Victims and Villains: A Comparative Analysis of the Opioid and Crack-Cocaine Epidemics

Erica Heffernan
erica.heffernan@trincoll.edu

Follow this and additional works at: https://digitalrepository.trincoll.edu/theses

Part of the Sociology Commons

Recommended Citation
Victims and Villains:
A Comparative Analysis of the Opioid and Crack-Cocaine Epidemics

Erica Heffernan

Thesis submitted for a degree of Sociology

Thesis Advisor Stephen Valocchi

May 2019
# TABLE OF CONTENTS

ACKNOWLEDGMENTS..................................................................................................................3

INTRODUCTION..........................................................................................................................4

REVIEW OF THE LITERATURE ...............................................................................................7

- I. Racialization of Crime...........................................................................................................7
- II. Framing and Moral Panics...................................................................................................9
- III. The War on Drugs and Crack Crisis: How it Started and Who it Targeted......................15
- IV. The Opioid Epidemic: How it Started and Who It Victimized..........................................19

METHODOLOGY ......................................................................................................................21

FINDINGS ..................................................................................................................................26

- I. The Cause of the Epidemic: Personal vs Systematic Pathology........................................26
- II. The Description of the Epidemic........................................................................................31
- III. The Description of the Individuals of the Epidemics..........................................................35

DISCUSSION .............................................................................................................................40

- I. Limitations..........................................................................................................................40
- II. Future Research Directions...............................................................................................40

CONCLUSION ..........................................................................................................................41

BIBLIOGRAPHY .........................................................................................................................45
ACKNOWLEDGMENTS

I feel so much gratitude for the countless number of people that made it possible to complete this paper, the entire sociology department and my fellow sociology thesis writers included. Thank you to Professor Tiamzon for sparking my interest in a subject I had no knowledge of before college – if I had not taken your introductory course during my first semester at Trinity, I have no idea where I would be today. An especially heartfelt thank you to my advisor, Professor Valocchi, who assured me the world was not on fire during the last year, as well as Professor Douglas who acted as my stand-in advisor, methods expert, and random question answerer while Professor Valocchi was away from campus. Without all of you there is no way this paper would be complete.
INTRODUCTION

Two summers ago I was on vacation walking around downtown San Francisco, California with my mother. We had decided to go home for the day, and as we waited for our ride my mother pointed to a Hispanic man and woman sitting on a small wall between the San Francisco Public Library and the city sidewalk. My mother turned to me and said, “that woman is overdosing on drugs.” I was taken aback by her quick judgment and scolded her for a rush to judgement perhaps because of the color of the woman’s skin. Minutes later I heard the man yelling at his girlfriend to “snort the crystal” and “wake up”; I looked over just in time to watch her limp body fall onto the sidewalk. I suddenly realized, this woman was overdosing on drugs. As I called 911 I ran over to the couple, the man screaming and crying hysterically trying to bring back his girlfriend whose lips were turning blue. I told him I was on the phone with 911, he yelled “tell them it is a heroin overdose, it is heroin.” As I spoke with the 911 operator I instructed the man on how to give CPR and he began administering compressions. The call lasted less than ten minutes, and the woman regained consciousness as the ambulance pulled up to the street corner. As the EMT’s took over, a man walked towards me and said “thank you for stopping and helping.” I was so caught off guard – I looked at him and responded, “how could anyone not?” He went on to explain that it was rush hour, 5:00pm, and while I was immersed in the situation hundreds of people leaving work walked by us on the sidewalk where the woman lay without a pulse, not even blinking an eye at the sight of her fighting for her life.

This was my first encounter with the opioid epidemic. While I had heard about the epidemic, this event caused me to become obsessed. I had never seen anything like what I saw in San Francisco in my hometown or anywhere for that matter. How could people be so numb to overdoses that they just keep walking when they pass by a group of people trying to keep
someone alive? I was in awe that such a disregard for a human’s life was so commonplace. I began digging deeper into the opioid epidemic that summer, wondering how the United States could be so deeply affected by a drug epidemic I had never seen until that moment, that perhaps was hiding in plain sight. In retrospect the rebuke I gave my mother and the disregard of the passersby suggests that like many other features of life in American society – the drug epidemic is saturated by race. I wanted to systematically and sociologically explore this personal encounter.

Turning my personal experience into a sociological quest, my opioid epidemic research took a turn into the crack crisis of the 1980s and 1990s. At this time I realized the opioid crisis was not the first drug epidemic the country had experienced within the last fifty years, but rather the second. I began reading articles about the war on drugs and the aggressive policing and harsh drug reforms that resulted in a disproportionate number of people of color in our prison system. The literature discussing the crack crisis described crack users as criminals and morally flawed, while the users of opioids were nothing more than helpless victims who fell into an uncontrollable spiral that changed their lives forever. While the periods of time were very different and the epidemics themselves are not the same, I wondered why America’s two drug crises were viewed so differently. That was until I realized the crack crisis was a problem of primarily black and Hispanic people, and the opioid epidemic is a primarily white issue. Knowing these two epidemics were treated differently in terms of the public’s view, legislation, and punishment, or at least that is how the culture had presented it, I wanted to know how that framing occurred.

Our culture is shaped in many subtle and obvious ways that are communicated through different agents of socialization. Understanding how culture is constructed and affects us is a
daunting task, however it is an important one. One source of culture is media. Mass media has the power to shape culture by framing different stories in a way that affect the public’s perceptions. The media is the public’s source of news, and while there are many sources of media, one source that has remained fairly constant and dominant is print newspaper. The construction of the narrative of both the crack and opioid epidemics and subsequent views of the public is largely a result of the media coverage at the time. Since I wanted to compare the framing of news at these two moments in time and knew that print newspaper was likely to be the most consistent source of media, I immediately went to newspaper articles. In addition, especially in the 1980s and 1990s, newspaper was the primary source of information for most Americans, thus it seemed to be the best option for my research. Even as the media became more segmented and polarized, the one newspaper of record, The New York times, continued to be the ‘go to’ paper of record for supposedly ‘unbiased’ reporting – here I thought I could access how the culture affects our ‘thought processes.’

My continued reading of reporting as well as social science research seemed to confirm my initial hunch that the media framed these two epidemics differently. While past research told me there was a clear difference in the construction of the epidemics, it failed to show just how differently the epidemics were framed. Overall, past research did indeed talk in general terms about the differences between the epidemics, but none do a detailed content analysis to show the subtle and not so subtle ways that a “mainstream” medium of culture helps construct those differences. I decided that the most effective way to show this would be by looking at the two events in detail by using one news source. By using articles written during both eras from one source I was able to create a more precise and accurate comparison of the narratives shared with the public. I used a media source that framed itself as ‘balanced’ across the two time periods.
This allowed for a perhaps conservative test of my hunch – I was not examining a source that identified as ‘left’ or ‘right,’ liberal or conservative, but one that identified as all the news that is fit to print. As I describe below, I examine past research on the topic and build upon it – both its strengths and its weaknesses – to explore not only the subtleties of how the epidemics have been framed but perhaps to say something larger about the way culture gets into our heads. The past research findings paired with the gap in said research regarding the subtle and obvious ways the media shapes our culture led me to the following research question: how has a major media source contributed to the differences in the cultural constructions of the crack crisis and the opioid epidemic?

**REVIEW OF LITERATURE**

I. **Racialization of Crime**

One of the first ways in which media frames representations is through racialization. While often unnoticed, the media racializes the stories and news it covers. When perpetrators are white there is no mention of their race, however when they are black or Latino their race rarely fails to be highlighted. Research seems clear on this point. One study examining the role of race in media coverage looked at the 2007 Virginia Tech shooting and the 1999 Columbine shooting. In April of 2007 Seung-Hui Cho, a senior graduate student born in Korea, shot and killed thirty-two of his fellow students and faculty at Virginia Tech University. The many news articles that appeared about the shooting were quick to contain racial information: one third of those articles made a point of describing him as Korean, or more generally, Asian (Park, Holody, & Zhang 2012). In 1999 Dylan Klebold and Eric Harris, two white teenagers, killed twelve of their fellow high school students and faculty at Columbine High School in Colorado. In contrast to the reporting of the Virginia Tech shooting, news articles about this tragedy barely mentioned the
race of the two perpetuators (Park et al. 2012). When crimes are committed by people of color, their race is usually stressed in the media coverage of the event. Race makes its way into the headlines and news reporting when the perpetrator is a person of color; when they are white, however, their race is almost left out from the story entirely. When a white person commits a crime, the news does not link the crime to the race of the perpetrator – the two are left as separate entities – whereas when a person of color commits a crime, their race is one of the ways we describe them and thus link them to the act of crime or violence.

Another example of the media’s racialization of crime is evident in a study where researchers conducted a content analysis on a random sample of local television news programs in Los Angeles and Orange County. Through this content analysis, Travis Dixon and Daniel Linz (2000) found that blacks were more likely to be depicted as lawbreakers than as law defenders when compared to whites. They also found that blacks were less likely to be viewed as victims and more likely to be viewed as perpetrators, the opposite of which is true for their white counterparts. In another study, Dixon followed up on his previous research by conducting a survey of Los Angeles adults. This survey was taken to determine if the following variables influenced the perception of blacks as criminals: the news’ overrepresentation of blacks as criminals, crime news, and news trust. While the latter two variables did not prove a correlation in relation to the independent variable, the overexposure to blacks as criminals was positively correlated with the overall perception of blacks as violent (Dixon 2008). Lastly, a study conducted in the early 1990s sought to discover if local news both preserves and transforms cultural values. Similar to Dixon and Linz (2000), this study performed a content analysis on the evening news of four Chicago television stations. While the research found that these local stations did address the viewing tastes of black audiences, it also suggested racism is still
encouraged via the depictions of normal crime. In addition, it found that blacks were depicted in a far more dehumanizing way than whites (Entman 1992). This is to say that although these stations were catering to a larger black audience, they still overrepresented blacks as criminals in their news programs. These examples show that the media portrays black people in a way that links them to crime more so than other racial representations. The news often depicts white people as defenders of the law as well as leaders and political activists against crime. If they break the law, it is not because they are innately bad, but because of extenuating circumstances. On the other hand, when a black person breaks the law it is not surprising, it is almost expected. They are morally flawed criminals, posing a threat to society and safety.

In the above cases as well as countless others it remains abundantly clear that the media racializes crime in a way that associates crime with people of color and distances crime and deviant behavior from white people. Whether it be a stolen pack of gum, a brutal homicide, or anything in between, when the perpetrator is black or Hispanic their race is emphasized in the news coverage of the story. However, when the perpetrator is white, their race is almost always absent from the story. As a result of this constant pairing of race (typically black and Hispanic) with crime, Americans associate those races with crime and other negative things such as violence, a disregard for others, and more. All the viewers are not associating these crimes with white people because race is never brought up when the perpetrator is white. This furthers the difference between racial groups by perpetuating the belief that people of color are more likely to be criminals in comparison to white people.

II. Framing and Moral Panics

Media framing refers to how the media portrays news stories. The concept of frame analysis was originally coined by famous scholar Erving Goffman (Goffman 1974). Media frames refer to
“written, spoken, graphical, and visual messages” conveyed by a source about a topic, event, person, or issue (Vos 2018:214). Media frames are used to contextualize stories and convey suggestive information that sway the public one way or the other. Frames can refer to language used in media to describe an event or subject, the way visual segments are shot, presented or left out completely, and the tone of the story. Media frames offer specific information on the perpetrator, victim, and situation they are reporting on. Different frames reinforce certain stereotypes for different groups. In the past, news sources have used frames that consistently associate people of color with negative media stereotypes. Mass media consumers are inundated with the racial ideologies of the media that depict black people as disproportionately violent and criminal, as well as uneducated (Abraham & Appiah 2006). Studies conducted by multiple researchers have proven that while blacks are often depicted through this scrutinizing frame, whites committing the same crimes are displayed with a sympathetic frame. This means that when a white person commits the same crime as a black person, the white person is depicted as having some larger issue, such as one related to mental health or family problems. On the other hand, the black person is depicted as innately bad and criminal. One example of this is the shooting of Michael Brown. On August 9, 2014, unarmed Michael Brown, 18, was shot and killed by officer Darren Wilson in Ferguson, Missouri. Reports from witnesses confirmed Brown’s story as well as Wilson’s: some suggested that Brown lunged at Wilson, while other argued Brown had his hands raised in the air asking Wilson not to shoot when he opened fire. Wilson immediately reported that Brown was a large man; he told the press “When I grabbed him, the only way I can describe it is I felt like a five-year-old holding onto Hulk Hogan… he looked at me and had the most intense aggressive face. The only way I can describe it, it looks like a demon, that’s how angry he looked” (Sanburn 2014). The media followed up on this by
continuing to paint Brown as some enormous man by constantly noting that Brown was 6’4” and 292 pounds at the time of his death (Sanburn 2014). However, this downplayed a major piece of information: Wilson himself is 6’4” and 210 pounds. As one researcher put it, “In any professional boxing match or mixed martial arts fight, Wilson and Brown would fall into the same weight class, heavyweight. In other words, Wilson's imagery makes him the victim while simultaneously perpetuates Brown's criminalization” (Smiley & Fakunle 2017). The lack of information on Wilson continues the narrative that he was at a disadvantage and had no other option but to shoot Brown. It makes Brown out to be this unstoppable criminal that could only be subdued by the use of excessive force. In addition, Wilson was constantly described by the news as a six-year law enforcement veteran with no disciplinary history (Berman & Lowry 2014). On the other hand, the media repeatedly reported that Brown was the suspect of a recent convenience store robbery. The fact that Brown was a suspect of a robbery took precedence over the fact that a white cop had shot him multiple times while he was unarmed. The media downplayed any part of the story that suggested Brown had been the victim of racial injustice by adding micro and subtle insinuations that Brown was bad and Wilson was good (Smiley & Fakunle 2017).

Since the media’s racialization and framing of crime is something that often goes unnoticed there is reason to question if it has any impact on viewers, listeners, and readers. Research has shown that the way in which media frames their news does indeed affect how viewers perceive it. As mentioned previously, Dixon (2008) discovered that there was a relationship between the overrepresentation of blacks as criminals and the public’s perception of blacks as violent. This is a result of the various frames used by the media when representing black and white crime. Let us examine this using the above explanation of Michael Brown. At the time of the shooting, both
Brown and Wilson were thought to be guilty of a crime: Brown had robbed a convenience store, and Wilson had used excessive force resulting in the murder of an unarmed man. While that may be the case, Brown was portrayed using a scrutinizing and criminal frame, resulting in the public viewing him as a criminal rather than a victim. On the other hand, Wilson, who had shot and killed an unarmed man, was depicted using a criminal justice frame: he was doing his job and he did it properly in relation to the situation he found himself in.

During the crack crisis the media inadvertently created a moral panic for society. The term moral panic was coined and popularized by sociologist Stanley Cohen. Cohen came up with the term to describe the sensationalized criminalization of teenage “mods and rockers” in London during the 1960s. According to Cohen’s book *Folk Devils and Moral Panics*, moral panics refer to the following:

Societies appear to be subject, every now and then, to periods of moral panic. A condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions; ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and becomes more visible. Sometimes the object of the panic is quite novel and at other times it is something which has been in existence long enough, but suddenly appears in the limelight. Sometimes the panic passes over and is forgotten, except in folklore and collective memory; at other times it has more serious and long-lasting repercussions and might produce such changes . . . in legal and social policy or even in the way the society conceives itself. (Cohen 1972:9)
A moral panic occurred during the crack crisis in terms of the response of the public and the government. Numerous government budgets were set up and funded to combat both the crack and opioid epidemics, however they went about doing so in very different ways. During 1989, one of the peak years of the crack crisis, the National Drug Control Budget was $6.7 billion (White House 1993). That money went towards a number of things, but most specifically increases in police and military personnel and prison improvements. Harsher and longer sentencing became commonplace for minorities during the crack crisis, police presence needed to be increased to catch perpetrators, and prisons became incredibly overcrowded and needed to be upkept to keep up with the growing flow of inmates (Peterson and Armour 2018). While legislation regarding increased policing and harsher penalties have not been as popular during the opioid epidemic, the National Drug Control Budget still exists, and it has increased dramatically. In 2018 the National Drug Control Budget allotted $26.7 billion to fighting the opioid crisis (White House 2017). Instead of going towards police and prisons the money is now going towards educational and rehabilitation programs (Litvinov 2019). Rather than discouraging drug use through harsh penalties (as the government did during the crack crisis), the country is now educating the public through various programs and helping current addicts seek effective rehabilitation. Clearly, the country has responded in two very different ways to the two epidemics. In terms of the crack crisis, the increased presence of police as well as military caused a sense of alarm and fear among the public. For the opioid epidemic, there has been nothing of the sort to cause said alarm. If you do not see the opioid epidemic first hand, you may not know it is happening as there are no signs. On the other hand, everyone knew the crack crisis was happening because of the immense reports of dangerous crime causing fear everywhere as well as increased law enforcement throughout all neighborhoods. This especially suggested there
was always a possible threat from the crack crisis, even if individuals themselves were not directly involved. Coupled with this was the media’s response, which depicted the crack crisis as a black problem, these individuals were also criminalized and portrayed as dangerous to the streets and society as a whole. They were killing other dealers for a spot on the street to make a few hundred dollars selling crack. These individuals were described as thugs, ruthless, and dangerous (Curtis 1998). Through this frame the media made the crack crisis out to be a danger to all individuals in the sense that crime was everywhere and unavoidable as a result of individual greed. On the other hand, the opioid epidemic is not depicted as an individual or criminal problem, but rather as an uncontrollable spiral that is out of everyone’s control, even for white people in the middle and upper classes (Mendoza 2018). The opioid epidemic crosses class boundaries and takes innocent victims with no mention that the population of users is largely white. On the other hand, the crack crisis was full of murderous thugs that were willing to kill for nothing more than money and material goods. The people involved were not brothers or sisters, mothers or fathers, but cold-hearted criminals that were violent and should be feared. In other words, the media used two large frames in constructing contrasting narratives for the crisis: criminals versus victims. The crack crisis had a criminal, it had someone to blame and villainize: the individuals involved in the drug trade. On the other hand, the opioid epidemic has yet to criminalize an individual, rather major pharmaceutical companies – and they still have not nearly criminalized them to the extent of the individuals involved in the crack crisis.

When a moral panic occurs, a deviant behavior is associated with a deviant group, and then that view is generalized to broader society. Moral panics cause a literal sense of panic within the public, and that is something felt during the time of the crack crisis. However, there has been no sense of a moral panic in relation to the opioid epidemic for one reason and one
reason only: the media has yet to demonize a group of people. While crack users and dealers were criminalized and made out to be dangers to the public, those who caused the opioid crisis are doctors and large pharmaceutical and insurance companies. This general, large scale blame on jobs that primarily held white upper-class individuals fails to demonize someone in the way the crack crisis did. While the crack crisis caused a significant moral panic in terms of fear around increased crime everywhere as a result of a deviant group, minorities and low-income communities, the opioid epidemic failed to do so.

The opioid epidemic is not considered a white problem to the public because the media does not display it as such. Rather, it is something that could happen to ‘anyone.’ The crack crisis was displayed as a purely low income and minority problem, and thus the deviant behavior of using drugs, selling drugs, getting high, and being violent were associated with people of color. In turn, this created a moral panic among individuals all over the country. The opioid epidemic and the crack crisis both caused moral panics in the United States. While the crack crisis caused a moral panic, the opioid crisis did not, and that is a result of the way the media constructed the two epidemics.

III. The War on Drugs and Crack Crisis: How It Started and Who It Targeted

On June 17, 1971 President Richard Nixon declared that drug abuse had become “public enemy number one” (Richard Nixon Foundation 2016). With this statement, what became known as the “war on drugs” began. The war on drugs involved a number of things, such as increasing the size and presence of federal drug control agencies and a new push for things like mandatory sentencing. Its purpose appeared to be eliminating the drug trade in an effort to better the United States, however it did no such thing. There are many misconceptions about the war on drugs, such as that it decreased crime and drug use and brought down those at the top of the drug
economy’s food chain (Goldman 2013). However, the reality is it did none of that. While there were increases in arrests around drug selling and use, the people who were being incarcerated were all low-level dealers rather than the individuals that ran the operation (Goldman 2013). In reality, the war on drugs was nothing more than a war on race. In fact, years after Nixon’s presidency one of his advisors said the following about the war on drugs:

The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people… We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and the blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did. (LoBianco, 2016).

Clearly, the declaration of the war on drugs was engineered as a political strategy to win an election and build a coalition for the Republican party. At this point they were in the doldrums since the Democrats had mobilized working class blacks and women – capitalized on the social movements of their day – in an effort to dismantle that – they made the cities, the young, and the black and brown something that white suburban voters were to fear.

The declaration of the war on drugs in 1971 was only the tip of the iceberg. As a result of the ongoing and time-consuming war in Vietnam, the majority of the nation was not focused on the use of narcotics. It was not until the mid 1980s that America began experiencing what many call the crack crisis, the event that eventually came to define the war on drugs. While many credit the war on drugs with addressing the crack problem, crack had little to no presence in the United States until the 80s. While the war eventually came to truly target those who used and
sold crack, the original concern were drugs such as cocaine, heroin, and marijuana. While heroin and marijuana were easily accessible across classes, cocaine was not. The majority of cocaine was being shipped from the Bahamas to the U.S. (DEA 2018). Cocaine was extremely expensive and used only by the elite, snorted through high-denomination bills at parties and exclusive events. Up until the early 1980s, cocaine was purely used in powder form. However, seeking a more intense high users turned to what is called ‘freebasing.’ Freebasing refers to mixing cocaine powder with a compound called ether and then reducing it to a crystal base, and then smoking the crystal. This smokable form of cocaine creates an even more intense high. Due to the difficult and lengthy process involved in freebasing, clients began requesting that their dealers freebase the powder before purchasing. This presented an issue for dealers, as freebasing the drug results in less weight and ultimately less money. Dealers searched for a filler that would add weight to the product while remaining undetectable when it was smoked. Originally, dealers began using ‘comeback,’ an expensive “chemical adulterant akin to lidocaine, a prescription anesthetic” (Massing 1989). Eventually, dealers found other cheap alternatives to the expensive filler, and thus crack was born. In addition to the more intense high sought out by users, the islands importing cocaine faced another issue contributing to the creation of crack: an enormous surplus of cocaine causing the prices to drop by as much as 80% (DEA 2018). The islands could either convert the powder to crack in a more time-consuming process or lose extreme amounts of money. This surplus in combination with the yearning for a more intense rush resulted in the booming of crack during the mid 1980s.

The first crack house was detected by the Drug Enforcement Agency (DEA) in Miami, Florida in 1982. However, when it was first found crack was not seen as a major threat as it had truly not had any presence in the United States. It was also viewed as only used by the upper and
middle classes. Law enforcement viewed crack as purely a Miami problem, that was until it began to ravage New York City, Washington DC, and eventually the whole country. Eventually, crack was primarily sold in low income and minority neighborhoods, and most recollections credit individuals from Haiti, the Dominican Republic, and other nearby islands with moving the drug across state lines. With the popularity of the extremely addictive drug came violence. While it was sometimes a result of the violent and aggressive state that takes place as the drug wears off, the majority of the violence was a result of turf wars between rival dealers. Crime rates in low income neighborhoods skyrocketed, overwhelming many hospitals as well as law enforcement in the area.

Crack and cocaine have essentially the same chemical makeup, only cocaine is more expensive and in powder form. While cocaine was used by the elite, crack’s low cost eventually resulted in its popularity in minority and urban communities of color (Mendoza et al. 2018). That being said, there was still a fair number of suburbanites entering cities to get their fix of crack and then returning to their white-picket fenced homes. During the crack crisis two Anti-Drug Abuse Acts were passed: the first in 1986 and the second in 1988. The Anti-Drug Abuse Act of 1986 enacted a law that that criminalized cocaine and crack at a ratio of 100:1 (Palamar et al. 2015). This so called ‘100:1 law’ was passed in meant that if someone was found with five grams of crack and another person was found with five hundred grams of cocaine they would both receive the same mandatory five year minimum sentence (Palamar et al. 2015). This immense discrepancy in the criminalizing of crack compared to cocaine led to the disproportionate policing and incarceration of people of color.
IV. The Opioid Epidemic: How it Started and Who it Victimized

Unbeknownst to most, America’s first experience with an opioid epidemic occurred in the second half of the nineteenth century when, between the 1840s and 1890s, opioid consumption grew by nearly 540%. This was the result of a number of reasons, including but not limited to the use of opioids by mothers to treat their pain as well as their children’s, soldiers to treat diarrhea and injuries, and drinkers to alleviate hangovers. The main cause of the epidemic however was the introduction and increase in the use of opioids for medicine. At the time pain and pain treatments were poorly understood, and doctors began to administer opiates for two reasons: it cured patients’ pain and it was a simple and quick fix to the problem at hand. However, towards the end of this first epidemic that lasted roughly half a century new doctors realized something was amiss. Along with their own observations that opioids were clearly extremely addictive and dangerous, new findings proved the public threat of opioids. As a result, by the 1900s younger doctors stopped prescribing opioids as a quick fix for pain, and the remedy became viewed as “the hallmark of older, less competent physicians” (Kolodny et al. 2015:566). By 1920, the majority of doctors prescribed opiates only when absolutely necessary (Kolodny et al. 2015).

This practice that decreased opiate use ended in the late 1990s. While doctors learned from the mistakes of their predecessors during the first epidemic, new information changed the beliefs among many. In the 1980s seriously flawed findings emerged that the use of prescription opioids over a long-term basis was actually safe and that the likelihood of addiction was extremely rare. This information resulted in a gradual increase of their use. In 1995 Purdue Pharma, a major pharmaceutical company, introduced OxyContin, and within the next year the use of opioids skyrocketed, kickstarting the epidemic the country finds itself in today. Purdue
Pharma knew they needed to promote the use of prescription opioids as a lot of physicians were still weary of the safety of the drugs. This so called “opiophobia” resulted in an extreme campaign by Purdue Pharma. The company funded thousands of pain-related educational programs and a number of pain organizations. In turn, these sponsored pain organizations then promoted the use of opioids for chronic non-cancer pain (Kolodny et al. 2015). Today, opioids are the most commonly prescribed drugs in the country and the opioid trade has made the pharmaceutical industry the most profitable U.S. industry for multiple years running (Hansen 2017). It is no wonder then why the prescription of opioids has yet to drop significantly despite evidence of the dramatic increase in opioid overdoses, as well as subsequent addiction to black market opiates such as heroin as a result of prescription opiate use. The result of this corporate greed and increase in the prescription of opioids has led to the epidemic the nation finds itself in the midst of today.

In response to the growing concern around the issue, President Donald Trump declared the country’s opioid epidemic a public health emergency on October 26, 2017 (Merica 2017). Currently, the opioid epidemic is the deadliest drug crisis in American history. Opioid overdoses have become the leading killer for Americans under fifty-years-old and have killed more than 64,000 people – more than guns or car accidents combined and faster than the H.I.V. epidemic at its peak – in the year prior to the declaration of emergency (Salam 2017). Many credit the start of the opioid crisis to pharmaceutical companies and doctors. The over prescription of dangerous drugs and the lack of regard for suspicious behavior suggesting possible addiction resulted in an enormous amount of opioids to be distributed legally. When these individuals run out of the prescription and cannot get more, many of them often resort to heroin or fentanyl, a synthetic
opioid often added to heroin to increase its potency (DEA N.d.). Heroin is a much cheaper and more accessible alternative to prescription opioids, and still gives a similar and intense high.

While the opioid epidemic is now viewed and portrayed as a heroin epidemic, it did not start that way. According to the National Survey on Drug Use and Health, roughly 80% of current heroin users’ addictions began with the nonmedical abuse of prescription opioids (Jones 2013) (Muhuri et al. 2013). Something else that is interesting about the opioid epidemic is its demographics. The vast majority of opioid and heroin abusers are white. In fact, data collected on overdose deaths in the United States showed the amount of overdose deaths of White, non-Hispanics made up more than both black, non-Hispanic and Hispanic categories combined in every state other than Hawaii and New Mexico (KFF 2016). On the contrary, the crack crisis was primarily black and Hispanic and affected low-income minority communities. In fact, 83% of people convicted for crack trafficking offenses were black (Palamar et al. 2015).

Unlike the crack crisis, the opioid epidemic disproportionately affects white people, often in rural communities. The country is no longer dealing with a narrative of drug abuse by people of color, low-income or homeless communities, or really any other stigmatized group that has “chosen” to get involved in the dangers of the drug world. Rather these people are victims of an unstoppable epidemic that has the ability to affect everyone and anyone. Past research has does indeed talk in general terms about the differences between the epidemics but none do a detailed content analysis to show the subtle and not so subtle ways that a “mainstream” medium of culture helps construct those differences.

METHODOLOGY

The opioid epidemic and the crack crisis are two very different events at two very different points in time. That being said, both share a lot of similarities as they are the two true
drug epidemics the country has experienced in the last half century. Even though the two are
framed as epidemics, the narratives around them were constructed extremely differently. In order
to study how the two events were framed to the public, I chose to review newspaper articles from
six months before and six months after major events in the epidemic. I chose to do six months on
either side of the events because, in relation to the crack crisis, there were far fewer articles to
choose from. When I made the range six months on each side of the announcements I had a solid
amount of articles that would work nicely within the scope of my research. This larger range did
however result in an extreme number of articles about the opioid epidemic. In order to narrow
down my selection I read at least fifty articles and found major themes and narratives that I
thought needed to be included. For example, many articles discussed an overdose victim’s death
in detail, so I thought it was important to have at least three articles that represented that position.
In total I examined forty newspaper articles from the New York Times, twenty on the crack
crisis and twenty on the opioid epidemic. In terms of choosing a major event of the epidemic, I
wanted to look at a public Presidential acknowledgement of the severity of the situation. The
reason I chose the President’s involvement as the major event of the epidemic is because the
national acknowledgement of the issue not only caught the attention of Americans, but also the
media. I wanted to see if the announcements had any impact on the way the media covered the
crises. The public announcement made the drug epidemics concrete for the country and set a
higher level of awareness and interest in the nation, and I thought this may impact the news that
was then written on the topics.

As noted above, all forty articles studied are from the New York Times. In order to
compare the narratives of the epidemics, I thought it would be best to use a consistent source
instead of multiple sources. This way the vast differences in the way one media source framed
the two epidemics is abundantly clear. I chose the New York Times as it is largely viewed as the paper of record. In addition to being highly trusted by the public, the New York Times is also an agenda-setting paper for local news (Warren 2016). That means the news the Times reports directly influences what local news reports. The Times is largely regarded as the country’s newspaper of record that sets the agenda for other news more so than any other paper in the country. As a result of the New York Times’ wide influence and trustworthiness, I thought this paper would be the best source to gather articles from. In addition, despite what President Trump may think, the New York Times has attempted to situate itself outside of the overt partisanship of the left-wing right-wing dynamic.

Upon beginning my research, I initially planned to use Nixon’s declaration of the war on drugs in June of 1971 as the major event of the war on drugs and crack crisis. However, due to the ongoing Vietnam War there was little to no news coverage of drugs. In addition, crack-cocaine, the drug that came to define the drug war, was not a popular drug in the 1970s. As a result, I was forced to look at later dates. I began looking for major events involving crack, such as the discovery of the first crack house in the 1980s by the DEA. While there were numerous presidential acknowledgements and new legislation passed during the 1980s in response to the crack crisis, the crime associated with the era did not escalate to drastic heights until the late 1980s. Thus, I decided to use President H.W. Bush’s first televised national address as president on September 5, 1989 as my major event during the crack crisis. During this event Bush called drugs “the greatest domestic threat facing the nation” (Lopez 2014). He promised to increase funding for the war on drugs and passed legislation to aid the project. I gathered twenty articles between March 5, 1989 and March 5, 1990, six months before and six months after Bush’s address. There were a number of articles on the drug problems during that time range. As for the
opioid epidemic, I knew immediately I wanted to focus on Trump’s declaration of a public health emergency on October 26, 2017. Thus, I gathered twenty articles between April 26, 2017 and April 26, 2018. Around that time there was an abundance of information on the subject throughout all forms of media, so I knew that range would have a solid number of articles on the epidemic.

Before going deeper there is a need to briefly analyze the announcements themselves. In terms of the cause of the epidemic, President Bush begins his speech by asking, “Who’s responsible? Let me tell you straight out. Everyone who uses drugs. Everyone who sells drugs. Everyone who looks the other way” (Bush 1989). This immediately creates a villain in the situation. While three groups are listed, Bush emphasizes that the responsible parties are those selling and using crack-cocaine. They are deviants perpetuating a major problem in the United States. On the other hand, Trump does not immediately say that pharmaceutical companies are to blame. Rather he suggests this through subtle hints:

I want to acknowledge CVS Caremark for announcing last month that it will limit certain first-time opioid prescriptions to seven-day supplies, among other important reforms. And I encourage other companies to do their part to help to stop this epidemic. The FDA is now requiring drug companies that manufacture prescription opioids to provide more training to prescribers, and to help prevent abuse and addiction, and has requested that one especially high-risk opioid be withdrawn from the market immediately (Trump 2017).

He later says, “We will be bringing some very major lawsuits against people and against companies that are hurting our people” (Trump 2017). This assertion that the cause of the drug epidemic are large pharmaceutical companies is not “hammered home,” so to speak. Rather, the
speech focuses on the immediacy of the situation by sharing statistics about overdose deaths and “victims.” In terms of addressing the individuals affected by the epidemic Bush says that “while illegal drug use is found in every community, nowhere is it worse than in our public housing projects” (Bush 1989). Public housing projects were known to be primarily occupied by poor minorities, so while Bush never outright said people of color were primarily affected by the issue his phrasing may as well have. On the contrary, Trump never truly insinuates who the opioid epidemic affects. This is not surprising since, as mentioned previously, when a crime or problem is primarily white race is almost always left out of the narrative. Something else that was interesting is that Bush’s speech promised to escalate funding to increase law-enforcement and other related programs in an effort to combat the crack crisis. Trump also mentions that money is going towards law enforcement and prisons, however in addition it is going to fund programs set up to help those recovering from drug addiction. Anything interesting part of Trump’s address is that before he comes up the First Lady speaks about her work with the families who have experienced losses due to opioid overdoses. She pledges to have all of their stories heard and shared. None of this happens with Bush. The importance of this is that Bush’s speech is cold and insinuates one thing and one thing only: the crack crisis is a danger to us all and must be stopped at all costs. On the other hand, the opioid epidemic is portrayed in a more sympathetic light. The victims of the opioid epidemic have their stories highlighted to show they are just like anybody else, while those who have overdosed on crack are just one less crackhead to worry about.

A content analysis refers to the qualitative research method by which one can compare various formats of content (such as newspaper articles, television or movie portrayals, or books, to name a few) in an effort to find common patterns or themes. My content analysis aimed to see if there were common themes or differences among the way the media portrayed the crises. To
do so I needed to use a frame analysis. That is to say I needed to look for the subtle and not so subtle ways in which the media was framing certain parts of each epidemic. Keeping this in mind I began coding the forty articles for four different categories. The categories are as follows: how the media describes the cause of the epidemic, how the media describes the epidemic itself, how the media describes the individuals involved with the epidemic, and how the media describes the demographics of the people involved in the epidemic. While reading the forty articles I kept these four categories in mind while also searching for important keywords that would be useful to my research. Some of these keywords included various races (black, white, Hispanic), descriptions of crime or violence (danger, murder, robberies), descriptions of poverty (slums, public housing), and descriptions of neighborhoods.

**FINDINGS**

1. *The Cause of the Epidemic: Personal vs Systematic Pathology*

   In the case of the war on drugs, the media depicted the crack crisis as a personal problem. Those involved in the using, selling, or transporting of crack and cocaine were depicted as troubled thugs who were trying to make money quickly and easily. There were gangsters who were trying to make an extra buck the easy and illegal way rather than applying themselves like the rest of society. For example, numerous New York Times articles from the crack crisis era argued that crack dealers are pursuing a “distorted American dream.” This phrase became so popular in the description of dealers that it was even a main header of the article *Just Another Night on Crack Street*: below the title the article reads “during the last five years, the author had lived among drug dealers, watching their pursuit of a distorted American Dream” (Bourgois 1989). These articles suggest the individuals are involved in the so-called ‘drug game’ because they have chosen it as their line of work. Rather than some systematic failure that has allowed
these individuals to choose these jobs, they choose them because they are a fast and easy way to make money. From the twenty articles studied the only inkling blaming an outside source for one’s involvement in the drug trade was one sentence in an article discussing the surge in women in prison as a result of selling crack. In the article titled *Number of Mothers in Jail Surges With Drug Arrests: Drug Arrests Jailing Many Mothers*, describes an imprisoned woman named Deborah Underwood. Underwood is a thirty-year-old mother of five. She resorted to selling crack because the welfare her family received amounted to only $600 of food stamps and cash per month, hardly enough to support a family of six. When she began selling crack through her brother and boyfriend she earned $1000 a week; in a month she made more than six times the amount she would have received from the government (Bohlen 1989). Most articles do not discuss such a specific motive, especially one attributed to bettering the lives and providing the bare minimum to an individual’s family. Other than when the articles talk about women and mothers, two societal groups that often receive a more sympathetic portrayal by media, the articles are insinuated the cause of the crack crisis was the individual greed, desperation, and flawed morals of low-income minority communities. Numerous articles convey this greed in both subtle and not so subtle ways. One article titled, *Capital Offers a Ripe Market to Drug Dealers*, notes that “[D.C.’s lack of organized crime structure] left a vacuum for independent drug operators who are now killing one another over turn in the new and profitable crack trade…” (Berke 1989:A1). When the new crack trade emerged in D.C. dealers had to make sure they established their turf. A dealer could have all but one street corner in a neighborhood, but that was not enough: they wanted all of them. In an article titled, *Drug Riches Luring Poor Youth Down a Bloody Path*, drug dealers are said to be “pushed by poverty and pulled by a perverse interpretation of the American dream of material wealth at almost any cost” (Terry 1989:25).
These two quotations show how the cause of the crack crisis was depicted as individual greed. These low-income minority populations needed a way to make money, and crack dealing appeared to be the best option. The rise of crack was thus individuals that sold and used drugs. Those who sold drugs were made out to be especially responsible: because of their need to make money, their selfish greed, the country was in the midst of a drug crisis.

The reality is however that individuals involved in crack-cocaine epidemic were failed by the system just as much as those involved in the opioid epidemic. The underdevelopment of economies in poor minority neighborhoods and the difficulty many minorities faced while trying to secure a typical job caused many to turn to the underground economy. People were faced with a decision: to feed their families they had the option to sell drugs on their own time and make more money than if they were either unemployed or employed at a minimum wage job with long and difficult hours. However, this systematic failure is left out of the narrative in the articles about the crack crisis.

What is especially interesting about this greed narrative is that I expected it to have taken place after President Bush’s address. After all, he did say that the cause was drug dealers and drug users. However, this notion was present before and after Bush’s public announcement. In fact, the Bush announcement caused essentially no differences in the construction of the crack crisis. I think this is because the crack crisis had already been going on for roughly five years, thus the address did not change much in terms of what the public knew about the issue. I was also expecting a change in terms of the discussion of law enforcement after the Bush address, however it was equally as present after as it was before. Again, I think this can be related to the fact that Bush is not adding much to the conversation other than ramping up already high amounts of funding for law enforcement and prisons. These are things the country had been told
previously by Ronald Reagan and thus there was no real shock to the information Bush was delivering.

For the opioid epidemic, the media depicted those abusing prescription pain killers or heroin not as morally corrupt, but rather individuals who had been failed by the system. As discussed in the previous section, the high rates of addiction to prescription opioids and subsidiary use of illegal drugs and heroin are attributed to the systematic failure that allowed doctors and pharmacies to prescribe and distribute such dangerous drugs at alarmingly high rates. This is mentioned in multiple articles surrounding the opioid epidemic. In one article titled The Opioid Epidemic: A Crisis Years in the Making May Salam writes that health care, specifically drug companies, doctors and insurances companies, have played an enormous role in “fueling the opioid epidemic” (Salam 2017). Another article titled New York City Sues Drug Companies Over Opioid Crisis the mayor of New York states at a press conference that it is time for “big pharma,” i.e., massive pharmaceutical companies, to pay for what they have done to the country, i.e., the opioid epidemic (Goodman & Neuman 2018). The cause of the opioid epidemic is not individuals pining after a quick and intense high to escape the realities of their lives, but the unstoppable addiction that resulted from the over prescription of opioids that is a result of systematic greed. This systematic greed stems from the previously mentioned falsified studies that encouraged doctors to prescribe opioids, specifically their new drug OxyContin, because despite contrary past research opioids were actually safe and not addictive (Kolodny et al. 2015). Opioids turn these people’s lives upside down. Unlike the crack crisis, the opioid epidemic is not to be blamed on the users or illegal dealers, but rather the system. Doctors, drug companies, and insurance companies are at the forefront of blame when searching for an answer as to what caused such a catastrophic epidemic so quickly. Their systematic malfeasance and corporate
greed resulted in the opioid epidemic. There is something very important about the systematic blame placed on these companies: the opioid crisis is the result of a systematic issue. One the other hand, the crack crisis is also the result of systematic issues, but there is no mention of that in the articles from 1989 and 1990. This supports my argument that during the crack crisis crack was constructed in the media as a product of deviance in low income communities and individual yearnings to make a quick buck. On the contrary, opioids to make money whereas and deviance, whereas for opioid addiction is the product of bad drug companies turning good beleaguered white people into drug addicts.

In terms of the opioid epidemic, the cause is not the individual at all but rather the system. The New York Times article titled, The City Is Suing Big Pharma Drug Companies Over The Opioid Crisis, Two Weeks After Filing A Suit Against Oil Companies Over Climate Change Costs, shows this systematic blame. In the article New York City mayor Bill de Blasio announces the city’s decision to file a lawsuit against the manufacturers and distributors of opioid prescription drugs lawsuit. New York City is not the first municipality to take these drug companies to court, with Oklahoma, Delaware, Philadelphia, and Chicago filing suits as well. This is part of a “growing legal movement among local leaders seeking to halt the cycle in which opioid analgesics – legal prescriptions – lead to dependence and death, either from the drugs themselves or after users begin using illegal opiates such as heroin” (Goodman & Neuman 2018). The lawsuit filed by the city of New York claims that the “opioid crisis was caused by the deceptive marketing of drug makers, and by distributors bringing large amounts of prescription painkillers into the New York market” (Goodman & Neuman 2018). In reference to the opioid epidemic, de Blasio said “It is a national tragedy…It needs a national solution…It’s time for Big Pharma to pay for what they’ve done” (Goodman & Neuman 2018). The state of Ohio has also
filed a lawsuit against the pharmaceutical industry. They argue several drug companies within
the industry knowingly misled doctors and patients about the dangers of opioids via false
marketing campaigns (Pérez-Peña 2017). Overall, these local lawsuits confirm the nation’s
position that the opioid epidemic is a direct result of the pharmaceutical industry’s deception as
well as insurance companies and doctors making opioids more accessible for the public. After
Trump made his announcement declaring the opioid epidemic the articles shifted from a tone of
sadness and helplessness to large plans of action. Rather than articles such as the ones titled
Melania Trump Says She Aims to ‘Give a Voice’ to the Victims of Opioids and The Bronx’s
Quiet, Brutal War With Opioids, the content of articles shift to that of addressing the issue with
policy and holding those at the cause of the epidemic responsible. This is seen even in just the
titles of the articles written after Trump declared the opioid epidemic a public health emergency.
In addition to the one mentioned above, the mere title of articles such as From the Opioid
Epidemic’s Front Lines: Filling in the Brutal Back Story, The Opioid Epidemic: A Crisis Years
in the Making, and City Officials See Progress in Effort to Curb Opioid Deaths show this shifted
focus. Rather than ‘giving voices to victims’ the country is taking action. The cause of the
epidemic is systematic and corporate greed. We need to hold those involved accountable and
create programs in an effort to end what is now a public health emergency.

II. The Description of the Epidemic

While both epidemics are often described as crisis’, the term means two very different
things in relation to the two periods in time. When talking about the crack crisis, the word crisis
refers to a threat, an issue that is plaguing the country that could end with you being randomly
mugged in the middle of the day or shot and killed by a stray bullet. The crack crisis was not
described with any empathy. It was a cold-blooded period that was a threat to all members of
society, resulting in an overall sense of fear. The crack crisis created “drug-ravaged
neighborhoods” that allowed for an “explosion of drug-related killings” (Bohlen 1989:1) (Berke
1989:A1). Crack originally was an issue that only affected urban areas, particularly those
neighborhoods of concentrated, however the epidemic was able to expand as a result of the
enticing theoretical profits for drug trafficking organizations (Johnson 1989). The crack crisis is
described as a business; it is a way for gangsters and thugs to make a quick, easy, and pretty
penny while providing an effective way for individuals to maintain their street credit. The below
quote shows how this allowed for individuals to assert themselves in effective ways and gain
street credit:

Bennie kept yelling at Jesus about the $60. Then he let out a whistle and a dented Vega
came roaring down the block. It careered to the curb and cut us off. A young man in the
passenger seat…stood [up]. He was waving a baseball bat in his right hand. The
driver…has also rushed out of the car and was running after us…Frightened, I jumped
back to the bodega door, trying to figure out where to run and what to do, but Jesus had
to stand firm. This was the corner he worked; those were his former partners. They
surrounded him, shouting about the money, and began kicking him and hitting him with
the bat. Jesus still did not turn and run (Bourgois 1989:60).

This is a great example of the drug related crime that took place between dealers. Jesus had
borrowed money from his partner Bennie and had yet to return it. Even though they were
partners, Bennie could not stand to let Jesus walk over him like that, not in front of his other
partners. Jesus stood his ground as a way of showing Bennie and the others he was not scared.
He was tough, and he would not be scared off or away from selling crack on the streets. The
same article goes on to say that
Regular displays of violence are necessary for success in the underground economy – especially the street-level drug dealing world. Violence is essential for maintaining credibility and preventing rip-offs by colleagues, customers and intruders. Thus, behavior that appears irrationally violent and self-destructive to the middle or working-class outsider can be interpreted, according to the logic of the underground economy, as judicious public relations (Bourgois 1989: 60).

Clearly, a large part of this underground drug environment is violence. Violence is used to maintain credibility and keep workers and other drug dealers in check. If one does not have street credit, they will not be successful in the drug dealing world. This is made abundantly clear by the countless number of articles that discussed the use of violence as well as ex

The crisis is described as horrific. Numerous articles used the term “drug-ravaged” or “taken hostage” to describe neighborhoods affected by the crisis. The crisis was “creating horrors” for the nation (NYT 1989). In addition, the crisis created a generation of “crack babies” which required intensive care often paid for by state funds. In addition, law enforcement was overworked and lacked resources as the crack crisis continued on. The increase in arrest made by law enforcement led to an extreme overcrowding in prisons across the nation. Roughly half of the articles examined noted that the criminal justice system as a whole struggled to cope crack-related crime. The struggling system had to take funds away from education, health, housing, and infrastructure to support the increasing resources that needed to be allocated to police, courts, and prisons (NYT 1989). Overall, the Times described the crisis as something that took away resources from other, more deserving institutions. The crisis was dangerous for all members of society, whether or not you were involved in the drug trade. Crime was everywhere and unavoidable, and seeing dead bodies lying on the street as a result of turf wars or drug related
violence became commonplace. The crack crisis and those involved were barbaric criminals looking to make money through the underground economy. This is why the crack crisis causes a moral panic among society: there was a, as Stanley Cohen would put it, folk devil. That is to say there is a group of individuals that is criminalized and associated as responsible for the drug crisis. The media criminalized low-income communities of color, and as a result they became the so-called folk devil of the crack crisis. When there is a folk devil in a situation, society has someone to blame, and thus a moral panic can ensue.

On the other hand, the opioid epidemic did not result in a moral panic. This is because the individuals involved, were never truly criminalized. While large companies were made to be the cause of the crisis, a lack of individuality paired with a portrayal that lacked the deviance displayed in the crack crisis results in no folk devil of the crisis. The opioid epidemic is depicted sympathetically. Media writes about the people involved using a tone of defeat, whereas the crack crisis media uses a tone expressing immense fear and danger. A vast amount of media writes about the opioid epidemic as something that ‘can happen to anyone.’ This notion, while seemingly innocent in its use to spread awareness, refers to the fact that anyone can be addicted to these drugs, even white people. It is no longer an issue plaguing black or Hispanic urban communities, but white people in suburban and rural areas. Rather than the drugs creating drug-ravaged neighborhoods as they had during the crack crisis, now the “crisis plaguing communities across the country” (Shear & Goodnough 2017). Individuals using drugs are not ruining communities as they were during the crack crisis, but rather the crisis is taking communities and, as numerous articles put it, holding them hostage. The opioid epidemic crosses race and class lines. It is unstoppable, and no one is safe from the possibility of addiction. People fall victim to the opioid epidemic rather than criminals who decided to partake in drug use for the sake of
getting high. In one article, an overwhelmingly white community in Indiana that has experienced a high proportion of opioid addiction and overdoses. The local coroner says “You just can’t believe this is all happening in one small community… In my career, and I’ve been doing this since I was 14, I’ve never seen anything like this. So many more young people are dying” (Macur 2018). Evident in this quote is the shock factor felt in these articles: how is it possible that drug addiction has permeated communities that were once thought to be secure from such a stigma? This shock is because these communities are largely white. They are not meant to be plagued with drug problems, yet when low-income minorities and the inner-city experienced the crack crisis it was no surprise at all: after all, where else would something like that happen? This comes back to this popular but ignorant notion that opioid addiction “could happen to anyone.” While seemingly innocent, this statement is actually saying it can even happen to white people. It is no longer an issue we can ignore, but something we must address immediately as it now is threatening us, us being white people.

III. The Description of the Individuals of the Epidemics

The media surrounding the crack crisis and the opioid crisis frame the people involved in each epidemic in extremely different ways. Throughout the articles this ‘frame’ contained the greatest difference across the two pods. To begin, it is important to note that the Times covered two very different aspects of each epidemic. For the most part, all of the articles from the war on drugs period are about drug dealers and drug organizations. Less than half of the articles studied mentioned individual stories or names. For the most part, they talked about the business aspects of the drug trade. On the other hand, the articles about the opioid epidemic constantly talked about individual’s stories, especially those of people who suffered a fatal overdosed. These articles focus on family life, who the person was beyond the drugs, and their life as a whole.
When the few articles about the crack crisis discussed individuals, it was never nothing was included beyond the person’s drug use. It was who they were, as someone who used drugs, but nothing more. The articles from the crack crisis exclusively described individuals as drug dealers, while the opioid epidemic articles talk about individuals as drug users. The dealers are framed as criminals, while the users are framed as victims.

During the crack crisis, the dealers were often described in language suggesting there were thugs. It was rare to find an article that had no mention of race. Below is a description from one of these articles:

As Broadway cuts up through the Upper West Side of Manhattan into Washington Heights, it gradually turns into a giant Caribbean Bazaar. The avenue abounds with bodegas, farmacias, unisex beauty salons, bargain clothing outlets, restaurants serving pollo and plátanos, and travel agencies offering bargains to the Dominican Republic… all to the accompaniment of a hundred different radios blaring salsa music. (Massing 1989:SM38).

This quotation rings a similar tone of many of the articles from this epidemic. It is slightly condescending in its observations of the Hispanic culture in the inner-city neighborhood, and the article itself begins by giving this description. Such descriptions were commonplace in these articles. The above article goes on to describe the streets off of this main road. On these side streets “clusters of tough teenagers wearing beepers, four-finger gold rings and $95 Nikes offer $3 vials of crack… on every block there are four or five different “crews,” or gangs” (Massing 1998:SM38). Another article describes a drug dealer called Do Do as a “22 year old Jamaican whose nickname – Do Do – is spelled out in diamonds on his teeth” (Kifner 1989:A9). These descriptions present the idea that tough thugs and gangsters are those who deal crack. They are
described as ruthless and greedy; these individuals are extremely concerned with materialistic items, such as their gold rings or expensive shoes. These street gangs that run the crack trade are “more fiercely armed and violence-prone than traditional racketeers, intimidate whole communities” (New York Times 1989:E24). These dealers are viewed as extremely dangerous and threatening, to the point where they are intimidating entire communities. They are always urban-based groups fueled by poverty. In half of the articles the words “tenement,” “public housing,” or “slums” were used to describe the neighborhoods where crack was sold. Overall, these articles almost never failed to acknowledge the race of the individuals selling drugs as well as unflattering descriptions of the neighborhoods they live in. They also constantly address the greed involved, noting the designer clothes the dealers wear and the expensive cars they drive. One article even attributed this greed to the violence that accompanies crack (Berke 1989:A16).

The crime and violence of the crack deal was ever present in the twenty articles. Statistics showing the effects of drugs on murder rates as well as other crime rates were all over the articles. One statistic, a bold subtitle of an article, read “Drugs were part of 85% of this year’s murders.” (Berke 1989:A16). One article, titled *At Last, Crime Too Heavy for Capital to Bear*, notes that “while the crack deals continue in the slums of Anacostia and Shaw and young black men die in fusillades of gunfire when those deals go awry, the mood in the nation’s capital has changed” (Ayres 1989:A1). Numerous pieces discuss the increase in drug related crimes and how seeing a body lying in a pool of blood on the street has become the norm. One article noted a man being murdered next to a playground, and the kids never stopped playing despite hearing shots and watching the man die as paramedics and help surrounded him. They were unphased. These articles make it seem that crime became the norm. People were shot and killed because of deals gone awry or turf wars, and often innocent bystanders were hit in the process. The effects
of crack also made users more violent and less predictable, also resulting in more crime. Overall, the crack crisis made the people involved in the drug trade out to be dangerous criminals. They were often involved with gangs or even cartels, and they were greedy enough to kill for a profit. They were never white people, but black and Hispanic, usually of Dominican, Jamaican, or Haitian decent.

While the dominant narrative of the crack epidemic villainizes those involved, the opioid epidemic quite literally does the opposite. Those involved in the opioid epidemic are victims of something bigger. It is a student, a friend, a teacher who made one mistake that led them down an intense and unstoppable spiral out of anyone’s control. While the crack crisis is framed as the individual’s fault, the opioid epidemic rarely puts blame on the individual. Rather it blames the bad group of friends they hung out with that got them to try the drug just once, ending in an endless struggle with addiction; or the pharmaceutical companies and doctor that prescribed the drug in the first place.

Less than a quarter of the twenty articles studied mentioned the race of the people that suffer from opioid addiction. The few articles that do never give the race of specific individuals, but rather communities. In doing so they still separate race from the individuals they talk about, as they never directly connect race to the addicts themselves and their personal stories. Another interesting thing is that, while the crack crisis focused on the dealers of the drug, the articles on the opioid crisis only focused on the victims. Sometimes an unnamed friend was mentioned as giving the drug to the victim in the first place, but no other information was given about the dealers of heroin and other prescription opioids. The focus on the individual in these articles is extremely common. Names are mentioned and their stories are told as a precautionary tale to others. One article discusses a special education teacher who overdosed in the bathroom after
school was out for the day. On the front of the article is the picture of the victim with his wife and two kids, smiling on a carnival ride. This differs greatly from one of the only family photos in the articles on the crack crisis; that photo is of a black mother holding her newborn baby in a prison jumpsuit (Bohlen 1989). But this man, the white special education teacher, is not like that woman or the other women and men in the crack crisis. He is a family man, whose addiction began as a teenager when a high school friend introduced him to painkillers and eventually heroin. When the police searched for answers regarding his death, they “instead found articles of a full and vibrant life” (Wilson 2018). The title of this article is *An Addict Dies in a School Restroom. He Was a Teacher*. This speaks to the common belief that drugs are an issue of urban communities of color, not of white people who have steady jobs and families at home. The addicts of the opioid epidemic have a life outside of drugs, while the addicts of the crack epidemic are written about as though crack is the only part of their life. The victims of the opioid epidemic are great fathers and mothers and husbands and wives, while the criminals of the crack crisis are far from it. Numerous articles from the crack crisis discuss the mother’s use of their children to peddle crack to make an extra buck. In the article *Just Another Night on Crack Street*, an eight-months pregnant woman shoots her husband, the boss of the crack house, in the stomach in front of all of his workers because he had been seeing other women. She was then promoted by another crack house for showing initiative. All the while her children were at home, supervised by random men involved in the drug trade. Among other things, they were sent to go get beer in the middle of the evening (Bourgois 1989). Mothers who went to jail for crack possession or dealing are depicted as abandoning their children as a result of their arrest. They leave them “in a flimsy safety net patched together by relatives and social workers, increasingly in foster care” (Bohlen 1989:B2). These parents are so drug-crazed, they are unable to care for
their children. They would rather risk arrest than stop using or selling drugs. Meanwhile, the men and women of the opioid addiction love their children. Even when they overdose and die they are described as good parents with good intentions who fell onto the wrong path.

**DISCUSSION**

1. LIMITATIONS

Like any other study my research has its limitations. One of the major limitations that needs to be addressed is that it studied only one source of news. In most cases this would be viewed as ungeneralizable to the whole media, however it is not fully the case for mine. As mentioned earlier, the New York Times is historically viewed as the paper of record for the nation. It is agenda-setting, meaning that on any given day the content of the New York Times influences what (and how) other local news sources report to their readers, viewers, or listeners. That being said, while the study is technically not generalizable as a result of looking at only one media source, it is not completely the case as what the New York Times reports is what other news sources report.

Another limitation that needs to be addressed is that I studied only print media. In addition to wanting to study one consistent source, the reason I looked at print media rather than non-print media is because print media was still the primary source of news at the time of the crack epidemic. The newspaper articles for this time period were far more accessible than news broadcasts or other forms of non-print media, and thus for the sake of limited time print media was the best option to study.

II. Future Research Directions

Based on the above limitations there are future research directions that should be explored in relation to the racialization of crime in the media through framing. This research
could address both limitations listed above in a broader sense. It would do so by looking at multiple different types of crimes instead of two specific epidemics. In looking at these crimes it could conduct a content analysis comparing the media’s representation of the crime, the victim, and the perpetrator through both print and non-print media. Specifically, it would compare multiple instances of certain crimes (robberies, domestic violence, etc.) when the perpetrator is black, Hispanic, Asian, or white and when the victim is black, Hispanic, Asian, or white. In doing so it would investigate how the media frames instances of crime differently when different races have different roles in the events. This research could look at well-known crimes as well as those that are less well-known in order to have more sources to study. For example, in terms of the domestic violence section the research could investigate instances such as Rhianna and Chris Brown, Tommy Lee and Pamela Anderson, and Janay and Ray Rice. It would work in favor of this research to study some less well-known, more local instances of domestic violence as well to confirm that race is not sensationalized in cases only related to famous victims and perpetrators. In doing the above, this research could examine a number of different media sources. It should look at news broadcasts on different networks, interviews with victims and perpetrators, articles written about the victims and perpetrators in popular magazines and newspapers, and newsmagazines such as Dateline and 60 Minutes. This would fill some of the gaps my research leaves in the examination of the media’s racialization of crime.

CONCLUSION

In conclusion, the media is a source of culture that greatly influences the construction of different events and crimes. Through its construction of said events and crimes, the media influences its audience: the public. While the media informs the public about current events, it does not always do so in a positive light. Past research has proven that the media racializes crime
in a way that connects crime to people of color and separates it from white people. This is done through media framing. Different media frames are used to convey criminalization and victimization based on if the perpetrator is black or white. My research confirms these findings across all coding categories.

In terms of differences before and after the two announcements that were studied, I was relatively underwhelmed. I expected some major differences before and after both Bush and Trump made their public statements regarding the crises, however there was only a notable difference after Trump’s speech. The difference was that the post-speech articles started to blame pharmaceutical companies for the opioid crisis more so than they had previously. They also took a more active stance, such as writing about the ways in which public officials were combating the crisis and how various cities and states were suing Big Pharma companies. In terms of Bush’s address, I found no notable differences in the articles written before and after his speech. As I mentioned earlier, I think this is because the public had been in the midst of the crack crisis for years at this point, and Bush was not really conveying and new or groundbreaking information. The same is true for Trump: the opioid epidemic, while it may now be at its peak, has been sweeping the nation for years. This may account for why there were not major differences before and after the presidential announcements.

In relation to the crack-cocaine crisis the New York Times consistently linked the race of the drug dealers and drug users to crime. The articles never discussed just drug dealers, but black drug dealers. It was never about a drug user, but a black drug addict. The articles were riddled with words such as minorities, Dominicans, Haitians, Jamaicans, and immigrants. These individuals were poor and lived in the inner city, and even articles that did not outwardly state this made sure to use terms such as slums, projects, and public-housing to convey that these
individuals were not of the middle or upper classes. On the other hand, when describing the individuals of the opioid crisis, the narrative almost completely leaves out any information suggesting that the primary users of nonmedical prescription opioids are white. The articles do however suggest these individuals have lives beyond the drugs they use: they are teachers, good parents, the star of the football team, the homecoming queen, the most popular kid in school: they are more than just drug addicts. On the other hand, the people who sell and use crack are just that: crackheads. The media does not describe their lives outside of crack, and thus dehumanizes crack users and truly makes them out to be nothing more than the drugs they are addicted to.

When describing the epidemics themselves the media was quick to construct the crack crisis as a threat to public safety in terms of crime. The crack crisis caused any and all streets to be dangerous, and no one was safe. The cause of this was greedy and morally flawed crack dealers who wanted nothing more than to make a fast wad of cash, and to do so they would kill anyone who got in their way. These individuals had a ‘distorted view of the American dream.’ They were morally flawed, innately bad individuals. On the other hand, the opioid crisis was not a crisis of crime, but rather a crisis of ‘the stranger within yourself’ and ‘the stranger next door.’ The media frames the opioid crisis as an issue that could affect anyone, even the reader. In other words, no one is safe from being addicted to opioids, even white people.

When depicting the causes of the crime the media made it clear that one epidemic had a personal pathology while the other had a systematic pathology. The crack crisis was an issue related to individual greed and an underground economy allowing for poor individuals to make money quickly and easily. On the other hand, the opioid crisis was the error of systematic injustice. Big Pharma as well as insurance companies and doctors made prescription opioids
overly accessibly in the United States, and this has fueled the explosion of addiction that has become the opioid epidemic. This may be one of the most important findings from my research. While the crack crisis was described as a personal pathology, it had systematic causes as well. The fact that the systematic causes were left out of the crack crisis articles but included in the opioid crisis articles suggests my argument that the media constructed crack is used as a result of morally corrupt individuals and low-income communities trying to make money, while opioids are a result of bad drug companies turning good, innocent white people into drug addicts.

This lack of criminalization of the opioid epidemic that is described above is why the crack crisis caused a moral panic and the opioid epidemic did not. The opioid crisis has yet to make an actual criminal out of someone. The targeting of the pharmaceutical companies is vague, and it never goes after specific individuals but rather the company as a whole. The companies have yet to be criminalized in the way that the drug dealers and users of the crack crisis were, and this is why the opioid crisis has not invoked a moral panic. Without a “folk devil” there can be no panic, the opioid crisis has yet to openly assign that blame to a specific group of individuals.

Overall, my research has confirmed time and time again that the media does indeed racialize crime. Even an “unbiased” media source, a source historically viewed as the paper of record, has so clearly constructed these two epidemics in a way that criminalized black and brown people and victimized white people. While the opioid crisis has not resulted in nearly as much crime as the crack crisis, it is astonishing to see how differently these two groups are portrayed. The media uses scrutinizing frames when depicting people of color and sympathetic frames when depicting white people, and that double standard in white and black drug use becomes extremely evident in this research.
Bibliography


https://search.proquest.com/hnpnewyorktimes/docview/110316582/abstract/6871C18137E64B78PQ/3.


Hsieh, Hsiu-Fang, and Sarah E. Shannon. “Three Approaches to Qualitative Content Analysis.” *Qualitative Health Research* 15, no. 9 (2005). 


https://search.proquest.com/hnpnewyorktimes/docview/110260395/abstract/1097E8D1F3754AD5PQ/11.

https://doi.org/10.1016/j.drugalcdep.2013.01.007.


KFF. “Opioid Overdose Deaths by Race/Ethnicity | The Henry J. Kaiser Family Foundation,” 2016. https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.


Lopez, German. “25 Years Ago, Bush Escalated the War on Drugs.” Vox, September 5, 2014. 


https://search.proquest.com/hnpnewyorktimes/docview/110190342/abstract/160F7C02AB104B7BPQ/5.

https://search.proquest.com/hnpnewyorktimes/docview/110159784/abstract/1097E8D1F3754AD5PQ/19.


https://www.whitehouse.gov/opioids/.


