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Constructing the Sympathetic Addict: Dominant Narratives and Typologies of Opioid Using Women in the News Media

Charlotte Noel Kasmin
Bard College

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Constructing the Sympathetic Addict: Dominant Narratives and Typologies of Opioid Using
Women in the News Media

Senior Project Submitted to
The Division of Social Studies
of Bard College

by
Charlotte Kasmin

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Introduction

“If we don’t act now, we could lose an entire generation of people—to addiction, to the streets, to jail or to death...” (Szabo 2015)

Drug use has long been a subject of panic, outrage, and fear in America. Though people have used illicit drugs in America for multiple centuries (Courtwright 2001), the hysteria about this behavior and its threat to social order remains a central topic in our national dialogue. Over the years, various attempts have been made to manage and quell this behavior, from passing legislation to deter the selling or purchasing of drugs, to mandated drug treatment, and to maintenance clinics (Courtwright 2001). Yet while strategies of drug control have come and gone, many are still stigmatized for their drug use. One especially stigmatized group of illicit drug users in the U.S. has been that of female users. From the “morphinist mothers” and “opium vampires” in the 19th and early 20th century, to the “heroin mothers” and “crack moms” in the 1970s and 80’s (Campbell 2000, 12), the concept of women using drugs has clearly been a point of interest for decades. Notably, these stigmatizing constructions have certainly not only been directed towards women, yet the reoccurrence of these gender specific narratives indicates the presence of gendered ideas in these constructions.

Therefore, I sought out to examine how women who use drugs, specifically opioids, are depicted today within the news media during the current opioid “epidemic” our nation is facing. Specifically, through a discourse analysis of the three most popular newspapers today: the New York Times, the Washington Post, and USA Today, I wanted to see how these news sources portray opioid using women, specifically whether they constructed different narratives and

typologies about users, and how the gender, race, and class of users influences their depiction. I found that the news media generally tends to portray opioid using women in a sympathetic and humanizing way often through in-depth profiles on one or more women that provides context to their opioid use and gives a glimpse into the lives of these women, often meaning a description of the hardships they have faced. However, I argue that the news media portrays middle and upper class white women as the most sympathetic of users that suffer the most from opioid use and the opioid “epidemic” because they are framed as victims of outside forces, which led to their introduction to opioid use or enabled their prolonged opioid use, and as victims of their own privilege, which makes the consequences of opioid use that much more devastating since they have more to lose. Therefore even though these women often go through a social, moral, economic and/or physical decline, their victimhood and the framework of addiction and recovery utilized by the news media forgives these women’s past actions by deeming them as powerless to their addiction. Yet within this same framework of addiction and recovery, which largely mirrors the 12-step model, these women ultimately are able to regain their status and respectability through recovery. Therefore, while the news media does detail the decline of these women because of their opioid use, they are never considered to be permanently lost in this lowered social position as “real drug addicts” and instead are able to regain their privileged status, thus allowing for the racialized and classed stratification of women to be maintained.

While many have analyzed the media’s significant role in encouraging drug panics and its constructions of drug users during various moments of national concern over drugs, from the crack epidemic (Reinarman and Levine 1997; Springer 2010) to the meth scare (Linneman 2009) and now the opioid crisis (Hansen 2017; Netherland and Hansen 2016), there is still a shortage of literature on the current opioid “epidemic” as we are in the midst of it. Therefore, even other

recent academic work on the opioid “epidemic” from a few years ago may not reflect current attitudes and perceptions of opioid use, addiction, and recovery as these understandings do shift. Additionally, many have looked at the significance of race and/or class in these depictions of drug users but less have focused on how gender also influences these portrayals of users. Lastly, as will be discussed more later, the demographic of users associated with this current “epidemic” is remarkably different than those in past drug panics who were largely racial and ethnic minorities (Daniels, Netherland and Lyons 2018). Therefore, my research fills in some of these gaps by providing an analysis on depictions of opioid using women during this “epidemic”, examining how gender, class, and race, especially whiteness, is represented and used to portray these women in different ways. I also hope to contribute to analyses of drug scares and how race ties into these scares through examining the most current drug panic, which could potentially shape the way that the media, medical experts, policy-makers, and the public view drug use because those associated with the scare are white rural and suburban people. Just as the crack “epidemic” still has lasting effects on drug control today like in the criminal justice system (Campbell 2000) and related drug treatment strategies (McKim 2017; McCorkel 2013), the reaction and approach to the current opioid “epidemic” could influence similar institutions in the future.

Gender and Drug Use

Though male bodied drug addicts are also stigmatized, scrutinized, and degraded, scholarly work on female drug users reveals that many women who use illicit drugs fall into an even lower, more repudiated class in society (Campbell 2000; Martin 2006). In a society that expects women to fulfill their duty of being good mothers, wives, and daughters, use of illicit

drugs thus signifies immense failures in these assumed roles (Campbell 2000; Martin 2006). Instead, these women become seen as lawbreakers, sexually promiscuous, and incompetent mothers (Martin 2006). As Campbell aptly puts it, “stigma is both the most consistent and most consequential similarity of the experiences of drug involved women because their behavior violates female role expectations” (2000, 176). This violation of the norm also leads to larger ideas about how society views these women and ideas of blame and responsibility.

However, many (McKim 2017; McCorkel 2013; Campbell 2000; Derkas 2012) note that gender alone does not inform constructions of female drug users. Instead, these scholars find that there were differing perceptions about female users depending on their race, and similarly important, their class status. Therefore, in my research I continue to use Crenshaw’s (1989) intersectional lens when examining how these factors influence the way that opioid using women are depicted and how their race and class play a role in shaping perceptions. The significant role that race and class play in societal perceptions is especially apparent when looking at the culpability of female users and when they are held responsible for their actions. While some are considered to be victims others are categorized as victimizers and are perceived as causing harm to others rather than having harm done to them (Campbell 2000). These opposing labels that women are given have consistently shown that race is the determining factor. McKim (2017) and Campbell (2000) display this in the treatment of African American drug using women in the late 1980’s and early 90’s. Not only were these women held responsible for their actions, but also were regarded as causing or perpetuating much larger social problems like poverty, crime, substance abuse, the decline of the traditional family, teen pregnancy, educational failure, and excessive government spending (Campbell 2000; McKim 2017). Thus while attributing black drug using women in this period to causing much larger structural problems that were largely out

of their control, public discourse also assumed full agency of these women in their ability to control the circumstances under which they began using drugs, became pregnant, decided whether to carry to term or not, raise children, and got or stayed married, which contradicted many of their actual experiences (Campbell 2000). Of course women in this period did have agency, but constructing them as having full autonomy in their decisions and being the root of so many social ills consequently negates the responsibility of larger structural roles that contributes to their marginalization and do nothing about the social problems that they are blamed for.

Yet in contrast to this image of the black drug-using female as a victimizer, causing the collapse of civil society, white female users are seen in a very different light. Instead, the media, physicians, and public policy discourse portrays these women as victims to addiction who are blameless and vulnerable (Hansen 2017; Campbell 2000). Due to their ability to avoid addiction's consequences through marriage, motherhood, racial privilege, or class membership, white female users are perceived much differently in society and avoid the severe punitive reactions to drug use that black female users and other marginalized groups have long faced (Campbell 2000; Hansen 2017). Both Campbell (2000) and Hansen (2017) point to the importance of white women's roles as social reproducers to explain this contrasting reaction. Since women reproduce and thus create the nation's future, Hansen (2017) argues that white female drug users evoke significantly more anxiety among society because they threaten the power and dominant position of the white race by reproducing biologically and socially flawed children. Therefore in order to maintain this position, these women are deemed as blameless and deserving of help not punishment. Yet my research did not reflect a similar distinction between victim and victimizer by race. This is partly because there were very few articles on women of color, yet within these articles the women were seen more as victims, or at least sympathetically,

than as victimizers who are blamed for larger structural social problems. Similarly, not all white women were depicted as victims and deemed as completely blameless. While a lot of women were, and articles reflected these sentiments that women needed help not punishment, lower class women did not receive the same sympathy in some cases. This was especially apparent in how differently middle/upper class white women's criminal activity was described in contrast to lower class white women, who were portrayed as more deviant and immoral than upper class women.

Hansen (2017) also found the importance class in her analysis of white opioid users, contrasting white, middle class, suburban opioid users to unemployed, rural white women. While both white, Hansen reveals the difference in perceptions of these women as the rural, lower class opioid users become "symbolically blackened" due to their class status (Hansen 2017, 323). Therefore, this population of white women become subjected to similar moral judgments as black women in which they are seen as unable to care for their children and earn legal wages thus prompting the harsh sanctions of incarceration or foster care placement for their children. However, the view of the white, middle class woman is quite different. Both Hansen (2017) and McKim (2017) note the more sympathetic view towards women who are deemed "respectable" based on classed and racialized perceptions. Instead of being morally deficient and inherently deviant, white, middle class women instead are seen as having a chemical dependency and thus are seen as blameless and vulnerable (Hansen 2017). Therefore while black women and some poor white women continue to be criminalized for illicit drug use, either being incarcerated or being forced into mandated treatment, middle to upper class white women face a very different responses to their use, often leading to medicalized responses like increased public health discourse about addiction and/or being prescribed buprenorphine (McKim 2017; Hansen 2017).

Motherhood and Drug Use

Similarly, racialized and classed ideas predicate the notion of who has a “right” to reproduce and be a mother. Within our society, motherhood has become constructed based on white middle class standards, which shapes the ideal mother as a self-sacrificing wife within a nuclear, economically stable family who provides a specific type of emotional nurturing and autonomy to their children (Derkas 2012). When women are able live up to these ever-changing standards over time, they are consequently considered to be “good” mothers, while “bad” mothers are those who are seen as failing these roles (Springer 2010). Thus with these ideals, it is inevitable that white, middle or upper class women are generally seen as fit mothers who are worthy of producing more children, while poor women and women of color are not deemed fit to reproduce (Springer 2010). Similarly, based on this standard it is quite evident that society deems drug use while pregnant or a mother deplorable. While never acceptable behavior in society, in the latter half of the 20th century women became increasingly demonized and deemed as victimizers, not victims of drugs (Campbell 2000). Not only did these mothers violate gender norms, but were also considered to be morally defective women who purposefully were poisoning their wombs and abusing their innocent and helpless unborn children (Derkas 2012).

This harsher judgment of drug using pregnant women and mothers shifted as a result of the crack “epidemic”. With increased attention on fetal rights in both the legal and cultural sphere at this time, maternal drug use became a key target to tackle fetal rights (Campbell 2000). This led to even more focus from the public on the number of infants who were exposed to drugs and the effects it had on the babies’ health. Many became especially concerned with the babies born to crack using mothers or “crack babies”, the infamous epithet constructed primarily by the media. Though there was little scientific research and evidence to prove the effects of crack,

doctors, politicians, and the media still asserted that crack caused permanent, irreparable harm to infants, causing them to become developmentally delayed, lack morality and grow up to be super predators (Kendall 1996; McKim 2017). With the belief that crack use was especially hazardous, crack using pregnant women and mothers received an especially damning image. Women came to be seen as lacking any maternal instinct and were beyond the call of nature if they used drugs while pregnant or as mothers (McKim 2017; Campbell 2000). While later research does find maternal cocaine use harmful, some have found that cocaine does not affect fetal growth or long-term development of children like alcohol and tobacco do (Springer 2010).

Yet despite whether these claims were true or not, the 1980's ushered in even more regulations on the female body and her reproductive rights. Women became regarded solely for their reproductive role and were seen in terms of their ability to have children. Whether pregnant or not, women have become considered as "potentially pregnant" in the law and are spoken about by politicians in policy hearings as mothers (Campbell 2000). This increased state scrutiny over pregnant women existed before the 1980's, but during this period, surveillance led to concrete regulations of women's bodies (Campbell 2000). One of the most severe regulations was the use of criminal charges for pregnant women who were drug dependent. Since the first conviction of 1989, hundreds of pregnant women who used drugs have been prosecuted for manslaughter, child abuse, or fetal endangerment for using while carrying a child (Springer 2010). Many women, specifically African American women, who were disproportionately affected by this new surveillance tactic, began to be drug tested while in labor and subsequently reported to the police when if they or their baby tested positive for drugs (Springer 2010; McKim 2017). In addition to charging pregnant women, women who were carrying or already had

children also faced restricted access to welfare services, drug treatment, and public hospitals, which remains an obstacle for drug dependent women today (Derkas 2012).

However, my research displays that women who use opioids while pregnant do not always face these same judgments and repercussions. While many articles featured women who lost custody of their child/children due to their opioid use, they are not demonized nearly as much as mothers during the crack “epidemic” who exposed their fetuses to drugs. Instead of being labeled as permanently damaged, bad mothers who have lost their maternal instinct, the women in the articles I examined were able to redeem themselves and prove their worth as mothers if they made sacrifices for their child’s welfare and therefore displayed how much they cared for them.

Drug Scares as Moral Panics

The opioid epidemic has certainly not been the only drug “epidemics” in America’s long history of drug scares and panics. These “drug scares” have occurred at different moments in the 19th, 20th (Reinarman and Levine 1997) and arguably now in the 21st century with the opioid epidemic. Yet while some consider these to be real drug problems, they do not necessarily translate into an actual increase in drug use or dependency. Instead, it is normally a period when anti-drug crusades, which attribute a drug to creating all sorts of social problems like poverty, have actually reached a large audience and achieved legitimacy (Levine and Reinarman 1997). These drug scares or epidemics are just one example of what can be considered a moral panic. From this constructionist perspective, moral panics are behaviors or practices that have then been constructed into social problems. Therefore, while they are considered an issue in society, the phenomena that become moral panics do not necessarily pose a real threat or harm to a

significant amount of people (Goode and Ben-Yehuda 1994) Thus these periods of a shared intense concern about a specific problem that has a “collective definition” of what behavior or practices it entails by the public then constitute a moral panic. While the idea of calling a drug scare, for example the opioid epidemic, a moral panic could be regarded as dismissive of the many lives that have been lost to opioids or of those affected by addiction, calling something a moral panic does not mean that the problem is completely imagined. Rather it acknowledges that there is a heightened awareness about this specific topic by the public, politicians, and often the media. Therefore, whether or not someone agrees about whether the panic is a legitimate one, looking at this epidemic through this framework allows me to examine whether there is a problem, the scale of the problem, and examine the rhetoric about the problem. Yet this perspective is also a useful means to understanding our current cultural values and beliefs. As Greet et. al (2008 7-8) argue, it is significant to look at moral panics as they reflect the social values of the time, which often prove to be “gendered, racialized, and class based notions of ideal parents, ideal victims, and unknown perpetrators”. Thus in regarding an issue in society as a moral panic, one cannot only analyze the behavior in question, but also analyze the larger values and morals of society.

Theorizing The Media

A particularly influential actor in defining and shaping social problems is the mass media (Cohen 1973). According to Cohen (1973), the media has the ability to construct the nature of information the public receives and therefore the behavior in question. Based on Hall et. al.’s (1978) idea that the news media does not simply and transparently report events and instead goes through a sorting process of what to share, in which category to share it in, and how to write

about the event, the media thus is able to shape the public's reactions to behaviors and become agents of moral indignation, evoking concern, anxiety or panic with their version of the "facts" (Cohen 1973). Many scholars after Cohen have acknowledged the significant role that the news media has in society, noting its influence on public opinions, policy developments, criminal justice system practices, and more (Fraser 2006; Reinerman and Levine 1997; Springer 2010; Campbell 2000; Mckim 2017; Schept 2016).

Due to its influence, many have looked at the media's depictions of drugs and drug users and the impact of these constructions (Springer 2010; Reinerman and Levine 1997; Netherland and Hansen 2016; Hansen 2017; Linneman 2009). Many have found that the media has long been a sight in which racist stereotypes and ideas are perpetuated through depictions of people of color in TV, newspapers, movies, books and more. Since the 1900's, racialized tropes about drug use have spread throughout the media and popular culture often connecting a racial or ethnic group with particular substances (Daniels, Netherland and Lyons 2018). From Asian Americans, particularly Chinese immigrants, who were portrayed as "opium fiends" in the early 1900's (Daniels, Netherland and Lyons 2018:331) to African American men and women in the 1980's and early 1990's whom crack cocaine was associated with, these stereotypes have changed over time yet have continued to target various people of color. Scholars have found that the news media plays a role in perpetuating stereotypes and creating racial divides between drug users, in which black drug users are framed as "addicts" and "lawbreakers" and depicting them as menacing criminals despite whether users have actually been involved in any criminal activity (Daniels 2012). This assumption of criminality amongst persons of color like African Americans who use drugs by the media thus marks these drug users as Others through the use of racially coded language (Daniels 2012). While current news reports are less overtly racist as in the past,

Hansen (2017) and Netherland and Hansen's (2016) media analyses on the opioid epidemic argue that these stories use "colorblind" racism and coded language in their reporting on African American and Latinx users in comparison with white users.

Yet a lesser studied aspect of race and media depictions of drug users is how "whiteness" is depicted and used. Recently, scholars have noted the lack of commentary on "whiteness" in studies and have begun examining whiteness in the media, examining news portrayals of drug scares that are considered to consist of predominantly white users like the current opioid "epidemic" (Netherland and Hansen 2016; Hansen 2017) and the meth "epidemic" (Linneman 2009) and in other forms of media like reality TV (Daniels 2012). Therefore, while studies on the representation of drug use among people of color are essential as they shed light on how various structures and institutions perpetuate racism often through implicit, coded language, Linneman (2009) and Netherland and Hansen (2016) argue that it is also crucial to acknowledge the privilege of whiteness that is steeped in the media. This is especially important as this lack of acknowledgement of whiteness is precisely one of the privileges that it contains, making it "the unmarked category against which difference is constructed, whiteness never has to speak its name, never has to acknowledge its role as an organizing principle in social and cultural relations" (Netherland and Hansen 2012:667). Similarly, Daniels (2012) highlights the importance of examining how whiteness is not only represented in the media, but also what it is used to do. She states that ultimately whiteness is used to "shape popular understandings of addiction" through media forms like reality TV, yet it is clear that it extends farther than only this media outlet (Daniels 2012:105). Therefore, my research examines both the portrayal of women of color and white women, building on past scholarly works that have focused on racialized representations of drug users. While scholars have already begun to examine the news

media's reporting on the current opioid "epidemic", looking specifically at race in their analyses, my research continues to examine whiteness and representations of female drug users of color and displays that there has been some change over the past few years in the portrayal of users and discourse surrounding race.

While my research does not include a news media analysis on the crack "epidemic", comparing representations of current opioid using women with crack-using women in this highly sensationalized "epidemic" provides more insight into how heavily class and race influence news media's depictions. In addition, there is a rich body of literature about the media's portrayal of the crack "epidemic" and crack users in the late 1980's to early 1990s, which the media played a significant role in generating a panic about crack use with often sensationalized and unsubstantiated stories (Reinarman and Levine 1997). As some argue, the media, along with politicians, were not necessarily reacting to a real threat to public health, but were hyper focused on crack as a way of creating propaganda for the latest War on Drugs that Reagan had announced (Reinarman and Levine 1997). Thus much of the discourse during this time framed crack as rampant problem that was directly attacking American society (Reinarman and Levine 1997). Yet it was not only crack, but also the users that were portrayed as a sort of outside danger, implying that those who were involved were not Americans and instead a group of people who needed to be contained in order to prevent any further damage to the nation (Hansen 2017). In an analysis of prominent news sources during the so called crack epidemic, Reinarman and Levine (1997) note the consistently hyperbolic language used by various newspapers, magazines and TV networks that would carry stories about crack as an "epidemic" or "plague". Some large news magazines even called crack the biggest story since Vietnam and Watergate while another called it "the issue of the year". This sensationalization of crack in politics and the

media is what Reinerman and Levine (1997) call the “routinization of caricature”, in which only the newsworthy, worst case scenarios were reported on and talked about, which made them appear like typical cases rather than isolated events. One specific example of this tactic by the media is the creation of the “crack baby” as mentioned earlier, which had deleterious impacts on black women both in how society perceived them and in very tangible ways like drug policy and welfare benefits.

Though the “crack epidemic” is usually thought to be from around 1986 to 1992, when crack was at the center of media and politicians’ discourse, people had been engaged in this form of cocaine use for around ten years (Reinerman and Levine 1997). Reinerman and Levine (1997) trace the history of crack in America, highlighting that the majority of people who first started turning powder cocaine into crack were middle or upper class users in the late 1970’s. From the privacy of their homes or offices, these “pioneers” of crack were able to experiment with using this drug in a new form with little notice or acknowledgement from politicians and the media. However, only a year or so after the introduction of crack to poor neighborhoods in large cities like New York, Los Angeles, and Miami in late 1984 and 1985, did the anti-drug frenzy begin. Of course, some in these neighborhoods did indeed begin using crack and some also became dependent on it. Yet smoking crack never became a popularly used drug in the U.S. let alone the preferred mode of cocaine use. In fact, in its most popular year, heavy crack users still made up a small amount of people who used cocaine (Reinerman and Levine 1997).

Therefore as many have pointed out, the intensified efforts at combatting the “War on Drugs”, which Reagan had begun a few years before was not due to the widespread use of crack, but due to this new population of users who were a very different social class, race, and status from the original group (Reinerman and Levine 1997). As has become clear, the media played no

small part in creating and continuing the panic about crack use during this time. As a result, it also helped lead the nation into an increasingly punitive state with politicians on both sides calling for more intense drug laws and the passing of harsher federal drug laws like the Anti Drug Abuse Act of 1986, which increased penalties for drug crimes, especially crack cocaine. Laws like this one and others however were racially charged, making crack possession a much more punishable crime than its powder relative because of the population of those associated with crack (Beckett et. al 2005; McCorkel 2013). Due to these laws along with racialized policing tactics, an immensely disproportionate amount of African Americans were incarcerated and continue to be criminalized excessively.

The Opioid “Epidemic”

In contrast, a quite differently received drug scare has been the current opioid “epidemic”. Many acknowledge the introduction of the prescription drug, OxyContin, a form of oxycodone created by Purdue Pharma, as a key factor in the recent rise of opioid use and dependency (Kolodny et. al 2015; Netherland and Hansen 2016; Hansen 2017). Due to the marketing strategies of Purdue Pharma, which targeted rural and suburban care physicians as their primarily client, prescription opioids first emerged in rural Maine, Maryland and Appalachia (Hansen 2017). Soon Oxycontin was dubbed “hillbilly heroin” because of its popularity in Appalachia among the rural poor who could obtain prescription drugs more easily than street drugs and its high population of people who reported physical pain from strenuous manual labor work (Hansen 2017, 323). However, Purdue Pharma also targeted a specific demographic, whether intentional or not, which was women, as they are much more likely to see primary care doctors and get treatment for pain management (Hansen 2017). With its beginnings

in these areas, opioid pain relievers (OPR) and illegal opioids have certainly spread across the nation leading to dependency and overdoses. Yet the response to this epidemic is significantly different than that of the crack epidemic. Rather than taking a severely punitive approach to opioid use and users, the epidemic has been framed as a public health problem, not a criminal problem. In 2014, the U.S. Center for Disease Control and Prevention announced opioid pain relievers as one of their top five public health challengers (Kolodny et. al 2015). Government agency, media, and political action have not stopped there. Various drug-monitoring programs have been implemented in order to track pharmacies and doctors' opioid prescriptions and drug take back programs offer people the ability to return OPRs without any consequences (Netherland and Hansen 2016). Only a year ago in 2017, the President prompted the Department of Health and Human Services to declare opioid use a public health emergency, in which they set out strategies to manage this crisis (HHS 2017). Along with this declaration, the White House even created a website for those affected by opioids to share their story with the world by posting videos about their experiences. With such a notably un-punitive response to drug use in one of the strictest nations in the world on drugs, scholars indicate the significance of these users race, class and gender in this uncharacteristic reaction (Netherland and Hansen 2016; Hansen 2017).

The demographics of opioid users certainly have been a large focus within the news media (Hansen 2017). Though there is much less literature on the media's portrayal of the opioid epidemic since it is a current drug scare, Netherland and Hansen (2016) and Hansen (2017)'s analyses have identified some patterns in the media's depictions of opioid users thus far. Specifically, they remark on the news media's fixation on representing the "new faces" of opioid users in America with images and articles focusing on predominantly white women. Despite the fact that the first opioid addicts in America were white women (Courtwright 2001),

the news gives the impression that this is a completely new demographic that is using drugs, contrasting these users with the stigmatized group of previous heroin users who were considered to be poor black and brown men (Hansen 2017). Hansen (2017) finds that the media's preoccupation with covering high school and college aged white female opioid users is not due to their susceptibility to opioid overdoses, as a report found that it was actually middle aged white men with less than a college education who were most likely to overdose. Instead, she argues that attention to this female demographic not only makes a good story, but it also displays larger social anxieties about the reproduction of the white middle class (Hansen 2017). Yet despite this anxiety, these women are being regarded as malicious users who are purposefully poisoning their wombs. In contrast to crack using pregnant women or mothers, these white, middle class opioid using women receive a much more sympathetic framing in the news and there is hardly any doubt cast on their lack of capability as mothers or concerns raised about the harms of exposing opiates to infants. Instead, opioid dependent mothers are portrayed as good wives and nurturing "soccer moms". Similarly, young women in the professional field continue to be portrayed as productive, successful women despite their use as it is not their fault they are suffering from a biological disease. This disease model of addiction, in which substance dependency is seen as a biological affliction, is used much more in media portrayals of these women. Not only are they blameless for being addicts, but narratives about their initial introduction to drug use also depicts them as victims who naively began using because of their predatory doctors or ill-behaved peers (Hansen 2017).

My research builds off of Netherland and Hansen's (2016) findings and I find that the news media continues to fixate on articles about white women as these stories are deemed more newsworthy and highlight a much larger anxiety about the future of the white middle class.

However, while the articles certainly do express concern about the future of the white middle class and focus especially on the wasted potential of these women, it seems that since Netherland and Hansen's (2016) study, the news media has stopped portraying this problem as hopeless for women of this demographic and instead offers a more optimistic perspective that allows these women the opportunity to regain their status and lead respectable middle class lives as good mothers, thus protecting the future of the white middle class. Therefore, while articles about the opioid "epidemic" continue to use ominous language about opioids "invading rural and suburban communities" (Bernstein 2015), white middle and upper class women are afforded agency and the ability to stop using drugs, which enables them to regain their status once getting clean.

Methodology

While women have used drugs for centuries in America (Courtwright 2001), I wanted to focus specifically on a period that is considered an "epidemic" as there is heightened media attention and discourse surrounding these periods of drug use. Additionally, I have specifically chosen to look at the opioid "epidemic", as opioids are a significant topic in the national dialogue and affect so many people. Additionally, the demographics of the "typical" or most reported on users of the opioid "epidemic" are unique as previously mentioned. Lastly, as scholars have pointed out, during drug scares, gendered constructions of users often emerge from the "crack mom" to the opioid addicted soccer mom (Hansen 2017).

In order to look at how women who use opioids are portrayed, I analyzed news sources. Though TV news is also a significant source of information for many, I only examined newspapers due to time constraints. However, newspapers (both print and digital) continue to be prominent avenues that people receive their information from. In order to find the most prevalent

depictions and perceptions of users, I analyzed the top three most popular news sources today. In choosing the highest circulated or most read newspapers, I know that these sources have a wide reach and many in the nation get their news from these media outlets thus having the potential for their views to be shaped by the information from these sources. Accounting for the decline in print newspaper readership and the increase in people using the internet to receive their news, I will be looking at the Washington Post, New York Times, and Wall Street Journal, which are the three most circulated daily papers in the U.S., both digitally and in print (Barthel 2018). I mostly used the newspapers' websites to access articles, which sometimes were slightly different than the print version of the articles, along with accessing a few articles on the Infotrac Newsstand database.

Since "epidemics" are socially constructed, it is difficult to establish specific dates for the beginning and end of the "epidemic". This is especially the case with the opioid epidemic as we are in the midst of it. Therefore, I have chosen to limit my time frame on articles on the opioid crisis from today to 2015 because I wanted to focus on more current articles yet also had time constraints. I used various search terms to find articles about women and opioids specifically, entering different combinations of "woman", "women", "female", "mother", "wife" with "addict", "opioids", "opiates", "opioid use", "opioid epidemic". However, I also searched "opioid epidemic" or "opioid use" without reference to women and came across articles that featured women in them either alone or with other users. I used the option "sort by relevance" in my search as I hoped it would help find articles that focused more on women and opioids rather than the general public or men. However, it did not help very much and I ended up going through pages and pages of search results, sometimes finding more relevant articles about a woman who used opioids far into my search rather than on the first page. In order to limit the time I spent

searching, I often would only click on articles that directly referenced a woman in the title or showed a woman in the small photo next to the title. While I began to look for more articles featuring women and men and focused more on the general population, due to time constraints I only was able to analyze a few. Additionally, I included articles sometimes more focused on babies than the women themselves as these articles inevitably spoke about their mothers. In total, I analyzed 43 articles.

When first beginning my analysis, I coded for many different themes before finding the most interesting and sociologically relevant topics to focus on. However, the most relevant codes for my analysis ended up being: reason for opioid use/introduction to opioids, race, socio-economic class, victimhood status: innocent, blameless, victimizer status: who is blamed/held responsible, agency: when women do and do not have agency personal details/life story, motherhood: skills, capability, practices, mention of medical authority/experts, reference to drug treatment, and mention of mental illness and/or trauma. It is important to note that while this study aims to examine those who identify as women, it cannot be positively determined whether the “women” that scholarly research and news sources actually identified as such. However, these sources can still shed light on the gendered assumptions made about female-bodied users.

Chapter Overview

The significance of this research is to provide a better understanding of how women who use opioids are depicted in the news media and display the dominant portrayals of these women, which also can show us how this drug scare is perceived by the news media. Though representations in the news media does not necessarily reflect all of the public’s perception of

opioid using women, examining these sources still offers valuable insight into some of our cultural values and beliefs that are expressed through news reporting.

In Chapter 2, “Narratives of Addiction and Recovery: AA and the Reach of the Twelve Steps”, I examine the dominant narrative of addiction and recovery within these news sources and find that Alcoholics Anonymous and its 12 step model is largely reflected in the news media’s conceptualization of addiction and recovery. I break down the narrative arc that frequently appears in articles, which goes from drug use to “rock bottom” to seeking recovery. Embedded within this narrative and the other common theme of powerlessness while using drugs to autonomy in recovery are many AA beliefs and steps. I argue that this is one way that the news media garners sympathy for opioid using women since the women are considered powerless and therefore agentless while actively using drugs, thus rendering them largely blameless for their actions, yet regain agency in their recovery and therefore rewarded for making the decision to stop using.

In Chapter 3, “Narratives of Addiction and Recovery: AA and the Reach of the Twelve Steps”, I examine recurring patterns and tactics used by the news media to evoke sympathy for women through profiles of women, the dominant story type among my sources. Then I break down typologies of the women featured in the articles, looking at how they are portrayed as victims and victims of an external or internal force. Lastly, I examine the minority of women who are portrayed as villains, not victims, and discuss the differences they share from the rest of the women who are seen as victims of various outside forces.

Lastly, in Chapter 4, “An Intersectional Look at Opioid Using Women: Examining Race, Class, and Gender”, I further analyze my findings while looking through an intersectional lens in order to draw out patterns in racialized and classed depictions of women. Drawing on other

scholarly work, I find that there has been some changes in news media representations of opioid users over the past few years, notably that humanizing narratives have emerged among women of color who use opioids. Yet these narratives are still very lacking and the majority of women featured in articles continue to be white. However, I also find that class is equally as important an indicator as race, in which depictions of white middle and upper class women are different than lower class women, especially in terms of their criminal activity. Finally, I examine how the news media depicts white middle and upper class women's opioid use as especially tragic because it shows their "wasted whiteness", a devastating loss of potential and unused privilege, which ultimately is the greatest loss of all.

2

Narratives of Addiction and Recovery: AA and the Reach of the 12 Steps

“I did all of this on my own...I wasn’t forced to go to treatment. I wasn’t forced to go to drug court. I hit my bottom. That was obviously something big enough to put me there.” (Ison 2018)

Narratives like the one above were frequently used in articles, both by the women themselves and by the author of the article. The agency attributed to Elizabeth in this particular article, and other women in their decision to get treatment and stop using is a part of the larger stock narrative employed to depict their experience with opioids. This stock narrative that is seen in the quote above follows a distinctive pattern in which the woman uses drugs, hits bottom, experiencing “something big enough” or a serious enough of a consequence to her drug use that she makes the choice to seek treatment and get clean is frequently used in news articles. Yet the concept of “rock bottom” and the transition from powerlessness over drugs to agency in recovery, which are the most common discursive patterns in the articles do not reflect a unique narrative of addiction and recovery that the media has created. Rather, these narratives mirror many aspects of Alcoholics Anonymous’ (AA) 12 step model and ideology, using discourse and ideas originated by this “fellowship” displaying the pervasiveness of the 12 step ideology within various institutions both in and outside of the mental health and substance abuse spheres. Ultimately, the use of this narrative and discourse asserts opioid using women’s blamelessness and deservingness of compassion rather than contempt.

This 12-step model, which was first introduced by Alcoholics Anonymous, has inspired over 100 other 12-step programs and has been appropriated by drug treatment centers as a part of or as the primary approach in their treatment (Weinberg 2000; McKim 2017). While reflecting

AA teachings and beliefs, these articles did not always mention AA or NA¹ and the women featured did not speak about attending NA or AA meetings and/or being part of the “fellowship”, nor did the articles mention the ideology of these 12-step groups. Instead, the narrative of addiction to recovery and the ideas about powerlessness and agency pointed to the AA ideology, whether it was realized or not.

Powerlessness of Addiction and Agency in Recovery

The most common way in which drug use to recovery was portrayed in articles was from describing the female as a largely powerless actor while using, yet as willful actors in their recovery. While not always portraying the women as completely passive actors, many articles describe the women’s actions and decisions before their sobriety or attempts at sobriety as a result of their opioid addiction, in which they are not held responsible for because of the power of their addiction. This sentiment of being powerless over drugs was shared oftentimes by the female user herself and her family and friends if included in the profile. As one woman who used opioids said, “most people think, how could you not stop with a baby in your belly?...But the physical cravings, the mental cravings, they take over despite what’s going on with your body” (Ockerman 2017). Thus according to her, while she may have wanted to stop using opioids, for her sake and her baby’s, it is not a matter of willpower and instead opioid users like herself suffer from an addiction that completely controls their lives therefore making it impossible to overpower this disease. Similarly, the sister of a woman who overdosed on opioids posits that opioids and opioid addiction not only control the user’s body, but also it takes hold of their

¹ NA stands for Narcotics Anonymous, a twelve-step group for drug addicts that grew out of the Alcoholics Anonymous program. It follows the same twelve-step model as AA yet substitutes some language from “alcoholic” to “addiction” to remove “drug-specific language” (NA 2016). People speak of AA and NA interchangeably (Sussman 2010) and drug users can go to AA meetings and vice versa.

whole self. She says, “when I said heroin was the monster, to me, it explained all the bad decisions my sister had made and all the things she had done to hurt all of us. It wasn’t her, it was the drugs”, displaying the belief that while her sister may have done certain things in the past that hurt others, it was not actually her who was doing them, but the drugs which had taken over and completely stole her agency.

Therefore, from the perspective of those featured in the articles and the articles themselves, addiction becomes not only a physical dependency that controls users, but a much larger force that renders women agentless over their bodies and their actions. Therefore, while the woman mentioned above could have been portrayed as a bad mother and person for using while pregnant and therefore potentially harming her fetus, the article continuously makes an effort to point out how she did not want to be using opioids, but could not help it, taking some blame and responsibility off of her and instead attributing her actions as due to her addiction. Instead, these women “in the grips” or the “prison” of addiction are not held responsible for past actions that may have been portrayed as deviant or immoral like in past representations of pregnant women who use drugs (Springer 2010; Campbell 2000).

This belief of powerlessness is directly reflected in the twelve steps, in which the first step requires that “We admitted we were powerless over alcohol-that our lives had become unmanageable” (Alcoholics Anonymous 2012:21). According to “Twelve Steps and Twelve Traditions”, which lay out the steps and ideology behind this recovery process, it says that “alcohol...bleeds of all self-sufficiency and all will to resist its demands” (Alcoholics Anonymous 2012:21). Of course while the woman in the article is talking about drugs not alcohol, this ideology is shared in which substances render alcoholics/addicts powerless and unable to resist the demands of this larger force that is guiding them. McKim’s (2017) research

in a private drug treatment program also displayed this notion that addiction was its own force in which women could not combat. Rather than women being portrayed as having agency, the disease of addiction itself was given its own agency, in which McKim (2017:119) notes how counselors would describe it as “cunning, baffling, and powerful”.

However, while articles both render the women powerless over their addiction, they are also portrayed as having agency in their recovery, in which they “decided” or “were determined” to stop using drugs and sought help through treatment. Thus while the article about the pregnant woman previously mentioned begins with her describing the inability to fight off the mental and physical cravings that “take over”, the article ends saying that she in fact is in recovery and managed to get clean because of “the help she received during her pregnancy-combined with her determination to quit using drugs” (Ockerman 2017). Many more articles follow this seemingly contradictory course where women are portrayed as powerless actors while using, consumed by their addiction, which has control over their physical and mental state who also have full agency in recovery and are depicted as being able to make their own decisions.

Even more than being able to make their own decisions, these articles imply that the reason these women are in recovery and sober is largely because of their willpower and determination. This is the case in “72 hours in Louisville’s relentless struggle to stop drug deaths”, in which a woman is described as being “hooked on heroin” for almost two years but is also described as “determined to put drugs behind her” and has “sought out” a detox program to help her achieve this (Glowicki et. al 2017). While the woman first is described as powerless because she was “hooked” on heroin, which rendered her agentless, she is in the same sentence given back her agency when recovery is being spoken about. Since she was “determined to put drugs behind her”, she becomes an agentive actor displaying her willpower to stop using drugs

by having “sought out” help, a decision and action that was fully attributed to her own volition. Though ultimately the woman mentioned earlier, whose sister attributed heroin as being the reason why she had made bad decisions, ultimately could not overpower her addiction, she did regain agency at one point in the article until she became powerless to opioids again. The article mentions a period of sobriety that the woman had saying, “in her last six months... Jeanette showed signs she had pulled away from the drug’s hold. She was baking, racing remote control cars...”, thus when in sobriety, Jeanette was given agency and it was her own will that allowed her to “pull away from the drug’s hold” rather than be in its grip (Weiner 2019).

Weinberg also finds this in his ethnography of multiple drug abuse treatment centers, he posits that within treatment settings there are two opposing “ecologies”, the recovery program setting and what he coins, the “ecology of addiction” to make sense of how users both do and do not have agency (2000:607). This treatment discourse, in which drug use is seen as involuntary while recovery is a choice, is also perpetuated in news sources as well. Therefore, when women in the articles and those within these treatment centers are speaking of their past drug use as active addicts their behavior is understood of in terms of it being as involuntary and self-destructive, which are indicative of the disease. In contrast, while in recovery or “working a program” is an opposing space where people cast themselves as accountable and capable of recovery, thus having agency in this space (Weinberg 2000:609).

From Rock Bottom to Recovery

Oftentimes the shift from women’s powerlessness to opioids while using to gaining agency in their recovery is part of a larger narrative arc employed in these articles. This narrative begins with stories about women’s drug use, usually mentioning their introduction to opioids

then shifting focus more onto the consequences of their drug use, framing their life history in terms of their opioid use. Frequently a causal relationship between their opioid use and negative life events is formed, in which their use was what led to losing custody of their child, facing criminal sanctions, and other hardships they faced like losing friends, a job, and/or their housing. Yet these narratives always speak about when the woman reached her ultimate low point or “rock bottom”, a moment that makes them decide they cannot go on using and need to change their lives (i.e. get help for their addiction). The notion of “hitting rock bottom” is a consistent feature of personal recovery stories within AA literature and among past and current AA attendees who used this expression or similar ones to convey the same point in their narrative of a serious decline with dramatic consequences (Weegmann and Piwowoz-Hjort 2009:277). According to AA’s ideology, recovery process begins when a person hits “rock bottom” and shift into a transitional space of realizing that they “couldn’t go on like that”, which leads them to decide to get sober (Weegmann and Piwowoz-Hjort 2009:276).

One of the articles that followed this arc was “Courts That Save Opioid Victims’ Family Life”, which focused on one woman’s opioid use and her experience with Family Treatment Court (Schonbek 2017). This piece opens on a heartwarming scene of a woman, Samantha, in the garden with her two children running around and gleefully shouting. Yet the article soon mentions, “four years ago, things looked very different” bringing the reader back into the history of Samantha’s life and opioid use. Thus the story of her addiction and recovery begins, with a mention that she had “struggled with addiction for years” after being prescribed opioids for an accident. Though trying in the past to get clean, she was never successful, and while using did some regrettable things due to her addiction like leaving her daughter alone with a “physically abuse boyfriend so she could get high” (Schonbek 2017). Yet it was not until she lost custody of

her daughter that she realized, ““ if I didn’t stop what I was doing I was going to destroy my daughter, and she was going to be doing the same thing I was in 10 years””. Therefore, losing custody of her child when she had always “dreamed of being a mother, was the point in which Samantha “decided” to follow the program of Family Treatment Court to get her daughter back (Schonbek 2017). This tipping point or “rock bottom”, which her drug use led to the worst consequences therefore made her actively decide to really try to become sober. Again, while she may have done less than admirable things while using, Samantha is not demonized for this as it was due to her addiction, yet when speaking about her recovery, the article affords her agency, saying she “decided” to follow the program, despite there being a coercive element to her treatment as she went to Family Treatment Court in order to regain custody of her child. Her agency, and the agency of users in general is mentioned again in the description of this type of court, in which the article says it is there to help people “take charge of their recovery”, thus assuming that they have the ability and are required to actively work to stop using drugs that they are seen as powerless against (Schonbek 2017).

While some articles do not explicitly reference “hitting bottom” or “rock bottom”, other articles do use this expression displaying a direct influence of Alcoholics Anonymous discourse and ideology on news media reporting. One header within an article was entitled “A Public Way to Hit Bottom”, which then went on to talk about how “for some, the public shaming”, which in this case was having their overdoses recorded and shared on the internet “was a new way to hit bottom” (Seelye et. al 2018). Similarly, the woman in the article quoted at the beginning of the chapter also talks about hitting “bottom” and the article also entitles a paragraph “Rock Bottom” (Ison 2018). McKim (2017) also observed the use of this narrative at the private rehabilitation center she studied. Keeping with the AA 12-step model that “The Lodge” strictly adhered to, the

practice of narrating one's life and how they got to the rehab was a key component of treatment, which reflects the Alcoholics Anonymous' emphasis on personal narratives that follow this specific arc. Similar to Weinberg's (2000) argument that places addiction and recovery as two opposing ecologies, Weegmann and Piwowoz-Hjort (2009) note that past or current AA attendees made temporal distinction between their life before recovery and after recovery. From their narrative, the period of their life when using drugs and/or alcohol was described as abnormal and detached from their life now, while their transition out of use and into recovery was conceptualized as different periods of their life. Again, this understanding comes directly from AA ideology, in which the Big Book also makes temporal distinctions in personhood distinguishing between selves as "what we used to be like, what happened, and what we are like now" (Warhol 2002:108).

When looking at these articles' recovery narratives through the framework of Alcoholics Anonymous ideology, the sudden shift in rhetoric about women as powerless yet autonomous becomes more reasonable. Like AA, these articles also make the temporal distinction to conceptualize different stages of addiction and recovery in women's lives. Therefore, if keeping with the twelve step model, it is important for the articles to distinguish that these women are powerless to drugs and will never have control over substances, yet while in recovery are able to be mindful of their actions and encouraged to hold themselves accountable, which includes recognizing that they are powerless to substances (Valverde 1998).

Treating a "non-medical disease": the Question of Medical Assistance

While there are similarities with Alcoholics Anonymous in the news media's representations of women's drug use history and timeline, not all of the central principles and

beliefs of AA are reflected in these articles. Firstly, the news sources do not reflect the same belief that abstinence from all substances is required for recovery. As McKim (2017) found at The Lodge, the heads of the facility were adamant in their refusal of providing any drugs to clients as it went against the AA belief in abstinence, which prohibits all mind-altering substances. This also included Suboxone and other pharmaceutical drugs that treated opioid addiction. However, many of the news sources supported the use of medications like Suboxone for people struggling with opioids and spoke about the benefits that these medications provided like reduce cravings and withdrawal symptoms for the women and their babies. Multiple even addressed the lack of accessibility of these medications for people, especially focusing on the difficulties that pregnant women faced in receiving MAT (Medication Assisted Treatment) within treatment facilities and by doctors who often would deny women of these drugs (Smith 2018; Ockerman 2017). Therefore instead of supporting the belief that many treatment centers hold which reflect AA's emphasis on abstinence, articles support the use of these drugs, citing experts who say that quitting opioids without using medications leads to higher incidence of relapse and can be stressful on a fetus.

However, the support of M.A.T., which displays a more medicalized approach to treating addiction than AA does not mean that these articles overall advocate or display the belief that addiction should be treated by the medical community only and that it is a disease, therefore meaning it should be seen as a medical, not spiritual problem. Instead, while these articles do support medical involvement with treating addiction, they often imply that MAT must be supplemented with traditional forms of recovery that follow AA ideology. My research suggests that these articles support the belief that Alcoholics Anonymous posits, which is that alcoholism/addiction is a disease, but it is a "non-medical disease", which people can never

overcome or be cured of (Valverde 1998:123). Indeed there is some difference as Alcoholics Anonymous believes that this “non-medical disease” should not be diagnosed or treated by the medical community, and it is clear that these articles do support medical experts’ involvement with helping those with their addiction. However, the articles still do not seem to believe that it is solely a medical problem and thus should be treated only by medical experts.

Additionally, most articles do not attempt to portray addiction in more scientific or medical terms by including research or quoting medical professionals about the physical and neurological aspects of addiction. However, various medical professionals and experts are cited in articles like “Newborns have become the most innocent victims of America’s opioid epidemic” (Bordas 2018), which includes quotes from a medical director of a hospital. Yet in this article and others even the medical professionals imply that addiction is more than only medical disease. In Bordas’ (2018) article, the director begins by saying “we have to keep educating people that this is a medical condition”, yet she continues to “instead of asking people who are struggling with this disease ‘What’s wrong with you?’ Mims said she asks people, ‘What happened to you?’” While attempting to de-stigmatize addiction and call it a medical condition, the director still implies that there is a mental or emotional aspect to it, in which there is an event that triggered a person to use drugs and become addicted. This then denies the medical/scientific perspective of addiction as a neurological disease, in which it would be more appropriate to ask what is wrong, as in ask for symptoms, rather than asking about the emotional history of a person instead of focusing on the body (Bordas 2018). Additionally, another article shares the 12-step belief that addiction is incurable and that addicts will always be addict. When talking a woman who is taking Suboxone, which the article portrays as a positive and beneficial treatment option, the article ends on an ominous note, saying “She has mostly stopped craving

opioids, for now”, displaying the belief that AA holds in the fact that people are always addicts and are constantly vulnerable to begin using again. Therefore, while medications like Suboxone can help drug users and abstinence is not portrayed as the only option for drug users wanting to get sober, the article still suggests that these drugs cannot completely cure a person and despite what they do, they will always want to use drugs and feed their addiction.

Unconventional Narratives and Other Outliers

There are exceptions that do support a more medicalized approach to treatment and/or view addiction in a different light than the dominant AA narrative. This includes “I Am Going to Die if I Keep Living the Way I Am” (Macy 2018) and “Addiction Doesn’t Last A Lifetime” (Szalavitz 2018), notably both opinion pieces published in the New York Times. These articles use more medicalized language that acknowledges addiction as a legitimate medical condition in which people can go into “remission”. In one, it points out the need for MAT to be far more accessible to people and discusses the many barriers that are in place for people who need it and could benefit from it. Yet while other articles also urge for MAT, which thus supports intervention and help by the medical community, this article argues for further medical intervention saying, “medical overtreatment was the rule in American medicine — until the moment addiction set in, and health care scarcity was the norm” (Macy 2018). Thus the medical community is held responsible for contributing to the problem by over treating and prescribing people opioids unnecessarily yet do not do nearly as much as they should to help people who have then become addicted to the prescriptions they gave out. Yet also this shows that the article sees opioid dependency as a medical problem that therefore should be handled within the medical sphere.

The other piece, “Addiction Doesn’t Always Last a Lifetime” stresses the fact that there are even more ways that people can not only stop using drugs and can successfully do so. Instead of perpetuating the notion that people will always be addicts, the title directly points to the fact that it is not necessarily a lifelong affliction as a person may be dependent on drugs at some point in their life, but will not always be an addict, a belief of AA (Szalavitz 2018). Additionally, the article problematizes the fact that the media and pop culture only portray recovery as going to rehab and then participating in 12 step programs like AA and NA. Instead, it points out that “nearly half of those with prescription opioid addiction are able to recover without formal treatment or self-help participation”. Instead, as shown in the subsequent profiles of users, people have been able to stop using by learning about the science of addiction, and writing about it, tapering off or substituting one substance for another, going to Native American ceremonies, or using opioid agonists and partial agonists like methadone and buprenorphine and tapering off on their own (Szalavitz 2018).

There were also other articles, yet less of them that did not combat dominant notions about addiction and recovery like those above, but did not follow the same narrative. These articles often did not portray the women as victims thus it could be argued that since the articles did not deem them sympathetic actors, their experience was not portrayed in a more positive light through AA, which would render them agentless while using, thus free from being fully guilty of their actions while also championing them for choosing to change their lives and get clean. This was the case partly because some women were still using, it was unclear whether they were still using, or had overdosed, all suggesting that they did not “hit rock bottom” yet.

Conclusion

Alcoholics Anonymous and following its twelve-step model certainly is one option for drug users to get clean, yet the news media largely portrays it as the only way that people can successfully stop using substances. Indeed, AA has merits to it, like its accessibility, in which anyone, despite their socio-economic status can attend meetings, and clearly has and continues to help people. Yet the fact that the majority of articles implicitly incorporate the twelve-step narrative and ideology into their stories about opioid using women suggest that this is the only way that people can successfully stop using drugs and further perpetuates this understanding of addiction and recovery as the dominant belief. Yet as Szalowitz's (2018) article displays, this is not the case and there are many different ways in which people can stop their drug or alcohol use without having to conform to the AA philosophy.

However, in utilizing this framework of addiction and recovery, the women in the articles were largely portrayed positively since AA's ideology is forgiving and allows for the women's past mistakes or actions to be somewhat justified while the positive aspects of their life are attributed to their doing and choices. As McKim (2017) finds in her ethnography on two differing rehabilitation centers, the ideology of the treatment program about addiction and recovery certainly affected the way in which women at these centers were governed. Therefore at WTS, a state sanctioned residential treatment facility, which largely treated lower class women of color who were mandated to attend by Child Protective Services or a branch of the criminal justice system, women were told that their selves were inherently flawed and that they needed to completely change themselves, attempting more to habilitate than rehabilitate the women. Yet in contrast, the women at Gladstone Lodge, a private residential rehab, which had predominantly white, middle class clients, were told they had a chemical dependency and largely adhered to the

twelve step model in which they helped women change their lifestyle not their self. While still punitive and problematic in various ways, the Lodge allowed women to redeem their social status and respectability as AA's ideology allows for past moral declines and "past brushes with lower class deviance" if a person then follows its steps for recovery and thus adheres to middle class norms (McKim 2017:144). Therefore in portraying the women in these articles through the AA lens, these women were given the benefit of the doubt and seen as capable as gaining social respectability and status despite having made immoral choices in the past that decreased their social status. Therefore, the use of this narrative and discourse is arguably one way in which the news media portrays women who use opioids sympathetically and provides a more humanizing look at them. In the next chapter, more methods of depicting women in this positive light are explored, in which women are sympathized with so much that they are often portrayed as victims.

3

Sympathetic Narrative Tactics and Typologies of Opioid Using Women

“Franklin’s struggle began 17 years ago with a single prescription for Vicodin. At the time, she had her own home and managed a grocery store. But the side effects of long-term opioid use soon set in. Mounting anxiety. Sleeplessness. Depression. With each new problem, doctors sent her home with more pills.” (Kindy and Keating 2016)

“Opioid addiction is America’s 50-state epidemic. It courses along Interstate highways in the form of cheap smuggled heroin, and flows out of “pill mill” clinics where pain medicine is handed out like candy” (Bosman et. al 2017)

I found that the most common news articles on female opioid users were profiles that focused on the life of one woman or a few women’s experience with opioids. The majority of these articles offer a compassionate view of the woman/women and portrays them more as victims of various circumstances, other actors, and addiction rather than as active actors inflicting harm on others and themselves. Some common themes arose in how authors of the articles attempted to evoke sympathy from the reader, detailing her life history, offering context to her drug use and the hardships she faced due to drugs, and often including statistics or quotes from medical authorities, like the Center for Disease Prevention, seemingly in an attempt to humanize the addicts of the opioid “epidemic” and prove that addiction should be regarded as a public health concern, not a criminal one.

Patterns in Reporting:

The first theme I found among articles that fostered sympathy rather than disdain for opioid using women was that most of these articles frame the opioid “epidemic” as a public

health crisis and thus support non-punitive, more health oriented approaches to help the problem. There are various ways in which they implicitly or explicitly support a public health approach to opioid use: adding studies and/or statistics that compare opioid death rates with other causes of death rates that often do not blame the deceased like car crashes, providing a negative view on criminal justice involvement and the pain or injustice of them being involved or criminalizing an addict for her addiction, comparing addiction to cancer or diabetes to express that it is a disease rather than a moral failing, using quotes from experts in field about addiction who discuss the neurological or physical aspect of addiction, and/or advocating for offering more social services to addicts like treatment while also pointing out problems with difficulties in access to treatment especially M.A. T. and treatment options for certain populations like pregnant women. However, some do see aspects of the criminal justice system as positive and view intervention from the justice system as a beneficial tool to help opioid users, like in therapeutic courts such as family treatment court and drug court. Though seemingly a contradictory idea to support the use punitive methods on people suffering from a disease akin to cancer or diabetes, as Tiger (2012) and McKim (2017) point out, medicalized approaches and understandings of addiction are not necessarily in opposition with criminal approaches and instead these two approaches have and continue to work in tandem within the U.S., actually complementing each other. Indeed these articles do not argue for the punishment of opioid users, yet involvement with the criminal justice system in some articles is portrayed as a push that some of the women needed in order to get clean while others champion new methods the justice system has been implementing to deal with opioid users that is more compassionate, regarding the public health and criminal approach as able to work together in a positive way.

In addition, these profiles provide a detailed narrative about the women, giving the reader more information about their lives, sometimes mentioning their childhood, schooling, job, family life, and more. The articles create a descriptive scene for the reader, offering a glimpse into the emotional realms of these women's lives and offering an understanding of what their reality is, sometimes one that is stable, working a job and/or being a devoted mother, while in other cases displaying offers a less promising and disheartening scene in which women are struggling to meet the demands of their court orders or fighting to re-gain custody of their child with the odds against them. Often these narratives include quotes from the women themselves, giving the women a voice and opportunity to share their perspective about their experience.

Many of the narratives also include how women were first introduced to opioids and how their opioid use began. The most common introduction to opioids was from a doctor who prescribed opioid medications for an injury or chronic pain, an important point to include as it further attests to the woman's victimhood and shows she did not seek out illicit drugs, making her seem more innocent and powerless since a medical authority whom she trusted to take care of her led her to her opioid use. This introduction was also one of the most common introductions to opioids among white users in Netherland and Hansen's (2016) news analysis, which enabled these users to be viewed as somewhat blameless because a legitimate medical condition led to their use. The second most common introduction to opioids was due to the women's struggle with mental illness or trauma they faced, in which they turned to drugs to help them cope. Again, despite the fact that these women were not necessarily prescribed these drugs and illicitly used opioids, their use is justified by their trauma and or mental illness, which is what led them to use. Thus even though they chose to use drugs, this introduction still troubles

the culpability of these women because of the difficulties they have faced and continue to struggle with and thus sympathy is shown for the women.

Descriptions of women's personal details and life history are actually quite common among these profiles even when these details do not necessarily seem relevant or directly linked to their reason for using drugs. However, articles often framed these details as important elements to note in order to better understand the woman and her opioid use, employing a similar narrative pattern found by McKim (2017) at a private rehab facility that encouraged women to frame their life in terms of their substance use. Most frequently, these are negative histories, in which personal crises are spoken about or the article adds their difficult upbringing to the profile. Yet in other cases, articles focus on the emotional and/or physical pain the woman has faced as a result of her addiction, describing the pain of withdrawing from drugs or the emotional pain of losing a job, home, or family. However despite these similarities, there are also distinct "types" of victims that emerged from these articles.

Victims of Gendered Expectations and Responsibilities

The first type is the white, middle class or socio-economically stable woman who is victim to cultural expectations and gendered responsibilities of her social status. Multiple articles published in the Washington Post within a series titled "Unnatural causes: Sick and Dying in Small Town America", which looks at the rising death rates of whites in midlife, particularly women, actually portray middle aged white women as those who have the hardest time with addiction and struggle the most to receive help. While they do not explicitly state the women's socioeconomic status, the main woman in "Risky Alone, Deadly Together" (Kindy and Keating 2016) used to own a house and run a grocery store until she decided to quit, implying that she

lived somewhat comfortably and could support herself. Similarly, in “Trolling for Drugs in a California ‘Heroin Alley’”, there were various mentions to the woman’s class status, mentioning the neighborhood that she grew up in, which showed that she grew up with enough money to be comfortable and commenting on her career, which also further suggests her race and class status since Linneman (2009) found that white, middle class people in news media were often described as “professionals”. Additionally, the article describes the woman as “well groomed”, which did not allow her to fit into the neighborhood known for “poverty and drugs” that she frequented to buy heroin ultimately leading her to getting mugged, punched and threatened for standing out and not appearing like the working class or poverty stricken inhabitants of the area (Kindy 2016). Thus while the first woman in “Risky Alone, Deadly Together” (Kindy and Keating 2016), seems to be having financial difficulty now or is not of the same socioeconomic status as she was, this is due to her opioid addiction, which began much later in life in her 40’s/50’s thus living in comfort for at least some portion of her life.

In both articles, the plight of these women is displayed through guiding details added by the authors and the inclusion various quotes in each article explicitly talking about the difficulties that this demographic faces. In “Trolling for drugs in a California ‘Heroin Alley’”, a minister working at a popular church among drug users actually attributes having a job and a family as preventing these women from asking for help for their addiction (Kindy 2016). While often it is seen as helpful to have a support system or in various articles has been the case why people actually go get treatment in order to become a better mom or partner, this minister sees all of these as deterrents for the women. Instead, he attributes their hesitation and embarrassment in coming forward as due to the societal expectations placed upon these women as mothers, wives, and employees in which “they are the ones who are supposed to keep it all together when things

go wrong. They don't think they have the right to unravel" (Kindy 2016). In fact, he implies their position in society and personal life, having people who care about them and a job, which both could be assumed as providing some meaning in life makes it harder. He says, "They don't want their children to know. They don't want their husbands to know. They don't want their bosses to know. They are afraid of losing everything" (Kindy 2016). Thus these women are even more so considered to be victims because of the larger cultural/societal expectations placed on them to remain stable and maintain the hegemonic family structure of providing as a mother and wife and actually have things to lose.

In another article, "Risky Alone, Deadly Together", the author switches between a profile on a white woman in her 60's addicted to both benzodiazepines and opioids and statistics and quotes from medical authorities on this increasingly large trend in dual prescription use (Kindy and Keating 2016). After describing the woman's daily routine taking more "than a dozen different prescription drugs, washing them down with tap water and puffing on a Marlboro while she waits for them to kick in", the article cites data from the CDC that has found an increase in middle aged white women opiate overdose death rates, in which anti-anxiety drugs have recently been contributing to overall overdose death rates (Kindy and Keating 2016). While these statistics do speak about prescription rates of white women, some people quoted in the article do not view white women as the victims of doctors. Instead, a supervisor for the Mental Health Department in the county attributes the increase of this dual use to societal expectations placed on white women as "woman have had to be strong for so long" calling opioids and benzos "a good way out" (Kindy and Keating 2016). Thus while doctors may be overprescribing these medications or not being mindful to their patients' medications prescribed by other doctors, ultimately white women are truly suffering from the expectation to stay strong and hold it all

together, which leads them to accepting medications to help deal with this stress and then become addicted to them.

While also focused on the white, middle class victim, hegemonic beliefs about the role of women does not lead the woman to use or prevent her from seeking help, yet it does show how these gendered expectations lead to even more stigmatized reactions. Specifically, the article highlights the difficulty and fear that one woman, a wife and mother of four, has faced in speaking about her addiction because of the assumptions that others have about what an “addict” or “junkie” looks and acts like (Nelson 2016). While she did seek help despite having a husband and children, those outside of her immediate family did not know she was in recovery until she had been clean for three years. The article implies this secrecy is partly due to the fact that “people are always surprised to learn that she was an addict” since “many have a certain image that people who suffer from addiction are junkies, or in her words, ‘people like that’” (Nelson 2016). Thus due to her social status as a white middle class mother and wife, she was not comfortable speaking about her own experience with addiction because of the pre-conceived notions of what an addict is like and the even more stigmatized response to people who fall out of this pejorative label.

In an attempt to combat the stigma of addiction, the article speaks about “opioid use disorder” and its prevalence across the U.S., including information from a senior adviser at the Substance Abuse Treatment Center of SAMSHA, who promotes the idea that addiction should be spoken about to end the taboo and stigmatization of addiction, which prevents people from speaking about it (Nelson 2016). Though the article does make an effort to portray addiction as a disease, including quotes from the main woman and other addiction experts who advocate for equal treatment of everyone suffering from addiction, despite having “different circumstances”

(Nelson 2016) than her, it still continues to marginalize the voices of those who are less privileged and recognized within society. Instead, it focuses on this one woman who struggles with being stigmatized for not looking like a “junkie” and ultimately portrays her a sort of white savior within the movement to de-stigmatize addiction. The article says, she “has openly shared her story with others when no one else would... because of the stigma behind addiction” (Nelson 2016) implying that she is the only one who is brave enough to speak about her story and come forward for the greater good of the movement while ignoring the fact that many others do not have a platform to speak about their experience with opioids or actually are speaking about it but to different audiences. Therefore for all the article’s attempts at breaking down the stigma of addiction, the work is mostly negated by the fact that only this one woman’s work is mentioned because she did not look like a “junkie” perhaps living on the street or showing extreme physical signs of addiction, rather than giving a voice to someone that others might write off as a “junkie” who is actually much more than this one derogatory label.

Thus in all three articles, these white women who certainly have some privilege are actually seen as victims because of these privileges they have in life. Instead of mentioning the various treatment options that are available to them, especially as women who do have access to help and the efforts made on the state or federal level to help opioid users, these women are ultimately seen as victims of the gendered expectations and stigmas associated with their status.

Big Pharma, Bad Doctors and Naïve Women

Similarly, many white women are portrayed as the unknowing, naïve victims of Big Pharma’s lack of transparency about medications and doctors’ over prescription of opioid medications for legitimate health problems that they suffer from. In fact, the majority of women

featured in these profiles began using opioids after being prescribed medication for an injury or surgery by a doctor. However, not all articles automatically deem these women as complete victims because of this and sometimes portray them as victims of other larger social problems or in other cases in less positive lights and more as victimizers than victims. Yet there is a type of victim who is regarded as victimized by doctors and/or pharmaceutical companies because they created addicts among women who did not know any better.

In the New York Times piece, “Prescription drug abuse among older adults is harder to detect” (Gustke 2016), almost all of the women featured are portrayed as this kind of victim. The first woman featured was prescribed pain killers after surgery, then prescribed more pills after “a long, tortured path to divorce” made her anxious and depressed, which led her to a life on “a candy-colored pill roller coaster” (Nelson 2016). Yet while the article does mention that she did go to “doctors with exaggerate truths” to get more pills, the woman is ultimately portrayed as a victim of overprescribing habits of doctors and “constant pill popping” who is unaware of what these pills are doing to her (Gustke 2016). The article even quotes her saying “I didn’t think I was addicted... I was naïve”, which forgives her for her past manipulative behavior as she was legitimately in pain yet did not know that “sometimes the pain pills are causing the pain, not the injuries”. The article instead frames this woman’s increased opioid use as due her naivety since she simply did not know better and just wanted her pain to subside, implying that she could not be expected to know that going to multiple doctors for prescriptions was bad for her or that she might have a problem or be abusing the medications prescribed to her (Gustke 2016). Though mentioning the privilege of affluent, white women like this first woman, even quoting directors and employees at expensive rehab facilities who have seen many wealthy drug users and attest that they often do not get treatment because “they are used to getting what they want” the same

employee goes on to say “they don’t understand their addiction”, almost forgiving the fact that they used their resources and privilege to have multiple doctors in order to gain more prescriptions because they did not understand addiction so how could they realize what they were doing was wrong (Gustke 2016).

Another woman featured in the story was a “wealthy woman whose addiction was masked” because she never had to leave her large estate and had staff members to take care of her (Gustke 2016). The article actually suggests that her employees were to blame for her continued use of prescription drugs and alcohol as they were the ones going and getting it for her “even though her memory was fading” (Gustke 2016). Thus they were “enabling her” (Gustke 2016) by following her orders to go get medication she was prescribed despite acknowledging the power dynamic between employer and employee, in which not doing what is asked of by the employer could mean losing their job and source of income.

The last woman spoken about in depth was also prescribed opioids for chronic back and knee problems along with Xanax by a psychiatrist. Again, the article portrays this woman as an innocent victim of these drugs and prescriptions saying, “she didn’t think the pain pills were addictive and even took some of her husband’s” (Gustke 2016). Even though she actually took her husband’s medication, which was not prescribed to her, she is not considered to be responsible for this or expected to realize that her behavior may set off some alarm about her drug use because she simply did not know that the opioids she was prescribed could be addictive. Again, this lack of awareness about addiction is emphasized in her quote saying “I’m a nice Jewish girl...And I had no idea about detox”, displaying a trend among this population of older, affluent, white women that they cannot be blamed for not understanding addiction or what the signs of substance abuse are because they do not witness or have experience with addicts

(Gustke 2016). Ultimately this again plays into the first victim spoken about, the white woman who is burdened by gendered norms and expectations of a woman of this specific social status, in which those with more privilege and resources are actually the largest victims. Not only that, but the narrative of this story in fact perpetuates notions of classed and racialized ideas about who “junkies” or addicts are as it is implied that these women obviously would not know what addiction like and should not be expected to because of their social status.

Similarly, in “Risky Alone, Deadly Together”, the featured woman who has already been mentioned is also considered a victim of overprescribing, immediately opening the article saying “Karen Franklin leans against the sink in the pink-tiled bathroom of her childhood home, counting out pills. There’s a purple morphine tablet for chronic back pain, a blue Xanax for anxiety and a white probiotic for her stomach, which aches from all the other pills” (Kindy and Keating 2016). Again this woman, like the others who fall into this victim category, only uses prescription opioids rather than later switching to heroin as some users do. Karen, like the others were, is dependent on the pills that a doctor or doctors have prescribed her and takes them faithfully every day, admittedly having manipulated doctors and ERs into prescriptions in the past. Yet the article notes that she still continues to suffer chronic back pain after an initial tailbone injury, which led to an opioid prescription and the beginning of her use. Later on in life, she had more personal difficulties, her mother dying, “her second marriage began to unravel”, and she “decided to quit working”, which led doctors to prescribe her antidepressants, sleeping medications, and anti-anxiety medications to help her cope (Kindy and Keating 2016). Using her story as an example for the current phenomena of increased mortality rates for white, middle-aged women, which has largely been due to drug overdoses and suicides, the article notes that white women are more likely than all other female demographics to be prescribed opioids, and

even more likely to be prescribed opioids and anti-anxiety drugs, making them the most at risk amongst men and women. Therefore, this woman like the other women are seen again as innocent opioid users who are the unknowing targets of overprescribing habits among doctors and psychiatrists.

Victims of Trauma, Emotional Pain and/or Mental Illness

Another victim type is that of the woman who has suffered from a difficult life, suffered trauma, and/or has a mental illness. Though there is one woman of color who is deemed a victim in this category, still the large majority is white women who are sympathized with for suffering from these personal difficulties. While some articles only speak of a woman's trauma and do not mention mental illness, many include the two and describe them as inseparable personal facts that cannot be distinguished between, thus this typology includes the two, mirroring most of the articles.

Some articles do note that some of the women featured began using opioids after being prescribed by a doctor, yet they are not necessarily considered victims of these medical authorities, and instead more focus is placed on how these women are victims of the trauma they have endured in their lives. For example, in the article "How do you recover after millions have watched you overdose?" (Seelye et. al 2018), one woman featured does begin using opioids after an injury, yet after briefly mentioning this, much more focus was placed on her difficult childhood and the pain she endured as an adult. Though sober currently, the article speaks about her multiple attempts at sobriety and relapses. When providing details about one of her relapses, the article portrays her as a victim and is compassionate towards her, adding context to her relapse story by mentioning the difficult, traumatic events that led to her relapse. Similarly,

another the article considers the woman featured as primarily a victim of her mental illness. Though the woman was prescribed opioids for a chronic illness, she finds that the medication helps her manage the mania of bipolar disorder, in which she was not yet diagnosed and treated for (Kindy 2016). In other articles, women are seen as victims of both mental illness and the emotional pain, which are often intertwined. In this narrative, these drugs help women cope with a multitude of problems like “the anger left over from her parents’ divorce, her depression, ADHD, and self-doubt” (Saslow 2016).

Victims of the “Epidemic” Itself

Women are also sometimes depicted as the victims of the “opioid epidemic” and/or the actual opioids themselves, which are portrayed as active agents in these articles while women are the passive recipients of these menacing drugs. In many articles, the opioid “epidemic” and opioids transform from a concept or inanimate object into actors perpetrating addiction and victimizing innocent women caught up in their grip. This portrayal of the opioid “epidemic”, which often times translates into opioid addiction, is present immediately in the title of the New York Times article, “Inside a Killer Drug Epidemic: A Look at America’s Opioid Crisis” (Bosman et. al 2017), which calls a whole drug epidemic a “killer”, suggesting that it is the one perpetrating violence and causing deaths. The article then goes on to give an overview of this opioid crisis saying, “opioid addiction is America’s 50-state epidemic. It courses along Interstate highways in the form of cheap smuggled heroin, and flows out of “pill mill” clinics where pain medicine is handed out like candy.” Again, this “epidemic” of opioid addiction is given agency while those who fall in its path are considered to be powerless against it while it is actively moving “along Interstate highways” and infiltrating the places along its way. When giving

statistics to display the pervasiveness of this crisis, the article says that “the opioid epidemic killed more than 33,000 people in 2015” (Bosman et. al 2017). Rather than saying 33,000 people overdosed on opioids, which suggests that those who used the drug had some agency or part to play in their death, the article says these people were killed by the epidemic, again describing these people as victims. The article then goes on to share stories about various people associated with opioids, including one woman who is in recovery and taking Suboxone to help keep her from using other opioids. Even though “she abused Vicodin and morphine relentlessly” and would “steal them from her disabled husband, who would try in vain to hide them”, what could very easily be read as her being the victimizer, the article focuses much more on the fact that she is in recovery and what her experience using Suboxone has been like (Bosman et. al 2017). Ultimately, she continues to be portrayed as a victim despite her hurtful actions while using, because as the article began with, the opioid epidemic is the victimizer and those featured in the story are the victims of its reach.

Similarly another article with an equally revealing title, “Heroin use surges, addicting more women and middle-class”, begins with a sentence depicting heroin as the active force driving drug use and addiction saying, “Heroin use is reaching into new communities--addicting more women and middle-class users” (Szabo 2015). Rather than framing the problem as new populations (despite whether this is actually true or not) beginning to use heroin, women and middle-class people the powerless recipients of addiction from heroin who have no will or ability to decide whether they use or not. Again, this type of language is used in other articles, like describing Trump’s administration as working to help “infants and mothers caught in the opioid epidemic” (Bernstein 2018). Though not immediately clarifying which mothers would be helped, the article continues to speak about women who use opioids while pregnant or after birth, thus

suggesting that even though these mothers may be opioid users, they did not choose to use and rather were “caught” in the “opioid epidemic”.

The Self-Sacrificing Mother: Victim to Addiction and/or State Negligence

One of the most surprising findings was that pregnant opioid using women or women who did use during their pregnancy were also considered to be victims. A theme arose in which anytime a mother or soon to be mother expressed a desire to fight for her child, whether it be to regain custody, prevent losing custody, and/or acting in her child’s best interests like their health by trying to get clean, she was shown sympathetically and as a victim who ultimately was a good mother. In basically every case, this desire to keep or regain their child or infant and/or ensure their health and safety entailed stopping their opioid use, but even if mothers were not successful in becoming clean, they were not necessarily still demonized. In fact, just the desire even if they didn’t act on it or were successful was enough to prove their worth and deservingness of being sympathized with even if they did potentially harm their children. Many of the mothers or soon to be mothers in these articles, though not all, are portrayed as victims of larger forces that stem from the state and federal government’s lack of support for opioid users through their legislation and actions. Most often, these women are the victims of restrictive healthcare policies (Macy 2018), lack of funding or support for treatment options especially for pregnant women (Ison 2018; Smith 2018; Seelye 2016), and harsh child welfare statutes that too eagerly split up families rather than provide necessary support to keep parents and their child together (Gotbaum 2018; Ockerman 2017; Schonbek 2017).

In some cases, the fetuses, infants, or children were still considered to be the ultimate victims and the articles clearly felt more sympathy for these unwilling, passive actors who never

chose to use drugs. Yet once it was proven that the mother cared enough about her children and saw them as the most important thing in their lives, even more important than drugs, the articles would be more forgiving and not hold the women fully accountable for harming their children. Even in articles with titles “When life begins in rehab: A baby heals after a mother’s heroin addiction” (Bernstein 2015) and “Parents of baby born in Ohio Burger King Toilet in recovery” (Ison 2018), which one would assume does not shed a particularly positive light on the opioid using mother in the stories, both women are ultimately depicted as committed and devoted mothers.

In the Washington Post’s article, “When life begins in rehab: A baby heals after a mother’s heroin addiction” (Bernstein 2015), the title immediately suggests that the baby is the victim of the story born into a difficult life. Indeed the whole article continues to portray the baby as suffering the most, beginning with a graphic description of the pain it is going through from withdrawing from opioids. However, the mother is not portrayed as a bad mother despite the fact that the immediate cause of this pain is due to her drug use, whether objectively that is true or not. Instead, the article includes a quote from the mother right after describing the baby’s withdrawal, saying that she was determined to “never touch another drug after putting my baby through this” (Bernstein 2015), thus proving her devotion to motherhood and reaffirming the expectation that a child should come before all else in a mother’s life. Though throughout her life and pregnancy she struggled to stay clean, in which the author is far less sympathetic, the article ends depicting the woman as ultimately a good mother, proving her devotion to her baby and role as a mother by quitting methadone “cold turkey” and experiencing severe withdrawal symptoms in order to prepare for her baby to leave the hospital and come home with her (Bernstein 2015). This display of devotion, putting herself through immense physical pain

markedly for the wellbeing of her baby, saying that “its worth it... getting off everything to be with my child”, is enough to prove her worth as a mother from her dedication to do anything for the sake of her baby (Bernstein 2015).

Additionally, the other article mentioned focuses much more on the white woman and mother of three as a victim than on her recently born baby. The article begins by framing the birth of this woman’s child in a Burger King bathroom as a “snapshot of the impact of America’s opiate epidemic” (Ison 2018) then immediately notes that the woman is in recovery and living in a sober house with 100 days of sobriety. Despite the fact that the woman is a mother of two others kids who she lost custody of, more focus is placed on her attempts at getting clean while pregnant with the baby recently born in the Burger King and the fact that she was denied access to proper treatment because of being pregnant. Thus even though she was high when she gave birth and did not succeed in getting clean while pregnant, the fact that she not only wanted to get clean for her baby, but tried, and was turned away from a treatment facility that offered opioid agonist medications proves her maternal “instinct” or capacity as a mother while depicting her plight due to the lack of treatment options for pregnant women. The article then briefly mentions the event, which caused national media attention, telling the story from the woman’s perspective and briefly mentioning that the baby was being treated for withdrawal, but is healthy otherwise. Many more articles about these women follow a similar narrative, sympathizing for women who want to get sober, are actively trying to, or are already sober yet still do not have custody of their children.

This representation of drug using pregnant women and mothers especially surprising when comparing these contemporary drug users with female drug users in the past. As previously mentioned in the introduction, crack using pregnant women certainly were not

depicted as victims. Instead, articles contained photos of their suffering babies and even more frequently would warn readers about the many critical medical conditions that crack exposed fetuses faced like cerebral hemorrhaging, prematurity, birth defects and more (Logan 1999). Yet in addition to the physical health consequences, these children, who were seen as helpless victims of villainous mothers were also said to have emotional and cognitive disabilities in the less “severe” cases. The effects of these women’s crack use on babies made these children who on one hand were seen as victims of their mothers, also be viewed by the media and as a “new breed of child... one that was loveless, tortured, and demented” (Logan 1999:117). Therefore, instead of depicting opioid using mothers as having completely lost their maternal instinct and permanently being labeled as bad mothers who have damaged their children, these women are able to redeem themselves if they begin displaying traits of white middle class mothering, like being self-sacrificing and always putting their child/children first.

Villainous Users: The Selfish Mother

Though less frequent, there are also cases in which the female drug users themselves are considered to be more villains than victims and held are responsible for inflicting pain to others. One type of victimizer was the mother who did not prioritize her fetus, infant, or child’s care and safety above all else, instead putting her needs before that of her child. In the New York Times piece “You Can’t Have Your Baby” (Louis 2017), the article demonizes drug using mothers while discussing how difficult it was to find a co-operative pregnant drug using woman who would share her experience with a reporter saying that it was “one thing to wrestle with the guilt of bringing a baby into the world with withdrawal symptoms”, and another to allow a reporter to witness the suffering that the baby goes through in the hospital (Louis 2017). Thus suggesting

that mothers should “at least” take responsibility for their actions and be open about the pain they have caused their child to go through. The article then goes on to talk about how the woman had done the “grown-up thing”, by asking a doctor who treats drug using pregnant women for help, in which she got put on buprenorphine (Louis 2017). Yet rather than championing the woman for trying to get help and using M.A.T. to wean herself off drugs through easing opioid cravings, the article points to the fact that it put her daughter at risk for withdrawal. Thus the woman’s decision to take buprenorphine is deemed selfish because it helps herself from feeling opioid cravings but still puts her daughter at risk and exposes her to suffering from withdrawal symptoms upon birth. The article then ends on a graphic scene of her daughter going through withdrawal, saying, “Jay’la Cy’anne’s body jerked...a sign of opioid withdrawal. She lay under warming lights, unaware that the ground had just shifted beneath her feet” (Louis 2017) further showing the fact that the mother did not make the right or “grown up” decision to use M.A.T. as she still ended up harming her daughter and even worse, had ended up not even gaining custody of her daughter, instead giving the woman’s parents custody, thus putting her baby through the physical pain of withdrawal and forcing her daughter to not even be raised by her own parent.

A much less in depth article from USA Today, entitled “Dying daughter left without pain medication as mom took the meds for herself, police say” (Shannon 2018) quite clearly points to the mother as a victimizer, forcing her “dying” daughter to suffer while using her prescription opioids for pleasure. The article succinctly speaks of the criminal charges that this one woman faces, yet does include the fact that the mother was the primary caregiver of her daughter who is terminally ill. It is notable that the article never explicitly says that the woman is addicted to opioids, which in many other articles excuses women’s behavior as it is a result of their addiction and not their fault, yet it does speak about how she continually attempted to refill her daughter’s

opioid medications early leading doctors to be suspicious, thus exhibiting behaviors of someone dependent on drugs. Instead, the article says that the woman “claims” (Shannon 2018) that she has an opioid addiction, delegitimizing the fact that she may actually be dependent on opioids and instead framing her “claim” that she is addicted to opioids as an excuse for her actions, which is not and should not be believed.

Villainous Users: Manipulative, Self-Serving Women

Some articles also portrayed female opioid users as manipulative women who used their resources and/or others in order to benefit and feed their own desires without a sense of remorse or awareness of how their actions impacted others. In these articles, women are portrayed as taking advantage of whatever and whomever they can to feed their addictions, whether it be the medical system in order to obtain pills or using those who care most about them to get what they want, disregarding societal expectations of behavior and actual legal codes of conduct.

While not the only article that mentions how women have taken advantage and exploited medical resources, the “‘You bribed me with drugs’: This doctor prescribed hundreds of pain pills in exchange for sex” (Wootson 2017), is especially noteworthy as the main woman who is focused on is actually at one point called a victim as she is one of the women involved in a court case against a doctor who abused his power as a medical authority by overprescribing opioids and exchanging these pills in exchange for sexual favors/acts. However, while the U.S. Attorney and her legal team deem the main woman in this article as a victim, along with the other women who were involved in this exploitation, the article includes various details and points that in the end make the woman seem more like a victimizer herself. The article begins with the backstory of how this woman and the doctor first met, including some of the vastly inappropriate actions

and comments of this doctor during the first consultation with the woman at his pain-management clinic. This, the article states, “was the beginning of an illicit sexual relationship full of raunchy texts, sex, and 1,070 tablets of addictive painkillers” (Wootson 2017). Firstly, the use of “relationship”, which often refers to romantic or sexual partnerships between people also somewhat implies that it was a two sided association in which both doctor and patient were engaging in this behavior of sending “raunchy texts” to each other, rather than acknowledge the power dynamic between the two and element of coercion within this transaction of sorts. Then the article goes on to say that “ultimately, the relationship would cost Thota his medical career and his freedom”, acknowledging the consequences and suffering of the victimizer before bringing up the trauma and suffering that the alleged victim of the court case must have faced (Wootson 2017). In fact, while the article notes that the doctor is facing these grave consequences, somewhat empathizing with him that his “relationship” cost him basically his whole life’s work and future, the effects of his actions on the victim is never stated.

After briefly mentioning the fact that other women, also in their 20’s and “addicted to pain pills” had “similar arrangements” with him and a quote from the U.S. Attorney Laura Duffy that holds the doctor accountable for his abuse of power declaring that the state is going after doctors like him who exploit “the desperation of addicts for their own gratification”, the article shifts to a history of the doctor’s medical career (Wootson 2017). Noting that he first opened a pain-management clinic after his father suffered from chronic pain and was denied access to morphine, the article sympathizes with his personal difficulties and offers a different, more compassionate side to the doctor. The article then goes in depth about the details of the correspondence between the doctor and the female opioid user featured in the story, who the article describes as “young and attractive” (Wootson 2017). It goes on to state that “their

relationship quickly turned sexual” and that he would “lavish her with money and gifts and take her on fancy dates” (Wootson 2017), again sympathizing with the doctor and almost suggesting that he has a romantic side while also mentioning that he changed the woman’s prescription from hydrocodone to oxycodone and doubled the dose. The female opioid user then begins to shift more into a victimizer rather than victim when the article mentions that the doctor actually began to fear losing his license and had tried in the past to stop giving the woman these medications, implicating the woman as the one who is pushing him to keep prescribing her pills despite what it would mean for his career. The doctor’s concerns again are mentioned, when citing court documents that said the doctor was worried the woman was selling the drugs he gave her and “suspected that she was sleeping with other men even though they were having unprotected sex”. She further gets portrayed as the victimizer when she retaliated after the doctor cut off service for the phone he gave her and used her brother’s phone to text “outraged and hurling threats” (Wootson 2017). Thus with all this information, the woman then becomes seen as responsible for her actions and as more of a victimizer than victim because of how much she caused harm to this man, rather than the other way around. The article thus sends the message that not only did she end up costing him his career, her promiscuity also threatened his health, and ultimately the doctor seems more scared of her than she is of him, as she is portrayed as having complete control over him. The article ends by noting that she in fact was arrested for prescription drug fraud and then told investigators about who was supplying her pills, again questioning her victimhood as she did not necessarily feel victimized by this man and therefore went to the police, but came forward and talked about the doctor in order to once again benefit herself and her wishes without regard for how her actions may affect him.

Other female users were portrayed as manipulative and victimizers of their family and loved ones. The article “Picking up the pieces” (Wadhvani 2018), also portrays the central female opioid user as not only a bad mother, but also as an ungrateful daughter who consistently would be manipulative and take advantage of her parents who were always supportive of her and wanted to help. Written from the perspective of her parents, the article displays the course of this woman’s opioid use over multiple years until her death from injection related health complications. The article begins with the parents saying that in hindsight, they should have known she was using far before they figured out, mentioning how “their once responsible daughter was short of cash, asking her dad for \$50 or \$100 to pay her phone bill...” and other changes in behavior from their daughter (Wadhvani 2018). Yet the article does not portray them as inattentive parents who did not do enough to try to save their daughter’s life. Instead, it quotes the father saying “I was a sucker...with her, I believed it for way too long” (Wadhvani 2018), depicting him as a trusting, kind person who saw the best in his daughter and just wanted to help her pay her phone bill, not thinking that she would take advantage of him and prey on his sincere desire to help his daughter out. As her drug use continued, the article again displays how good these parents were to their daughter, agreeing to take care of her children and taking custody of them. Yet her daughter continued to take advantage of them, despite their trying to help her get sober, taking care of her children, and letting her daughter into their house to stay with them. The article continues to display how much these parents have sacrificed for their daughter without ever mentioning of their daughter’s gratitude or suffering during this time and instead focusing on how she stole from her parents, which made them go to “pawn shops to buy back the jewelry, the power washer and the iPad Heather sold to buy drugs” and later noting that she had sold the car they loaned her while lying about it (Wadhvani 2018). In an attempt to keep her safe, her

parents called the police to report the car, saying that “I thought at least in jail, she wouldn’t be doing drugs, hopefully...now I can relax. She’s safe in jail”. Yet their daughter continued to be ungrateful as is portrayed in the article, which notes how “she cussed” her father as she walked out the door of her court hearing (Wadhvani 2018). The article ends with the parents feeling guilt about their daughter even after all they had done for her, only portraying the family as victims of this woman for all they sacrificed for her while depicting the woman as a manipulative addict who took advantage of her parents’ generosity and love for her until her death.

Conclusion

Most articles, especially the profiles on opioid using women, employed various tactics to garner sympathy for the women featured by framing the opioid “epidemic” as a public health crisis, providing a more humanizing look at the women to show they are more than just “addicts”, and largely deeming them to be victims of various different circumstances/reasons, emphasizing ways in which these women are blameless. However, there were some cases in which women were held responsible for the pain and suffering they inflicted on others, specifically women who were portrayed as selfish mothers and/or manipulative, self-serving women who did not seem to recognize the hurt they caused or felt any remorse. In the next chapter, I will continue examining when sympathy is shown for women, yet focusing on how these portrayals are influenced by race and class.

4

An Intersectional Look at Opioid Using Women: Examining Race, Class, and Gender

“For nearly a decade, Libby had avoided talking to anyone about her daughter’s addiction...” ‘How’s Amanda doing?’ friends and relatives would ask, at every graduation, wedding and baby shower, and what was Libby supposed to tell them? That while everyone else’s life was marching along in neat succession, her daughter was still sleeping late in the basement? (Saslow 2016)

While the last chapter broke down the various victim and villain typologies constructed in articles, these typologies cannot be fully understood without examining the race and class of the women that are seen as victims or villains. Therefore, this chapter will examine how the race and socio-economic status of opioid-using women is discussed in articles and display the ways that these factors influence the way in which the news media portrays these women. Specifically, I argue that while women of color and sometimes lower class women are humanized in articles, white, middle or upper class women are depicted as the most sympathetic victims of the opioid “epidemic”. This is done through the use of past “deviant” behavior like criminal activity as a means of garnering more sympathy for women, emphasizing these women’s exceptionality and separateness from “real drug addicts”, and ultimately deeming their loss of potential and status or “wasted whiteness” as the most tragic loss faced in the opioid “epidemic”. Therefore, I will present my most notable findings that support this argument while in conversation with past academic works on news media representations, whom I found some similarities with but also significant differences that displays a shift in these representations over the past few years (Netherland and Hansen 2016; Daniels 2012; Linneman 2009).

A Breakdown of Opioid Use in the U.S.

Today's opioid "epidemic" is frequently regarded as a white problem with increased reports and attention on the declining life expectancy among whites due to opioid overdose (Hansen and Netherland 2016). My findings also suggest that the opioid "epidemic" today is overwhelming a white "problem" in which opioid use and addiction occurs almost solely among this racial category due to the lack of coverage on users who are not white. Yet data does show that more whites than other racial categories have died of opioid overdoses in the U.S., where 37,113 white non-Hispanic people within the U.S. died of an opioid overdose in 2017 while 5,513 Black people and 3,932 Hispanic people died of an opioid overdose in that year (Henry J. Kaiser Family Foundation 2018).

However there are many other considerations that are not always reflected in statistics like the report cited above as it does not account for fentanyl overdose deaths, in which a large proportion of overdose deaths has been attributed to illicitly manufactured fentanyl in recent years (CDC 2018), examine the increasing or decreasing rates of overdose amongst each of these racial categories over time, and acknowledge that there are more racial and ethnic groups than those mentioned above. Notably, Native Americans have experienced similar rates of opioid-related deaths to whites in the U.S., yet Native Americans are not even included in the report nor mentioned most of the time in the news media (Mendoza et. al 2018). In addition, Scholl et. al (2019) point to the fact that opioid related overdose deaths increased among males and females who were white, black, and Hispanic. Yet the largest increase in overdose rates from 2016-2017 actually was among blacks, in which the largest relative change from 2016 to 2017 was a 25.2% increase in black opioid-involved overdose deaths (Scholl et. al. 2019). Therefore while opioids

certainly are prevalent among whites, people from various racial and ethnic categories are also affected by opioids and are experiencing dependency and overdose.

The Power of Photos in Drug “Epidemics”

Based on the fact that the news media, policy-makers and community groups have predominantly focused on the white “innocent victims” of the opioid crisis (Mendoza et. al 2018:2), it is not surprising that among the many profiles that focused on the life history and opioid use of a woman (or multiple women), none appeared to feature women of color. Yet what is more notable is the lack of acknowledgement of the women’s race amongst all the articles. In fact, not one article explicitly noted that the woman featured was white, yet 31 out of the 38 articles I examined that only featured women in them were white women whose race is never mentioned but implied through photos of the woman or women in the story. Some even used stock photos of white women and babies, implying the whiteness of the opioid problem. This was even the case in an article entitled, “There’s no such thing as an ‘opioid addicted’ newborn” (Humphreys 2018), which aimed to break down stereotypes and misconceptions about women who use opioids while pregnant. While mentioning the discriminatory and punitive treatment of women during the “crack epidemic” that used while pregnant, the article’s only photo before the text was a stock photo of a healthy white, well-dressed, pretty blond woman who was pregnant. Thus while perhaps not necessarily intending to make a pointed effort at showing how this new “epidemic’s” population of pregnant drug using women is different than the last, it still distinguishes the race of these women and thus points to the fact that because these women are white, they should receive fairer, less stigmatizing treatment.

In other cases, photos of babies were used in articles that focused women's opioid use while pregnant and fetuses exposed to opioids. Yet the inclusion of photographs of babies in articles during this epidemic is quite noticeably different than the way the news media used photos to represent the effect of drugs on babies in the past. In the contemporary articles I examined, images of babies are not used as a tool to demonize their mothers who used opioids while pregnant. While not all articles about pregnant opioid using women were sympathetic and sometimes these mothers were looked at with disdain, the most distressing images of babies are of a baby or multiple babies lying in incubators within the Neonatal Intensive Care Unit (NICU) of hospitals. Of course while is still upsetting and a scary sight, babies who are born to non-opioid using mothers also are subject to go to the NICU for other reasons, thus these photos do not distinguish babies who have been exposed to opioids as especially damaged and beyond the point of help. Additionally, none of these photographs are close ups of babies looking distressed, crying, or as though they have any cognitive or physical abnormalities. Instead many include photos of the babies smiling or looking healthy in their mother's arms or do not even show photos of the babies as the mothers often are the main focus of the articles and instead are the ones featured in photos.

In contrast, during the crack "epidemic" photos of women's babies were used to display the many grave consequences that articles argued mother's crack use had on their babies. In addition to ruthlessly demonizing crack using mothers as irresponsible, incompetent and "inhumane threats to the social order" in the content of the text, photographs were also included in articles to show the harm they inflicted on their babies (Logan 1999:116). Therefore the articles included photographs of babies who tested positive for exposure to drugs at birth who were often shown crying and "shrieking like cats" or staring blankly for hours (Logan

1999:117), clearly displaying the physical and emotional effects that these mothers' use had on their children.

However, there were a few articles that did not report the race of the woman or show a photo of her or a baby, therefore it cannot definitively be stated that every single woman featured in the 38 articles was white. Yet when considering the argument discussed in Netherland and Hansen's (2016) analysis, which posited that one of the privileges of whiteness is the fact that it does not need to be spoken about and referred to, it could be argued that all of these articles, which did not refer to the race of the woman did not see the need to even state their race as their whiteness is implied directly through the lack of comment on race.

Coded Language as Race and Class Indicators

In addition to using photos to refer to the race of the women, the articles also used coded language to convey the race and socio-economic status of the women featured. There were various clues or references that were employed to hint at these demographic traits, from mentioning the geographic region that the woman lives in, to describing her upbringing, and/or the woman's hobbies. Some references were more explicit than others, like talking about how a woman was living in a "well-to do suburb" (Bosman et. al 2017) while in other cases mentioning the woman's hobbies growing up like "cheerleading and horseback riding" (Hoffman 2018), which was not a crucial detail to the story or relevant to her drug use yet clearly points to a certain socio-economic status and perhaps also to race.

Past research on media representations of drug users also note how coded language is sometimes used to convey certain traits or attributes of people without explicitly saying it (Daniels 2012; Linneman 2009; Netherland and Hansen 2016; Hansen 2017). Netherland and

Hansen's (2016) analysis found that much of the news media they examined did not explicitly mention the race of the opioid users they reported on, but rather would refer to white, largely middle-class opioid users as "suburban" or "mainstream" while lower socio-economic class people, predominantly people of color were referred to as "urban". Linneman (2009) also found similar coded terms in his news analysis on the meth "epidemic", where articles would hint at whiteness by describing a person as "mainstream", a "soccer mom", or as a "professional".

While some of these terms that other scholars found did also appear in my research, references to women being "mainstream" to imply whiteness never occurred and instead there was more focus on providing specific details about the women in articles that would then indicate their race and class rather than use such generalizing terms. Instead, in one Washington Post article (Bernstein 2015), the area where the woman lives is mentioned, a region in Maryland in which the poverty rate is higher than the national average (DATA USA 2016). Therefore while the article did not state the poverty levels of the area, in mentioning where it was, readers were led to assume that she was of a certain socioeconomic status by providing the name of the place she lived in so people to look up the area's economic status or make assumptions about her class status based on personal experience or knowledge. In a USA Today piece, both the race and socio-economic status of the female and her family is hinted at, using the coded language that Netherland and Hansen (2016) found by mentioning the fact that it was a "rural" community that "dot the foothills of the Appalachian Mountains" (Wadhvani 2018). Therefore, it is most likely the case that the woman in the article is white based on the racial demographics of the area. In addition to mentioning that she was near the Appalachian Mountains, the article also notes that the woman's parents, whom she lived with for most of her adult life, are still working full-time jobs, one as an

auto body technician and the other as an administrative assistant, both not very lucrative jobs (Wadhvani 2018).

Representations of Women of Color and Opioids

However, the points when coded language was not used in articles to refer to a woman's race were also a revealing finding. While whiteness was never bluntly noted, the race of women who were not white was stated, demonstrating the importance of creating a racial "other" and ensuring that readers do not assume the woman's whiteness. While there were no in depth profiles on women of color, which was the dominant style of articles about women and opioids, there were two articles that had profiles on multiple people, both men and women, which included a woman of color. In a New York Times opinion piece, a Native American woman was one of the six opioid users featured in this opinion piece. Along with one other woman, and four men, this woman's experience with opioids was told in a page and a half profile of her life. Within this short profile she is identified as Native American and her race/ethnicity is noted upon when discussing the trauma and prevalence of addiction among Native peoples. However, it is notable that the race of the one other woman featured in the article was not mentioned once and instead, like many other articles on white women, her race was implied through a photograph of her, which clearly marked her racial category while the photograph of the Native American woman was not enough.

In another, much longer article entitled, "Falling Out" (Jamison 2018), a couple is featured in which both the woman and the man's struggle with opioids is the main focus of the story. Their experience as black opioid users is shared in depth, in which the article delves into their life histories and years of opioid use. Yet the article also points out the fact that not only

white people have been struggling with opioids and indeed there are black opioid users in the United States whose suffering is largely ignored by the state. Therefore, both profiles that include women of color do make a point to mention their race, yet also seem to do so in order to raise awareness about how opioids are also affecting black and brown people and the unique hardships that they face due to their race.

This shift towards acknowledging that the effects of opioids spreads further than whites is even more common among articles that focus on the opioid “epidemic” on the national level rather than in individual stories. These articles are even more forthright in disrupting the misconception that opioids are only used by whites, using titles like “Some of those hit hardest by the opioid epidemic are not rural, white Americans” (Scott 2018) and “The Opioid Crisis Isn’t White” (Shihpar 2019) clearly attempting to counter the assumption that opioids only affect this one demographic and asserting how detrimental this perception is to non-white users. In the opinion piece, “The Opioid Crisis Isn’t White” (Shihpar 2019), the media’s portrayals of the opioid “epidemic” is critiqued for rendering people of color who use opioids practically invisible due to lack of coverage and attention only being placed on how opioids are present within white communities. The author, notably a graduate student studying public health not a journalist, does his own analysis of news coverage on opioids, even goes into their own discourse analysis of news reports, pointing out the dominant narrative the news media has constructed about opioid users in which there are often stories about a “middle-class suburban mom” or heartbreaking stories about a loved one who overdosed who are always white (Shihpar 2019).

Therefore this shift among articles, though a very small minority of them, does display a growing recognition of disproportionate representations of white opioid users and progress in illustrating a more accurate picture of current opioid users across the nation. Thus while my

findings are in agreement with Netherland and Hansen's (2016) in terms of there being a lack of coverage on prescription opioid use and the emerging heroin problem in black and Latinx communities, the content of the articles that do exist on opioid use among people of color has changed. Specifically, as I have noted above, the articles that do recognize opioid use among people of color are profiles on female users or critiques on whitewashing opioid users, are very different from those that Netherland and Hansen's (2016) found, which were mainly all succinct articles that only remarked on the opioid user's criminal activity, noting their criminal charges, the amount of drugs seized, and the basic information of the person like their name and age. In contrast to these detached accounts of criminal activity, they found that stories about white opioid users were humanizing narratives that included personal information like their introduction to drug use is explained and/or the impact of drugs on their lives, families and communities is descriptively told, (Netherland and Hansen 2016). Yet my findings suggest that this stark racial contrast in media representations between the criminally involved urban person of color and the sympathetic suburban white drug user as there are profiles on people of color, is not always the case since there were profiles on women of color that offer a more sympathetic, humanizing perspective on these women. However, while my findings do show some progress, this certainly does not mean that white users and black and brown users are always portrayed similarly and equally represented in the media. While it is a positive step that the news media is attempting to shed light on the prevalence of opioids in more than just white communities, stories about people of color who use opioids continue to not be seen as "newsworthy", especially among women of color whose personal narratives are never featured alone.

The Importance of Race, Class, and Gender in Media Portrayals

While there is not enough evidence to definitively state a pattern due to the very limited amount of articles on women of color, it seems as though at least in some cases class status proved to be a more significant indicator of whether women were seen sympathetically or not. For example, the black woman featured in “Falling Out”, a mainly humanizing story about her and her partner, was from a middle class background, which was explicitly mentioned, stating that she was a “well-read and demure, still bearing the traces of her middle-class upbringing” implies that perhaps her class status was part of the reason why she was portrayed with a more sympathetic light as this detail certainly mattered enough to incorporate it and express to readers that she was not of a lower-socioeconomic status (Jamison 2018). Additionally, the article further suggests that race without consideration of class cannot determine the type of representation of a person. Instead, it suggests that being poor, specifically homeless, is in fact the marker of the least sympathetic addict there is, saying “Homelessness terrified them-they had never considered themselves *that* kind of drug user” (Jamison 2018). This typification of a certain kind of drug user, that clearly is not depicted as a desirable identity to be cast as therefore seems to rely quite heavily on class in addition to race. It may be that in fact that women’s class status is a crucial factor when considering how they are viewed and what “kind” of drug user they are perceived as. However, the fact this black woman is from a middle class background also suggests that while some progress has been made in the representation of women of color’s struggle with opioids, the experience of poor black and brown opioid-using women is still not viewed as newsworthy enough to report on or feature in profiles.

My findings suggest what Hansen (2017) later argues in which class and gender must also be considered when examining media portrayals, as the divide between white and black does not adequately capture the complexity of representations in the media. With a focus on

women within the opioid “epidemic”, Hansen (2017) complicates the argument put forth by her and Netherland (2016) noting that race is not the only signifier of difference in media representations. While Hansen and Netherland (2016) do not completely disregard class as a crucial component to acknowledge and do note that the coded language used in the media like “urban” and “suburban” not only implies a certain race but also socio-economic status, their findings and analysis focus much more heavily on race. However, they do not mention gender at all, instead implying in their findings that gender did not influence portrayals. Instead, Hansen (2017) places more focus on both gender and class especially when explaining how white, female opioid users are not all portrayed similarly. She states that while white, suburban women, who are middle or upper class are seen sympathetically as blameless victims in need of support, lower class white women in oftentimes rural areas are not granted the same response despite being white. Rather, these white women, especially unemployed rural white women are subject to moral judgments about their opioid use and face the threat of losing custody of their children or children intervention like incarceration (Hansen 2017). However, Hansen (2017) ultimately regards this less sympathetic and moralistic approach to these women’s opioid dependency as due to race, arguing that their lower socio-economic status “symbolically blackens” them, which is why they are perceived and treated differently than suburban white women. Therefore, due to their class, these white women are treated similarly to black women in terms of the way their addiction is seen and the subsequent judgments on their poor mothering capabilities and inability to earn legal wages, which leads to the same consequences of government intervention either through child welfare agencies or the criminal justice system (Hansen 2017).

White Criminality

One of the most evident manifestations of class status' influence on news reporting is in how articles explain women's criminal activity. I found that women of lower socio-economic status were more likely to be portrayed as responsible for their crimes while women with more economic capital were not regarded as deviant and instead their actions were justified by their addiction. Since the majority of articles about female opioid users did feature white women, it is therefore not surprising that more articles mentioned white women's criminal record than women of color, in which 1 out of the 2 articles featuring women of color mentioned the woman's criminal activity. Overall, 18 articles that featured women did mention the women's criminal activity, but it was most frequently mentioned as part of the larger narrative about their life and struggle with opioids.

However, there were 4 articles in which the women's criminal activity was the main focus and the article succinctly notes their name, age, crime they were charged with and sentence, similar to those found by Netherland and Hansen (2016). Yet the women in the articles I examined were not women of color and instead it appears that at least three out of the four articles about women's criminal charges featured white women. Additionally, while class also is rarely mentioned, it seems as though at least two out of four of them were of a lower-socioeconomic status. Though one article that offered a brief summary of a woman's criminal activity, entitled "Dying daughter left without pain medication as mom took the meds for herself, police say" (Shannon 2018) did not reference her class explicitly or through coded language, the article included her mug shot, thus indicating that she was white. While less clear that the woman herself was white in an article entitled "Daughter who injected father with heroin guilty of manslaughter" (Velazquez 2018), a stock photograph was included of a white hand holding a syringe with heroin in it. Therefore, again the article implies the whiteness of this "epidemic"

and the assumption that all or most opioid users are white. In another article with an almost identical story, in which a woman provides her father with a fatal dose of opioids and is therefore charged with manslaughter, a photograph is included of her at court and she appears to be white (Bever 2017). Yet this article hinted at the woman's socioeconomic status by mentioning that she and her father were doing drugs in a motel, which could perhaps also imply that they were living in the motel. In the last article found containing only information on a woman's crime, "Tennessee nurse wrote herself more than 100 prescriptions for 11,000 pills" (Kelman 2018) the race of the nurse is not mentioned and there are no photographs of her. However, since race is often not explicitly stated, especially in stories about white drug users as whiteness is seen as the "norm" or assumed race, it could be argued that she was most likely white. Yet her socioeconomic status was referred to, in which the article briefly quotes her attorney saying she did not believe she did "anything wrong, but 'didn't have the money to fight this'", the "this" meaning her addiction (Kelman 2018).

There were other more in-depth articles about women's criminal activity that also did not offer a forgiving perspective on the crimes they committed. While not always the case, the majority of these less compassionate articles were about women from a lower socio-economic status. For example, in: "When life begins in rehab: A baby heals after a mother's heroin addiction"(Bernstein 2015), a woman from a rural town where the poverty level is above the national average is described as being a careless, selfish opioid user and dealer for much of her life. Instead of justifying why she began selling heroin in a more sympathetic tone, like giving more context to her life story or reasoning that informal labor like dealing drugs pays better than many jobs in the formal labor market, the article describes it in a detached way. It then goes on to say, "over the next decade, she gave birth to a disable son, lived in a car and was jailed five

times for theft, credit-card fraud and other crimes she said she committed for drug money” (Bernstein 2015), depicting her as a selfish mother and criminal who would stop at nothing to get money for drugs. While other articles also comment on women’s criminal activity and other less reputable actions while using, they often offer more context or describe the shame and guilt these women felt about doing these things in order to offer a more humanizing look at the women, which this article lacked.

There were also articles that did sympathize with opioid-using women who faced criminal repercussions, often using these criminal charges as a way of showing the power of addiction and making the women appear even more like victims not victimizers. Women’s criminal histories are brought up either briefly or more in depth and often articles use these run ins with the law to show how drugs can lead one to such low places, like incarceration, and therefore cause downward mobility. Thus the articles use these histories as a part of displaying the severity of addiction and how addiction can lead someone to such negative outcomes like prison, in which the articles also add how the women lose custody of children, jobs, and/or housing. One of the more explicit examples of how the articles use criminal repercussions as a way of depicting women’s status declines and how addiction has ruined their life is in the New York Times’ opinion piece, “Inside a Killer Drug Epidemic: A look at America’s opioid Crisis” (Bosman et. al 2017). One of the people featured was a young, middle to upper class white woman. To display how much heroin had impacted her life, the article notes her suburban upbringing and how she used to be a “popular honors student”. Yet after getting “hooked on heroin” at age 21, the article shows how her life quickly changed and led her to telling of the “...many lies to her family; how she had pawned her mother’s jewelry and had sex with strange men for money to pay for her drugs” (Bosman et. al 2017). The article continues on, saying that

even after being charged with prostitution, she could not stop using, showing the power of her addiction and her inability to stop, despite hurting her family and being criminally charged for having “sex with strange men”. Rather than demonizing the woman for being promiscuous or committing a crime, the author uses the fact that she had sex for money as a way of revealing how much addiction had led her down such a different path than was expected of this bright, popular, and attractive middle class woman.

Wasted Whiteness: From Honors Student to Heroin Addict

Another major finding within my research was the sentiment of “wasted whiteness” and the tragic toll that drugs had on white women who had so much potential. My findings suggest that white, specifically white middle and upper class people who are automatically more privileged because of their position within society are throwing it all away by using drugs and wasting their privilege is even more tragic than someone who is less privileged and thus has less opportunities at success as they have lost the ability to potentially excel and maintain this desirable social standing. This was often done by displaying how far the woman had declined in her social, economic, and/or physical standing, creating a sharp contrast about what she used to be like versus what she was like after she began using opioids. In a long Washington Post article quoted at the beginning of the chapter, one woman’s decline is told in great depth, offering a detailed look at how much she lost due to her opioid use. Amanda, the woman featured in the article, is depicted as having undergone a social, moral, economic and physical decline from being a “selfless” and “determined” young woman who modeled in high school to living with her mother with no job, no high school diploma, no car and no money beyond what her mother gave her for Mountain dew and cigarettes” (Saslow 2016). Her once model-worthy good looks

are also lamented, a very clear physical manifestation of her larger decline and lost potential, where the article states, “She had worked as a model in high school, but now her gums were swollen and her arms were bruised with needle marks” (Saslow 2016).

This backwards notion of lamenting the loss of unearned privilege and “wasted whiteness” is also found in other media analyses. Daniels (2012) notes this in her analysis of the reality TV show, *Intervention*, in which she notes that the concept of “wasted whiteness” is a constant trope within the show, which features a disproportionate amount of whites among the overall U.S. population. Daniels cites Sears and Johnston’s argument when discussing the concept of “wasted whiteness” as they show how “‘the specter of seeing white domination ‘go up in smoke’- via wasting, as opposed to hoarding white privilege” (2012:117). Similarly, Netherland and Hansen (2016) also found this sentiment that drug use among whites is especially tragic because they have lost or wasted their potential and failed to accomplish what they were meant or hoped to do. In their analysis, they found that articles would follow a certain narrative or stylistic pattern, in which they made an effort to humanize the drug user in the article, display their otherness and difference from a “real drug addict”, and note the personal tragedy and lost potential that that the person faced due to their drug use (Netherland and Hansen 2016).

I also found that one way articles would suggest the wasted potential of opioid users was by differentiating the women from “a real addict- an unnamed other freighted with stigma” (Netherland and Hansen 2016:675). While in some cases articles do attempt to de-stigmatize addiction by utilizing sentiments like “this can happen to anyone” and other universalizing expressions that attempt to break down barriers between who “real addicts” and regular people are, the fact that this language is used in articles about white, middle to upper class women, which clearly are seen as newsworthy ultimately reinforces the distinction. Like Netherland and

Hansen (2016) found, the amount of articles on drug use within middle class, often white communities and the discourse used certainly suggests that these stories are newsworthy as they are framed as novel and surprising findings. While some articles quite apparently do perpetuate this notion of opioids in these communities as “a new and dangerous phenomenon” (Netherland and Hansen 2016) there are also articles that attempt to show how opioids and opioid dependency can “reach anybody” and overdose “can happen to everyone” in order to destigmatize drug use and addiction. Thus it appears that rather than trying to separate white, middle class drug users from “real addicts”, the news media has in some cases begun trying to break down these barriers and assumptions at what a “real addict” looks like.

Yet ultimately, these claims that “the opioid epidemic could reach anyone” (Molina 2018) and similar sentiments in which articles attempt to show how diverse the range of opioid users are continue to perpetuate the notion that drug use among more privileged communities like the white, middle or upper class is exceptional and out of the norm. Therefore, while articles like “She reported on the opioid epidemic for years. Then, her daughter died of an overdose” (Molina 2018) bring to light the fact that opioids can “even” reach the more privileged who are not immune to this spreading epidemic, the fact that there are articles like this one about how opioids have affected white, middle/upper class mothers who in one case is a TV figure herself, which display the newsworthiness of this type of story says more about common assumptions of drug users and abusers than actually deconstructing the drug addict persona. Instead, these articles continues to frame drug use among these demographics as novel and a unique emerging trend implying that before the opioid “epidemic” they did not use drugs or experience drug overdoses, which of course is not the case.

Conclusion

My research shows that some changes have occurred in representations of opioid using women. Firstly, that narratives about women of color are emerging and offering a sympathetic look at their experiences, yet these women are never the only person featured in profiles. Therefore, while the life story of one white woman is most frequently the focus of news articles, women of color are still not given nearly the same representation and acknowledgement as white women and instead are featured in articles with multiple people, including men. Secondly, that white women are more associated with criminality and portrayed as deviant in comparison with middle and upper class white women whose criminal activity is also noted in articles. Yet my research also has shown how some representations of opioid using women have not changed. Therefore while more sympathy has been shown for women of color who use opioids than in the past and some articles have deviated from the dominant depiction of the opioid “epidemic” as white, it continues to be the case that white women, especially more affluent white women are sympathized with the most and the news media is most forgiving of their actions, in part because they signify wasted whiteness, in which articles deem to be a tragic, arguably the most tragic, consequence of opioid use.

Conclusion

Through the use of the AA framework of addiction and recovery, in-depth profiles of women's life stories and hardships, which largely frame women as victims of outside forces that contributed to their addiction, and the emphasis on "wasted whiteness", white middle and upper class women come to be seen as the ultimate victims of the opioid "epidemic" who are the most blameless yet suffer the largest consequences. However, despite these women's social, economic, moral, and/or physical declines due to their opioid use, they are given the opportunity to regain their status and therefore regain their position in society. This notion that women can indeed stop using opioids, yet only through more traditional paths like inpatient treatment, AA/NA, and M.A.T. only if it is supplemented with these therapeutic approaches, works to quell the heightening anxieties about the future of the white middle class as women can regain their respectable status and become the ideal, self-sacrificing mother that they are meant to be. Yet these articles do not only sympathize with white middle and upper class women and show that there is an increase in humanizing articles on opioid using women who have rarely been represented or acknowledged within this "epidemic".

While these findings are interesting, I have often asked myself why does the news media's portrayal of these drug users even matter? How much of an effect do these representations of opioid using women really have on public perception? Do they reflect even some of the public's views? I still wonder how influential the news media is within society and how much public perceptions, values, and ultimately approaches to various social problems like drug scares are shaped by cultural factors like the news media rather than structural factors that perpetuate racialized and classed systems of oppression. Yet while I still do not know whether the news media influences public perception and action or the public influences news media

reporting more, I think that the two influence each other and we may never be able to determine which comes first.

In spite of my doubts, I still believe that media provides a rich source of insight into our society today as it reflects at least some beliefs and ways of thinking that are present in our culture. In fact I have come to find that the most significant and influential contribution that the news media makes is through its ability to give voice to people outside of the news media industry and disseminate their thoughts and beliefs through this platform. It is through the opinion pieces written by people who are not always journalists that new and important ideas are spread and shared throughout society. In these pieces, the hegemonic depictions, beliefs, and narratives put forth by the news sources often get challenged and critiqued, providing a very different perspective on issues, which in fact may be more representative of how the public actually thinks and feels about a subject. I found that this certainly was the case in my research, as the opinion pieces on the opioid crisis offered a new way of looking at opioid use, addiction and recovery that went outside the lines of the neatly curated narrative arc that was apparent in many articles by journalists.

While this perspective may in fact negate the significance of my research and the research many others have conducted on the news media since this argument makes the ideas and perceptions posited by the news media industry largely irrelevant, it also offers a way to make the news more relevant and representative of our society by placing more attention on opinion pieces and encouraging for more of the public to write pieces. It could be that in these opinion pieces, more so than in any other sections of the news media that implicit biases or explicit judgments get challenged and new perspectives and information are learned. As someone once said, “the press may not be successful all the time in telling people what to think,

but it is stunningly successful in telling its readers what to think about” (Moy and Bosch 2013:294). At the least, I believe that the news media can indeed prompt the public to think about certain issues and through opinion pieces published in the news media that ideas can truly be challenged, reworked, and generated by these different perspectives.

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