that is affected. In the context of “black” epidemics, Black American illicit drug use is read as a flaw of the black body that is due to inherent pathology. Thus, the cause of the epidemic is attributed to internal, rather than external, forces that are within substance users’ purview to control. On the other hand, “white” epidemics/White Americans who use drugs are imagined as people who succumb to a lurking external threat, that strikes at random and can ensnare “innocent” users into paths of decline and misfortune. The imagery of a white “epidemic”, thus, frames white drug users as victims, which illicit sympathy and public health/medical oriented responses and broadly evokes white anxiety about declassification and the loss of white hegemony.⁸ Consequently, the protection of white hegemony maintains the association between blackness, criminality, and illicit drug use and dehumanizes black addiction while simultaneously protecting whiteness by positioning White substance abuse as beyond their control.

Central to my argument is understanding the ways that racialization and the construct of “whiteness” function in our understandings of drug abuse. Racialization, the process of ascribing ethnic or racial identities to a relationship, social practice, or group, has the power to shape narratives surrounding drug epidemics, rendering particular aspects of substance abuse and addiction visible or invisible, ultimately dictating whether a community is culpable or innocent, humanized or criminalized, and/or deserving or undeserving of sympathy. Racialization, in part,

⁶ Racial hegemony is when one racial group or race is dominant over other racial groups. In the United States, white hegemony grants white people particular privileges and power over other racial groups.

⁷ Matthew W. Hughey, “The (Dis)similarities of White Racial Identities: The Conceptual Framework of ‘Hegemonic Whiteness’,” *The Journal for Ethnic and Racial Studies*, Volume 33, Issue 8, 2010.

⁸ In the context of this paper, “declassification” refers to an individual or group’s fall from a privileged to lower perceived position in society. As such, the “declassification of whites” as a result of substance abuse describes negative treatment, increased stigma, and loss of privileges that were once protected by white privilege.

explains why earlier drug “epidemics” in the early 1900s and the 1970s - 1990s were characterized as endemic to minority, urban communities while the contemporary opioid epidemic is largely understood as a white phenomenon. Racialization can also help explain why black substance users historically were (and continue to be) hyper-criminalized and dehumanized while contemporary responses to the opioid epidemic largely focus on restoring addicts’ humanity and rehabilitating them. A key characteristic of racialization is that it is predicated on hierarchical racial structures in which the “dominant” group ascribes identity, both consciously and subconsciously, to another for the purpose of continued subjugation. It is here where the hegemony of whiteness in American society works most insidiously for minority communities struggling with substance abuse/addiction while largely favoring White Americans. As noted by scholar Matt Wray, “whiteness is a privileged category of identity that has been a key aspect of social domination, not only in the United States, but around the globe as well” and refers to the “psychological and cultural advantages and the economic and political privileges of having white or light colored skin, where skin is conceptualized as a marker of racial identity.”⁹

Before detailing the structure of the remainder of this paper, it is important to gesture to the ways that racialization and the privileging of whiteness have impacted other minority communities in the past and present. Throughout different points in American history, substance use has racialized minority communities in varying ways, reinforcing negative stereotypes, rendering their experiences with addiction invisible, and/or subjecting them to punitive policies. Often times, the racialization of substance use illuminated larger anxieties about immigration, miscegenation, urban and suburban development, nativism, and more. Ultimately, this process shaped (and continues to shape) state action and public responses to non-White substance use. Within the context of the opioid use specifically, the earliest moments of the racialization of opioid use can

⁹ Matt Wray, *Not Quite White: White Trash and the Boundaries of Whiteness*, Raleigh: Duke University Press, 2006, 5 - 6.

be traced as early as the mid-nineteenth century, when a large influx of Chinese came to America to participate in the California Gold Rush and build railroads, bringing with them the tradition of opium smoking. Numerous opium dens that welcomed the Chinese and non-Chinese alike emerged simultaneously with American society's preoccupation with respectable domesticity and combating vice. In his book *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (2001), Nayan Shah describes how the use of opium by the Chinese was viewed as fostering an "immoral bachelor society" that threatened American order in the 19th century.¹⁰ Shah's examination reveals how the racialization of Chinese opium use was characterized in direct opposition to American values and society, resulting in significant stigmatization.

In addition to stigmatizing minority groups, racialization has also rendered opioid epidemic invisible in other communities, resulting in poor public health responses to these communities' plight. In his New York Times article "Sick River: Can These California Tribes Beat Heroin and History," Jose A. Del Real describes how the Native American Yurok, Karuk, and Hoopa tribes' increasing struggles with opioid addiction among their communities have corresponded with declining populations of salmon in the sacred Klamath River.¹¹ The tribes describe how 100 years of development and dam building have ravaged their land, compromised their food supply, and brought them great suffering. Despite the connection between land exploitation and rising rates of addiction among this community, few attempts have been made to restore the health of Klamath River in order to address opioid addiction. Similarly, in her book *The Pastoral Clinic: Addiction and Dispossession Along the Rio Grande* (2010) Angela Garcia explores how centuries of material and cultural dispossession have contributed to high rates of heroin

¹⁰ Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown*, Berkeley: University of California Press, 2001.

¹¹ Jose Del Real, "Sick River: Can These California Tribes Beat Heroin and History?," The New York Times. September 4, 2018.

addiction and fatal overdoses among the Hispano people in New Mexico's Espanola Valley.¹² In chronicling the lives of several Hispano addicts, Garcia introduces readers to their physical, institutional, and intimate lives as well as the struggles to maintain a poorly funded and staffed rural addiction clinic.

Highlighting the experiences of the Chinese, Native Americans, and the Hispano people reveal that the criminalization of black substance use and the erasure of humanizing narratives of black opioid addiction is not atypical but rather is part of a historical pattern that privileges whiteness at the expense of communities of color. The remainder of this paper will focus on three historical periods that exemplify the racialization of substance abuse in American society: the pre-Prohibition era (early 20th century), the War on Drugs (1971 - early 1990s), and the contemporary opioid epidemic (late 1990s - present). Each "case study" will examine how race (and class) operate within the context of the drug epidemic and the ways in which white hegemony is privileged at the expense of humanizing Black Americans experiences with substance abuse.. The first two sections explore the historical origins of the persistent association made between blackness, substance use, and criminality, with the goal of revealing how these associations are a consequence of maintaining white hegemony. Section one, "Black Drug Fiends: Associating Black Substance Abuse and Criminality in the Late 19th and Early 20th Century", examines how White politicians, doctors, and community members attributed increasing crime and violence in the South to Black cocaine and alcohol use. In this instance, white hegemony was upheld because the pathologization of Black drug use relinquished the white community from responsibility for rising crime.

The second section, "The War on Drugs, the Crack Cocaine Epidemic, and the Criminalization of Black Bodies (1971 - early 1990s)", examines how the War on Drugs, a

¹² Angela Garcia, *The Pastoral Clinic: Addiction and Dispossession along the Rio Grande*, Berkeley: University of California Press, 2010.

government-led initiative that aimed to stop illegal drug use, distribution, and trade, disproportionately criminalized and disenfranchised Black drug users, particularly during the 1990s crack epidemic. I explore the ways that punitive policies, such as the crack versus powder cocaine sentencing disparity, and the dehumanization of users and dealers in the media are reflections of hegemonic whiteness.

The final section, “Interrogating the Role of Whiteness in the Contemporary Opioid Epidemic (1990s - present)”, differs in that it examines how white hegemony functions in a drug epidemic that is characterized as “white” instead of “black.” More specifically, it will examine the ways that medical, public, and political discourses construct white substance abuse as the result of external forces - relinquishing users of culpability and, ultimately protecting and preserving the “sanctity” of whiteness. These processes include conceptualizing drug epidemics as a public health crisis instead of a war on crime, transitioning from punitive to rehabilitative policies, and publicizing more sympathetic, humanizing portrayals of users instead of those that criminalize and dehumanize them. It will also examine how these discourses largely benefit middle/upper class white opioid users at the expense of poor, rural users. These shifts protect hegemonic whiteness by deploying tactics that prevent the “decline of whiteness”.

II. “Black Drug Fiends”: Associating Black Substance Abuse and Criminality in the Late 19th and Early 20th Century”

The racialization, and subsequent criminalization, of Black American substance use has roots in the late 19th and early 20th century (i.e. Jim Crow Era).¹³ During this period, both cocaine and alcohol use among Black Americans increasingly became associated with criminal activity and vice and contributed to the passing of the Harrison Narcotics Act of 1914 and the 18th Amendment, which, respectively, made cocaine and alcohol consumption illegal. This section will

¹³ The Jim Crow Era refers to the period between the end of Reconstruction in 1877 and the beginning of the civil rights movement in the 1950s. The term came to be a derogatory epithet for African Americans and a designation for their segregated life.

demonstrate how the pathologization of Black cocaine use and alcohol consumption were used to reinforce notions of innate black criminality and how the passing of these legislations were rooted in upholding white hegemony. While I examine cocaine and alcohol separately to illuminate their individual nuances, both cases underscore broader white anxiety during this period about Black Americans' status in society as newly freed people. As a result, constructing an association between Black substance use with criminality to justify the regulation of cocaine and alcohol were ultimately propagated to maintain white hegemony and policing powers, justify racial separation, and disregard the socio-political and economic factors that actually contributed to Black Americans' perceived "pathological" behavior.

The Harrison Narcotics Tax Act of 1914 and the Construction of the "Black Drug Fiend"

Throughout most of the nineteenth century, opiates and cocaine were mostly unregulated drugs and used, to varying degrees, for therapeutic relief by White Americans.¹⁴ As both opiates and cocaine became overprescribed, their use extended from medical purposes to those of "recreation". Accompanying this shift from the "medical" to the "recreational" was a shifting demographic of who used these drugs. For example, the euphoric properties of opiates, specifically heroin, became popular among urban, lower class white men. Cocaine similarly spread to those of lower classes but increasingly became associated with African Americans. In the lead up to national cocaine regulation, politicians, the news media, and medical professionals alike repeatedly drew associations between Black cocaine use and acts of violence, often committed against white people. These allegations, which were over-exaggerated, reflected White anxiety regarding Black Americans' new status in society.

Towards the beginning of the 1890s, black laborers in the South began using the drug in order to perform their work on cotton plantations, railroad work camps, and levee construction

¹⁴ It is important to note that a distinguishing characteristic of nineteenth century opium and morphine addiction, however, is that a majority of addicts were married women who remained in the home.

sites. The use of opiate and cocaine in “non-traditional” communities as well as increasing concerns over iatrogenic addiction led to a national debate over narcotic control, ultimately culminating in the Harrison Narcotics Tax Act of 1914, which was a federal law that regulated and taxed the production, importation, and distribution of opiates and coca products. While both opiates and cocaine were targets of this law, what is worth noting is the anxieties and fears regarding their use that were emphasized to justify their regulation. Opiate regulation was largely justified by the risk of iatrogenic and non-medical addiction. As a result, the Harrison Act, as it pertains to opiates, focused on physicians and druggists’ actions, allowing them only to prescribe opium and opium-derived prescriptions for the course of normal treatment for designated ailments. On the other hand, cocaine’s regulation was largely justified through its association with blackness and criminality, more specifically Black Americans supposed propensity to commit crimes against White Americans while on the drug.

The association between blackness and cocaine use began in 1900 when the the Journal of the American Medical Association published an editorial stating that “Negroes in the South are reported as being addicted to a new form of vice - that of ‘cocaine sniffing’ or the ‘coke habit’.” In the years preceding the passing of the Harrison Act, the New York Times, for example, published several articles that detailed the “cocaine evil” was creating “drug-crazed Negroes” who were a “Southern Menace”. These articles charged that “blacks, crazed by cocaine, went on superhuman rampages of violence.” Often times, these “rampages of violence” involved raping white women and killing white families for leisure.

These attitudes were not limited to journalistic accounts but also extended into the political realm. For example, Hamilton Wright, a doctor and State Department official who was largely influential in the government on drug policy reported that “the use of cocaine by the negroes of the South is one of the most elusive and troublesome questions which confront the enforcement of

the law in most of the Southern states".¹⁵ He went on to say that the drug "is often the direct incentive to the crime of rape by the negroes of the South and other sections of the country."¹⁶ It is important to note that an emphasis on the linkages between Black male violence and the rape of white women evokes several historical racial tropes regarding black sexuality and criminality that emerged during slavery. More specifically, it evokes the Mandingo stereotype which was invented by white slave owners to promote the idea that male, African slaves were animalistic and unable to control their sexual desires. This emphasis on the "oversexed black male parlayed perfectly into notions of black bestiality and primitivism" and helps explain why Black Americans were perceived as prone to raping white women.¹⁷

The pervasive belief that Black cocaine use resulted in crimes and violence against white people led the public to target, and criminalize, African Americans who, during this period were newly freed from slavery, uneducated, and unemployed. It is important to note, however, that contemporary historians acknowledge that these allegations are largely unfounded and false. As aptly stated by scholar Doris Marie Provine: "[racialized campaigns] rely on emotional drivers, principally racialized fears and nostalgia from an imagined peaceful and innocent past."¹⁸ Thus, the Harrison Narcotic Act comes to represent the maintenance of hegemonic whiteness by intentionally (and falsely) blaming the marginalized for negative consequences in society. In doing so, Whites maintained innocence and power because they are not made victim to process of criminalization.

The Role of Racialization in the Temperance Movement

¹⁵ Hamilton Wright, 1910 Report on the international Opium Commission and on the Opium Problem as Seen Within the United States and Its Possessions. U.S. Senate, 61st Con ess, 2nd Session, Document #377.

¹⁶ Wright, "1910 Report on the international Opium Commission."

¹⁷ J. A. Rogers, *Sex and Race: A History of White, Negro, and Indian Miscegenation in the Two Americas*, Thirteenth Printing, 1944.

¹⁸ Doris Marie Provine, "Race and Inequality in the War on Drugs," *Annual Review of Law and Social Science*, Volume 7: 41 - 60, December 2011.

The late 19th to early 20th century witnessed rise of the temperance movement, a social movement against the consumption of alcohol beverages that ultimately leading to the passing of the 18th Amendment which declared the production, transport, and sale of alcohol illegal. When examining the temperance movement, a majority of scholars argue that the temperance movement, led by Protestants and social progressives, was rooted in concerns regarding public morals and health, such as the rise of alcoholism, family violence, and saloon-based political corruption. However, issues regarding social class, ethnicity, race, and gender played a significant role in the passing of the 18th Amendment. More specifically, anxieties surrounding democratic and social changes as a result of European immigration, urbanization, Black emancipation, and the migration of Black Americans to urban, Northern cities played a key role in justifying the temperance movement.

While this section will primarily focus on the racialization of alcohol consumption as it relates to Black Americans, it is important to briefly gesture to other groups that were marginalized as a result of the anti-liquor crusade. The racialization of alcohol consumption marginalized many racial and ethnic groups during the anti-liquor crusade. As examined by Lisa McGirr in her book *The War on Alcohol: Prohibition and the Rise of the American State*, nativist spasms and xenophobia rose in response to increasing immigration.¹⁹²⁰ As a result of cultural and class anxieties, immigrants were increasingly targeted during the temperance movement because they “not only altered the nation’s class composition but its religious and ethnic identity as well.”²¹ These fears led these communities to be blamed for the moral decay and increasing vice in

¹⁹ Lisa McGirr, *The War on Alcohol: Prohibition and the Rise of the American State*, New York: W.W. Norton & Company Ltd., 2016, 14.

²⁰ As examined by Lisa McGirr, between 1880 and 1920 over twenty million men and women immigrated to the United States from countries such as Italy, Germany, Ireland, and Sweden. For many of these immigrant communities, drinking was a central part of life - from celebrations to religious rituals - and led to the increased establishment of saloons.

²¹ McGirr, 15.

society. As noted by McGirr, these tactics, in reality were congealed efforts to “stabilize social order and secure [White Protestant Americans’] place within it.”²²

Black Americans, too, became unwilling targets of the temperance movement as anxieties surrounding Black migration and their recently acquired emancipation emerged. These fears were particularly pronounced in the American South, where it was believed that Black Americans should be policed due to their propensity to crime. Following emancipation, Black Americans began to increasingly hold social gatherings in “colored only” saloons. However, these saloons’ location “beyond the eye of white surveillance” was a source of fear for many Southern whites. Journalistic accounts did not help to alleviate these fears as they emphasized the violence, destruction, and criminal activity that occurred in the saloons. One account describes the story of William F. Fason, described as “The Devil” and “crazed from cocaine and liquor” who “pulled two revolvers and began firing at random” in a saloon after being refused drinks.²³ Another account describes a Black male who was almost lynched after verbally insulting a white woman and fleeing to a saloon after the incident. Throughout the article, the man is described as animalistic, specifically he is characterized as a “lion held at bay.”²⁴ Both accounts effectively position Black American drinkers as not only prone to violence and a risk to the public, but entirely irrational. Furthermore, they reinforced attitudes that characterized Black saloons as “veritable centers of vice, schools of iniquity, and hotbeds of crime.”²⁵ Thus, policing Black American drinking came to be viewed as essential to protecting White families from these threats.

It is important to note that the arguments used to justify alcohol prohibition mirror those used for cocaine. In both cases, hegemonic whiteness is exemplified in the power to define and

²² McGirr, xvii.

²³ Special to The New York Times. “NEGRO KILLS 3 IN SALOON.” *New York Times* (1857-1922), Aug 01, 1909. <http://search.proquest.com.ezp-prod1.hul.harvard.edu/docview/96941046?accountid=11311>.

²⁴ “Negro at Bay in a Saloon Murdered Two,” *The National Police Gazette*, July 27, 1901. https://search-proquest-com.ezp-prod1.hul.harvard.edu/docview/127670039?accountid=11311&rfr_id=info%3Axri%2Fsid%3Aprimo

²⁵ McGirr, 17.

create negative narratives surrounding illicit substance use. In the case of cocaine, power is displayed in the ability to make Black Americans a scapegoat in explaining the rise of crime. In the context of heroin, blackness is, again, criminalized to reinforce racial hierarchy and alleviate perceived threats to white supremacy as a result of emancipation. In both cases, an emphasis on fear becomes a powerful rhetorical tool to criminalize Black substance use, ultimately revealing the power of white hegemony. As described by scholar Denise Herd, the anti-liquor movement in the American South relied on fear tactics and racism in order to maintain economic control and political power over Black Americans.²⁶

III. The War on Drugs, the Crack Cocaine Epidemic, and the Criminalization of Black Bodies (1968 - early 1990s)

The criminalization of alcohol consumption and cocaine use marked the beginning of drug prohibition policies that stigmatized, and thus dehumanized, Black American illicit drug use. It not only created an artificial demarcation between white and black patterns of drug use but also legitimized an association between blackness and criminality. This pattern reemerged in the late 1960s, nearly half a century after the passing of the Harrison Act, during the War on Drugs (1968 - 1990s). This section will explore how the War on Drugs reinforced the criminalization of blackness and substance use and the ways in which this served to maintain and legitimize hegemonic whiteness.

“Law and Order” and the Origins of the War on Drugs

The 1960s marked a period of increased anxieties regarding public and personal safety, particularly among White Americans, in light of radical changes in American society, such as social justice and identity political movements, the intensification of the Vietnam War, and the counterculture movement, and statistics that demonstrated an increase in crime. Crime and drug

²⁶ Denise Herd, “Prohibition, Racism, and Class Politics in the Post-Reconstruction South,” *Journal of Drug Issues*, Volume 13, Issue 1, January 1983, 77.

use, however, represented a primary concern for American society. Research on attitudes towards crime conducted during this period identify violent crimes, such as rape, robbery, assault, motor vehicle theft, and personal larceny as particularly concerning to Americans. Additionally, Americans were concerned with illicit drug use, such as marijuana and heroin, and increased drug arrest rates. Analyzing crime and drug statistics suggests that Americans' fears were not necessarily unfounded. For example, while the crime rate in the 1930s, 1940s, and 1950s average 1,000 per 100,000 population, it sharply increased during the 1960s, peaking at 2,500 per 100,000 population.

Playing on Americans' anxieties, appeals to law and order, a political strategy that calls for stricter and more punitive measures against crime, with notions of criminality being contingent upon the sociopolitical context in which they are embedded, became a dominant theme during the campaigns for the 1968 presidential election, particularly among the Republican party. Candidates, such as Richard Nixon, emphasized the necessity of restoring public safety and combating increased street crime by making the criminal justice system more punitive. For example, during his 1968 acceptance speech as the Republican nominee, Nixon asserted that "the wave of crime is not going to be the wave of the future in the United States of America" with the goal of "[re-establishing] freedom from fear in America."²⁷ Nixon emphasized that American society was in a state of domestic turmoil, with crime and social and political unrest running rampant. His goal of "re-establishing freedom" was really one of re-establishing law and order in American society.

One way Nixon aimed to establish law and order was to tackle the drug problem, which he ultimately linked to the rise of crime in American society. Illicit drug use acquired particular

²⁷Richard Nixon, "Address Accepting the Presidential Nomination at the Republican National Convention in Miami Beach, Florida." Speech, Miami, Florida, August 8, 1968. The American Presidency Project, <https://www.presidency.ucsb.edu/documents/address-accepting-the-presidential-nomination-the-republican-national-convention-miami>

relevance in the 1960s as recreational drug use became increasingly common, particularly heroin. Concerns around heroin emerged when it was found that 15 to 20% of American soldiers in Vietnam were using heroin. The “GI heroin epidemic”, as it was coined, was a point of anxiety for the U.S. government because it believed that returning soldiers addicted to heroin would spread their addiction among the civilian population, further exacerbating crime. Nixon responded to these fears by launching a “full-scale attack on the problem of drug abuse in America”, as delineated in his remarks to Congress on June 17, 1971 in support of his Comprehensive Drug Abuse Prevention and Control Act of 1970. The goal of the Drug Abuse Prevention and Control Act was twofold: rehabilitate drug users and punish drug dealers. It called for additional funds to meet the cost of rehabilitating users and a robust prevention and education campaign. As it pertained to drug dealers, however, Nixon called for severe punishments and increased enforcement efforts to “tighten the noose around the necks of drug peddlers.”²⁸

However, many historians argue that Nixon’s preoccupation with drug abuse extended beyond concerns over the GI heroin epidemic and the subsequent exacerbation of crime. Instead, Nixon’s emphasis on the relationship between illicit drug use and criminal behavior was a tool against progressive social movements, including the civil rights movement.²⁹ The civil rights movement aimed to dramatically shift race relations in America by establishing full constitutional and legal rights for Black Americans. This prospect of this shift, however, was a point of fear and anxiety for many White people because it threatened their privileged position in American society. Nixon appealed to these apprehensions through coded appeals to racial fears with “crime serving

²⁸Richard Nixon, “Special Message to the Congress on Control of Narcotics and Dangerous Drugs.” Speech, Washington, D.C, July 14, 1969. The American Presidency Project, <http://www.presidency.ucsb.edu/ws/?pid=2126>

²⁹ Michael L. Rosino, “The War on Drugs, Racial Meanings, and Structural Racism: A Holistic and Reproductive Approach,” *The American Journal of Economics and Sociology*, October 29, 2018

as a potent synonym for the threatening presence and demands of nonwhites.”³⁰ During the Nixon administration, “crime” came to be associated with social problems, like drug addiction, in the urban ghetto and civil rights protest methods - with both associations reinforcing hegemonic whiteness through the reciprocal criminalization of blackness and decriminalization of whiteness.

During the 1960s, concentrated poverty negatively affected the social and civic health of black neighborhoods, giving rise to social problems such as drug addiction and crime. However, rather than tackling the roots of criminal behavior and addiction (i.e. social inequality, political and economic disenfranchisement), the Nixon Administration was chiefly concerned with law enforcement, spending nearly 70% of the War on Drugs budget on this approach.³² Nixon’s policies had negative ramifications on both users and dealers alike. For example, the administration resisted implementing “treatment on demand” approaches to rehabilitation, leaving tens of thousands of drug users unable to gain admission to treatment programs.³³ Additionally, in order to target the supply side of drug abuse, Nixon’s administration orchestrated drug raids nationwide. From 1972 to 1973, for example, from 1972 to 1973, the Office of Drug Abuse and Law Enforcement performed 6,000 drug arrests in 18 months, with the majority arrested being African American.³⁴ Many scholars argue that the Nixon administration emphasized urban crime

³⁰ Ian F. Haney Lopez, “Post Racial Racism: Racial Stratification and Mass Incarceration in the Age of Obama,” *California Law Review*, June 1, 2010. <http://web.a.ebscohost.com.ezp-prod1.hul.harvard.edu/ehost/pdfviewer/pdfviewer?vid=1&sid=49168fbf-1fc6-4fc3-8a8f-48812ad934e0%40sessionmgr4007>

³¹ Many scholars argue that a large part of Richard Nixon’s victory in the 1968 presidential election were his appeals to White Americans’ racial fears. Richard Nixon’s “southern strategy”, whereby the Republican Party gained ascendance by attracting previously Democratic voters from the South, as well as the working and middle classes national, through coded appeals to racial fears - with “crime” serving as a potent synonym for the threatening presence and demands of nonwhites.

³² Michael Tonry, *Race and the War on Drugs*, University of Chicago Legal Forum, Volume 1994, Issue 1, 25. <https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1155&context=uclf>

³³ Lopez, “Post Racial Racism”

³⁴ Lopez, “Post Racial Racism”

control because it was a threat to White, suburban American.³⁵ Thus, black bodies are conceptualized as “tainted” and “contaminated,” posing a threat to the “purity” and innocence of White American society. This notion supports the construction of the “minority drug problem,” as described by scholar Jeanette Covington. The minority drug user, often African American, is represented as more dangerous, deviant, and prone to abuse drugs than his white counterpart. Because the “minority drug problem” is framed in terms of anomie, or lack of the usual social or ethical standards in an individual or group, underclass models suggest that drug subcultures in America’s black are inevitable due to community conditions. As such, drug use and addiction are seen as innate to African American communities, ultimately justifying the use of targeted policing, community crackdowns, and punishment.³⁶

Additionally, other scholars have suggested the criminalization of urban drug use was an attempt to derail the civil rights movement. One of Nixon’s top advisors, John Ehrlichman, is quoted stating in a 1994 interview with Harper’s Magazine that among the Nixon administration's enemies were “black people [but the administration] couldn’t make it illegal to be [...] black.”³⁷ Instead, Ehrlichman asserts, the administration deceptively got the public to associate Black Americans with heroin and criminalizing it severely, allowing them to “arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news.”³⁸

In addition to drug abuse, civil rights protest methods also became criminalized during this period as they increasingly became associated with criminality and “senseless violence” with the

³⁵ Matthew D. Lassiter, “Impossible Criminals: The Suburban Imperatives of America’s War on Drugs,” *Journal of American History*, Volume 102, Issue 1, June 2015.

³⁶ Jeanette Covington, “The Social Construction of the Minority Drug Problem,” *Social Justice* 24, No. 4, (1997): 117 - 118.

³⁷ Tom LoBianco, Report: Aide Says Nixon’s War on Drugs Targeted Blacks, Hippies,” *CNN Politics*, March 24, 2016. <https://www.cnn.com/2016/03/23/politics/john-ehrichman-richard-nixon-drug-war-blacks-hippie/index.html>

³⁸ LoBianco, Report: Aide Says Nixon’s War on Drugs Targeted Blacks, Hippies.”

emergence of the Black Power Movement.³⁹ Many leaders in the Black Power Movement were dissatisfied with the pace of progress that resulted from previous protest tactics, which attempted to produce 'crisis situations', rooted in the concept of civil disobedience, in order for productive dialogue between governmental bodies and activists to occur. In contrast, the Black Power Movement believed that swift and immediate elevation in Black Americans' social, political, and economic position could be achieved by seizing power rather than seeking compromise.⁴⁰ This approach emphasized direct action against the White American establishment and, consequently, resulted in more violent confrontations that led many White Americans to associate the political movement with criminality. For example, political scientists Joel D. Aberbach and Jack L. Walker conducted a study in the 1960s that compared White versus Black Americans reactions to the concept of 'black power'. While for Black Americans the term represented a tactical form of protest, White Americans were more likely to associate the terms with "black domination or contemporary unrest which he [the White American] cannot understand or tolerate."⁴¹

Characterizing Black American protest as senseless violence was not only pervasive in the public sphere, but also in the political.⁴² An examination of the Congressional Record in the early 1960s, for example, reveals an emphasis on the violent nature of civil rights protest methods and suggestions that violent behavior is not only unique to the Black American community but also a threat to white people and social order.⁴³ For example, Black American protest is described as

³⁹ Udodiri Rosemary Okwandu, "Violence and the (Black) Brain: Law and Order Politics and the Biomedicalization of Urban Rioting and Violence, 1960 - 1975" (BA Thesis, Harvard University, 2017), 84 - 89.

⁴⁰ Jonathan M. Metz, *The Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press, 2009), 99.

⁴¹ Joel D. Aberbach, and Jack L. Walker, "The Meanings of Black Power: A Comparison of White and Black Interpretations of a Political Slogan," *The American Political Science Review* 64, no. 2 (1970), 368.

⁴² Okwandu, "Violence and the Black Brain", 17.

⁴³ As I argue in Chapter 1 of my B.A. thesis, "Violence and the (Black) Brain: Law and Order Politics and the Biomedicalization of Civil Rights Protest, 1960 - 1975," Congressional politicians reinforced the characterization of civil rights protest as senseless violence in three main ways: describing violence as

“Machiavellian” and “black injustices against whites” while protesters are characterized as defiant, disrespectful “hoodlums” and “mobs”.⁴⁴⁴⁵⁴⁶

An analysis of the characterization of Black American protest methods as senseless violence and the criminalization of urban drug use is critical because it demonstrates the ways that Nixon’s War on Drugs and emphasis on law and order reinforced white hegemony and the persistent associations made between blackness, criminality, and illicit drug use. The simultaneous construction of urban poverty and protest as a vector for drug abuse and crime maintain white hegemony through the demarcation of difference. Black American behaviors are characterized as inherently dangerous and “other”, positioning these behaviors in sharp contrast and as a threat to the perceived sanctity of whiteness.

The Function of Hegemonic Whiteness in the Crack (Cocaine) Epidemic

The crack cocaine epidemic, which refers to the surge of crack cocaine use across major American cities, provides another illustrative example of the function of hegemonic whiteness in American drug epidemics. Crack, a smokeable form of cocaine, emerged in the early 1980s in primarily poverty stricken Black American and Latino communities when the social and economic segments in the inner cities widened after large manufacturing industries moved outside of the cities.⁴⁷ Three key factors contributed to the crack cocaine’s ability to take hold on poor, urban minority communities: its affordability, intense and immediate effect, and profitability.

antithetical to American values, emphasizing the ways that White Americans were victimized by African American protest methods, and using powerful rhetoric that criminalized protestors.

⁴⁴ Hon. Thurmond, speaking to Senate, 88th Cong., 1st sess., Congressional Record 109 (July 29, 1963): A4749.

⁴⁵ Senator Alger, speaking to Senate, 88th Cong., 1st sess., Congressional Record 109 (July 10, 1963): A4312.

⁴⁶ Hon. Dague, speaking to House of Representatives, 88th Cong., 2nd sess., Congressional Record 110 (September 10, 1964): A4649.

⁴⁷ Deonna S. Turner, “Crack Epidemic,” Encyclopedia Britannica, Accessed November 29, 2018. <https://www.britannica.com/topic/crack-epidemic>

Compared to cocaine, which cost nearly \$100 per vial and was associated with the wealthy and elite (i.e. celebrities, business luminaries, high rollers, crack was a relatively inexpensive drug - costing on average \$5 to \$20 per vial.⁴⁸⁴⁹ The affordability of crack allowed the poor to experience “an inexpensive form of an upscale commodity” that had an intense, immediate euphoric effect, which was particularly appealing to residents experiencing increased levels of social distress.⁵⁰⁵¹ In fact, my historians and public health scholars attribute these effects on the surging rates of crack cocaine addiction at the beginning of the epidemic, with the number of users increasing by 1.6 million people between 1982 and 1985.⁵² The appeal of crack was not isolated to its users, but extended to dealers as well. With increasing rates of unemployment and poverty as a result of the departure of manufacturing industries, drug dealing became a profitable industry in the inner city as it required few skills and resources. In fact, a drug dealer who sold crack daily could earn an average income of \$2,000 per month. However, drug dealing was not without its risks as dealers often competed with one another for customers and profit, resulting in increased violence.⁵³

Despite the crack cocaine epidemic largely resulting from several major macro forces (i.e. economic decline, unemployment, ghettoization), presidential administrations under which it occurred largely responded by reinforcing and expanding upon many of Nixon’s War on Drug policies. Additionally, the journalistic and media representations of the epidemic in the media reinforced the notion that crack use was a problem of criminality, rather than public health. As

⁴⁸ Craig Reinerman and Harry Gene Levine, *Crack in America: Demon Drugs and Social Justice* (Berkeley: University of California Press, 1997), 2.

⁴⁹ “How Americans Said No To Cocaine After Years-Long Addiction,” NPR: All Things Considered, July 23, 2013. Accessed November 29, 2018. <https://www.npr.org/2013/07/27/206148964/how-americans-said-no-to-cocaine-after-years-long-addiction>

⁵⁰ Reinerman, *Crack in America*, 2.

⁵¹ Eloise Dunlap, “The Setting for the Crack Era: Macro Forces, Micro Consequences (1960 - 1992),” *J Psychoactive Drugs*, October 1992.

⁵² Turner, “Crack Epidemic”

⁵³ Turner, “Crack Epidemic”

will be detailed below, both political and media response served to uphold hegemonic whiteness by othering and pathologizing Black American crack use, prioritizing punishment over rehabilitation, and positioning the epidemic as a threat to the security to White American security.

President Reagan is attributed with initiating the “war on crack” and setting the stage for punitive policies that persisted during George H.W. Bush and Bill Clinton’s administration. On October 2, 1982, Reagan announced his administration’s approach to drugs, which he described as an “especially vicious virus of crime.” Similarly to Nixon, Reagan positioned his approach as emphasizing both criminalization and rehabilitation, when in reality the former was emphasized. The emphasis on punitive policies is foreshadowed throughout his address with the use of words and phrases such as “battlefield”, “war”, and “terrorizing”.⁵⁴ Scholars like Kenneth B. Nunn argue that the use of the rhetoric of war was necessary to designate an enemy which in this context were Black Americans and other people of color who “the majority of White Americans have always viewed as the sources of vice and crime.” Thus, Reagan demonstrates the ways the racialization and criminalization of drug use serves to legitimize and maintain hegemonic whiteness.

This notion is further reinforced through the application of War on Drugs policies, which are largely understood as responsible for devastating Black American communities through mass incarceration and disproportionate arrests. For example, in 1986, Congress passed laws that created a 100 to 1 sentencing disparity for the possession or trafficking of crack when compared to penalties for trafficking cocaine. These laws were not only egregiously disproportionate when compared to penalties for other drugs, but also revealed racial and class bias when compared to cocaine, which was associated with wealthy, privileged, White people. Thus, sentencing disparities serve as another example of the legitimization of white hegemony as punishment failed

⁵⁴ Ronald Reagan, “Radio Address to the Nation on Federal Drug Policy” (speech, Washing D.C., October 2, 1982), The American Presidency Project, <https://www.presidency.ucsb.edu/documents/radio-address-the-nation-federal-drug-policy>

to correspond to the severity of the crime depending on the type of cocaine used. To provide an example, an urban minority drug user would need only possess five grams of crack to receive a 5 year minimum sentence while a white, elite users would need to possess 500 grams of cocaine.⁵⁵ Rather than tackling the social and economic erosion of the communities and addressing the epidemic as an issue of public health, political responses served to reinforced the association between blackness, criminality, and illicit drug use.

War-like rhetoric and punitive drug policies were accompanied, and arguably compounded and justified, by journalistic and media accounts of crack users. By characterizing drug use in the inner city as an “other” and a “contagion” and the potentially devastating effects of this contagion on suburban, white Americans, hegemonic whiteness is maintained. For example a 1986 account in the *New York Times* describes the story of a successful, young white man who lost his career and social life to crack. The article warns readers that crack addiction was no longer a problem of the inner city but had made “substantial inroads among upper-middle class adults.”⁵⁶ As emphasized by Jimmie L. Reeves and Richard Campbell in their book *Crack Coverage: Television News, the Anti-Cocaine Crusade, and the Reagan Legacy*, constructing crack cocaine use as a contagion and criminal pathology served to legitimate Reagan’s war on drugs as well as create a “color coded ‘enemy within’ [poor, communities of color] that activated discourses of discrimination.”⁵⁷

Journalistic and media accounts also came to reinforce disparities between crack versus cocaine use. As demonstrated by Reeves and Campbell in their analysis on 270 news stories broadcasted between 1981 and 1988, earlier presentations of middle and upper class white drug

⁵⁵ Doris Marie Provine, “Creating Racial Disadvantage: The Case of Crack Cocaine,” in *the Many Colors of Crime: Inequalities of Race, Ethnicity, and Crime in America*, ed. John Hagan et al. (New York: New York University Press, 2006).

⁵⁶ Peter Kerr, “Crack Addiction Spreads Among the Middle Class,” *New York Times*, June 8, 1986. Accessed November 28, 2018.

⁵⁷ Jimmie L. Reeves and Richard Campbell, *Crack Coverage: Television News, the Anti-Cocaine Crusade*, Raleigh: Duke University Press, 1994, 18.

offenders emphasized therapeutic recovery as an option while inner city black offenders were described as “beyond rehabilitation,” justifying the necessity of punitive approaches.⁵⁸ This discrepancy in reporting, in many ways, mirrors the sentencing disparities of crack versus cocaine. Crack users, rather than being afforded sympathy and “hope for redemption”, are instead dehumanized and characterized as deserving of punishment, ultimately reinforcing and justifying black crack users deviant image.

My examination of the War on Drugs reveals how white hegemony was maintained through the criminalization and disenfranchisement of Black American drug users. However, one of the most devastating consequences of the criminalization of Black drug use during this period was lack of public health oriented responses to communities that were suffering from socio-political and economic erosion as well as well as addiction. As evidenced through narratives such as Jewel Wicker’s (introduced at the beginning of this essay), the War on Drugs was predicated on the active exclusion of particular narratives - those who were (and had historically been) marginalized in American society.

IV. Interrogating the Role of Whiteness in the Contemporary Opioid Epidemic (1990s - present)

In the first two sections of this paper, I examined how white hegemony has historically functioned in drug epidemics that have been characterized as “black”. I argued that central to the maintenance of white hegemony was maintaining an association between blackness, criminality, and illicit substance use through the process of racialization. This association was legitimized through tactics such as othering Black drug users, characterizing whiteness as uncontaminated and pure, with black drug use representing a contagion. The final section of this paper differs in that it examines how white hegemony functions in the contemporary opioid epidemic, which has largely been characterized as a white phenomenon. Rather than leveraging marginalizing tactics,

⁵⁸ Reeves and Campbell, 10.

hegemonic whiteness functions to prevent the further decline, or declassification, of the privileged white image in both public and political discourses. Within the context of the opioid epidemic, this is most evident in largely sympathetic journalistic accounts and calls in the political domain to treat the epidemic as a public health, rather than criminal justice, issue. Both responses serve as a sharp contrast to the campaigns against cocaine, alcohol, heroin, and crack that were discussed earlier in this paper.

The Function of White Hegemony in 'White' Drug Epidemics

Central to understanding the function of white hegemony in the contemporary opioid epidemic is an introduction to critical whiteness studies, which is an interdisciplinary approach that is chiefly concerned with examining the social construction of “whiteness” as an ideology tied to social status and power. In this context, “whiteness” is “used as an analytical shorthand to refer to the psychological and cultural advantages and the economic and political privileges of having white or light-colored skin, where skin is conceptualized as a marker of racial identity.”⁵⁹ As such, a key area of examination is exploring what the legacies of white supremacy mean for both white people and people of color since “whiteness” is deeply associated with social domination.

However, critical whiteness studies extends beyond only examining White people in relation to other, less privileged, racial groups. Scholars have also explored how distinctions *within* the category of whiteness, such as along class and gender lines, result in tensions around what it means to be “white”. Boundary theory, which refers to “how people attempt to classify and organize themselves and others into distinct groups - and how those same groups are then ranked and order into scales of relative human worth and achievement” is a useful framework to understand how, why, and in what cases tactics are deployed to uphold hegemonic whiteness

⁵⁹ Wray, *Not Quite White*, 5.

when its symbolic and social order is threatened.⁶⁰ Matt Wray's examination of the term "white trash", used to humiliate and stigmatize white people, in his book *Not Quite White: White Trash and the Boundaries of Whiteness* provides an illuminating example of the ways that claims to whiteness are bolstered and defended by stereotyping and marginalizing white people that are incompatible with an image of status, power, and purity. As noted by Wray, the term itself is a contradiction, representing "the sacred and the profane, purity and impurity, morality and immorality, cleanliness and dirt", simultaneously. As such, it comes to represent a "transgressive identity of mutually violating boundary terms" that "must be kept apart in order to establish a meaningful and stable symbolic order."⁶¹ In other words, "white trash" serves to protect hegemonic whiteness by explicitly articulating (and disowning) those that threaten the privileged white identity.

The function of boundary work in drug epidemics that largely affect White Americans is evident in the "white trash meth head" trope. Meth, often described as America's most dangerous drug, has long been associated with criminal transgression in White rural America, revealing class tensions between privileged and poor whites. In their article "This is Your Face on Meth: The Punitive Spectacle of 'White Trash' in the Rural War on Drugs," Travis Linnemann and Tyler Wall examine the contemporary anti-meth media campaign known as 'Faces of Meth' to illuminate how the photographs are structured and embedded within existing cultural anxieties about the figure of white trash, reflecting both the "dominance and precariousness of white social position."⁶² The 'Faces of Meth' campaign provides a series of photographs that depict white meth users 'before' and 'after' using the drug, relying explicitly on the stigmatization and "othering" of users. Stigmatizing whiteness, at first glance, appears counterintuitive to upholding white hegemony.

⁶⁰ Wray, 8.

⁶¹ Wray, 2.

⁶² Travis Linnemann and Tyler Wall, "This is Your Face on Meth: The Punitive Spectacle of 'White Trash' in the Rural War on Drugs," *Theoretical Criminology*, Volume 17, Issue 3, 2013.

However, the project actually serves to reinforce hegemony by “[policing] moral boundaries and [fabricating] social order through the specter of a ‘white trash’ other who threatens the supposed purity of hegemonic whiteness and white social position.”⁶³ Thus, the intentional stigmatization of meth users is intended to serve as a reminder of the threats to the stability of whiteness.

The meth epidemic serves as one example of the way that hegemonic whiteness operates within the context of a ‘white’ epidemic. More importantly, however, it serves as essential parallel to examine the ways that boundary work and hegemonic whiteness functions in the contemporary opioid epidemic. One could argue that poor, rural opioid users, who often turn to cheaper, non-prescription opioids, such as heroin and fentanyl, are also depicted as a “white trash” other who threaten White people’s social position, in the same way that meth users are. However, this serves as a sharp contrast to another class of white opioid users - the middle/upper class and suburban - whose addiction is attributed to iatrogenesis and are often portrayed as victims who are worthy of sympathy. It can be argued, then, that the same tactics that are used to uphold hegemonic whiteness in the meth epidemic are leveraged within the context of the opioid epidemic to protect white middle and upper class opioid users by othering poor, rural white users.

Thus, the tactics used to uphold white hegemony in the opioid epidemic differ in that “epidemic” rhetoric is primarily designed to create a sharp demarcation between white middle and upper class users and poor, rural users. Constructing middle and upper class users as victims deserving of sympathy provides a stark contrast to the portrayal of poor, rural white people who use illicit drugs. These differences are designed to construct the latter users as a threat to the white social position, demonstrating another moment of white, boundary work in operation. At the same time, however, this language holds white substance use apart from that of minorities in that it is constructed as deviating from the expectations of “whiteness”. This serves as a contrast to

⁶³ Linneman and Wall, “This is Your Face on Meth,” 18.

constructions of minority substance abuse which is constructed as innate, pathological, and, in some ways, expected.

In order to explore the function of white, boundary work in the contemporary opioid epidemic, the remainder of this paper will focus on the how media portrayals of and political responses to opioid users ultimately maintain hegemonic whiteness by protecting and privileging middle and upper class white opioid users.

Opioid Users in the Media: The Power of Personal Narratives

Examining the treatment of opioid users in the popular media provides another example of the function of white hegemony in the opioid epidemic. Profiles of addicts in the media provide a sharp contrast to those in previous epidemics in that they are largely sympathetic, humanizing, and forgiving. As argued by scholars Helena Hansen and Julie Netherland, these narratives construct White opioid users as “innocent [victims] worthy of empathy and deserving of less punitive policy responses.”⁶⁴

This construction of opioid users as “innocent”, “worthy of sympathy”, and undeserving of criminalization rely on a variety of rhetorical appeals, one of which is an emphasis on users not fitting the “profile” of a drug addict. For example an article titled “Addicted to Opioids, Hoekstra Now on Road to Recovery,” tells the story of Beth Hoekstra, a recovering opioid user and “college graduate, working professional, wife and mother of two.”⁶⁵ In emphasizing users’ credentials, they not only become more relatable to readers but also suggests that drug abuse by this population is a novel phenomenon. Another distinguishing feature is an emphasis on the iatrogenic origins of the individual’s addiction. The profile of Hoekstra also dedicates a significant portion of the article

⁶⁴ Julie Netherland and Helena B. Hansen, “The War on Drugs That Wasn't: Wasted Whiteness, “Dirty Doctors,” and Race in Media Coverage of Prescription Opioid Misuse,” *Culture, Medicine, and Psychiatry* Volume 40, Issue 4, December 2016.

⁶⁵ Julie Buntger, “Addicted to Opioids, Hoekstra on Road to Recovery,” *DGlobe*, September 22, 2018. Accessed December 1, 2018. <https://www.dglobe.com/lifestyle/health/4502702-addicted-opioids-hoekstra-now-road-recovery>

emphasizing that her encounter with opioids were legitimized by health problems. The author writes:

Hoekstra's first encounter with prescribed painkillers came in 2009 with her first surgery for sinus problems. The pills helped her in recovery, but she never felt like she had to have them. When the sinus problems continued, and a bulging disk formed in Hoekstra's spine, there was a two-and-a-half year span, beginning in 2011, in which she had seven surgeries — three were sinus-related, the others to alleviate her severe back pain. She couldn't function without pain relievers, and was taking far more pills than her doctor had prescribed just to get through each day.⁶⁶

Several elements of this excerpt are worth pointing out with the first being that her exposure to opioids came through the medical community. Additionally, the article takes great effort to emphasize the persistence, long duration, and intensity of her health problems to justify her increasing use of pills, and ultimately her addiction. As will be examined later in this paper, an emphasis on iatrogenic origins serves to relinquish users of culpability. Another way that users are characterized as "innocent" is by emphasizing environmental conditions that are beyond their control. Take for example the story of Alicia, featured in a *New York Times* article titled "Children of the Opioid Epidemic", who had a "family life [that] was often painful; her father, a mechanic, was an alcoholic [...] she has a mentally ill sibling."⁶⁷ The article goes on to describe that she began to experiment with drugs and alcohol to cope with her shyness, depression, and family situation.

The use of personal narratives when describing opioid users in the media is powerful because it forces readers to see beyond users' substance abuse. These stories serve to humanize users, forcing readers to suspend judgement, even if just momentarily, and reconcile with the realities of drug addiction. This "suspension of judgement" is largely a function of hegemonic whiteness, with the aim of "resetting the terms of drugs and race in popular culture in ways that

⁶⁶ Buntger, "Addicted to Opioids."

⁶⁷ Jennifer Egan, "Children of the Opioid Epidemic," *New York Times*, May 9, 2018. Accessed December 4, 2018. <https://www.nytimes.com/2018/05/09/magazine/children-of-the-opioid-epidemic.html>

insidiously further distinguish white from black (and brown) suffering, white from black culpability, and white from black deservingness.”⁶⁸ In doing so, white opioid users are privileged with a separate space in the popular imagination of what it means to be a drug user - one that contradicts the historical association between “substance use” and “criminality”.

It is important to note that my evaluation of opioid users in the popular media does not aim to suggest that these narrative and journalistic accounts are stigma free. There is evidence of several accounts that stigmatize white opioid users, such as images of of overdosed adults in the presence of their children.⁶⁹ My analysis, instead, aims to emphasize that the *nature* of this stigmatization looks different when comparing white people versus black people and communities of color, resulting in different *consequences* in the public and political domains. As it pertains to Black Americans and communities of color, negative media portrayals were used to justify the hyper-policing and criminalization of these communities. These communities were deprived of their humanity during the Pre-Prohibition and War on Drug eras, and instead positioned as a threat to whiteness. Stigmatization in the opioid epidemic operates quite different and, instead speaks to anxieties around privileged whiteness, an unnatural decline, and a “fall from grace.” Thus, responses to the opioid epidemic are aim towards preserving whiteness at all costs - by humanizing addicts, by blaming the medical community, by telling their stories.

As the opioid epidemic continues, it will be interesting to watch how perceptions of opioid users continue to evolve. If the origins of addiction transition from prescription opioids to simply heroin, will users be relegated to the status of meth users - viewed as “threat” to white purity and consequently othered? For now, it is too early to tell, but it will surely be a rich source of analysis for future scholars.

⁶⁸ Netherland, “The War on Drugs That Wasn’t,”

⁶⁹ Seth Mnookin, “Public Shaming of Overdosed Adults by Police Department’s Facebook Post is ‘Morally Repugnant,’” STAT, September 9, 2016, Accessed November 20, 2018. <https://www.statnews.com/2016/09/09/public-shaming-overdosed-adults-morally-repugnant/>

Political Responses to Opioid Users

During his 2018 State of the Union Address, President Donald Trump asserted his administration's commitment to “fighting the [opioid] epidemic and helping get treatment for those in need.”⁷⁰ His response to the epidemic, one that is characteristic of political responses to the opioid epidemic throughout the 21st century, serves a sharp contrast to the cocaine, alcohol, and crack epidemics described earlier in this paper. In the contemporary epidemic, “fighting” is, more often than not, code for increasing funding for research and public health oriented responses, such as diverting users to treatment rather than jail cells, rather than criminalization.

This emphasis on public health oriented responses may be explained the iatrogenic nature that many users come to be addicted to both prescription and non-prescription opioids. Among users who began abusing opioids in the 2000s, 75% reported that their first opioid was a prescription drug. Additionally, 80% of heroin users reported using prescription opioids prior to heroin.⁷¹ It's no surprise, then, that beginning in 2010 the United States government began targeting doctors and pharmacists who were over-prescribing opioid painkillers. In targeting the medical and pharmacist communities, questions emerge surrounding addicts responsibility for their addiction. Ultimately, it “reinforces the idea that runs through political rhetoric: that there is something random and unstoppable about [opioid addiction]. That users are victims of this unique drug rather than criminals, and treatment and sympathy are more than appropriate than punishment.”⁷² The victimization of opioid users serves to uphold hegemonic whiteness because it reconstructs a “contamination” narrative that positions users being contaminated by forces outside

⁷⁰“State of the Union 2018: Read the Full Transcript,” CNN Politics, January 31, 2018. Accessed December 2, 2018. <https://www-m.cnn.com/2018/01/30/politics/2018-state-of-the-union-transcript/index.html?r=https%3A%2F%2Fwww.google.com%2F>

⁷¹National Institute of Drug Abuse, “Prescription Opioid Use is a Risk Factor for Heroin,” January 2018, Accessed November 25, 2018. <https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-heroin-abuse/prescription-opioid-use-risk-factor-heroin-use>

⁷²Isaac J. Bailey, “Why Didn't My Drug-Affected Family Get Any Sympathy?,” Politico Magazine, June 10, 2018, Accessed November 20, 2018. <https://www.politico.com/magazine/story/2018/06/10/opioid-crisis-crack-crisis-race-donald-trump-218602>

of their control. As such, it assumes the purity and innocence of white opioid users, a privilege not given to minority users in previous drug epidemics.

In addition to emphasizing the iatrogenic nature of addiction, policies have also come to view opioid addiction through the disease model, as evidenced through an emphasis on rehabilitation and treatment. The disease model of addiction describes addiction as a disease with biological, neurological, genetic, and environmental sources of origin and, as such focus on medical and public health oriented responses. While critics of the disease model argue that characterizing addiction as a disease can stigmatize addicts and inhibit them from practicing self-control, it is undeniable that this approach has resulted in more sympathetic and constructive responses from the political sphere. For example, in July 2016, President Barack Obama's signed into law the Comprehensive Addiction and Recovery Act, the first major federal addiction legislation in the last 40 years and the most comprehensive effort taken to address the opioid epidemic. It expands opioid treatment with buprenorphine and authorizes millions of dollars in funding for opioid research and treatment.⁷³ Additionally, in April 2017, the Department of Health and Human Services announced their "Opioid Strategy" which aims to empower local communities and frontline responders by improving access to prevention, treatment, and recovery support, increase the availability of overdose reversing drugs, and support research initiative.⁷⁴ By medicalizing the opioid epidemic, policies serve to protect users from being affected by the stigmatizing effects of criminalization. Medicalization suggests that there is still "hope" for opioid users - hope to be reintegrated into society; hope to be free from addiction - a privilege that not only illustrates the power of hegemonic whiteness but one that was not afforded to many minority drug users.

⁷³ "The Comprehensive Addiction and Recovery Act (CARA)," CADCA, Accessed December 5, 2018. <https://www.cadca.org/comprehensive-addiction-and-recovery-act-cara>

⁷⁴ U.S Department of Health and Human Services, "5-Point Strategy to Combat Opioid Crisis," August 7, 2018. Accessed December 4, 2018. <https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html>

Another political response to the opioid epidemic worth briefly analyzing is the increased emphasis on drug diversion programs, which empower law enforcement agencies to create non-arrest pathways to treatment and recovery. Organizations such as the Police Assisted Addiction and Recovery Initiative (PAARI) and the Angel Program, both founded in response to the opioid epidemic, aim to create “a simple, stigma-free entry point to treatment on demand and reframe addiction as a disease, not a crime.”⁷⁵ Reconceptualizing law enforcement as stewards of rehabilitation, rather than criminalization, is a concept that was largely absent in epidemics largely constructed as “urban” and “minority”. Law enforcement drug diversions rely on constructing opioid users as “innocent”, a sharp contrast to the assumption of “guilt” that was imposed on Black Americans during the War on Drugs and the crack epidemic. The assumption of innocence, and the ability to benefit from it, comes to represent the immense power of hegemonic whiteness in the contemporary opioid epidemic.

The intention of my analysis is not to dispute the benefits of approaching the opioid epidemic from a public health oriented lens, but rather to render *visible* the communities that were made *invisible* by punitive policies that were rooted in maintaining white supremacy. In acknowledging this injustice, my hope is that in future drug epidemics political responses are fair, just, and maintain the humanity of all users regardless of their skin color, class status, or geographic residency.

Conclusion

This paper opened with the story of Jewel Wicker, a young Black woman who lost four uncles to heroin and crack overdoses. A woman who reflects on the demonization and criminalization of black drug users, like her uncles, during the War on Drugs and the crack epidemic. A woman who cannot help but notice that while she is living in the midst of another

⁷⁵The Police Assisted Addiction and Recovery Initiative, Website, <https://paarius.org>

American drug epidemic, the treatment of its mostly white victims in the public and political sphere is largely sympathetic. A woman who wonders *why* these contradictions exist.

Throughout this paper, I attempt to answer this “why” by examining the ways that hegemonic whiteness functions in American drug epidemics, resulting in divergent responses depending on the racial (and class) community that is affected. As I argue, one of the goals of hegemonic whiteness is to protect the privileged status of whites - a process that is reinforced by producing intraracial cohesion and emphasizing interracial difference. Through my examination of the pre-Prohibition Era and the War on Drugs, white hegemony is maintained by constructing an association between “blackness”, “substance abuse” and “criminality” that positions whiteness as pure and uncontaminated. My analysis of the opioid epidemic suggests that hegemonic whiteness aims to prevent the declassification of whites through an emphasis on rehabilitation and treatment and an othering of poor, rural opioid users.

One of the main goals of this paper is to encourage readers to consider the ways that hegemonic whiteness functions in drug epidemics. What *is* and *is not* being made *visible* or *invisible* and *why*? And most importantly, what are the implications, particularly on marginalized communities? An unfortunate consequence of the emphasis on black criminality as it pertains to substance use is that the narratives of Black Americans who are suffering from addiction are rendered invisible. Instead of being diverted to treatment or rehabilitated, Black Americans have largely been relegated to the criminal “justice” system. As we interrogate and come to understand the role of hegemonic whiteness in legitimizing this reality, it is critical that the public, political, and medical spheres do their part in undoing this narrative.

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