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Pharmakon in the Firelands: Connecting Historical Discourses and Small-Town Social Contexts with Substance Use Experience

Andrew Robert Burns

PHARMAKON IN THE FIRELANDS: CONNECTING HISTORICAL DISCOURSES AND SMALL-TOWN SOCIAL CONTEXTS WITH SUBSTANCE USE EXPERIENCE

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Andrew Robert Burns
B.A., University of New Orleans, 2011
M.A., University of New Orleans, 2015
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This dissertation is dedicated to those who lost their lives, or their loved ones, to overdose.

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ACRONYMS AND TERMS

CBCF – Community-Based Correctional Facility

ECHD – Erie County Health Department

EMS – Emergency medical services

ESOOS – Enhanced State Opioid Overdose Surveillance

IMF – Illicitly manufactured fentanyl.

***μ*SA** – Micropolitan statistical area

MAT – Medically assisted treatment

MME – Morphine milligram equivalent.

NSO – Novel synthetic opioid.

OUD – Opioid use disorder.

PDMP – Prescription drug monitoring program

POM – Prescription opioid misuse.

PWUD – Person who uses drugs

PWUO – Person who uses opioids.

ROA – Route(s) of administration (consumption)

ABSTRACT

The ongoing increase in opioid and polysubstance-related overdoses and mortality in United States coincides with a shift in the ways substance use is understood. Once almost exclusively treated as a criminal problem, substance use, and overdose is increasingly viewed in terms of public health and from an urban to rural issue. The discourse surrounding the use of psychoactive substances largely omits the voices of the very people who use them. Likewise, the social context of small towns, at once not quite rural nor entirely urban, is generally given little consideration. To address these gaps in the research, I conduct two historical discourse analyses; the first analyzing advertisements and the second studying news articles published in the Northern Ohio region known as The Firelands. I conduct and analyze unstructured interviews with current and former opioid and polysubstance users, their family, and friends. I employ ethnographic data collection to advance and enrich the sociological understanding of the lived experiences and knowledge of the people who use psychoactive substances. The results of the discourse analysis are used to contextualize the knowledge of small-town opioid users and their lived experiences. Collectively, these insights contribute to the sociological study of deviance, a deeper understanding of drug use within the context of space and place, and the sociology of health and medicine.

CHAPTER 1. INTRODUCTION

> To speak of intoxication in ancient Greece we must. naturally and of necessity, examine the word for drug, *pharmakon* (plural *pharmaka*). This word is commonly translated as "remedy" or "poison" but was in fact a signifier for many other things that do not easily fit that binary, and that invoke in one way or another the perception-altering powers of intoxication, such as "perfume," "pigment," "magical charm, philter, or talisman," and "recreational drug."
>
> – Rinella,
> *Pharmakon*

There are several differing ways of understanding America's dramatic increase in overdose deaths in recent years. These deaths are often collectively referred to as either the *opioid epidemic* or *opioid crisis* due to the role that opiates (e.g., morphine, heroin) and synthetic opioids (e.g., methadone, fentanyl) play in the development and continuation of this trend. Three interconnected ways of understanding the current situation are the concrete, experiential, and discursive perspectives (Clarke and Star 2008).

The concrete perspective centers on the statistics of overdose mortality. The numbers are staggering. For instance, the age-adjusted overdose death rate rose over 350% between 1999 and 2019 (KFF 2021). The vast majority of these overdose deaths involve the use of opioids (Hedegaard, Warner and Miniño 2017). The increase is not geographically uniform, however, and in Ohio the increase in overdose death rate during the same time period is over 2200% (2020).[1] This heterogeneity can be further understood through the fact that non-urban areas, sometimes thought to be immune to such social ills as problem drug use, are among the most dramatically impacted (Rigg, Monnat and Chavez 2018). Also, there is not just one form of opioid available in the illicit drug market, but several. The number of people who only use heroin, or prescription opioids has been in decline since 2006 – there is now a range of potential

[1] Ohio's age-adjusted overdose death rate increased from 1.5 per 100,000 in 1999 to 32.9 in 2016.

opioids in use, including prescription pills, heroin, and a variety of synthetic opioids (e.g. fentanyl) of varied levels of potency (Misailidi, Papoutsis, Nikolaou et al. 2018, Quinones 2015, Stojda 2019). The dramatic increase in overdose deaths are not only due to opioid use – over half (57.3%) of all patients diagnosed with an opioid use disorder have also been diagnosed with polydrug use disorders (Hassan and Le Foll 2019).

Insights from people who use psychoactive substances, their families and friends, contextualize the concrete focus on mortality numbers by providing detail and nuance through lived experiences. For instance, small-town drug users describe the combination of having a plurality of fellow drug users in their social networks, a lack of drug treatment, and few economic opportunities as compounding factors preventing them from escaping unwanted opioid drug use (Draus and Carlson 2009). When comparing rural to urban drug users, rural users have described earlier onset of drug use and were more likely to use several different drugs in their lifetime than their urban counterparts – including opioids, methamphetamine, cocaine, and crack cocaine (Young, Havens and Leukefeld 2012). Similarly, adolescent POM is more common among rural youths than in cities (Rigg and Monnat 2015). Some suburban adolescents sell drugs to their friends to acquire the symbolic capital of "coolness," while in some areas of rural Appalachia prescription opioids were for a time exchanged as a form of currency; both economic and cultural capital (Jacques and Wright 2015, Jonas, Young, Oser et al. 2012).

A third perspective, one that may perhaps seem unnecessarily abstract at first, is the discursive. I argue, however, that without an understanding of the discursive context of a social phenomenon, all that could ever be said about the phenomenon will be naively dictated by the discourse as it exists in its present form. Thus, an investigation of historical discourses may

uncover hidden details and forgotten histories that, nonetheless, left indelible marks in their wake.

Discourse may also complicate the narrative. Take the example of the *pharmakon*. Jacques Derrida describes, through the confounding complexity of the term in Plato's Pharmacy, his concept of the *trace* – crudely defined here as that which appears to be absent but is always-already present (Derrida 1981). The word pharmakon (plural: *pharmaka*) that has multiple, and at times contradictory meanings in the original Greek. Even in its simplest form, pharmaka may be defined as remedy or poison, hero or villain (Rinella 2010). Given more detail, pharmaka may be understood as anything intoxicating to the senses (e.g., as perfume or pigment), or compelling to the passions (in particular, a philter, or love potion) (1981: 129, 2010: xvii). Plato describes Socrates as a *pharmakeus* (used to connote a wizard, magician, painter, or a poisoner) while also describing him as virtuous (1981: 117, 2010: 193, 239). Other permutations of pharmakon contain still more complex iterations – consider the transitive relationship between *Urginiea maritime*, a medicinal plant used as an antidote (alexipharmakon) for various ailments but whose stalk is also used to ritually whip a human scapegoat (*pharmakos*, or plural: *pharmakoi*), whose ostracism served as a spiritual antidote for social ills (2010: 73, 235). The pharmakoi were *undesirables*, whether deemed criminal or "unsightly," and sacrificed to "heal" the suffering collectivity (1981: 133). Notably, for Derrida, Plato's works conspicuously fail to mention the undesirable pharmakoi, an absence that Derrida points to as the crucial omission, or trace, that Platonic Philosophy relies upon (1981: 128-134). It is worth noting that opium was discussed as both pharmakon and alexipharmakon; in Greek mysticism through the initiation into the Eleusinian mystery cults, as evidenced in the medical writings of Hippocrates, and quite possibly in Homer's *Odyssey* (2010: 74-76, 84, 100, 159-260).

Though the importance of the first two perspectives cannot be understated, focusing solely on the astronomical numbers of overdose deaths fails to consider the situation in its entirety. Historical discourses play a role in shaping the present. A focus on aggregate mortality data fails to provide a detailed account of the social situations as they are experienced. While such concrete macro-level aggregate data is valid and in need of exhaustive study, I focus this dissertation instead on the experiential and discursive conditions of a single geographic locale. Furthermore, much of the research on drug use in the United States focuses on urban contexts. Thus, to introduce new insights, I interrogate conditions in non-urban spaces.

Site of the Research

This dissertation focuses on the Firelands region of north-central Ohio. Positioned on the shores of Lake Erie, the Firelands fully encompasses two counties, Erie and Huron counties, and portions of Ashland and Ottawa counties as well.[2] The Firelands is the site of two small towns, Sandusky, and Norwalk Ohio, and their associated micropolitan statistical areas (μSAs). The area's population has remained generally stable for decades, and in 2018 there were approximately 133,000 combined residents in Sandusky and Norwalk μSAs (Census 2019b, Census 2019c, ORDSA 2013). The area is a major tourist destination in the summer months, due to its proximity to the Lake Erie shores and islands, and the presence of the popular amusement park, Cedar Point (Census 2019a, Islands 2017). In 2016, 3.5 million people made the trip to the Cedar Point amusement park with millions more visiting other tourist attractions such as Kelleys

[2] Some of the earlier historic descriptions of the Firelands include portions of Lorain County, part of the Cleveland metropolitan statistical area (MSA). The area was the Westernmost part of a claim on the Ohio territory held by the state of Connecticut after the Revolutionary War. The *Western Reserve* as it was known stretched from the Pennsylvania border to the Firelands. The *Fire Lands* were so named because the lands were granted to residents who lost property during the War when British forces set fire to several towns along Connecticut's coastline.

Island and any of the several indoor waterparks that are open year-round (Islands 2017). This tourist town was also recognized by *USA Today* in 2019 as Best Coastal Small Town in America. All told, tourism brought in almost $2 billion in revenue to Erie and neighboring Ottawa Counties (Cimini, Fallows, Grossman et al. 2019).

The most populous county in the Firelands, Erie County, plays a central role in the area's economy as does the county's most populous city, Sandusky. Despite being a major tourist destination, the town of Sandusky suffers from the economic instability typical of the era of deindustrialization (Hobor 2013). As part of the country's industrial and manufacturing core, the Firelands area was once known as America's *Steel Belt* but is now by the more somber, defeatist moniker of the *Rust Belt*. More recently, local investors and venture capitalists invested millions in Sandusky's downtown area, effectively countering decades of economic blight.

The massive economic impact of tourism in Sandusky and Erie County is almost completely nonexistent neighboring Huron County. Located to the south of Erie County, the landlocked Huron County's largest town is Norwalk. The county is predominantly rural, but also hosts various consumer and industrial manufacturers, such as snack-food producer Pepperidge Farm, gardening equipment manufacturer Midwest Industries, and regional railroad operations centers for both CSX and Norfolk-Southern Railroads (Conglose 2000). Together, both counties comprise approximately nineteen municipalities and over a hundred townships and unincorporated rural areas.

The Firelands area has also been heavily affected by the precipitous rise in drug overdoses after 1999. From 2012 to 2017, the age adjusted overdose death rates for Erie and Huron Counties were both above the mean for the State of Ohio (ODH 2017). In response to the growing mortality, the Erie County Health Department (ECHD) opened the first and only State-

run detox facility in the Firelands area in 2018.[3] Erie and Huron Counties also enrolled in Ohio's Project DAWN (Deaths Avoided with Naloxone) program to provide training in the use and deployment, as well as free and ready access, to Naloxone (Narcan), a fast-acting opioid overdose reversing drug. (ECHD 2018). As a result, a growing number of concerned citizens have been trained and empowered to reverse overdoses. Still, like Ohio and the rest of the U.S., area overdoses and deaths maintain their steady climb.

Statement of the Problem

Much of the research on drug use in U.S. focuses on (1) urban areas and (2) frames the problem of drug use in overly simplistic, and historically naïve terms. Drug use was an urban problem. The problem remained oversimplified due to a failure to differentiate between non-metropolitan areas (Cronk and Sarvela 1997, Nieto 2019). In 2003, when the U.S. Office of Management and Budgets first defined the micropolitan statistical areas (μSAs) as population and resource centers with populations ranging from 10,000 to 50,000, it became possible to effectively distinguish between small-town and rural social problems and a number of researchers have since done just that (Nieto 2019, Van Gundy 2006, Weisheit, Falcone and Wells 2005). Still, very little research exists addressing the social and historical contexts of people who use drugs in micropolitans.

Purpose of the Study

The purpose of this study is to investigate the social contexts and experiences of people who use drugs within a limited geographic area of non-urban space and in the historic backdrop of an era of unprecedented drug-related deaths, commonly referred to as the opioid epidemic.

[3] Before 2018, the nearest detox facility was in Akron Ohio, approximately an hour's drive from the Firelands, and the nearest Project DAWN location was in Toledo.

Through an in-depth investigation of the lived experiences of area residents and existing discourses surrounding drug use and people who use drugs, I uncover several understudied aspects of small-town drug use. To do this, I consider the small town and surrounding rural areas in their social and historical contexts. I seek to uncover and interrogate the situated knowledge and experiences of rural and small-town residents in relation to drug use. Additionally, although this study focuses primarily on the discursive context of opiates and people who use them, the scope of this analysis regularly necessitates discussion of a variety of psychoactive substances and, relatedly, complicates the commonly accepted definitions of drug terminology.

Research Questions

This dissertation centers on the following research questions:

1. What is the historical context of opioid use in the Firelands area?
2. How has the dramatic increase in overdoses and deaths impacted the Firelands area?
3. How are lived experiences and situated knowledges of *people who use psychoactive substances* (PWUD) in small towns and those of their families and friends impacted by existing discourses on drugs?
4. How do symbolic boundaries enable social actors to adhere to, or subvert, existing discursive narratives surrounding drug use?
5. In what ways might the case of the Firelands area generalizable?

Chapter Outline

This dissertation addresses the questions above in three substantive chapters pursuant to a multi-method case study. The first empirical chapter will address the local history of opioid use and its national context through a constructivist lens by considering the trends and interconnections in historical discourse surrounding opium-based substances and the local context therein. While there is a wealth of available historical data on opioids in the Firelands area, nothing directly addresses experiences and knowledge of Firelands residents of the day, no diaries, very little by way of editorial content, et cetera. What does exist, is a voluminous collection of newsprint from as early as 1822. For this reason, to locate possible discourses in existence from that point on, I opt to focus on the narrow, often overlooked historical communication medium of 19th Century newsprint advertising. Using archival data collected from Sandusky newspapers and accessed through a digital database, and sourced through keyword searches, and through available archival hardcopy materials. I first identify trends in advertisements that either mention opium-based products or advertise products known to contain opium. Next, I discuss the various discursive constructions used by these advertising texts to identify symbolic meanings - messages that I will later relate to discursive constructions still in existence today (Barthes 1977, Foucault 1972a, Hall 2001). To ensure that discursive messages are placed in historical and local contexts, I conduct additional keyword searches based on suggested uses and the presumed end-users or purchasing consumers. I also, note any adjacent advertisements and news stories to consider how they may recontextualize or add additional meaning to the texts under investigation (Barthes 1977, Hodges 2015).

The following chapter continues to explore the discursive meanings of opiates and other psychoactive substances in the Firelands area. Through a decade-by-decade sampling of

Sandusky newspapers reporting on opiates from 1900 to 2019, I analyze the interconnections of rhetorical and discursive constructions on psychoactive substances and their change over time. By focusing on area reporting, I consider the role of national reporting norms and the importance of national news stories regarding psychoactive substances within the Firelands context. This chapter bridges the 19th and 21st centuries, allowing for an unbroken consideration of the local discursive context.

The final substantive chapter consists of data from unstructured interviews with local-area residents with past or current opioid and polysubstance use history in the Firelands area. When possible, I conduct follow-up interviews to provide greater detail. To strengthen the analysis, and provide additional insights on situations, settings, and substances. I include ethnographic field notes and memos in my analysis. Due to the sensitive nature of the research question, I maintain confidentiality for all members of this vulnerable research population. I conduct qualitative coding of interview and ethnographic data using an abductive analytic strategy pursuant to a grounded theory of small-town drug use allowing for multivocality employing symbolic interactionism, social constructionism, and actor-network theory (ANT) as sensitizing theoretical perspectives.

The final empirical chapter will address the lived experiences of Firelands residents within the contemporary context of psychoactive substance use and the related knowledges of people who currently use opioids non-medically or have done so at one time. To address this question, I interview forty (N=40) current and former opioid and polysubstance users from the Firelands area from December 2017 to March 2021. Multiple follow-up interviews were conducted with multiple former opioid users and two interviewees with ongoing polysubstance use throughout the study period. Additionally, I interview eleven (N=11) Firelands residents with

no relevant substance use history, but who identifies as having a loved one who with a history of opioid use. Finally, I conduct three years of ethnographic data collection in the Firelands area. Ethnographic data draws from multiple in-person and digital interactions, video ethnographic data collection, and reflexive memo writing and is employed to deepen the context of the interview data and reinforce thematic coding through data triangulation (Emerson, Fretz et al. 2011, Hesse-Biber 2017).

CHAPTER 2. LITERATURE REVIEW

A Brief Historical Overview of Opium in America

Opium (*papaver somniferum*) has been used since prehistory and throughout all of human history (Booth 2013). The juice from the opium poppy contains several alkaloids that mimic pain-relieving chemicals produced endogenously within the mammalian body, have analgesic and potentially addictive qualities, and can lead to death in the case of an overdose (Levinthal 1985, Pasternak and Pan 2013).

When opium's main alkaloid, morphine, was isolated by a German pharmacist in 1805 the discovery made it possible to treat severe pain with a highly concentrated medicine (Courtwright 2009a). The problem of opium and morphine's habit-forming capacity was well-known throughout history as well, and many of the advances in the use and administration of opium-based products were, in part, ill-fated attempts to eliminate the addictive qualities of the drug (Davenport-Hines 2003). Of these, the most notable are the invention of the hypodermic syringe and the development of diacetylmorphine (heroin) (Booth 2013, Courtwright 2009a, Davenport-Hines 2003, Levinthal 1985).

The Opium Crisis

Researchers have identified previous historic time periods that could realistically be referred to as "opioid crises" – the first such domestic crisis occurred between the 1870s and 1890s (Aurin 2000) Consumption of opium in America greatly increased in the latter half of the 19th Century due, in part, to the Civil War, but more so due to the invention of the hypodermic syringe and the widespread popularity of patent medicines (Courtwright 1978, Courtwright 2009a). Morphine injection, which did not exist during the Civil War, accelerated both the use and subsequent death due to the drug (Courtwright 1978). Patent medicines, proprietary medical

concoctions consisting of various ingredients prepared using patented formulae to be sold directly to consumers without regulation or oversight, were quite popular in America in the years following the Civil War (Estes 1988). Many patent medicines contained significant amounts of opium, alcohol, or some other psychoactive substance, and all were available without prescription (Musto 1991). The use of patent medicines was not limited to adult consumption, but were also administered to children as young as a few days old (Booth 2013, Jordan 1987). All this unregulated consumption of patent medicine coincided with major institutional changes, including efforts to professionalize medical practices, medicalization of addiction, and moralization of substance use from the Temperance Movement (Conrad and Schneider 2010, Rimke and Hunt 2002, Waddington 1990).

Despite a significant reduction in the per capita incidence of addiction to opiates, the United States increasingly enacted formal social sanctions in the early-20th Century for opium, alcohol, and other psychoactive substances(Courtwright 2001). Reformers sought drug prohibitions and criminal penalties for the use of non-medically prescribed drugs in America, a goal they sought alongside other activities they considered to be amoral, such as gambling and prostitution often linking these vices to stigmatized groups such as the poor, to immigrant groups, and racial minorities to use negative opinions about these groups to manipulate public opinion of opium-based products (Becker 2008, Ben-Yehuda 1990, Booth 2013, Goode and Ben-Yehuda 2010, Matza and Blomberg 2017, Woodiwiss and Hobbs 2008, Wright 1910).

Americans associated opium use and addiction with Chinese and Chinese-American immigrants throughout the 19th and 20th centuries (Hickman 2000). This association not only betrayed the deep-seated influence of race and racial stereotypes the way the United States overtly operated at that time, it also served to influence official government policy at the turn of

the 20th century (Booth 2013, Wright 1910). The concern for "opium smoking" among Chinese immigrants bred fear that this habit may spread to America's white population (Hickman 2000, Wright 1910). It is in this context that America passed the first of many laws to outlaw the use of narcotics without a prescription, the Harrison Act of 1914 (Booth 2013).

Alongside the prohibition of alcohol in America due to the 18th Amendment, illicit opium sales after the passage of the Harrison Act allowed for the consolidation and strengthening of a black market for illegal drugs (Booth 2013, Davenport-Hines 2003). The United States became the most profitable drug consumer market in all the Americas by the 1920s (Courtwright 2009a). This aided in the development of organized crime in America (Booth 2013). Except for a brief period during World War II, Americans maintained ready access to illicit heroin throughout the 20th century – specifically because its prohibition made the smuggling and distribution of it so profitable (Booth 2013).

The Heroin Crisis

An increase in the number and visibility of heroin users in the United States during and immediately after the Vietnam War Era constituted a second major period of crisis related to opiates (Booth 2013, Courtright 2001). American troops in Vietnam and Laos had taking to smoking heroin mixed with tobacco or marijuana (Booth 2013). An estimated 15% of GIs were addicted to heroin, and half had tried it at least once, by 1971 (Booth 2013, Courtright 2001, Quinones 2015). In the United States, at that same time, heroin injection had increased dramatically as well (Courtright 2001, Golub and Johnson 1999). In response to the increase in heroin use, the Nixon Administration increased enforcement efforts as well as greatly expanding the use of methadone maintenance for heroin addicts (Courtright 2001). Soon thereafter, New York Governor Nelson A. Rockefeller began a more hardline approach to heroin and other drug

users, involving mandatory minimum sentencing and civil asset forfeiture that would later serve as the precursor for the Reagan Administration Era *War on Drugs* (Booth 2013).

The War on Drugs focused heavily on enforcement and imprisonment for drug offenses but less on heroin than on marijuana and cocaine (Courtright 2001). An orientation towards tough-on-crime policies for non-violent drug offenses led to the rapid and unprecedented increase of the U.S. prison population, most heavily impacting black and Latinx Americans (Alexander 2012, Courtright 2001). Reagan-era policies did little to address the deterioration of methadone clinics and other public health resources for an aging population of heroin users, many of whom were also homeless Vietnam War-era veterans (Courtwright 2001).

The racial disparities in enforcement and incarceration during the War on Drugs echoed past efforts linking narcotics with racial minorities, as both public perception and media portrayals of the prototypical drug users were disproportionately black and Latinx, but while both cocaine and heroin prices were falling in the 1980s cocaine use was on the incline while heroin use waned (Alexander 2012, Booth 2013, Boyd 2002, Clear 2009, Courtright 2001). One impact of the development of HIV/AIDS was an increase in the fear and stigmatization associated with injection drug use (Courtright 2001). As a result of criminalizing drug use and drug users, America now has the largest rate of incarceration in the world, six times greater than the global average, comprised disproportionately of black and Latinx people and poor whites (Alexander 2012, Kearney, Harris, Jácome et al. 2014, Moore and Elkavich 2008, Subramanian, Riley and Mai 2018).

The Current Crisis

Several interconnecting factors contribute to the development of the ongoing opioid overdose crisis, the confluence of which combine to produce the dramatic increase in the number

of Americans using and addicted to opioids, overdosing, and dying at increasingly higher rates than in previous decades (Quinones 2015, Randolph 2017). Changes in the drug availability, both licit and illicit, coincided with a cultural undercurrent of fascination with heroin, and a growing desire among physicians to alleviate pain – the combination of these events produced a glut of supply just as demand was exploding. Then, just as the demand for prescription opioids was at its greatest, national law enforcement initiatives drastically reduced the supply of prescription opioids. The result, for many, was a swift transition from prescription opioids to heroin.

By the early 1990s, cocaine had become less appealing to a growing number of American drug consumers and as a result, drug cartels began a massive increase in heroin smuggling into the U.S. (Courtright 2001). The resulting greater availability and higher quality of the heroin brought in during the 1990s allowed users to snort heroin intranasally or smoke it rather than being forced to inject the drug intravenously to achieve the desired effect (Booth 2013, Courtright 2001). Some former crack cocaine users report switching to heroin in the mid-1990s – partially due to drug dealers beginning to sell both drugs simultaneously (McCaffrey 1997). Also in the 1990s, the American medical community had declared pain the “fifth vital sign” making its treatment of the utmost importance (Morone and Weiner 2013).

This shift towards aggressive pain treatment is bolstered by a single research report published as a letter to the editor in 1980 entitled "Addiction Rare in Patients Treated with Narcotics" that subsequently was erroneously misinterpreted, or effectively misrepresented, to suggest that opioid addiction was exceedingly rare in patients without a previous history of drug or alcohol dependence (Porter and Jick 1980, Quinones 2015). In 1995, pharmaceutical manufacturer Purdue Pharma began selling and distributing its long-lasting opioid pain

medication, OxyContin™ , using a massive marketing blitz and significantly downplaying the risk of addiction, regularly citing the 1980 report as evidence (Cicero, Inciardi and Muñoz 2005, Huecker and Shoff 2014, Van Zee 2009).

A steady increase in opioid dependency in the U.S. was the result of the aforementioned factors. By 2015, the estimated number of Americans with opioid use disorder (OUD) reached two million (Schuchat, Houry and Guy 2017). One way of contextualizing the role pharmaceutical companies and the medical profession played in this high level of OUD is through the rise in the per capita prescription of opioids, which is measured in standardized units known as morphine milligram equivalents (MME). In 1999 the per capita MME prescribed was 180 but rose throughout steadily to the point where by 2010 the MME per capita reached its highest level at 782 (Guy Jr, Zhang, Bohm et al. 2017, Scholl, Seth, Kariisa et al. 2018, Scholl, Seth, Kariisa et al. 2019). As a point of reference, medical regulating bodies have recommended caution in prescribing ≥ 50 MME per day, and to "avoid or carefully justify" dosages of ≥ 90 MME (CDC 2019). These recommendations, along with some state mandates, drove the percentage of high dosage (≥ 90 MME) from 11.4 per 100 patients from 2006-2010 down to 6.7 per 100 in 2015 (Schuchat et al. 2017).

The massive increase in opioid prescriptions came, in part, from a relatively small number of medical professionals using their official licensure and facilities to operate illegal drug prescription schemes. Hundreds of doctors and pharmacists across the United States prescribed and filled billions of opioid prescriptions with the apparent goal being profit and not the treatment of pain, these *pill mills* provided a quick, relatively easy, and ostensibly legal source of psychoactive substances including benzodiazepines, muscle relaxants, and especially opioids (Huecker and Shoff 2014, Quinones 2015). At the same time that law enforcement began

to conduct raids on suspected pill mills, arresting and convicting rogue doctors and pharmacists, illegal heroin sales and distribution networks in America were increasing and modernizing (Quinones 2015). The per capita MME prescribed had decreased to 640 by 2015 as a result of pill mill raids and increasingly strict opioid prescription policies, but as heroin replaced prescription opioids there was no correlative decrease in opioid overdoses and deaths and, in fact, their numbers increased (Guy Jr et al. 2017).

There were also certain cultural influences that appeared to promote and glamorize heroin use in the years preceding the increased availability of both licit and illicit opioids in the late-1990s and early 2000s. Films such as the 1994 film *Pulp Fiction* and *Trainspotting*, the music and mythology surrounding late Nirvana frontman Kurt Cobain, and an emergent fashion aesthetic adopted by designers such as Marc Jacobs referred to as *heroin chic* all appeared within a few years of rapid cultural change that coincided with the increase in opioid use in America (Arnold 1999, Courtright 2001). Dark, dangerous imagery surrounding drug experimentation and the cycle of addiction fed into the mystique – neither as the cause for nor as a viable deterrent to heroin use – but intertwined within the motivation and experience (Deleuze and Guattari 1987, Oksanen 2012). This imagery, for instance, is implicated in an ethnographic study of non-metropolitan heroin users in the mid-Hudson region of New York State who link experimenting with heroin and the grit and danger of the imagined urban lifestyle and its associated aesthetic (Furst and Balletto 2012).

While medical professionals doled out billions of opioid pain pills, and heroin dealers streamlined distribution and delivery methods throughout America, there was another major factor that would slowly make its way into prominence. The rave subculture of the 1990s brought about a massive public outcry and significant social sanctions, including the RAVE Act

to curb the underground dance scene's most well-known drug of choice – MDMA and its analogues, collectively known as *ecstasy* (Scott 2002, Treacy 2005). The relationship between ecstasy and the highly potent synthetic opioid class known as fentanyl was known to both the U.S. government and the World Health Organization (WHO) in the early-1980s, when MDMA and its analogues were being clandestinely synthesized often within a relatively close geographic distance to the consumer (Forsyth 1997). This localization of synthetic drug production was not limited to ecstasy but included amphetamines, hallucinogens, and narcotics such as fentanyl (Forsyth 1997, Scott 2002). These *designer drugs*, so called because their chemical composition, were originally altered for the purposes of confounding legal definitions that only rendered specific chemical compounds illegal – such drugs are now more commonly referred to as *research chemicals* (Hohmann, Mikus and Czock 2014, Jerrard 1990). The relevant result for the purpose of this document, however, is that anyone with the right precursor chemicals and a basic knowledge of chemistry could produce large quantities of these designer drugs, including fentanyl, relatively inexpensively and in the privacy of their own home (Forsyth 1997). This became even easier with the advent of the Internet, and the *dark web* in particular, increased globalization, and the advent of cryptocurrency – all bolstering virtual anonymity and providing the impetus for the unprecedented boom of synthetic opioid use to come (Bartsch 2020).

While heroin is the most well-known illicit drug to replace the dwindling supply of legally acquired prescription opioids, it was not the only replacement that people sought. Synthetic opioids, such as fentanyl, existed within the U.S. drug supply at least since the mid-2000s but never surpassed a rate of 1 death per 100,000 until 2013 (Dayer, Painter, McCain et al. 2019). Synthetic opioid use, and overdose, rose unevenly between the years 2013 and 2017 – while 48 out of 50 states and the District of Columbia all saw increases in opioid overdoses in

that time period, only 21 states saw increases in overdose deaths involving synthetic opioids and all of the most dramatic increases occurred in West Virginia, Ohio, and New England (Scholl et al. 2019). During the latter half of 2016, for instance, ten states participating in the CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) reported 5,152 overdose deaths, over half (56.3%) of which involved fentanyl and fentanyl analogues and almost all (97.1%) listed the synthetic opioid as the cause of death (O'Donnell, Halpin, Mattson et al. 2017). A non-fentanyl synthetic opioid, U-47700 (more commonly known as *pink*), was found in autopsies in Ohio, West Virginia, and Wisconsin within that same ESOOS report (O'Donnell et al. 2017).

U-47700 is one of a vast, and at times confusing, array of novel synthetic opioids (NSOs) that join illicitly manufactured fentanyl (IMF), heroin, and prescription opioid medications, including those whose original purpose is to help recovering addicts (e.g. methadone, and suboxone) – all of which have been implicated in deaths determined to be accidental overdoses (Dayer et al. 2019, Nikolaou, Katselou, Papoutsis et al. 2017, O'Donnell et al. 2017). Within the last five years, dozens of NSOs have appeared, both in customs seizures and in toxicology screenings (Mohr, Friscia, Papsun et al. 2016, Suzuki and El-Haddad 2017). According to one study in 2016, the rate of new NSOs appearing in America's illicit drug market was about once a month (Mohr et al. 2016).

Differences in chemical composition, potency and, relatedly, dosage make the wide variety of opioids within the illegal drug market a potentially deadly set of unknowns. Without a clear and universal way of measuring potency and effect, any comparison of opioid strength should be considered a rough, relative estimate (Fudin, Raouf and Wegrzyn 2017).[4] This can

[4] Though comparisons to morphine are common when describing illicit opioids, there is not a standardized unit of measure for potency (such as MME) for non-prescription drugs.

make answering questions of lethality of dosage difficult. U-47700, for example, is roughly 7.5 times more potent than morphine, and one tenth as potent as fentanyl (Mohr et al. 2016, Nikolaou et al. 2017). Fentanyl is also often generically described as 100 times more potent than morphine, but the range of potency ratios for fentanyl analogues range from 1.5 to 10,000 times that of morphine (Suzuki and El-Haddad 2017). There are also fentanyl analogs and other *atypical opioids* that have unknown potency or function differently from morphine and, as such, no true comparison can be made (Fudin et al. 2017, Suzuki and El-Haddad 2017). The result of all this uncertainty and variation is that the opioid user has little to no reliable information about the safety or potency of the drugs they consume.

While non-medical opioid use remains illegal, the official response to illicit opioid use has changed dramatically in recent years. America's response to opioid and other psychoactive substance use has been one of increasing criminalization, imprisonment, and stigma from the early 20th century on. This trend seems to have shifted along legal and cultural lines starting in the late-1990s with methamphetamine (or *meth*) and continuing into the 21st century with the meteoric rise in U.S. opioid use (Ahrens 2009, Ahrens 2013, Alexander 2012, McKim 2017, Musto 1991). Ahrens (2009) suggests that a shift in the race of the stereotypical drug user, from black and Latinx to white, is responsible for the movement away from mass incarceration for drug crimes and towards such policy options as limiting access to precursor chemicals and prescription drugs with abuse potential, drug rehabilitation and drug addiction prevention services (Ahrens 2009). This policy shift, Ahrens suggests, began around 2004 as a result of increasing media, governmental, and community concern surrounding increased methamphetamine production and use (Ahrens 2009, Ahrens 2013). As a result, when the increase in opioid-related overdose deaths became a topic of expanding media attention a few

years later, several states and the federal government began adopting policies with a greater emphasis on prevention, such as training law enforcement officers in reversing overdoses, so-called "Good Samaritan" laws that reduce or eliminate penalties for involved parties that report overdoses, implementation of prescription drug monitoring programs (PDMPs), and greater availability of diversionary programs for opioid and other drug users who wish to discontinue substance use (Christie, Baker, Cooper et al. 2017, McClellan, Lambdin, Ali et al. 2018, Perrone, DeRoos and Nelson 2012, Rees, Sabia, Argys et al. 2017).

Small-Town Substance Use

America's small-town *micropolitans* and the unincorporated rural countryside, comprise the areas most impacted by the rise overdose deaths (Farberman and Lang 2019, Rigg et al. 2018).[5] Several structural factors play a role. Small-town and rural drug users often operate within dense social networks, share deleterious social capital, and suffer from an excess of drug use opportunities and a lack of effective drug treatment options (Draus and Carlson 2009). Micropolitan areas were associated with higher amounts of opioids prescribed from 2006 to 2015, as compared to urban areas (CDC 2011, Guy Jr et al. 2017, Scholl et al. 2018).

Still, there is variation within non-urban spaces as well. Small towns tend to have more medical facilities than rural areas, meaning that rural residents are forced to travel to their

[5] In 2003, the U.S. Census Bureau announced the adoption of an official designation for towns ranging in population from 10,000 to 49,999 residents that serve as an economic and political hub, or *core*, for surrounding rural areas. These towns are referred to as *micropolitans*, distinct from suburban zones of relatively similar population size as well as both the larger metropolitan areas and the rural countryside (Kulcsar 2004). This distinction corrects previous oversimplifications of non-urban spaces and suggests that small towns should be treated as distinct from both the non-core areas and the urban metropolis. Before this change, the dominant county-based system would place small towns into the same category as any county with less than 250,000 residents, including suburbs and non-core metropolitan counties – essentially rendering small towns invisible to statistical analysis (Ingram and Franco 2012).

micropolitan core areas for treatment. This implies that rural residents are at greater risk than their micropolitan counterparts. When comparing opioid overdose deaths in 2017, however, micropolitans maintain a higher rate of overdose death than do rural non-core areas (13.9 and 11.2 per 100,000 respectively) and are equal to those of the largest metropolitan areas (Roehler, Hoots, Wilson et al. 2019). That said, the highest death rates are in smaller metropolitans and in fringe counties of large metropolitan areas[6] (Roehler et al. 2019).

Research regarding polydrug use regularly implicates the rural-urban continuum – a way of understanding population density and isolation but has, at times, failed to analyze the distinct impact on small towns. In the most recent and relevant example, Stojda (2019) employs National Survey on Drug Use and Health (NSDUH) data from 2002 to 2017 and identifies four latent classes of polydrug use involving opioids (Stojda 2019). Stojda's study employs a rural-urban classification system that does not isolate micropolitans, but we might still consider the relevant differences between small metro counties (which include micropolitan statistical areas) with large metropolitans and non-metro (rural, non-core) areas. Stojda shows that county type is associated with latent class membership (Stojda 2019). For instance, while Stojda's first two latent classes, "mainly POM" and "POM plus other prescription drug, marijuana, and alcohol misuse" respectively, represents 86.7% of the overall sample it is most heavily concentrated in non-metro and smaller metro counties. The remainder of the classes, those who primarily use heroin alongside other illicit substances (such as marijuana and cocaine (3.6%) and those who endorse all drugs at high levels but endorse crack cocaine use at a higher level than heroin (9.6%) was most closely related to large metropolitan areas, with smaller metros at times a close

[6] A full discussion of variations in overdose and death rates by urbanicity goes beyond the scope of this paper.

second (Stojda 2019). While there are obvious limitations to interpreting this in terms of small-town polydrug prevalence, it suggests both the scope of the problem in small towns and rural areas and indicates some of the drug use trends that may be anticipated.

Applying Sociological Theory to the Current Crisis

The lack of detail on small-town drug use and the need to integrate research linking polysubstance use and the rise of overdose are not the only imperatives that this document seeks to address. There is a disconnection between the long history of human opium use, a history as old as civilization itself, and the seeming newness of the opioid overdose crisis. Humanity has long been aware of the potentially habit-forming qualities of opium-based products, as do many psychoactive substances. Recent increases in access to prescription opioids explain the explosion of opioid addiction, but addiction alone does not explain the sudden rise in opioid overdose deaths. Rather than accept the premise above, I would propose a consideration of current situations in a more complete historical context.

Up to this point, I have addressed the topic predominantly through the prism of positivist research. For the remainder of this dissertation, however, I consider the social situations and deviantization of opioid and polydrug use primarily through an interactionist and constructivist lens. This section addresses symbolic interactionism, social construction, and the interrelated perspectives of social learning theory as it pertains to the diffusion of innovation, the Foucauldian conception of discourse, and from an actor-network theoretical perspective – all of which I employ as sensitizing concepts with relevant applications to questions of drug consumption and of the more general subject of deviance.

Symbolic Interactionism

One of the most longstanding of all contemporary sociological perspectives, symbolic interactionism (SI) proposes that social processes, such as socialization, meaning-making, and identity formation develop are achieved and maintained through social interaction and through the transmission of symbolic objects (Denzin 1977, Handberg, Thorne, Midtgaard et al. 2015, Stryker and Vryan 2006). People self-regulate, in the SI perspective, through the mental exercise of considering how various potential social performances might be interpreted (Burke 2006, Handberg et al. 2015). Social phenomena are perceived, organized, and rendered communicable through comprehensible frameworks, or *frames* (Goffman 1974). Frames are relatively durable in the short-term but are "subject to change historically" (Goffman 1974, Snow 2001). The meanings and context of situations are negotiated between actors, defined through discourse, communicated using available and agreed upon symbols, and heterogeneously received by both self and others, in effect rendering these *definitions of the situation* real (Perinbanayagam 1974, Thomas and Thomas 1923).

SI concepts, whether explicitly cited or implicitly employed, have been used to provide useful insights into the framing and experience of drug use. For instance, Becker (1953) found that for someone to enjoy marijuana, a person must learn the established consumption techniques to produce an intoxicating effect, but also learn to experience that intoxication as enjoyable (Becker 1953). Becker was inspired by Lindesmith's (1938) research arguing that "opiate addiction" requires a similar framing process in which someone must first experience opioid withdrawal symptoms, recognize these as withdrawal from opioids, and deliberately consume more opioids to alleviate the withdrawal symptoms (Lindesmith 1938, Plummer 2003). While Lindesmith focused primarily on the self-perceptions of his interviewees who were "hooked,"

Becker focused on the social processes in which deviance, such as drug use, is both learned and taught. Becker (1963) later expanded on this and similar processes in the influential book *Outsiders*, which serves as one of the foundational texts for the labeling theory of deviance (Becker 2008).

Deviance, Stigma, and Labeling Theory

Central to the topic of opioid and polydrug use are questions of deviance and stigma. *Deviance* can be defined as any and all actions, beliefs, conditions, or characteristics that violate the norms of, and inviting negative consequences from, a given culture or collectivity (Goode 2015, Stark and Bainbridge 2013). *Stigma* is the often indelible mark that deviance infuses into a person's identity and social interactions (Goffman 2009, Pager 2008). How deviance is defined and how deviant behaviors adopted represent two of the most important questions in the study of deviance.

The labeling theory of deviance asserts that the label or designation of deviance is enough to be stigmatized (Matza and Blomberg 2017). Labeling is a symbolic process with the potential for harm. The "drug addict" label and its associated stigma has been shown to cause serious adverse health outcomes, above and beyond those caused by the drug use itself (Mincin 2018). The "addict" or "junkie" label, for instance, can be a barrier to treatment and a cause for social isolation from non-drug using peers, expulsion from the family unit, and sub-par or disinterested medical care (Mincin 2018, Radcliffe and Stevens 2008). Implicit racial and class biases exacerbate the effects of stigma from the addict label, which, in turn, influence perceptions of how deserving of help the deviantized person might be (Kulesza, Matsuda, Ramirez et al. 2016).

Racial bias, itself a brutally stigmatizing force, is implicated in the harsh criminal penalties during the 1980s War on Drugs (Alexander 2012). However, as the collective

perceptions of substance users shifted from stereotypically poor and minority to middle class and white in the mid-2010s due to the current overdose epidemic, policy shifts emphasized rehabilitation, diversionary programs, and "Good Samaritan" laws (Ahrens 2013, Om 2018, Stroud 2016). This contrast changes drug use stigma in America as well. For instance, if instead of diversion and rehabilitation, someone with an "addict" label receives the label of "felon" as well, their life chances and capacity for smooth integration into society are demonstrably worse, and often for the rest of their lives (Pager 2008). While this racial disparity in treatment and the shift in legal interventions are themselves both worthy topics for research, the main takeaway from this for the purpose of this study is that labels, and thus stigmas, can overlap to have multiplicative consequences.

Many people labeled as drug users and addicts employ rhetorical strategies to prevent themselves from adopting the deviant label. While this initial label may be rejected, some adopt the label, adopting what Lemert (1967) dubbed *secondary* deviance (Lemert 1967). Still others engage in *boundary-work* to protect their self-concept from deviantization, thus redefining the situation to reject the deviant label (Thomas and Thomas 1923, Gieryn 1983). For many opioid users, avoiding treatment centers and methadone clinics can be a form of boundary-work, partly because they associate such places with "junkies" and partly because being seen in such places makes it harder to "pass" as a non-drug user (Goffman 2009, Radcliffe and Stevens 2008). Another strategy is to vigorously denounce and ridicule "junkies" while asserting that one's own drug use does not rise to the level of junkiedom (2008, Zinberg 1984). For those who are involved in drug treatment or attempting to end opioid or other problem drug use, continuing to use becomes "going back out" which, according to Weinberg (2000) speaks to an "ecology of addiction," but may also be understood as a rhetorical strategy for distancing a drug user from

their relapse (Weinberg 2000). Intersecting stigmas, such as race, gender, and having a criminal record can overlap and, as a result, overwhelm a person with these stigmatized identities in their attempts at participating in normal society (Pager 2008, Van Olphen, Eliason, Freudenberg et al. 2009).

Social Construction

Relatedly, yet with a very different set of theoretical origins, social constructionism contends that symbolic objects are collectively *signified*, or identified, then *reified*, made real, and *institutionalized*, or given durable social and cultural contexts (Andrews 2012, Berger and Luckmann 1991, Leeds-Hurwitz 2006). This perspective on the process of meaning-making for objects is also referred to as *constructivism*. According to Burr (2015) it assumes a critical stance toward "taken-for-granted" knowledge, requires the consideration of social facts in their cultural and historical contexts, proposes that knowledge is both created and sustained through social processes and correlatively asserts that said knowledge necessitates action (Burr 2015). Thus, social construction is also a process of a historical, political, and discursive variation and change (Burr 2015, Gergen 1999).

Intertextual Discourse

In this paper, when discussing discourse, I am specifically referring to intertextual discourse. Intertextuality asserts that all *discursive texts*, or semiotic objects of communication, may be shaped, altered, and recontextualized by any and all other existing texts (Alfaro 1996, Hodges 2015). This is not to say that all texts have the capacity to alter all other texts with equal influence. On the contrary, Foucault's (1969) *archeological* method may be used to clarify that comparable discourses interrelate based on time period, socio-geographic region, and the social processes involved (Foucault 1972b). In this sense, intertextual analysis may also serve as a

genealogy of knowledge in that it highlights the contingencies of a given time and place to influence the process of social change (Foucault 2012b).

Interrelatedly, discursive texts from different forms of communication media have the capacity to decontextualize and recontextualize one another (e.g. an advertisement for a particular medicine placed in print adjacent a news story about a death due to the same medication) (Bakhtin 2010). To varying degrees, prior symbolic meanings are implicated in subsequent texts (Barthes 1977, Hodges 2015). Discursive texts are however constrained by the availability of a stock of symbols and meanings, or what Barthes (1977) refers to as an "'historical grammar' of iconographic connotation" (Barthes 1977). Thus, it is possible to connect past and present symbolic meanings within a given social milieu, regardless of genre of communication, through the analysis of past discursive texts.

Scripts: Linking Symbolic Interaction, Social Construction, and Discourse

While loosely interconnected; symbolic interactionism, social constructionism, and intertextual discourse lack a single unifying conceptual framework. For instance, while boundary-work provides rhetorical inoculation from deviantization, this concept does not comprise a complete process or system (Gieryn 1983). The signification and reification processes associated with social construction appear to suggest uniformity, or at least consensus, in the adoption of the final reified concept (Burr 2015). Finally, the role discourses play in variations of social construction at the same point in historic time and place is left somewhat ambiguous (Barthes 1977, Foucault 2012b).

Rather than attempt to consider these concepts independently, I employ the broader concept of the *script*, hearkening to Goffman's conceptions of *dramaturgy* and *frame*. Goffman used the theatrical metaphor to suggest that, while our situations and experiences are defined as

real, there is an element of co-creation and presentation of a shared reality akin to an acting troupe putting on a theatrical production (Goffman 1959). Relatedly, one understanding of Goffman's concept of frames, or "schemata of interpretation," may be that as we are all both performers and audience members within the drama of social life, we must also comport our interpretation of the play to avoid spoiling the show (Goffman 1959, Goffman 1974). Scripts define a selection of proper actions and sequences, informed by frames, comprising a set of acceptable (and unacceptable) *socialized actions* meant to elicit correlative responses (Perinbanayagam 1974). Schank and Abelson's (1977) conception of the *script* as a "structure that describes appropriate sequences of events in a particular context" provides the necessary terminology and a flexible theoretical concept – allowing for the discussion of discourse as prescriptive (*discursive scripts*, or discourses that suggest normative and transgressive actions), the inclusion of life course expectations and role-based prescriptions for life outcomes (*life scripts*), and a continuation of Goffman's theatrical metaphor (Schank & Abelson 1977, Allington 2006). Relevant to these discursive scripts is the implication that deviation constitutes failure, constituting a transgression of social norms and the emergence of what Derrida refers to as a *spectre* (Derrida 2012). Simply put, the spectre is the lost scripted future.

Actor-Network Theory and Beyond

The fact that opioids are centrally implicated in this study requires the consideration of non-human actors, and the assemblages between humans and non-humans. A collection of theoretical sensibilities and related methodological approaches to addressing social interaction involving both human, non-human, and network actors have been developed, most of these have either been subsumed under the umbrella term actor-network theory (ANT) or are considered relevant within the larger school of inquiry referred to as STS (an acronym that may refer to

science and technology studies, or the study of science, technology, and society) (Callon 1984, Latour 1996, Law 1999).

More than simply considering the agency of non-humans or conceptualizing networks as actors, ANT presupposes that network elements are at once material and semiotic – both physically corporate and simultaneously defined through relationships with other network elements (Law 2009). Such a *material-semiotic relationality* provides for a new means of understanding agency within a network comprised not only of humans, but also physical devices, chemical substances, and available discourses (2009: 146-147). Such a relationality holds that network elements contextualize other elements through t*ranslation*, or the *enrollment* of actors within an actor-network and may produce an understood and unquestioned ontology, or *black box* (Callon and Latour 1981: 281-285, Callon 1984). Both humans and non-humans may be physically present but may also be both implicated actors (that which is presumed to *act* within a discourse), and implicated actants (that which is *acted upon* within a discourse) (Latour 1996, Michael 2016).

Another important ANT concept is that of *assemblage* – from the French, *agencement*, meaning "fitting" or "arrangement" – describing the fusion of various heterogeneous material and semiotic parts to *become* the concept or thing as we know it (Phillips 2006). The human and non-human fuse as well to become *hybrids*, which becomes a vital part of my consideration of "drug users" and "drug addicts" – at once both interrelated, yet distinct, assemblages and hybrids (Michael 2016). Relatedly, Deleuze and Guattari (1987) repurpose a term from botany for non-hierarchical root and shoot structures – the *rhizome* – to describe complex, horizontal, and decentralized network structures, whereby virtually any actor within a network may cross,

intersect, or form assemblages with any other actor or group of actors within an actor-network, creating various heterogeneous interconnections, or *lines of flight* (Deleuze and Guattari 1987).[7]

Deleuze and Guattari extend the concept of assemblage still further to comprise a social process theory, whereby a multiplicity, or constellation of elements, are coded into an assemblage through the simultaneous processes of territorialization (deterritorialization and reterritorialization) (Deleuze and Guattari 1987: xx-38, Holland 1999: 60-62). The Deleuzo-Guattarian process system begins with pure desire as a fundamental productive force – a force that is hijacked and encoded through the interpolation and repetition of various socially-derived discursive messages, or *repressing representations* (Deleuze and Guattari 1983).[8] The product of this interpolation is an everchanging, yet ultimately repressive, set of *desiring assemblages* that are recorded upon an ever-nascent recording surface, known as the *body without organs* (1983: 1-138, Malins 2017).[9] This perspective, one that places a preeminent and productive role on desire as a primordial force that is nonetheless subsequently shaped by social interaction and discursive messages, provides a cohesive theoretical basis for interpreting and synthesizing the subsequent analyses in this study.

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[7] The term "lines of flight" is the common English translation of the phrase "la ligne de fuite" employed by Gilles Deleuze and Felix Guattari in *A Thousand Plateaus* (1988). In French, "la ligne de fuite" is synonymous to what artists refer to in English as "vanishing lines" or "vanishing point."

[8] The central thesis of Deleuze and Guattari's book *Anti-Oedipus: Capitalism and Schizophrenia* asserts that the Freudian conception of the Oedipal Complex is not a preeminent psychological condition but, in fact, initiated through the prohibition of fulfilment of their associative drives. These drives, to have sex with one's mother and kill one's father, were at one time a central component of Freudian psychoanalysis. Deleuze and Guattari state, instead, that any actual evidence of an Oedipal Complex is a product of Freud's representation. The representation creates the complex or, more accurately, forces real and existing desire to conform to Oedipal representations.

[9] The BwO is conceptualized as constantly attracting desires, shaped by these desires, and as a result is in forever in a state of immanent flux.

Methodology

Throughout this dissertation, I maintain the following methodological orientations – *multivocality*, grounding emergent theory in the data, and placing emphasis on social and cultural context (e.g. particularity) before attempting to locate generalizable insights (Charmaz 2014, Hodder 2008). I integrate SI, ANT, desiring assemblages, and other sociological perspectives on deviance with the data using abduction to develop "plausible theoretical explanation[s]" that are compatible with existing research to provide a greater understanding of the unprecedented overdose mortality within the U.S. (Charmaz 2014, Clarke and Charmaz 2014, Tavory and Timmermans 2014). In addition, I locate the interconnections between available discourses and social change, relying on historical data to provide what Strauss (1978) describes as *universes of discourse* to analyze *the definition of the situation* (Thomas and Thomas 1923, Perinbanayagam 1974, Strauss 1978, Clarke, Freise, and Washburn 2017).

In the following chapter, I explore novel aspects of the local historical discourse of drug use in the Firelands area by conducting a discourse analysis of print advertising in area newspapers from the early pioneer era of 1830s until the local and national discourse on opium was formally normalized in 1909. I conduct a keyword search for historically relevant terms related to opium use (opium, morphine, laudanum, paregoric, Mrs. Winslow's Soothing Syrup, and Godfrey's Cordial) in an extensive online archive of newsprint. The data collection process involved locating advertising content through the inspection of over 3000 individual pages of digitized newsprint, locating advertising content, analyzing the content of the advertisement, and noting any relevant patterns between the advertisement and adjacent news stories. From the combination of advertising discourses, local and national news stories associated with the sample

and documented historical trends related to drug use, medicine, and local commerce I distinguish between local and national discursive influences.

I connect discourses within 19th, 20th, and 21st centuries in Chapter 4. I employ a discursive analysis focusing on decade-by-decade definitions of both the drug user as implicated actor, and drugs (opiates and synthetic opioids specifically) as actant, creating a situational map of available and unavailable drug and drug use discourses which may then be applied to and built upon in later chapters (Strauss 1978, Clarke, Freise, and Washburn 2017).

In Chapter 5, I consider the influence of the above discursive trends through the combination of unstructured and semi-structured interviews with Firelands residents, and through various ethnographic data sources (Atkinson 2017, Hodder 2008, Tavory and Timmermans 2014). While an interview guide is employed, all interviews are generally unstructured, allowing the interview participant to provide a narrative description of their experience in their own language (Holstein and Gubrium 1995). Follow-up questions clarify statements, plumb for further depth in description of experience, and to connect participant narratives to the interview guide (Holstein and Gubrium 1995). Ethnographic fieldnotes, stemming from local news and social media, police records, and personal observations ground the interviewees multivocal narratives in practical and observable contexts, ensuring the link between social constructions and their consequences (Atkinson 2017). In conjunction with field notes, I record and later transcribe reflexive audio memos, both after interviews and during my time in the field (Charmaz 2014, Hesse-Biber 2017). I code interview and ethnographic data for themes using an abductive analysis to produce theoretical insights (Charmaz 2014).

CHAPTER 3. NINETEENTH CENTURY OPIUM ADVERTISING DISCOURSE

During the latter half of the 19th century, the United States was still heavily enmeshed in the opium trade, having become involved in the illegal importation into China in 1811 (Booth 2013). In the decades following the War of 1812, U.S. merchants increased their involvement in the international opium trade (Courtwright 2009b). Available domestically since at least 1750, opium took on added importance in the United States as the Civil War was waged – still readily available in Union territory, medical supplies such as quinine and opium remained in short supply within the Confederacy and what little they had were often smuggled in from Northern sympathizers (Gazette 1750, Marshall 1942). After the war, the increased popularity of the hypodermic syringe and patent medicines including *preparations of opium* such as laudanum and paregoric contributed to the precipitous rise in opium use and addiction in the United States (Courtwright 2001, Courtwright 2009b). Not only did the material conditions surrounding opiates change, but so too did the correlative discourses surrounding opium and similar commonly used medicinal substances (Foucault 2012a, Law 1999). Once a popular and widely available "cure-all," albeit with a well-known potential towards habituation, by the passage of the Opium Act of 1909 opiates became synonymous with vice, poison, and death (Booth 2013, Norn, Kruse and Kruse 2005).

So prevalent was the discursive shift that it permeated all available media at the time. The most prevalent periodical of the day, newsprint, regularly covered stories of deaths due to opium ingestion – though they were often considered suicides or unintentional poisonings rather than overdoses (Burns 2018). Another element of newsprint relevant to discourses regarding opiates is print advertising. Newspapers in the 19th century might contain a news story about a death involving opiates, alongside an ad for an opium-based patent medicine. Newspapers from the

Firelands area town of Sandusky circulated advertisements for medical preparations of opium, as well as those that rely on descriptions of opiates as dangerous and, thus, suggesting that their own elixirs are safe.

Method

Rather than considering a national sample of discursive constructions of morphine and other substances in general, which would be a significantly larger undertaking, the goal of this paper is to show the depth of rhetoric and discourse at the disposal of advertisers of pharmacological substances by analyzing advertisements within a localized sample. I conduct a discourse analysis of advertisements. I first conduct a keyword search in a digital newspaper archive[10] for mention of opiates and opium-based patent medicines[11] in Sandusky area newsprint from 1822-1909. I then identify advertisements and analyze the form the ad takes, the contents, and how mention of opiates is used within the ad (Gill 2000). Notably, I include advertisements for non-opium products that make explicit mention of opium keywords. I compile, store, and conduct initial coding using Atlas.ti data analysis software. Initial codes are then coded for themes within the data, for the discursive functions of the data, and for temporal changes in themes.

Historic Background on the Research Area

Sandusky Ohio is a town along the coast of Lake Erie. An active mining and commercial fishing town in the growing region between Cleveland and Toledo. In the 1800s, Sandusky's population increased from around 1400 in 1830 to about 20,000 in 1900. By 1880, the town's population were working in factories, quarries, and foundries. Sandusky also had several

[10] NewspaperArchive.com
[11] Keywords include "opium," "morphine," "laudanum," "paregoric," "Mrs. Winslow's Soothing Syrup," and "Godfrey's Cordial."

newspapers printed in the area, beginning in 1822 and maintained a daily newspaper beginning in 1849 and up to the present day.

Early Opium Advertisements

The first print advertisement for opium in the local area was printed in the *Sandusky Clarion* every Wednesday for seven weeks in 1824. Sandusky, being a port town but one with very little development at that time, a Dr. Anderson advertised his ship full of "Fresh Drugs and Medicine" from May 26th to July 7th of that year. Dr. Anderson's maritime medicine operation hailed from New York and boasted regular supplies from Buffalo but was operating "a few rods south of the Steam-Boat Wharf" in Sandusky. His wares were listed in a plain, ledger-style print. Among his products were gum opium and Godfrey's Cordial, a popular patent medicine containing tincture of opium, or laudanum (Convention 1916). Dr. Anderson's various medicinal wares were not meant to be sold directly to consumers, but "Medical Gentlemen, in particular" were "requested to call" (Clarion 1824). This, at the time, was largely an exception, as much of these early opium products were sold directly to consumers.

The next such advertisement printed thrice between July and August 1832, and plainly listed raw opium among other wares at the Lower Sandusky Drug Store. The establishment essentially operated as a general story, selling Turkish opium both wholesale and retail alongside other medicines, dry goods, paints and dyes (Clarion 1832). Another drugstore, operated by a local druggist named Jas. K. Lockwood, advertised opium alongside lard and olive oil (Clarion 1843). These early advertisements focused almost exclusively on listing their available products. Opium was sold, and represented as a mundane commodity.

The matter-of-fact nature of opium advertising served several social and political functions, of course. In the years before and during the Opium Wars, American merchants were

simultaneously undercutting the British East India Company's monopoly on the opium trade and amassing fortunes through smuggling Turkish and Indian opium into China and the United States (Downs 1968). The fortunes of America's first millionaires, John Jacob Astor and Warren Delano, grandfather of President Franklin Delano Roosevelt, were built on profits from the opium trade (Downs 1968, Meyer 1997). The open peddling of raw opium and morphine in advertising on the front pages of Sandusky papers signals that opium was not considered particularly problematic within the population (Clarion 1832). Local businesses advertised opium and morphine in local newspapers in this same manner fifty times between 1832 and 1850, with most of these ads printed after 1848. In contrast, the Opium War is mentioned only once in Sandusky newspapers in that same time-period. Even then, it was used as an analogy some years after the war had ended (Clarion 1848b, Journal 1848).

Whether intentionally obscuring the contents of their wares, either due to lack of information or deliberate misinformation from some party along the supply chain, there was further discursive maneuvering at play in this period. Local ads only mention Turkish opium, and while it is now known that America had widely traded in contraband opium from India, to admit this would have been an acknowledgement in the United States' role in the illegal and highly volatile opium trade in China (Booth 2013, Downs 1968). While the most likely source of the misinformation is not the owner of local drug stores, hindsight ensures that we now know that the opium of that era was sourced through less-than-legal means.

Erasing Opium from Advertisements

Patent medicines containing opium, morphine, or some other preparations of opium were sold in the local area as early as 1824, but it wasn't until 1852 when these products began being advertised independently and not as part of a list of mercantile stock. Many patent medicines,

concoctions branded with memorable names and sold over-the-counter, contained *preparations of opium* – including laudanum, or opium diluted in a solution of alcohol, and paregoric, another solution of opium including anise, benzoic acid, and camphor (Convention 1916). Laudanum, paregoric, and morphine were the primary active ingredients in mixtures sold under brand names, such as Mrs. Winslow's Soothing Syrup and Godfrey's Cordial, both commonly used for infants and young children, and Dr. Fosgate's Anodyne Cordial, used largely by adults (Oleson 1903, T.E.C. 1981). All these preparations were advertised in Sandusky area papers throughout the study period.

Mrs. Winslow's Soothing Syrup

An infamous opium-based curative, Mrs. Winslow's Soothing Syrup was initially created in 1807 for the mothers of young, teething babies (McNutt 1872, Strongman 2017). The primary active ingredients in this concoction were morphine and alcohol and contained over fifty percent sugar by volume (Journal 1912, Strongman 2017). The product's infamy came from several instances of accidental infant deaths in the United States and Britain throughout the 19th century (Levinthal 1985). Despite earning the moniker of "the baby killer," Mrs. Winslow's Soothing Syrup was sold under the same name even after the morphine concentration was reduced to a fraction of its original formula (Bause 2012, Strongman 2017). Even after the shifting legality of over-the-counter opium forced the manufacturers to do away with all morphine content, the brand continued to sell for fifteen more years (Bause 2012).

From 1859 to 1909, Sandusky newspapers featured advertisements for the soothing syrup no less than 143 times. These advertisements were often long lines of text repeatedly extolling the product's efficacy, safety and dependability, going in direct opposition to the product's infamy. In one such ad for the product, (see Image 1) the text seems to answer the negative press,

stating “Never did we know an instance of dissatisfaction by anyone who used it,” claiming “all are delighted” with the product’s “magical effects and medical virtues.” It should be noted that hyperbolic praise, like claiming “magical effects,” were a hallmark for most ads for patent medicines (Estes 1988). Discursively, these extravagant claims serve to direct attention away from the fact that actual contents of the patent medicines were either obscured or non-existent (Estes 1988).

It may come as no surprise, then, that advertisements for Mrs. Winslow’s Soothing Syrup never directly mention any of the elixir’s active ingredients. Most, but not all, opium-based patent medicines in this study fail to mention their active ingredients. This appears to be a strategic decision. Rather than acknowledging the morphine content in Mrs. Winslow’s Soothing Syrup, or the laudanum in Godfrey’s Cordial (marketed as a sleep aid for infants and children), advertisers asserted the safety of their product while neglecting to explain how they achieve their “magical effects.” In a similar example, Dr. Fosgate’s Anodyne Cordial was advertised over fifty times between 1852 and 1854 in the area, but never did this product’s advertisements mention that its main ingredient was paregoric (Convention 1916).

For patent medicines that include opium as a principal ingredient, there were more than enough impetus for obscuring the narcotic contents. Considered a common and effective pain reliever, even during America’s colonial period, the 18th and early 19th centuries brought with them a dualistic conception of opium that remains to this day (Musto 1991). Literary publications, such as De Quincey’s *Confessions of an Opium Eater* (1821) both sensationalized opium consumption, offering florid descriptions of celestial highs and painful, hellish lows (De Quincey 2013). De Quincey also offered an early and influential depiction of how opium use could shift from medical to habitual use (De Quincey 2013, Milligan 2005). As early as 1818,

the American medical community lauded opiates as a cure for many ailments while simultaneously warning of the potential harm that chronic opium use could have on the body (Musto 1991). While the "opium habit" was a concern, however, the largely unregulated collection of physicians and druggists recommended and administered an increasing amount of opiates – rough estimates point to upwards of a sextupling of opium use in the U.S. from the years 1827 to 1898, even after adjusting for the population (Courtwright 2001). The dueling discourses of opium thus made the obfuscation of its presence in patent medicine ads the wise choice, at least throughout much of the period.

Dr. Cannon's Cholera Cordial

There is a noteworthy exception to the above rule. In early 1849, news spread of an international cholera outbreak. Panic struck when the pandemic made its way to the port city of New Orleans, causing residents to flee the cities and spread the disease throughout the country within a matter of months (Daly 2008). By May 1849, "the cholera" made it to Cincinnati, the largest city in Ohio and a central hub for the state at that time, as well as the port city of Buffalo, NY. On July 23rd, 1849, the *Daily Sanduskian* printed the article *CHOLERA IN SANDUSKY* in which it stated that the town had almost certainly been experiencing an outbreak "for a week or two" (Sanduskian 1849a). By July 29th, at least sixty area residents had dies, buried in a common grave in what would later be known as the town's Cholera Cemetery (Ouriel 2018). By September 7th of that same year, the number of confirmed cholera deaths had grown to 357 in Sandusky (Ouriel 2018).

MRS. WINSLOW,

An experienced Nurse and Female Physician, presents to the attention of mothers, her

SOOTHING SYRUP,

For Children Teething,

which greatly facilitates the process of teething, by softening the gums, reducing all inflammation—will allay ALL PAIN and spasmodic action, and is

SURE TO REGULATE THE BOWELS.

Depend upon it, mothers, it will give rest to yourselves and

RELIEF AND HEALTH TO YOUR INFANTS.

We have put up and sold this article for over ten years and *can say, in confidence and truth*, of it, what we have never been able to say of any other article of medicine—NEVER HAS IT FAILED, IN A SINGLE INSTANCE, TO EFFECT A CURE, when timely used. Never did we know an instance of dissatisfaction by any one who used it. On the contrary, all are delighted with its operations, and speak in terms of highest commendation of its magical effects and medical virtues. We speak in this matter "WHAT WE DO KNOW," after ten years' experience, *and pledge our reputation for the fulfilment of what we here declare.* In almost every instance, where the infant is suffering from pain and exhaustion, relief will be found in fifteen or twenty minutes after the Syrup is administered.

This valuable preparation is the prescription of one of the most EXPERIENCED and SKILLFUL NURSES in New England, and has been used with NEVER FAILING SUCCESS, in

THOUSANDS OF CASES.

It not only relieves the child from pain, but invigorates the stomach and bowels, corrects acidity, and gives tone and energy to the whole system. It will almost instantly relieve

GRIPING IN THE BOWELS, & WIND CHOLIC,

and overcome convulsions, which, if not speedily remedied, end in death. We believe it the BEST and SUREST REMEDY in the WORLD, in all cases of DYSENTERY AND DIARRHŒA IN CHILDREN, whether it arises from teething, or any other cause. We would say to every mother who has a child suffering from any of the foregoing complaints—*Do not let your prejudices, nor the prejudices of others*, stand between your suffering child and the relief that will be SURE—yes, ABSOLUTELY SURE—to follow the use of this medicine, if timely used. Full directions for using will accompany each bottle. None genuine unless the fac simile of CURTIS & PERKINS, New York, is on the outside wrapper.

Sold by druggists throughout the world. Price 25 cts. per bottle.

Principal Office, No. 13 Cedar st., New York ja1-dw1s

Figure 1. Advertisement for Mrs. Winslow's Soothing Syrup for Teething Children printed January 8, 1859, in the *Sandusky Daily Commercial Register*.

Since neither the cause nor adequate treatment had been discovered at the time, editorial and advertising content proffered several potential preventative measures and treatments for cholera – many of them involving opium (Courtwright 2001, Daly 2008). One such product, dubbed Dr. Cannon's New Orleans Cholera Cordial, was advertised out of Sandusky drug store (Sanduskian 1849b). Initially, the brandy and laudanum cordial were advertised without any mention of its ingredients under the heading *Cholera! Cholera!* alongside another patent medicine purported to treat cholera, Dr. Birds Sulfur and Charcoal remedy (see Image 2) (Sanduskian 1849b).

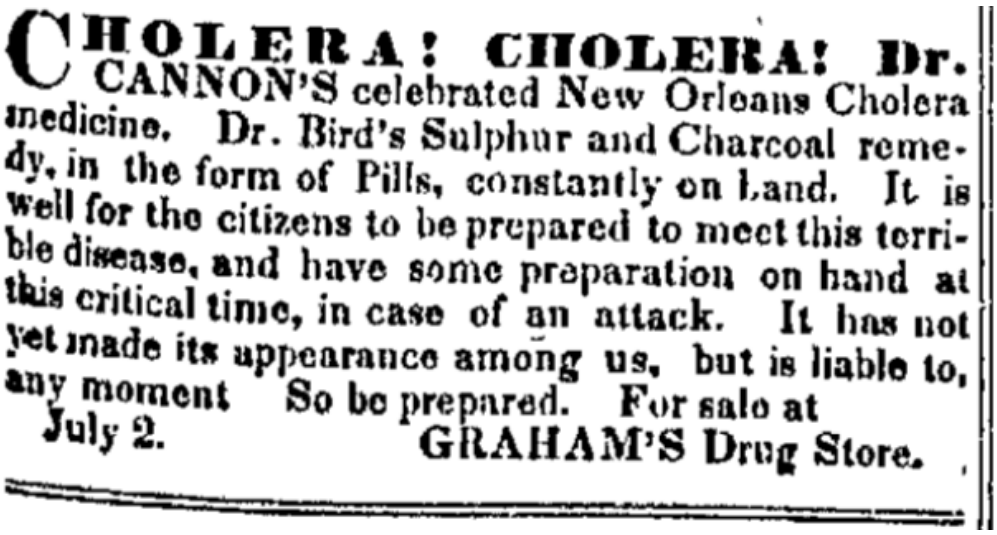

CHOLERA! CHOLERA! Dr. CANNON'S celebrated New Orleans Cholera medicine. Dr. Bird's Sulphur and Charcoal remedy, in the form of Pills, constantly on Land. It is well for the citizens to be prepared to meet this terrible disease, and have some preparation on hand at this critical time, in case of an attack. It has not yet made its appearance among us, but is liable to, any moment So be prepared. For sale at
July 2. GRAHAM'S Drug Store.

Figure 2. Advertisement for Dr. Cannon's New Orleans Cholera medicine printed July 5, 1849, in *The Daily Sanduskian*.

The first ad to mention Dr. Cannon's New Orleans Cholera Cordial was dated July 2nd and printed July 5th – in it, the ad states "It (cholera) has not yet made its appearance among us, but is liable to any moment" (Sanduskian 1849b). That same day, however, the *Sanduskian* was reporting on the splendor of the town's first successful July Fourth celebration in years, with several "citizens, strangers … men, women, and children" marching along with a major

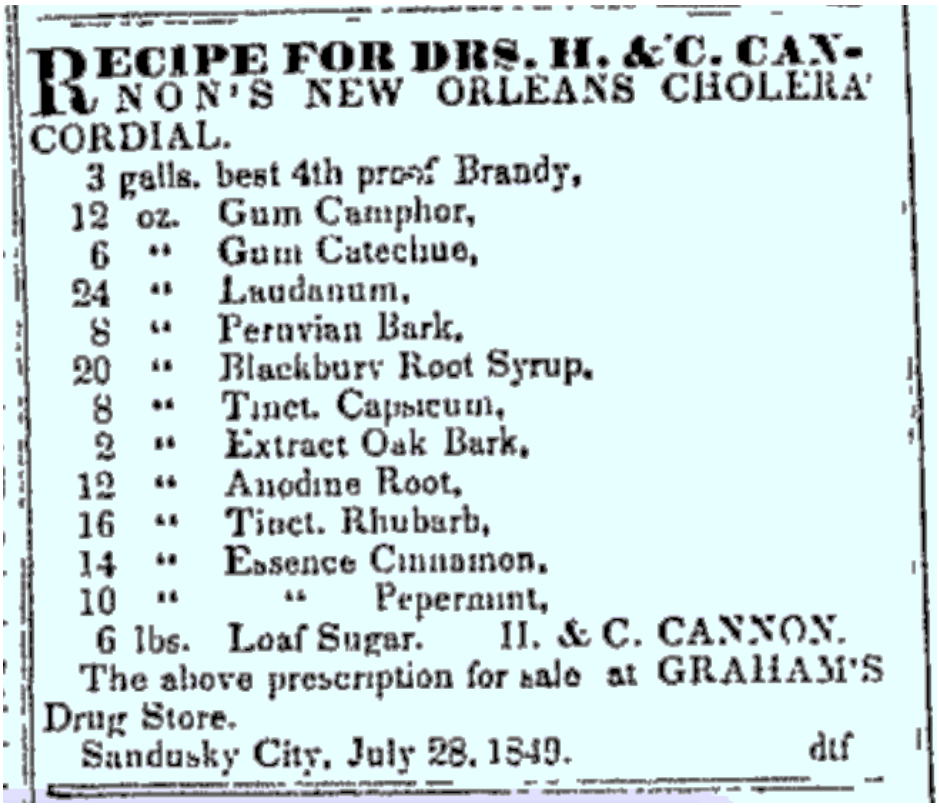
procession of fire engines, their brigades marching aside them, and a German band playing from one end of town to the other (Sanduskian 1849c).

The content of local area advertising for the cholera cordial shifted concurrently with the rapid approach of the cholera epidemic to the area. While the exact dates of the cholera outbreak in the area seem to be lost to history, the earliest mention of cholera in Sandusky suggests that the outbreak may have started on or before July10th, 1849 (Sanduskian 1849a). At this point, not only was Graham's Drug Store promoting its Dr. Cannon's New Orleans Cholera Cordial, but rival purveyor McCulloch & Thorpe began to advertise in the *Sanduskian* as well. July 11th, McCulloch & Thorpe published a detailed advert asserting the cholera cordial's supremacy over Dr. Birds Sulfur and Charcoal Remedy, insisting that theirs's was the only legitimate supply of the medicine, and warning that the copycat products contain "laudanum enough in it to kill the patient the second dose" (Sanduskian 1849d). This was not just an attack on the safety of a rival druggist, but also a deliberate acknowledgement of the product's main ingredients.

The risk associated with opium-based products, the likely reason that ads for Mrs. Winslow's Soothing Syrup and Dr. Fosgate's Anodyne Cordial fail to mention morphine or paregoric, were overshadowed by the panic inspired by the cholera outbreak in town. Graham's Drug Store, perhaps in part to refute McColloch and Thorpe's slander, went a step further after the outbreak was confirmed, printing the entire ingredient list in four advertisements for Drs. H. & C. Cannon's New Orleans Cholera Cordial in the *Sanduskian* between July 28th and August 3rd (see Image 3) (Sanduskian 1849b). It is unclear the reason for the subtle name change, but the motive behind this unorthodox advertising tactic seems to be to suggest safety through the novelty of transparency. Whether solely spurred on by professional rivalry or intended to remind those consumers who believe preparations of opium to be a cure for cholera, this brief interlude

serves as one of the only examples of a product advertised in the Sandusky area to acknowledge its opium contents.

There were cholera outbreaks before the 1849 pandemic, including one that affected the Americas in 1832. The port town of Sandusky had a minor outbreak in June of that year due to a sick ship's captain from Buffalo and resulting in the deaths of thirty to thirty-five residents and the passage of a town ordinance requiring an inspection of all vessels to arrive in port before personnel or cargo were permitted to leave the vessel (Ouriel 2018). Therefore, the town maintained an acute awareness of cholera, and Sandusky newspapers regularly printed recommendations for cholera preventatives and cures – including an 1848 recommendation to preparation involving opium and calomel (mercury chloride) (Clarion 1848a). So, at the very



RECIPE FOR DRS. H. & C. CANNON'S NEW ORLEANS CHOLERA CORDIAL.

3 galls. best 4th proof Brandy,
12 oz. Gum Camphor,
6 " Gum Catechue,
24 " Laudanum,
8 " Peruvian Bark,
20 " Blackbury Root Syrup,
8 " Tinct. Capsicum,
2 " Extract Oak Bark,
12 " Anodine Root,
16 " Tinct. Rhubarb,
14 " Essence Cinnamon,
10 " " Pepermint,
6 lbs. Loaf Sugar. H. & C. CANNON.

The above prescription for sale at GRAHAM'S Drug Store.

Sandusky City, July 28, 1849. dtf

Figure 3. Advertisement for Dr. Cannon's New Orleans Cholera medicine printed August 3, 1849, in *The Daily Sanduskian*.

least, there was a recent precedent for the abrupt inclusion of the opium content in a product explicitly advertised as a means for the cure of cholera.

It is important to note, also, that the inclusion of ingredients in advertising of opium-based patent medicines did not become a wider trend – this being the singular example within the area. During this brief period where cholera had gripped the nation and caused high mortality rates, proving especially devastating to small midwestern towns, the discursive duality that opium occupied after De Quincey's confessions, appeared to experience a brief shift back to unproblematized salvific, or at the very least mundane, medicine. Opium would soon thereafter go back to its peculiar duality of magical elixir and, as the next section makes abundantly clear, poison. This temporary interlude back to the heroic position opium once had, both for millennia and in the American colonies presages a more important set of discursive patterns yet to come.

Opium as a Poison in Advertisements

It was not long until druggists returned to advertising their elixirs without acknowledging the morphine and laudanum therein. For a time, during the Civil War, the frequency of local advertisements mentioning opium in any context had decreased. This was likely due, in part, to the scarcity of opium-based products for non-military purposes during wartime (Booth 2013). The few advertisements that were printed at the time were not, however, for opium-based patent medicines. Rather, ads urging mothers to stop using morphine to quiet their children, suggesting they replace opium and morphine-based patent medicines with their own, non-opiate products. After the war, the ads for patent medicines containing opium returned. While it was during this post-Civil War period that the mention of opium or morphine became a commonly used advertising pejorative, this practice had existed for quite some time.

The first reference to opium as a dangerous poison in Sandusky newspaper advertisements appeared in 1847 with an ad for Brandreth's Pills. Brandreth's is now widely recognized as a "quack" remedy, doing nothing and claiming everything (Horrocks 2008, Wheeler 1839). The essentially useless pills made the claim that they could "not only purify the blood" but also reduce the "quantity" and "make the quality better" (Clarion 1847). The ad also claimed that Brandreth's Pills could also counter "the effects of opium" (Clarion 1847). What "effects" the Brandreth's Pills advertisement claimed to cure remain unspecified.

After the Civil War, this discursive maneuver would become commonplace. Sandusky newspapers advertised a generation of new, or at least new to local consumers, and opium-free patent medicines. In many of these advertisements, rhetorical assertions of safety and efficacy contrasted a non-opiate patent medicine with opium-based products, which they then describe as dangerous, potentially deadly poisons. While local merchants advertised opium-based products through obfuscation, Dr. Cannon's notwithstanding, advertisements for non-opiate competitors highlighted their lack of the complicated ingredient.

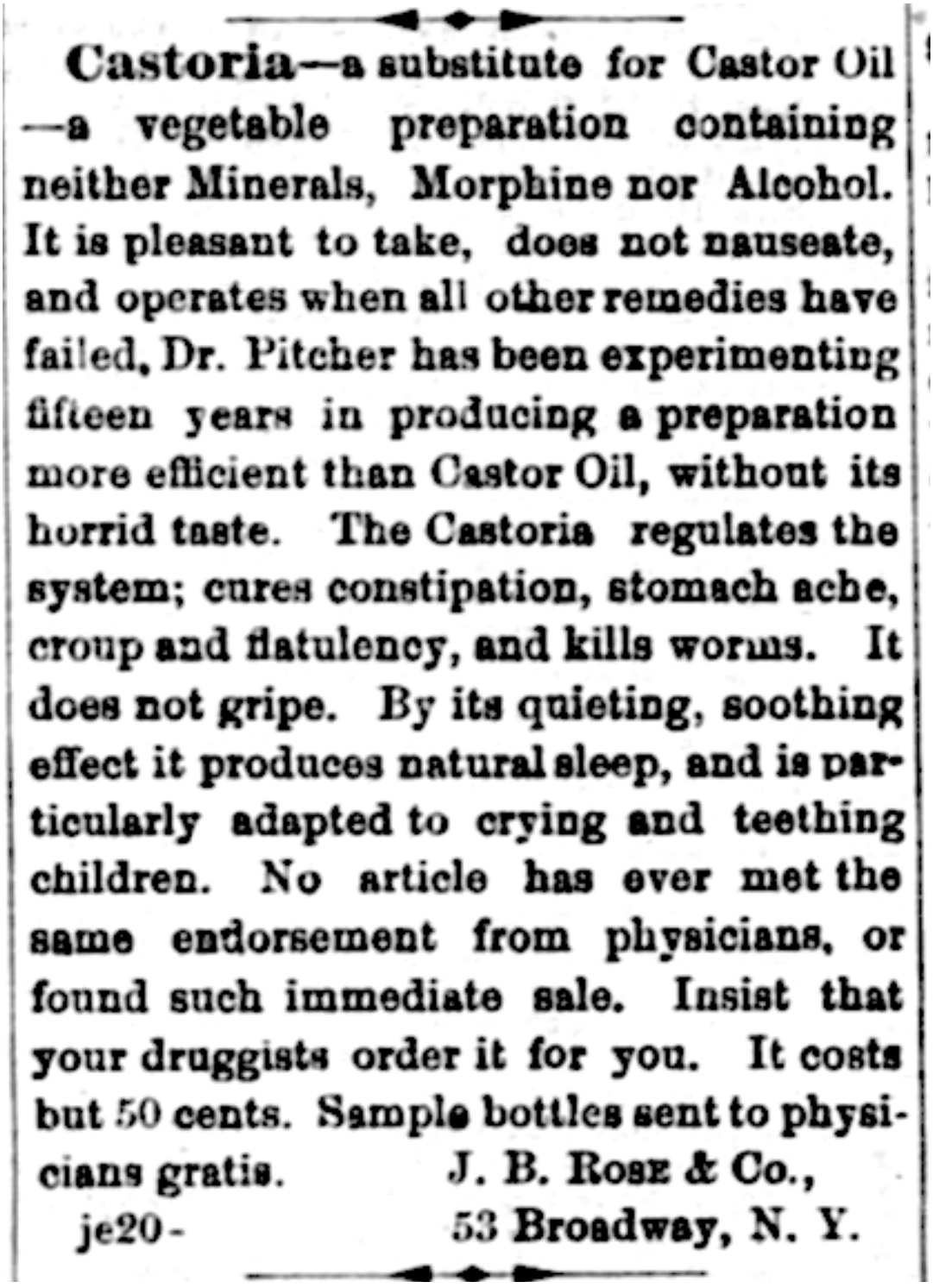
Castoria

A children's remedy, Castoria, was advertised over 2500 times in Sandusky-area newspapers between 1872 and 1922 (over 1500 times before the end of 1909). Castoria was marketed as an alternative to Castor Oil, "a vegetable preparation containing neither Minerals, Morphine nor Alcohol" (Register 1872). Castoria, formally known first as Pitcher's Castoria and later Fletcher's Castoria is a senna-based laxative (Steensma and Kyle 2017). While Castoria did not have any known pain-relief agent – the 1870s ads claimed it was both "soothing" and "particularly adapted to crying and teething children" (Register 1872). This allusion to "teething children" suggests that they considered Mrs. Winslow's Soothing Syrup, mentioning both a

portion of the product's name and its primary ingredient, their direct competition. Castoria sought to, as many patent medicines had, suggest miraculous remedies for a wide variety of unrelated ailments and, more specifically, serve as a safe alternative to various opium-based products (see Image 4).

Every advertisement for Castoria in this study made some reference to narcotics, often listing several (Register 1880, Register 1889b, Star 1904b). A 1904 ad in the *Sandusky Evening Star* even included a copy of the products label, which reads "Promotes Digestion, Cheerfulness and Rest. Contains neither Opium, Morphine, nor Mineral. NOT NARCOTIC." (their emphasis) (Star 1904b). The allusion to opium-based products as harmful is clear and, through the claim may be warranted, the suggestion is that Castoria is both safe and effective relies on opium and morphine as a fearful counterpoint.

Castoria advertisements represent the most frequently recurring in the study. The discursive power of this ad campaign comes from its persistence over time. Regardless of what happens in recent news with regards to opium, advertisements such as those for Castoria ensured that the dangers of opium were featured in nearly every newspaper from the 1870s to 1920s. Such consistent use of this specific narrative also suggests that, in an era that came with the medicalization of healthcare and the increasingly influential Temperance Movement, the repudiation of any suspected opium content was either necessary or advantageous in some way (Hiatt, Sine and Tolbert 2009).



Castoria—a substitute for Castor Oil —a vegetable preparation containing neither Minerals, Morphine nor Alcohol. It is pleasant to take, does not nauseate, and operates when all other remedies have failed, Dr. Pitcher has been experimenting fifteen years in producing a preparation more efficient than Castor Oil, without its horrid taste. The Castoria regulates the system; cures constipation, stomach ache, croup and flatulency, and kills worms. It does not gripe. By its quieting, soothing effect it produces natural sleep, and is particularly adapted to crying and teething children. No article has ever met the same endorsement from physicians, or found such immediate sale. Insist that your druggists order it for you. It costs but 50 cents. Sample bottles sent to physicians gratis.

J. B. Rose & Co.,
53 Broadway, N. Y.

je20-

Figure 4. Castoria Advertisement printed June 20, 1872, in the *Sandusky Daily Register*.

News stories involving opium-related deaths of people of all ages regularly made their way into newspapers both locally and nationally, often alongside ads for similar, opium-based, products[12] (Burns 2018, Star 1904a, Star 1904b). Stories such as these suggest the singular dangers of the drug. Advertisements such as those for Castoria seem to derive a useful rhetoric from these news stories that then, in turn, became a stable part of the discourse through the consistency of the ad content.

Deceptive Advertising

Most of the advertisements for the patent medicines mentioned thus far have straightforward in their content and structure. The Castoria and Mrs. Winslow's Soothing Syrup advertisements were clearly labeled as being about a single product and designed to influence consumers to make a purchase. The advertisements for Dr. Cannon's Cholera Cordial may have been a bit more confusing, one appearing at first glance to be a story about cholera, and the other appearing to be a recipe for the nostrum – but still, most readers would likely realize instantaneously that their eye had been drawn to a product being sold. This is, however, not always the case. To varying degrees, many of the advertisements in this study mask both the contents of their product and the true nature of the sales message, hiding their call to action behind what appears to be a bona fide news story.

Athlophoros

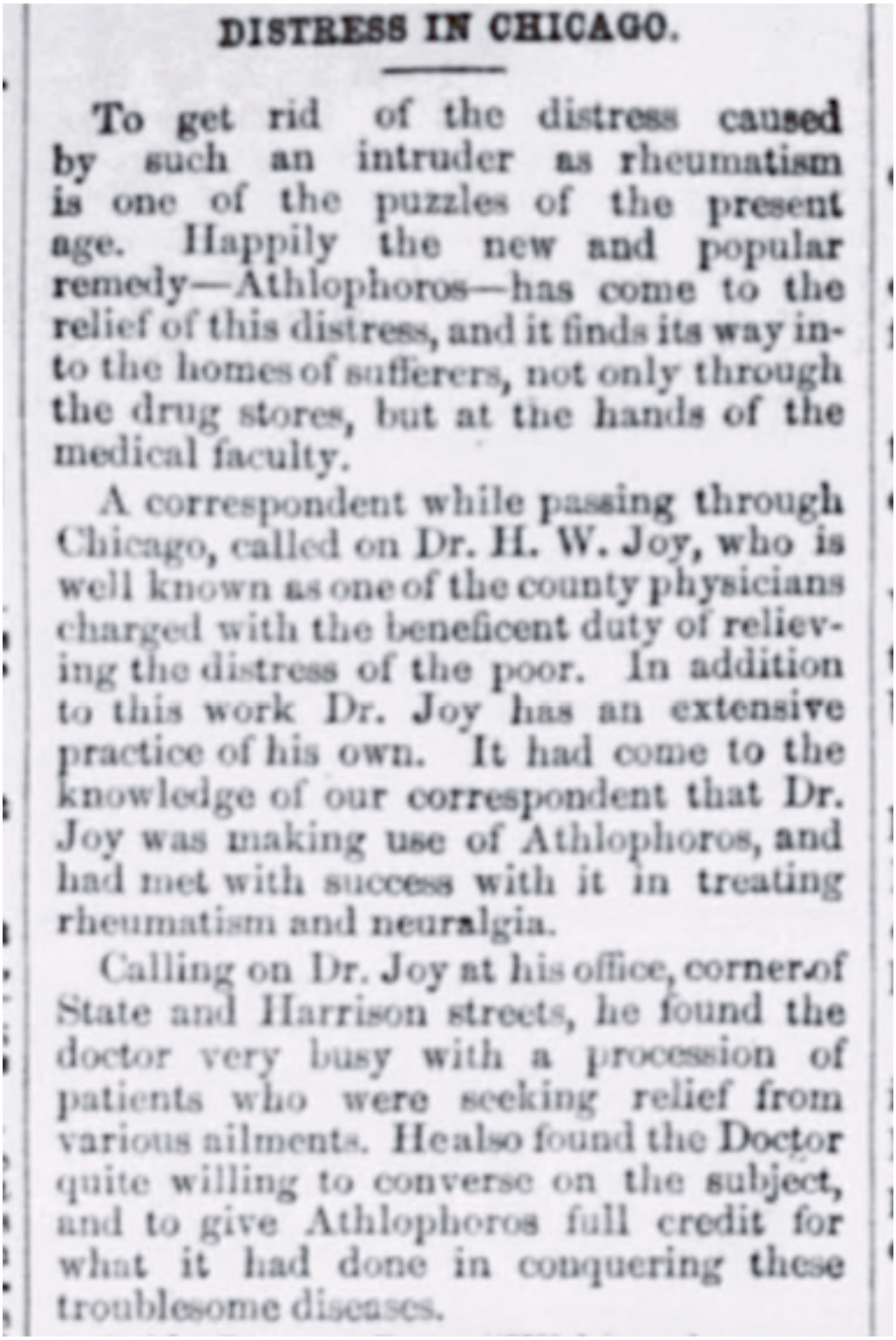
In what appears at first glance to be a news report entitled *Distress in Chicago*, the headline is followed by the opening sentence of a ten-paragraph public interest piece about the

[12] April 19th, 1904 – the Sandusky Evening Star's Castoria Drops advertisement was placed adjacent a news story entitled "Woman Begged for More Morphine," reporting the story of a Sandusky woman who had apparently died due to an addiction to morphine in the nearby city of Lorain. The actual cause of death, heart failure or overdose, is unclear.

pain associated with rheumatism. In the following sentence, however, the true nature of the text reveals itself to be about a "new and popular remedy" called Athlophoros (Register 1885). The ad then slips back into mimicking a common news story, including a reporting correspondent, and an endorsement from a "well known" doctor to sell the reader on the virtues of the product (See Image 5). Ultimately, it is unclear if this advertisement was intended to be confused for a common news story about rheumatism. Athlophoros was advertised in Sandusky newspapers over 1300 times between 1884 and 1920, but almost all ads for the product published in the area in 1884 resembled other patent medicine advertisement – glowing testimonials, insistence of the renown and esteem of Athlophoros' creator Reverend J. E. Searles, the company information, and directions on how to purchase the product.

Starting in 1885, however, and until the end of 1889, Athlophoros ads appeared in nearly every issue of a Sandusky newspaper available within the digital archive. Many of these ads were fashioned in such a way that they could be mistaken for common news articles. As time passed, the text of these *advertorials*, as they are known today, buried the mention of Athlophoros further into vague stories about President Cleveland, a death at the Niagara Falls, and one with the headline *Another Sudden Death* claiming that rheumatism may potentially be the cause of heart disease and suggests Athlophoros as a proven "positive cure" (Register 1886a, Register 1886b, Register 1889a).

From the first Athlophoros ad printed in the *Sandusky Daily Register* in January 1884 until the end of 1886, approximately 150 of the 691advertorials mention morphine in a negative light, serving the same rhetorical function as in the Castoria ads – suggesting safety and efficacy by way of contrast. A common clause within the Athlophoros copy reads "it is not an opiate to lull pain, as morphine does, but it carries away the cause of the pain, which is far better." It is



DISTRESS IN CHICAGO.

To get rid of the distress caused by such an intruder as rheumatism is one of the puzzles of the present age. Happily the new and popular remedy—Athlophoros—has come to the relief of this distress, and it finds its way into the homes of sufferers, not only through the drug stores, but at the hands of the medical faculty.

A correspondent while passing through Chicago, called on Dr. H. W. Joy, who is well known as one of the county physicians charged with the beneficent duty of relieving the distress of the poor. In addition to this work Dr. Joy has an extensive practice of his own. It had come to the knowledge of our correspondent that Dr. Joy was making use of Athlophoros, and had met with success with it in treating rheumatism and neuralgia.

Calling on Dr. Joy at his office, corner of State and Harrison streets, he found the doctor very busy with a procession of patients who were seeking relief from various ailments. He also found the Doctor quite willing to converse on the subject, and to give Athlophoros full credit for what it had done in conquering these troublesome diseases.

Figure 5. Excerpt from Athlophoros advertisement printed in the *Sandusky Daily Register* on March 23, 1885.

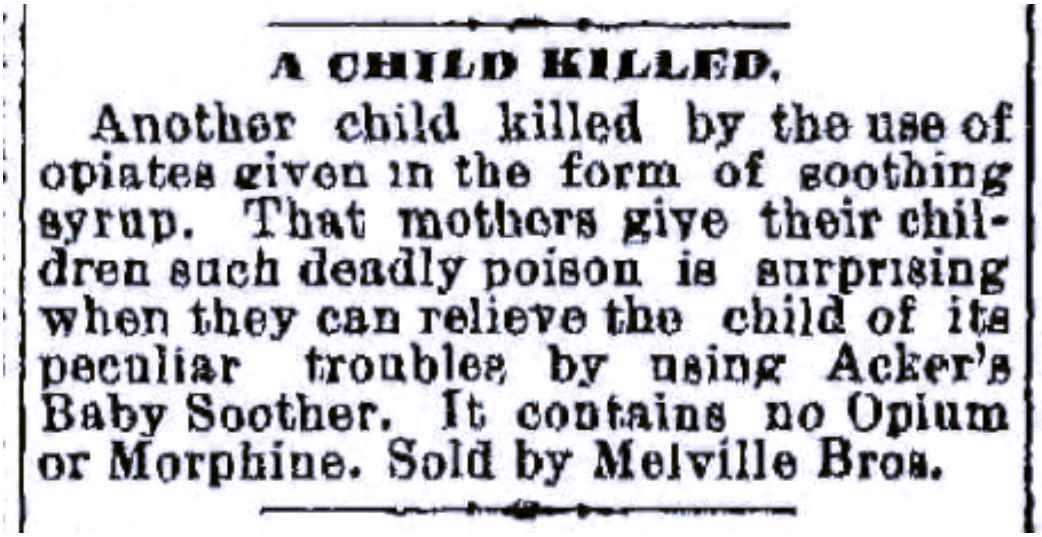
unclear, however, if Athlophoros itself contained morphine at that time. Recent historians assert that Athlophoros' earliest formulation, that which would be advertised in 1884, contained morphine (Bause 2010). The earliest available publications of the ingredients, printed in 1896, listed two different formulations of the product, one containing morphine, the other containing only potash, salicylate, sugar, caramel, and water – later publications list only the latter, non-opiate, formulation (Ebert and Hiss 1896, Oleson 1903). Both were sold under the product name Searle's Athlophoros at one time or another but when, and under what circumstances, Athlophoros contained morphine is unknown. Perhaps the truth of the product's opium contents is lost to history, but what remains are a series of long advertisements disguised as news – a few of which mention opium and morphine as a way of boosting the presumed safety of the product.[13]

Acker's Baby Soother

Athlophoros was not the only product marketed through a combination of mimicry of common news content and a reliance on the fear of opiate substances to prop up their own patent medicine. Acker's Baby Soother ads appear to be an extreme example of this deception. The ads were printed in the local area thirty times between May 1889 and March 1890, all of which were created in a way that could deceive an inattentive reader to believe they were reading a news story. An ad bearing the headline *A Child Killed* appears to be one of many short articles of goings on throughout the country, often appearing in short, boxed sections separate from the local news. In this case, the faux news story is one of a very tragic nature – "Another child killed by the use of opiates given in the form of a soothing syrup." Such a statement hearkens back to

[13] In researching this issue, I reached out to Dr. G.S. Bause M.D. for clarification. He suggested the 1885 Athlophoros ad may well have been accurate, referencing that it was around this time that "opiates fell out of favor, and into regulation."

the familiar rhetorical device employed by any of the several advertisements seeking to suggest the safety of their product by reminding consumers that "soothing syrups," such as Mrs. Winslow's, were thought to be inherently dangerous. In this case, however, the advertisement goes a step further suggesting that death had, in fact, occurred.



A CHILD KILLED.

Another child killed by the use of opiates given in the form of soothing syrup. That mothers give their children such deadly poison is surprising when they can relieve the child of its peculiar troubles by using Acker's Baby Soother. It contains no Opium or Morphine. Sold by Melville Bros.

Figure 6. Acker's Baby Soother advertisement printed in the *Sandusky Daily Register* on June 6, 1889.

The Acker ad takes this deceptive rhetoric a step further, employing blame and indignation to further promote the product. The short ad opines "That mothers give their children such deadly poison is surprising when they can relieve the child of its peculiar troubles by using Acker's Baby Soother" (see Image 6). Importantly, although deaths related to opium-based children's remedies are known to happen, the appearance of the Acker's ads made to look like tragic news stories about children dying appears to have never coincided with any such news story, in the local area. In fact, upon further investigation, there does not seem to be any news story of a child or infant death involving any opium product in the state of Ohio in either 1889 or

1890.[14] What did exist were the same ads for Acker's Baby Soother in at least three other Ohio newspapers, each using *A Child Killed* or *Another Child Killed* headline and faux news story (Daily Gazette 1889, Daily Crescent 1891, Bulletin 1891).

Despite the Acker's Baby Soother ads having no real news story associated with them, the deaths of infants were a common enough occurrence in the past to remain part of the discursive construction of opiates at the time (O'keeffe 2011, Strongman 2017). 1890 also coincides with the highwater mark of opium importation and use in America in the 19th century and without evidence to the contrary, we are forced to assume that this period likely had the highest rates of infant consumption of opiates and, hence, the most related infant mortality (Booth 2013, Courtwright 2001). In this way, longstanding intertextual discourses about children dying due to overdoses of soothing syrups seem to legitimate the advertisement qua fictitious news story. In effect, real events and macro-level trends were fodder for fear-based advertising discourse.

The Liquor and Opium Cures

While the early 1890s marked the greatest opium use and the highest estimated addiction rates per capita in the 19th century, far higher than anything seen in America until the 1970s, many Americans sought to trade addictive habits for health and vigor (Courtwright 2001). The first advertisements for commercial cures for habitual opium use began appearing in the *Sandusky Daily Register* in January 1884. Decades of unregulated medicines had caught up to

[14] I conducted several keyword searches for the years 1888 to 1891 using the original keywords for opiates plus additional phrases "child killed," "child dies," "child has died," "child dead," and the same phrase formations for "baby" and "infant" for the entire range of Ohio. Several news articles came up, but none included reference to opiates as a cause. Many children were said to have died in fire, smallpox, or through violence. One story reference a child being poisoned but was in reference to a court case involving the death of a child in 1887. In addition, the phrase "overdose death" and "child overdose" each yielded no results.

American consumers and after decades of warning, people began to seek help in ending habitual narcotic use (Trickey 2018). So, it was on January 15th of that year, wedged inextricably between two ads for Castoria on the same page, a small ad with tiny print save for the words "Opium Habit" promoting a cure from addiction by well-known physician Dr. H. H. Kane (Register 1884b). Kane, author of the 1881 book *Drugs That Enslave*, was promoting a version of his cure for the opium habit "whereby anyone can cure himself at home quickly and painlessly" (Register 1884b). The advertisement suggested writing to a New York address to receive further details. No further information was given about the form or content of Kane's remedy, but his recommendations in 1881 included the use of bromides (including potassium bromide – a sedative), belladonna, strychnine, cocaine as a "nerve tonic," cannabis indica (marijuana), chloroform, hot and cold showers, and electricity administered throughout the body via electrodes (Kane 1881).

On that same page, under the smaller of the two Castoria ads, was an advertisement for a local sanitarium. Dr. E. Gillard's Electro-Medical and Surgical Sanitarium, operating in Sandusky, offered aid in the treatment of several ailments, including rheumatism, "diseases of the woman," and "the opium habit" (Register 1884a). The sanitarium advertised the use of "the most perfect Electro-Thermal Bath." Dubious claims of the miraculous power of electrical baths were not new, and are generally referred to as "quackery" or pseudoscience today, but extension of this method to the treatment of opiate addiction and other substance use problems was at least new to the local area (Boyle 2013, Resor 2019). In the years that followed, a mixture of patent medicines and self-proclaimed medical experts tried their luck in "curing" the opium habit.

For a time, there was money to be had in "curing" *inebriety* (drunkenness) whether it be through alcohol, opium, cocaine or, in the case of patent medicine users, potentially a

combination of all three. Medical professionals, once readily providing morphine to patients, shifted their focus to the treatment of addiction due, in part, to the relative wealth of those who wished to be rid of their opium habits in the 1870s and 1880s (Aurin 2000). Those who were able to afford trips to sanitaria for extended convalescence due to ailments such as inebriety and *morphinism* were met with a dramatic increase in available options for care (Aurin 2000, Kane 1881). There were still various notices for liquid cures for substance abuse in the Sandusky papers to be sure, including several ads that took up a third of a page for Warner's Safe Cure which claimed to cure opium habit, rheumatism, impaired vision, and roughly a dozen other ailments (Daily Register 1886). Still, the market was no longer solely the domain of patent medicines, whether they contained opium, or were designed to relieve the desire for it.

The American Liquor and Opium Cure Company

On November 24th, 1892, the *Sandusky Daily Register* ran an article heralding the arrival of a sanitarium company relocating from the nearby town of Findlay. A week later, The American Liquor and Opium Cure Company began operation in town (Register 1892b). Within a year, the Liquor and Opium Cure was mired in lawsuits, including two for wrongful death, and had undergone a change in management as a result. All this played out in the *Sandusky Daily Register*, often alongside adverts for the sanitarium.

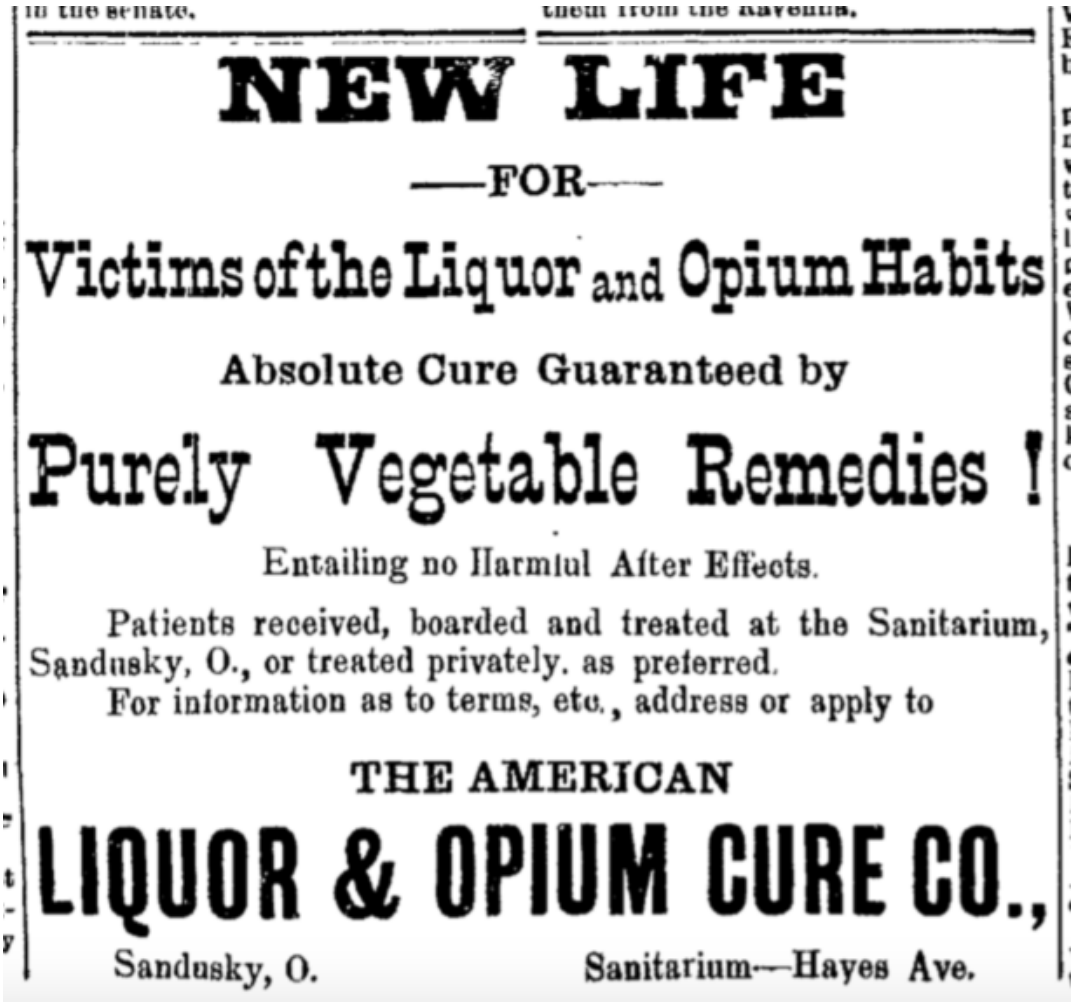
The Liquor and Opium Cure maintained a regular advertising campaign in the local paper, despite the bad press. From December 1892 to June 1893, ads that were two columns wide ran approximately 135 times, all with the same wording – announcing in bold print a "New Life for Victims of the Liquor and Opium Habits" (see Image 7). Ads for the Liquor and Opium Cure also prominently announced that they used "Purely Vegetable Remedies!" The first ad for the sanitarium ran opposite an ad for J. Kuebeler & Co, local brewers, and national news stories

received by telegraph of desperados, fugitives hanged, and a short piece on the veracity of an insanity defense in the murder trial of the infamous Lizzie Bordon (Register 1892a). The sensational content of the stories adjacent likely brought the eye to the Liquor and Opium Cure ads and, if anything, the juxtaposition next to an ad for a brewery may have even drawn more attention to the sanitarium ad. On December 20th, 1892, however, less than a month after the Liquor and Opium Cure opened, the paper ran the story of the first of two deaths at the sanitarium immediately adjacent to the advertisement.

The above example, the American Liquor and Opium Cure simultaneously proclaiming its value next to a news story of the death of one of its patients, is emblematic of the complicated and contradictory discourse surrounding opium, and alcohol for that matter, in that era. The United States after the Civil War, but before the legal changes that came with the 1910s, were a morass of conflicting medical and pseudo-medical products and advice. While perennially profitable, patent medicines were also always suspect. American medical practitioners had yet to professionalize, and many were unlicensed and untrained (Conrad and Schneider 2010, Boyle 2013). Incidentally, the short-lived sanitarium craze was more an extension of patent medicine craze than an aspect of medical professionalization – sanitaria arrived as more affluent Americans were seeking to be rid of their addictions and, when wealthier people stopped frequenting these places of extended convalescence, the sanitaria disappeared as well.

The "new life" being offered in The American Liquor and Opium Cure sanitarium may have been a discursive maneuver to link the business to the intertextual connections the sobriety and self-control discourses of the Temperance Movement, and the *moral perfectionism* of 19th century America's revivals (Gusfield 1986). Various temperance societies made this interconnection explicit in their charters and resolutions. The National Temperance Convention

of 1865, for instance asserted that drunkenness was "not only a social evil" but also "a sin against God" (Times 1865).



in the senate. them from the Avenue.

NEW LIFE

—FOR—

Victims of the Liquor and Opium Habits

Absolute Cure Guaranteed by

Purely Vegetable Remedies !

Entailing no Harmful After Effects.

Patients received, boarded and treated at the Sanitarium, Sandusky, O., or treated privately, as preferred.
For information as to terms, etc., address or apply to

THE AMERICAN

LIQUOR & OPIUM CURE CO.,

Sandusky, O. Sanitarium—Hayes Ave.

Figure 7. The Liquor and Opium Cure Co. advertisement printed in the *Sandusky Daily Register* on December 2nd, 1892.

If the Sandusky sanitarium's ads were subtle in their reference to religiosity and temperance, other "cures" for intemperance were not so. In 1891, local druggists advertised Dr. Haines Golden Specific, a patent medicine comprised of capsicum and ipecac said to be a cure

for the liquor habit (Hall 2013). The ad's target audience was not the chronic drinker, but their family and loved ones. Ads included the tagline "in all the world there is but one cure" and the unsubtle suggestion of covert dosing – "it can be given in a cup of coffee or tea, or in articles of food, without the knowledge of the patient, if necessary" (Crosby 1881, Register 1891). Dr. Haines, a Cincinnati area Quaker minister, educator, and homeopathic physician claimed that his Golden Specific was endorsed by the Women's Christian Temperance Union (Hall 2013).

The Temperance Movement arrived early in the Firelands area, with a local Temperance Society founded in the town of Margaretta in 1833 (Clarion 1833). Still, it would be nearly twenty years later before the next local temperance-related events, a public address from one Rev. Disbro (Register 1852). In 1859, the Sons of Temperance began holding weekly meetings in downtown Sandusky (Register 1859). The following year, the first meeting of the Sandusky Temperance Society was announced (Register 1860). Interest in the "temperance crusade" had apparently grown in the area by 1874 when several articles were written, and events held within the local area. Relatedly, the appearance of ads mimicking stories about the cause of temperance to sell patent medicines is a testament to the relevance of the movement's increasing importance in how locals saw themselves or, more to the point, who they hoped to become. While liquor and opium use, inextricably linked at the time both as medicines and as vice, maintained popularity and widespread use, the admonishment and scorn of the temperance movement grew more prominent in print media.

Discussion

The moral perfectionism of the 19th century Temperance and Religious Revivalist movements follow persistent trends of merging moralism and religiosity that began in the first Puritan colonies and remain a recurring theme to this day (Erikson 1966). The anti-alcohol fervor

of the Temperance Movement, and the associated religious rhetoric, was extended to opium in America by the powerful and far-reaching Women's Christian Temperance Union (WCTU) in 1880 (Reckner and Brighton 1999, Tyrrell 1991). The WCTU then made their focus on opium center around the issue of opium smoking, inspired by anti-Chinese immigrant sentiment in America, despite the bulk of all domestic opium use and addiction being related to other forms of opium consumption (e.g. patent medicines) (Courtwright 2001, Tyrrell 1991). The WCTU, by 1886, became internationally influential due, in part, to the anti-opium stance and a "missionary impulse" which led them to adopt a platform of opposition to all psychoactive substances (Tyrrell 1991). The result of this missionary work was that the moral perfectionism and the rhetoric of sinfulness in American discourses on drugs and alcohol addiction spread throughout the world around the end of 19th and beginning of the 20th century (Frank and Nagel 2017). The discursive dichotomy to flow from this Puritan-inspired moralism is one of virtue-vice – with self-control, the original meaning of temperance, as virtuous and the loss of control of habitual use as vice.

The virtue-vice discourse of addiction is not a new discovery, nor was it new when the WCTU ensured its international influence, but the several findings of this chapter show that its dominance was not inevitable (Kunyk, Milner and Overend 2016). The collection of discourses for the time periods disseminated in the analysis show a progression to increasing awareness of the dangers of opium, but not one of moral judgement. During the 18th century, opium was considered a safe, relatively unproblematic medicine (Booth 2013, Musto 1991). Until the first advertisements used opium as a dangerous drug, or poison, with many potential side effects many of the ads for opium treated it as a mundane commodity. While the dangers of opium were highlighted in print advertisements for decades, the prevailing message was to beware and not

that to consume opium products was a vile "sin against god." For a brief period, during the deadly cholera outbreak of 1849, opium was once again treated as what Booth (2013) referred to as a "heroic substance" (Booth 2013). As soon as the threat of cholera went from stark reality to fearful memory, however, the discourse on opium and morphine went back to the complicated ambivalence of a substance with the power to save lives, but also take them – with ads for opium-laden soothing syrups, next to stories of opium-related deaths, and ads for quack medications using fear of opium to suggest safety and efficacy. Still, aside from the growing influence of the Temperance Movement towards the end of the century, the dire warnings of deadly opiate patent medicines did not constitute prohibitions as such. Rather, the tacit warnings associated with opium-based patent medicines might have been effectively overlooked within a system of untrustworthy products, deliberately misleading advertisements, and a cultural stance towards dangerous and addictive substances that might be characterized as lackadaisical in comparison to public opinion on the psychoactive substances in the century that followed. Still, as the 19th century ended, the discourse outside of advertisements involving psychoactive substances intensified – eventually lending itself to the prohibitions that were to follow. As I will show in the next chapter, the discourse on opiates and other psychoactive substances would shift in many ways, creating increased homogeneity and lending itself to a century of unwavering repression.

In characterizing U.S. drug prohibitions as repression, I am deliberately recalling the Deleuzo-Guattarian conception of desiring-production and repressive representations (Deleuze and Guattari 1983). Regarding desire and its discursive manipulation, there is a clear manner of interpreting the impact of a century of heterogeneous, yet consistently repressive, representations

of psychoactive substances – namely, that such representations will consistently drive demand for such substances ever higher.

Conclusion

There were a few unexpected findings seldom explored in previous research on advertising discourses. Firstly, many print ads marketing patent medicines maintained a focus on opium-based products to reinforce the illusion of their products safety. While many patent medicines avoided divulging their ingredients, Dr. Cannon's Cholera Cordial's opium content was highlighted to ensure people knew that it contained the sought-after preventative ingredient. Later, as patent medicine ads returned to demonizing opium-based products and making advertisements that resembled actual news stories became a common trend, the Acker's Baby Soother ads took it a step further with the shocking fabrication of a dead child to sell product.

In taking a specific sample in localized study area, I uncover various discursive changes in advertising of opium and other medical products over time. Furthermore, I provide an example of the capacity for using advertising content as an anchor from which an intertextual discourse analysis may be conducted. While the changes in advertising discourse may well be generalizable to American print media advertising patent medicines throughout the 19th and early 20th centuries, a similar analysis may need to be conducted using a wider research area. Another limitation of this study is that the use of advertising content to infer the opinion for the average literate 19th-century person is an imperfect proxy for an open-ended public inquiry. Although we have copious records of the opinions of theologians, physicians, jurists, diarists, and civic leaders on the topic of opium and of patent medicines, we must rely on what deductive tools are available within the archival record.

CHAPTER 4. AVAILABLE DISCOURSE ON NARCOTICS, DOPE, AND THE ADDICT HYBRID

At the beginning of the 20th century, the use of psychoactive substances such as opium, cocaine, and cannabis were still legal without a prescription and readily available in the United States through the unregulated trade of medicines by druggists (Musto 1991). This all changed after the U.S. Congress passed the Smoking Opium Exclusion Act (1909) and the Harrison Act (1914) prohibiting the importation and use of opium for non-medicinal purposes, and requiring registration for anyone importing, manufacturing, or prescribing opium and coca or their derivatives (Booth 2013).

Then, in 1919, the United States solidified its transition into an orientation of controlling psychoactive substances with the ratification of the 18th Amendment and passage of the Volstead Act, prohibiting the consumption of alcohol (Gusfield 1986). That same year, two landmark Supreme Court cases separately found the Harrison Act to be constitutional, and determined that doctors do not have the right to prescribe psychoactive substances for the maintenance of addiction (Booth 2013). Even after the failed experiment of the 18th Amendment, and for the remainder of the century, the United States continued on a path of increasing prohibitions and punishment for the consumption of mind and mood-altering substances (Courtwright 2009b).

While the 19th century discourse on psychoactive substances such as opium and cocaine acknowledged their apparent dualities, at once a vital medicine and a potentially deadly poison with the capacity to become habit-forming, this nuance was lost within the early years of the 20th century (Booth 2013, Foucault 2012a, Law 1999). The ever-expansive mission of the Temperance Movement had taken hold in both U.S. journalism and politics (Reckner and Brighton 1999, Tyrrell 1991). By the turn of the century, "dry politics" had taken hold and the

total prohibition of alcohol had become intertwined with national and international social control efforts aimed at the regulation of opium and opiate products (Booth 2013, Gusfield 1986). Throughout this transition towards regulation and restriction, a well-documented aspect of the rhetoric was the defamation of the consumer – implicated as weak, inherently deviant, and of "inferior" class, status, or race (Gusfield 1986, Higginbotham 1993, Levine 1992, Reckner and Brighton 1999). While it is unclear if the correlative shift toward strict social control is interrelated to the discursive simplification of psychoactive substances and the people who consumed, an understanding of the various forms the discourse took thereafter may help to bridge the historic epistemic gap between the centuries.

Method

To understand the evolution of discursive constructions of opiates and the people who consume them, in both their local and national context, I conduct a discourse analysis of news stories and editorial material published in newspapers in Sandusky Ohio from 1901 to 2020. To do this I gather digital copies of local area newspapers from an online newspaper archive[15] using keywords relating to opiates (including terms relating to synthetic opioids and common slang terms). I select at least ten news stories and editorial articles from each ten-year period (e.g., 1901-1910) to ensure that each decade is represented in the sample and thematic saturation is reached (Charmaz 2019). Articles are selected using a purposive sampling method, relying on the digital archive's relevance scheme, which is based on number of instances all keywords are present on a given newspaper page. As a result of multiple relevant articles on a given page, the individual number of articles (333) is greater than the original number of files collected (296). I use Atlas.ti software to code and analyze all data. All relevant news articles are initially coded

[15] NewspaperArchive.com

using descriptive codes, categorized, and analyzed inductively (Hesse-Biber 2017). Editorial material is coded for discourse, sentence by sentence, and articles are coded as a local, regional, national, or combination new story. Thus, any variation between local and national discursive constructions are considered. As the analysis often brings up additional, unanticipated questions, I conduct additional ex post facto data collection that is separate from the initial analysis but add context to the themes that are derived from the initial analysis of collected data.

Sandusky Newspapers

The growing shipping town of Sandusky had three competing newspapers at the end of the 19th century, the ever-changing newspaper titles were most succinctly known as *The Register*, *The Journal*, and *The Star* (Congress 2021)[16] By the middle of the 20th century, only one newspaper remained, all others having merged and eventually becoming part of *The Sandusky Register* (2021). This consolidation of print media in the area coincided with the introduction of radio and later television media, but also with the town's decline as a relevant shipping hub due to the advent of automobiles and a decrease in the town's population growth relative to the rest of the state (Central 2020, Research 2001). Local editorial content evolved over time as well, which regularly included fiction, poetry, and detailed descriptions of local government proceedings in the early 1900s. By the mid-20th century, the non-commercial newspaper content was almost exclusively news articles, letters to the editor, editorialization clearly labeled as opinion pieces, political commentary, humor, and public interest (e.g., obituaries).

[16] The newspaper titles frequently changed names, either to reflect mergers or changes in distribution time and frequency. Alternative titles include *The Sandusky Daily Register*, *The Sandusky Weekly Register*, *Sandusky Register Star News and The Daily Star Journal*, and *Sandusky Daily News*.

Results

Throughout much of the 20th century, the discursive construction of opiates was obscured by the frequent use of the umbrella term: narcotics. Thus, while individual opiates, such as morphine and heroin were clearly both opiates and illicit substances, these drugs were often lumped in with other illicit substances such as cocaine and marijuana and very little distinction was made to clarify what constituted an opiate. The focus on opiates as part of the illicit drug supply obscured the truism that opiates were also legitimate prescription medications.

Similarly unidimensional was the portrayal of opiate users. For nearly all the study period, with few exceptions, the opiate user is first constructed as a narcotics user – once the narcotic obscurity is established, the user is almost always portrayed as a hapless addict, an inhuman vector of social ills, and finally as the victim of a vile poison. The tone taken when discussing opiate users are frequently suspicious and resolute, but occasionally before 2000 and frequently in the 21st century the discourse takes an ambivalent tone. Local news stories are almost non-existent throughout the 20th century – with exceptions that vilify users, unilaterally viewed as addicts, and the occasional redemption narrative of a former user who made good. While there is frequent discussion of doctors and other medical professionals becoming addicted to opiates, there is scant consideration of illicit drug dealers who also use drugs.

Implicated Opiates

Narcotics and Dope

Prior to the passage of the Harrison and Volstead acts, legal changes in the Ohio General Code in the form of the Duff Act of 1913 landed six Sandusky residents with arrest warrants (1914a:1, 1915:3). The names of two druggists, two physicians, a drug store clerk, and a merchant were printed on January 1, 1914, along with their alleged crimes, which ranged from

writing fake prescriptions of morphine sulfate, to the sale of twelve heroin tablets (1914a). The news of the warrants included various intrigues, including a false lead involving a daily "dope" drop at a downtown restaurant, and an alleged syndicate purchasing heroin, cocaine in Sandusky to resell in the more populous Toledo (1914a). The Duff Law, which provided for the regulation of "narcotic drugs" by Ohio's State Drug Bureau, newly formed within the Department of Agriculture. This story, aside from being one of only two examples of local news stories in the record before 1959 was also an example of a transition from discussing individual substances (e.g., opium, laudanum, etc.) to combining newly prohibited substances under the dual generalizing terms, *narcotics,* and *dope* (1914a, 1902:5).

In 1919, as the United States prepared for the enforcement of the Eighteenth Amendment, prohibiting alcohol for non-medical purposes,[17] representatives of the newly minted Federal Bureau of Narcotics (FBN) expressed concern that Americans would replace their liquor with narcotic substances. At this time, however, narcotics no longer referred solely to substances that numbed or stupefied as the term might suggest but became an umbrella term to connote all illicit substances.[18]

As a result of the surreptitious usage of the term narcotics to describe such disparate, illegal psychoactive substances as cocaine and marijuana there is evidence of confusion on topic of opiates. Additionally, the earliest examples of the non-descript narcotic occurred during the early stages of the Prohibition Era, alongside sensational estimates of drug addict populations and panic-inducing prose. In December 1921, the *Sandusky Star Journal* published an article

[17] Throughout Prohibition, whiskey and other spirits were considered a legitimate form of medication and were manufactured domestically under fairly strict regulation.
[18] The etymological origin of the word *narcotic* is shared with the Narcissus of Greek myth and is originally and primarily associated with numbness, stupor, or (in the mythical account) paralysis due to fixation and self-absorption.

with the headline *2,000,000 Drug Addicts in U.S.: Billions Spent for 'Dope' Yearly* (Thierry 1921). The article erroneously claimed that "most drug addicts use cocaine or heroin, both of which are stimulants" and goes on to make several claims, including an assertion that the average heroin and cocaine addicts consumed "an ounce a month" on average (1921:2).[19] These statements, however, appear toward the end of the article, which began:

> What is the worst evil in America?
> What is the chief breeder of crime, the greatest menace to public health and morality?
> Narcotic drugs!

This article is typical of the consistently imprecise discursive construction of illicit drugs throughout Prohibition and throughout the 20th century.

By the late-1930s, cannabis (marijuana) joined the amorphous narcotic classification. In 1939, during the height of reefer madness, a story out of Yellow Springs, Ohio – *Find Huge Dope Patch on Campus* – claimed the discovery of a "potential supply of narcotics … 100,000 marijuana plants with a potential value of between $10,000,000 and $15,000,000" on the grounds of Antioch College (Thierry 1921, Sloman 1998:79-81). The story includes a detailed description of the destruction of the crop as well as the implication of "a group of Springfield negroes" as the presumed clandestine horticulturalists – illustrating the role of racism in the discursive construction of narcotics.

Narcotics generally, and opiates, were often referred to as "evil" and a "poison" (Copeland 1921, Fishbein 1936). Through the combination of such disparate substances as marijuana, cocaine, and morphine into a solitary group, the implication is that narcotics are alike enough to be described without nuance or discussion of their substantive qualities.

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[19] Opiates and synthetic opioids are classified as narcotic analgesics (pain relievers) and not stimulants.

The use of the term *dope* further obscured any particularity among illicit drugs, but it also served to drive home the denigration of both the substance and the consumer. The dope slang term's multiple meanings prior to 1900, from thickness and stupefaction to performance enhancement of race horses and the act of secretly drugging a person to rob them, lends some context to how the term could be used to refer to both the use of cocaine as a stimulant and opium as a sedative (Higgins 2006). Dope even became a common slang term for Coca-Cola, a term used in the Southern States far after the drink lost all its cocaine contents (Tuttleton and Ackerman 1963). By the 1920s, as I will show, dope eventually merged with narcotics. The two discursive terms themselves produce a split assemblage, a duality that is menacing on both sides. Narcotics were evil, but dope was deadly.

Within this analysis, dope is often referred to without any clear reference to a particular substance. A July 1914 article describes how "dope fiends" circumvent New York's "Boylan law" by traveling to New Jersey to purchase dope and transport the nondescript contraband across state lines (1914a:4). In this case, the Town-Boylan Law solely and explicitly references opiates, but this fact was never explained in any available news articles in the area at the time (Quinn and McLaughlin 1972). In other cases, the actual content and nature of the dope remains unknown (1919:24, 1906:9).

Throughout the first decades of the 20th Century, news articles routinely used both narcotics and dope to refer to morphine and other opiates, and to cocaine (Thierry 1921, 1906:9). By the early-1930s, as FBN head and moral entrepreneur Harry Anslinger sought to prohibit cannabis in the United States, dope also became synonymous with 'marihuana "reefers"' (Stack 1952, Sloman 1998:29-51). Thus, discussions of narcotics confound and references to dope assure that opiates, at once a habit-forming and potentially dangerous substance and a vital

medicine, are considered in vague terms as a deadly vice, simultaneously as crime and as a source of criminality, and as a threat to both health and morality.

With few exceptions, the national editorialization in the sample described narcotics without mention of their potential utility as medicine and local news stories failed to refute the national narrative. This was true for opiates as well. In the rare instances before the 1960s, when individual opiates such as morphine were mentioned, they were treated as illicit substances first and foremost – only occasionally alluding to their legitimate use as an analgesic (1919: 24). Heroin, barred from being used even by doctors in the U.S., was mentioned only once as a viable medical option and only in story about an initiative to revoke this prohibition which ultimately failed (1981:18).

The Focus on Heroin (and Methadone)

The discussion of generalized narcotic, and its vile alter ego; dope, continued throughout the study period. By the late-1960s, however, the text shifted focus from the generalized illicit to treating reporting distinctly on cocaine, marijuana, and opiates. News articles predominantly referenced heroin, especially after 1970. Heroin had become the main opiate in the headlines and referenced in news articles about a wide range of topics, from addiction to communism (Cromley 1968, 1970a:14).[20] Opium and morphine, both the most often referred to opiate in the record at one time or another, became just another step in the process of making heroin, or a replacement for when heroin was unavailable (1968:7, 1970b:10, UPI 1973). By 1980, discussion of morphine addicts shifted to heroin addicts. Heroin had become non-human public enemy number

[20] Before 1970, morphine was mentioned 37 times and heroin 38, but both were provided as examples of forms of narcotics in most cases. From 1971 on, morphine was mentioned 25 times, whereas heroin was mentioned 81 times. By the 1980s, heroin was referred to as the primary topic.

one – first personified, then imbued with nefarious intentions, a folk devil in its own right (Mannion and Small 2019).

The topic of heroin consistently linked opiates to other social and political problems, such as international communism and crime syndicates, anti-Vietnam War protestors, and the apparent corruption of American youth (Cromley 1968, UPI 1971, UPI 1970a). Stories of international narcotics traffic in the 1950s and 1960s centered around the "French Connection" and the communist "Reds" exporting Turkish opiates through France to the U.S. (1968:7, Cassels 1965, Coll 1957, Taylor 1974). In the 1970s, however, the focus shifted more towards the "Golden Triangle" – Burma, Laos, and Thailand – as the main source of illicit heroin (1973:4, LENS 1977, UPI 1972, Kilpatrick 1971, Harvey 1971a). News about drug use in the U.S., particularly heroin use, became increasingly associated with Southeast Asia during the Vietnam War. In a 1971 speech by then President Nixon, declared an "worldwide offensive" on drug abuse, "dealing with the problems of sources of supply as well as Americans who may be stationed abroad (Nixon 1971). So vile was heroin, that this most potent of opiates remained illegal for medicinal purposes, even for terminally ill patients (1981:18).

The transition away from combining all illicit drugs under the narcotics umbrella did not stop the focus on enforcement altogether. Nixon's "worldwide offensive" included funds directed at addiction treatment and research (Nixon 1971). This coincided with editorial content decrying the longstanding focus on eradicating "King Heroin," suggesting that the U.S. ought, instead, focus on "tackling the problem of the addict himself" (Braden 1972). Despite the 1970s and 1980s marking a boom in mass incarceration for non-violent drug offenses, this was also the era where methadone treatment entered into existence in the United States (Alexander 2012, Yarmolinsky and Rettig 1995).

Prior to the Nixon administration, providing any opiate for addiction maintenance had been prohibited, per the Harrison Act of 1914 (Yarmolinsky and Rettig 1995). In 1972, due in part to the influx of Vietnam War veterans returning with heroin and opium habits, the position of the U.S. government shifted, permitting the use of methadone for the purposes of detoxification and addiction maintenance (1995). This new approach immediately garnered retractors.

In a June 1972 story qua editorial, methadone was given the full folk devil treatment – beginning with the story of a "bright, inquisitive" three-year-old ingesting methadone from her mother's purse and dying, to the assertion that untold numbers of heroin addicts in treatment are instead dying of methadone overdoses (Bavarkis 1972). The article provides very little positive as a counterpoint and features the breakout excerpt in bold:

> At its worst, methadone can kill. Spread illegally, it can compound the problems of drug dependence by putting another addictive drug on the street market. Even in normal use, it can become a legal way of leading a drugged life.

The "leading a drugged life" conception of methadone maintenance puts the long-term opiate user in a position of perpetual deviance. Similarly, methadone is characterized as a "partial solution" at best, and the differences between methadone and heroin are described as a matter of degree (Bavarkis 1972). Despite being differentiated, one illegal even for medical use and the other a legitimated form of treatment, heroin and methadone were inextricably linked; the former bestowing courtesy stigma to the latter (Goffman 2009).

While never directly acknowledged in any news stories within the sample, heroin and methadone have another connection, more historically concrete than their facilitating a drugged life. Nearly two hundred news stories in the *Sandusky Register* mentioned methadone between 1970 and 2020, but only two mention the synthetic opioid's Nazi origins (Bavarkis 1972, Harvey

1971b).[21] Methadone was first synthesized in 1937 by chemists for the now infamous IG Farben conglomerate as a painkiller and fever reducer (Preston and Bennett 2003, Rachlin 2018).[22] Similarly, diacetylmorphine was first marketed under the name heroin by the Bayer pharmaceutical corporation in 1895 (Sneader 1998). Bayer was one of several companies that merged with IG Farben in 1925, and was reconstituted as a separate corporation after IG Farben was dissolved as the result of the corporation's involvement in Nazi slave labor and other war crimes (Feldenkirchen 1987).

The Implicated Synthetic Opioid

Methadone was, for a time, the most regularly referenced fully synthetic opioid, in the study. The first fully synthesized opioid, meperidine, is a synthetic form of the opiate alkaloid piperidine and was first produced a few years prior to methadone (Brownstein 1993, Newton 2016). In 1962, researchers discovered that the chemical structure of piperidine and its analogs had an extremely powerful morphine-like effect (Janssen 1962). 1n 1968, chemists synthesized another piperidine derivative, fentanyl (Elbaridi, Kaye, Choi et al. 2017). Fentanyl, in turn, has its own analogous derivations, including the short-acting anesthetic alfentanil, and the now-infamous carfentanil (Raffa, Pergolizzi Jr, LeQuang et al. 2017).

In addition to its connection with heroin, methadone was also referred to as a "controversial synthetic drug" and a "synthetic narcotic" (UPI 1970b, Times-Post 1971). The

[21] An ex post facto search was conducted to directly address methadone references from 1937 to 2020. The first reference to methadone occurred in 1970. The results of this search were not included in the total number of articles analyzed.

[22] Aside from methadone, IG Farben (Interessengemeinschaft Farbenindustrie AG; German for Dye Industry Syndicate Corporation) produced Zyklon B, used as the lethal gas in Nazi gas chambers in concentration camps from 1938 to 1935. IG Farben also conducted medical experimented on concentration-camp inmates at Auschwitz and Mauthausen. In 1947, twenty-four IG Farben board members were charged with war crimes and thirteen were convicted.

synthetic adjective modified drugs and narcotics within the context of editorials depicting methadone as a harbinger of death posing as a source of redemption for heroin addicts. The word synthetic appeared to have a negative connotation in these contexts; as if to say, not only is it potentially life-threatening and supportive of the drugged life, but it also isn't even natural. The term "synthetic" implies the opposite of "natural" in these texts and suggests added danger, partially due to being described as an "inexpensive heroin substitute," and partially due to an apparent plea to nature (1970a:14, 1971:12, (Moore 2016). Thus, a bias for "natural" over "synthetic" substances inspires demonizing rhetoric on the topic of synthetic opioids. It is possible that this rhetoric contributed to the decades of restrictive federal policies preventing take-home methadone or limiting the number of patients a doctor can prescribe buprenorphine (Rubinkam 2005).

Despite the moral panic associated with methadone in the early 1970s, the criticism subsided in the record, alongside descriptions of the substance as synthetic. However, the implicit construction of synthetic opioids as inherently dangerous neither began with methadone, nor did it end with the normalization of methadone maintenance programs. The earliest discussion of synthetic drugs in the study appeared in 1954 and focused solely on ensuring that they be placed under the United Nations' 1931 regulations, governing the production and distribution of opiates and other addictive substances worldwide (Safchik 1954). After the 1954 regulatory crisis and 1970s methadone panic, the "synthetic" modifier remained dormant until the 1980s when it became attached to a new fearful trend in drugs, and drug discourse.

In the early-1980s, the first stories of synthetic opioids being involved in overdose deaths related to recreational use appeared within the sample (King 1981, UPI 1985). These synthetics came to be grouped into a few divergent classes of drugs. So-called *designer drugs*, chemical

compounds with analogous composition and effects to illicit psychoactive substances, became the new synthetic horror as the passage below illustrates:

> A U.S. senator calls them "high tech death." A medical expert says using them is like playing Russian roulette. Another medical expert calls them the street drugs of the future.
> They also are legal.
> They are talking about "designer drugs" – the synthetically made, highly potent, inexpensively processed, enormously profitable narcotics that appeared in California six years ago and now are on the brink of going nationwide.

Designer drugs, so say the passage above, are unnatural, cheaply made, highly profitable, and most of all, deadly (1985). Their synthetic nature allows the "designers" of these substances the ability to alter the chemical structure and create what is, in the eyes of U.S. drug law, a new and legal substance – until such time as this new substance is outlawed, starting the process over again.

The concern over these designer drugs coincides with the first references to fentanyl. News of sporadic outbreaks of opioid overdoses related to *china white* (fentanyl) in the 1980s came with the soon-to-be standard description of the compound; that fentanyl is x times more potent than heroin, with x being a variable, but always an astronomical number. One article described fentanyl as "80 times more powerful than morphine or heroin" (UPI 1980). Another, more judicious, description explains that fentanyl and its analogs "can be many times more potent than morphine or heroin (UPI 1985). Stories in the sample regularly describe fentanyl as 80 times more powerful than morphine, but a few describe fentanyl as "hundreds of times stronger" and carfentanil, a fentanyl analog, "can be even stronger" (Cuffman 2011, Karush 2006, Jackson 2017). Despite the lack of clarity on the actual conversion from illicit opioids to its morphine milligram equivalent, the message sent in the narrative that fentanyl is x times as strong as morphine or heroin is that synthetic opioids are inherently an order of magnitude more

deadly. As such, when the illicit drug market shifted in the early 2000s from prescription opioids, to heroin, to fentanyl; the implication was that the opioids being consumed had become x times deadlier and their consumers proportionally more suspect.

Local Drugs

Nearly all articles in this study came from major national and international news sources such as Associated Press (AP) or United Press International (UPI), or were uncredited, but focused on topics from the state, national, or international level. As such, few stories focus solely on the local context of psychoactive substances. Most of the stories that deviate from this pattern appear after 1980 and, rather than focusing solely on substances, tend to focus on the human. Thus, a generalization I take from this is at least within this study, the vilification of non-human substances was effectively received from macro-level sources, and with little in terms of local context.

There are, however, exceptions to the generalization above. Despite the national origin of the 1921 article *2,000,000 Drug Addicts in U.S.: Billions Spent for 'Dope' Yearly*, editors added an infographic based on the estimation that included Sandusky (Thierry 1921). In an infographic bearing the heading *How Many Drug Slaves in America?* the estimate that between 88 and 450 of Sandusky residents were addicted to some form of narcotic.[23] While the vagueness of the terms drug and narcotic include but do not solely denote opiates, there is sufficient reason to remain skeptical of these figures.[24]

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[23] According to decennial census data maintained by the state of Ohio, the population of Sandusky in 1921 was 22,897.

[24] The *How Many Drug Slaves in America?* infographic cites a low estimate of 0.35% of overall population as addicts which was the estimate given by the Narcotic Division of the New York Police Department. The high end, 1.8% of the U.S. population, was derived from the U.S. Government and Congressional Committee. The latter estimate has been criticized and largely debunked by David T. Courtwright's Dark Paradise: A History of Opium Addiction in America.

Despite this early extension of national drug fears to local addiction estimates, there were very few cases of local news stories involving opiates. Stories that involve area residents, highlighted in a section below, represent the most common example. These stories include locals in trouble with the law due to drug possession or other related crimes, former substance users who devote themselves to eschewing the drugged life, and news stories of locals who have died due to an overdose. In contrast to the national and international context of narcotics, focusing on opiates and addiction as abstract concepts that only occasionally include names, pseudonyms, or individual testimonials; the next such news article in the study after 1921 to address opiates predominantly in the abstract within the local area was published in 2006.[25]

The Implicated Drug User

Despite the focus on the implicated non-human actors, the preceding section both directly and indirectly implicates the consumers of opiates and synthetic opioids. The over-simplification of opiates as narcotics and dope is matched in the reductive rhetoric of the implicated drug user as an *addict* or *dope fiend*. Through the vilification of the substance, the implicated human actor is both infantilized and stigmatized, made both victim and villain. While there were regular references to opiates and synthetic opioids without reference to the humans that consumed them, the converse was not true and explicit references to drug users, addicts, and casualties generally included references to specific substances, or to an indeterminate narcotic.

[25] This trend, while true for opiates and synthetic opioids, is not true for crack cocaine. The first mention of crack in the *Sandusky Register* occurred on May 25, 1986. The first reference to crack in the local area was printed on February 10, 1989 when a Sandusky resident swallowed packets of a substance suspected to be crack cocaine when police arrested the man on an aggravated burglary charge. While this falls outside of the scope of this study, local news coverage of the proliferation of crack cocaine in the area provides a telling counterpoint at the intersection of race and drug use discourse to opioids, largely constructed as a "white problem."

The Drugged Life

In 1948, movie star Robert Mitchum and drummer Gene Krupa were among several Hollywood personalities arrested for cannabis possession at a "marijuana party" (1948). The caption below pictures of Mitchum and the owner of the so-called marijuana "den" (quotations in the original) read "Movie star Mitchum, starlet seized in dope raid (1948). In the article, a police psychologist was quoted as saying that marijuana is popular among artists because it gives them "pep" and "acts as a potent romantic stimulant" (1948). This sensational story continues with Mitchum lamenting his fate, anticipating the loss of his family and his career, all with a tone of shame and contrition. The actor's performance, no less eloquent transcribed in print, provided Mitchum with the capacity to define his situation and his role within it – avoiding the sick role of the addict and opting instead for the contrite role of the repentant sinner, humbly confessing in the hopes of leniency and possibly redemption in the public eye (Goffman 1959, Parsons 1975). Sick or sinner, Robert Mitchum never called into question the perceived wrong of dope (marijuana) possession. Unlike Mitchum, who went on to continue his movie career after a two-month stint at the Los Angeles County prison farm, most of the people implicated in news stories about narcotic use neither receive the option to repent nor could they expect leniency.

"Narcotic drugs," we should remember, were considered "the worst evil in America" (Thierry 1921). What that says about drug users is that they are, at best, victims of this evil and, at worst, willingly antisocial. Relatedly, descriptions of drug users in news articles, editorials, and advice columns range from a tone of ambivalent pity for the victims of the narcotic evil to disdain and abjection for their apparent villainy (Katz 2014, Kristeva 1982). The addict code

unites victim and villain as a concept relating to people who consume "narcotic drugs" and is extended to anyone who participates in the drugged life.[26]

Without deliberately seeking to analyze the discursive construction of addiction, this study of the implicated drug user in the 20th century overwhelmingly involved the presumption of addiction and the interrelated tension between human and non-human agency. The term addict subsumed several overlapping concepts that once provided a diverse set of potential rhetorical understandings of substance users. Most of these understandings presuppose a transfer of agency from the human to the non-human.

Addicts were described as "drug slaves," inhuman "fiends," and languid "junkies." Addiction enslaves its "victims," as they either strive to prevent the "awful contingency" of running out, or else are reduced to "maudlin weeping." "Death is the only thing, anyhow, compared to this slavery." "Dope fiends," regardless of the "dope" in question, forego all morality and become more susceptible to crime, disease, and other vices. "Junkies" are the lowest of them all, or so it should seem, found "on the street," "strung-out," only ever rousing to "start crime sprees" when they "run out of heroin and money and go into withdrawal."

Prior to 1920, however, there was a term used as an interim between non-narcotic user and addict; habitue (sometimes habitué). Habitues existed in a middle ground of habituation, between non-dependence and addiction. The clearest distinction between habituation and addiction, in this context, comes from World Health Organization (WHO) officials in 1957. The

[26] There is a variability to the drugged life regarding alcohol. When drinking alcohol was historically considered an evil in and of itself, it might have been included in the concept, but there is a consistent rhetorical distinction between alcohol and narcotics (for example, the fact that narcotics and dope are never inclusive of alcohol). Thus, the drugged life seems to exclude alcohol consumption. One of the major exceptions comes with the 12-Step rhetoric, especially within the internal rhetoric of Narcotics Anonymous (NA).

WHO described habituation as a state of desire but not compulsion for a drug, maintaining a stable dosage, suffering from psychological but not physical dependency and, most importantly, "detrimental effects, if any, primarily on the individual" (Organization and Drugs 1957). Addicts, on the other hand, were presumed to be psychologically and physically dependent, compulsive in their consumption, tending towards increasing their dosage, and their addiction poses detrimental effects "on the individual and on society" (1957). Habitues could become addicts, graduating from frequently engaging in vice to dependency and desperation, but this transition was not guaranteed.

The WHO distinction appears some 30 years after the term habitue disappears from the local discourse. The last reference to habitues, as such, occurred in the local record in 1920 (D91 D9). After this point, the term referred to habits that did not directly involve psychoactive substances, such as referring to theatre goers as "habitues of the theatre" (6/7/1929), or to men who frequented "palaces of joy" (2/8/1946), but never again directly referring to substance users. Thus, the middle ground ceased to exist within the drug discourse and anyone no practicing thorough abstinence from psychoactive substances graduated from citizen to addict. The WHO, for its part, subsumed habituation, and addiction into one term; drug dependence, placing everyone under the same rubric (1964 WHO). In essence, anyone who is "leading a drugged life" is dependent on psychoactive substances and, as such, has transferred some agency from themselves to non-human substances.

Addict and Substance as Hybrid

Put another way and connecting Actor-Network Theory (ANT) with a line of sociological inquiry about the nature of addiction starting with Lindesmith (1938); the discursive negation of habituation forces any conscious human-substance synthesis, or hybridization, to be an addict

(Lindesmith 1938, McMaster and Wastell 2005).[27] Throughout the study, texts presuppose that the human is always being acted upon by the substance in such a way as to ensure the human becomes an addict. The presupposition includes the stipulation that at some point the human must knowingly consume the substance and must independently at some point, whether before or after consumption, must learn that the substance is addictive (1938). Thus, addiction is a hybrid condition, accomplished by the synthesis of drug and user (2005).

The addict, neither human nor drug but an amalgamation of the two, has been given a detailed description over the years. Early discussion of addicts in the study sample, however, did little to describe their collective condition or characteristics. Instead, articles focus on estimating the number of addicts residing in each city, how much addicts consume by volume, how much money they are willing to spend on their drug of choice, and what the U.S. government should do with them (1921a, 1921b, International News Service 1919, Thierry 1921, Fishbein 1939). These early discursive themes persist throughout the study period. What follows are the narratives that develop later.

The Puritanical Narrative

The first "how I became an addict" narrative came in 1948, when the son of a Milwaukee superintendent was arrested along with teens "who took part in wild marijuana and sex parties (UP 1948). Robert Erickson, who the article described as "handsome, popular, and considered a model youth," was offered "reefer" by the drummer of a "Negro band" after he complained of (1948). Erickson then became involved with a woman who "egged [him] on" to take *cocain* (sic)

[27] Lindesmith's position is that for a person to become addicted to an opiate, they must have knowledge or a belief that the pain of withdrawal symptoms is caused by cessation of the opiate. Addiction is thus a result of a conscious effort to avoid opiate withdrawal. Lindesmith refers to habituation as the state of "mere physical tolerance," devoid of desire for the drug.

and heroin (1948). Like Robert Mitchum that same year, Erickson was given an opportunity to tell his story "as a warning to [other] youngsters" (1948, MacPherson 1948). The narrative here is of a young white man that loses his innocence. This "model youth" was corrupted by musicians, non-whites, deviant women, and sex. A true good-versus-evil narrative, complete with racist overtones and moralizing themes hearkening back to America's Puritanical mythos (Erickson 1966).[28] Ultimately, this narrative speaks to a normative purity that places young white men and women from middle-class backgrounds in a position of purity and places everyone else in either a position of opposition or antagonism, to that purity.

Moralization, with its race, gender, and class-based demarcations, defined the discursive bounds of the addict. The clearest example of this appeared in 1965, with an article titled "What the Government is Trying to Do for Addicts" (Cassels 1965). The article begins with an editor's note, stating that "thousands of Americans have consigned themselves in a living death through the use of narcotics," and then explains who the addicts are, and who they are not:

> Other dangerous habit-forming drugs such as "pep pills" (amphetamines) and "goof balls" (barbiturates) are being widely used by all classes of people, including teen-agers from "good" families. But addiction to narcotics is essentially a phenomenon of urban ghettoes. More than 80 per cent of known narcotics addicts live in New York, Chicago, Los Angeles or Detroit. More than 75 per cent are members of disadvantaged minority groups – Negroes, Puerto Ricans, and Mexicans.

While "pep pills" and "goof balls" are being used by "all classes" (and races) of people, the majority of "known narcotics addicts" are minorities living in major metropolitan areas. True or not, the message to residents of small towns and to white Americans is clear; you are not the problem. The article includes an equally transparent class-based message provided by director of the U.S. Public Health Service hospital, Dr. Harris Isbell, who is quoted as stating:

[28] No relation.

> Most addicts are individuals who dropped out of school at an early age, who have no skills other than criminal skills, and who have extremely low degrees of motivation to conform to usual social customs.

"The addict" in this article is constructed as collectively male: "he is rarely able to hold a job," and "he steals" or becomes a drug dealer to support "his habit." This article crystalizes the concept of the "known narcotics addict," combining existing concerns about where addiction can be found and how much it costs, but also providing a prototype for who the addict is and offering vivid imagery for what "his" life must be like.

In 1974, The *Sandusky Register* ran a story about a study funded by the Ohio Department of Mental Health[29] asserting that "opiate-dependent people are often the result of excessively demanding mothers" (1974a). The story further suggested that white men and black men have different types of parent-child relationships with their mothers that lead to addiction. The study compared interviews from opiate-dependent and non-opiate-dependent subjects. According to this study, black male children become addicts when they have mothers who are "demanding but not rejecting." White male children, on the other hand, become addicts when mother controls major aspects of their lives, including how the child spends their time and who they may be friends with. Three weeks after the paper first published this story, they revisit the study, adding that female addicts have "high father demand and high father rejection" (1974b). This woefully misguided study, itself a hybrid of racial and gender stereotypes, a 1970s-era pop-psychology heavily reliant on the Freudian Oedipal Complex, and poor research design, illustrates a vital aspect of the discursive construction of the hybrid addict – their present implies a past, and a future. We all construct a life story, from beginning to end, when we encounter the hybrid.

[29] At the time, the department was officially known as the Ohio Department of Mental Health and Mental Retardation.

Hierarchy of Drugs Discourse

In the 1970s, the addict concept developed further complexity (1977). Decades of discourse indiscriminately combining illicit psychoactive substances as narcotics/dope seemed to come to an end. The disaggregation produced a hierarchy of substances. Once filler content for earlier stories of narcotic terrors, cannabis (marijuana), cocaine, and heroin became the primary focus of news stories. Variance in the frequency of news stories, and the tone of the editorial within these stories, became a site for differentiating the potential threat one substance posed compared to another. Consequently, a correlative hierarchy of substance-user hybrids suggests that the addict of one substance is more desperate and deviant than another. This hierarchization of substance and hybrid social constructions, however, does not necessarily remain consistent over time.

This hierarchy of drug discourse introduced in the 1970s becomes increasingly relevant in the 1980s with the emergence of crack cocaine in the U.S. drug market. An ex post facto search shows that there were 30 cases of the exact phrases "crack addict" and "crack cocaine addict" in the *Sandusky Register* between 1985 and 1999.[30] Searching "heroin addict" for the same period reveals 45 unique mentions, not significantly more but more, nonetheless. The numeric gap is filled when adding the pejorative "crackhead" (n=8) and "heroin junkie" (n=2) to the counts.[31] The numerical similarity obscures the qualitative differences between the constructed heroin addict and crack addict hybrids. In 1985, before crack appeared to contest the hierarchy, heroin addicts sat atop a scale of addicts with the highest position reserved for those most editorially constructed as shamed and debased.

[30] This is a non-exhaustive ex post facto comparison, not a true analysis.
[31] The independent term "junkie" appears 140 times within between 1985 and 1999.

In 1986, both heroin and crack addicts were mentioned four times in the Register, marking the beginning of a back-and-forth for the top spot on the hierarchy and a drastic divergence in hybrid narratives. Mentions of heroin addicts that year included British singer Boy George denying a heroin addiction and later pleading guilty to heroin possession, Evelyn Smith pleading guilty to involuntary manslaughter in the 1982 overdose death of actor Jim Belushi, and a plot synopsis for the television show Trapper John M.D. in which "an orphaned baby is a heroin addict with a heart problem" (1986: D9, Scott 1986, Shearer 1986, UPI 1986d). Heroin addiction had moved, discursively, from the streets to the television. This transition pushed the imagined heroin addict further from the Firelands area, past Detroit, and Chicago to the hyperreal. This transition, to hyperreal imaginary for heroin addiction continued throughout the remainder of the century – as the hybrid prototypes became rich, famous, and heroin chic (Arnold 1999).

Discourse on the emerging crack addiction, to contrast heroin addiction, was immediately dire and universal. Early news articles described crack as "the most addictive substance on the planet" and "10 to 20 times more potent than powdered cocaine" (UPI 1986a). Some crack users "literally fall in love with the drug the first time they use it" and end up "stealing from their relatives or prostituting themselves" (UPI 1986c). Crack was initially described as an "equal opportunity addiction," ensnaring professionals; a secretary, a computer technician, and the president of a marketing firm (UPI 1986b). From such great heights, crack addicts are brought to the brink of absolute degradation, stabbing a woman to death "as her 4-year-old daughter watched in horror" and begging police for jail time to "kick" the habit (1986c and UPI 1986e). Early in the Register's coverage of crack addiction, the problem was constructed as a decidedly

urban problem, and any reference to race was subtextual.[32] Despite assertions that crack cocaine impacted people of all walks of life, a growing narrative had already developed implicating black Americans as the prototypical crack addicts.

Crack was never confused with opiates. Still, crack and crack addicts existed in contrast to heroin and heroin users. In 1992, crack addiction forced an elderly man to kill his son in self-defense in a Florida trailer park, and cause "crackheads" to roam "the streets" (Knight-Ridder 1992, AP 1992). Contrast that with the only story referencing heroin addiction in 1992: the hallucinogenic ibogaine extolled for its potential to treat heroin and cocaine (but apparently not crack) addiction (Kong 1992). While heroin was once the substance par misère, crack had decidedly taken its spot as the most shameful, miserable, and debasing of drugs. As it is with the substance, so too is it with the hybrid – thus, while heroin addicts swapped shame for fame, crack addicts took their place.

Do Former Addicts Exist?

Embedded in multiple drug discourses is the lingering question; once a person is identified an addict, whether by themselves or by some authority, is that their fate for life? On one hand, research shows that most people who could be diagnosed as addicts according to American Psychiatric Association's (APA) criteria tend to discontinue use after a fairly consistent period of time, and the likelihood is a function of age, and not of the drug (Heyman 2013). Contrarily, addiction discourses have placed addiction as a disease and, rather than suggesting that the disease may be cured, treat "recovering addicts" as if they are in remission (Reinarman 2005). Whether it's alcoholism or opiate addiction, how addiction is defined

[32] Most news stories about crack addiction came from New York city from 1986 to 1989, and most of them referenced Harlem or Bronx boroughs, suggesting that the majority minority residents of these boroughs were the focal point.

directly impacts the dividual human, but so too does the social location of the human in question (White 2004). The "disease" may provide rhetorical cover for people in positions of privilege while damning for life those inflicted by addiction as well as low social status and agency (2005: 317). The disease rhetoric has become associated with a permanent state as an addict, and as Other (Allen and Alberici 2018).

The data, at first, allows for addiction as an impermanent condition. "Ex-addicts" and "former addicts" are permitted to exist within the discourse, both locally and nationally. Parade Magazine, a national Sunday newspaper insert included in the *Sandusky Register*'s distribution, published a story about Delancey Street in 1987. The Delancey Street Foundation is a non-profit organization that operated out of San Francisco; founded by and serving "former addicts" (Ryan 1987). The Delancey Street story serves as halfway house, rehabilitation services, but also a functioning company with multiple divisions, selling Christmas trees and ornamental shrubbery, rebuilding automobile engines, and operating a print shop in-house. Founder Mimi Silbert explains "we don't spend a lot of time teaching people how *not* to be addicts. We hardly ever talk about drugs" (1987:5).

The counter-narrative, that addiction is a lifelong affliction, is best illustrated by the well-known syndicated advice column, Dear Abby. In January 1997, the column addressed the anonymous correspondent "Saddened Mom," who descried the ineffectiveness of the "Just Say No" anti-drug campaign and, instead, said "It Takes a Village" to get involved – asserting the need for a community-based solution to addiction (Van Buren 1997). Abby, in her response, provided a poem that was apparently penned by a young woman who committed suicide. The poem, titled King Heroin, rewords the biblical Psalm 23 to express the young woman's powerlessness over her addiction (1997). The poem reads, in part:

> King Heroin is my shepherd; I shall always want. He maketh me to lie down in the gutter … My cup of sorrow runneth over. Surely heroin addiction shall stalk me all the days of my life and I will dwell in the House of the Damned forever.

The power of this poem, ostensibly to shock the "village" into helping end heroin addiction, serves more immediately to promote a stigmatizing, shaming narrative. King Heroin, the personification and inverse of the Lord, is thus, a dissembler, the Devil. King Heroin possesses the addict and addiction is his infernal subjugation. If the connection between this demonization and the addiction as a permanent condition was not fully realized in King Heroin, Abby includes another note, found next to the poem in the car in which the young woman ended her life:

> Jail didn't cure me. Nor did hospitalization help me for long. The doctor told my family it would have been better, and indeed kinder, if the person who got me hooked on dope had taken a gun and blown my brains out. And I wish to God he had. My God, how I wish it!

A week later, a reader responded to this note, stating the doctor was partially responsible for the young woman's death. The reader continued:

> She did not need a message of hopelessness and despair. If only the doctor had encouraged her to hurry to Narcotics Anonymous, she might be alive today. Please print this so other addicts can find "courage, strength, and hope."

The role of Narcotics Anonymous (NA) in the rhetorical construction of addiction, the addict hybrid, and the conception that addiction is a lifelong illness will be addressed in the following chapter.

Local Addicts

With few exceptions, the discursive source material addressed thus far has originated from national or international news sources and syndicates. We can say, therefore, that the above discourse represents the national and global influence on the local discourse. Nearly all discussion on the topic of drug use and addiction, including opiates, have come from a non-local source. Few news stories involving drugs included locals before the 1980s. The local stories that

did exist consisted of local arrest logs, regularly printed in the Register in bullet points, and stories of locals running from law enforcement or sentenced to prison for drug-related offenses (1974c, 1976).

People's Stories

The most detailed local story to address heroin addiction in the 1970s came from the township of Bellevue. JoAnne and Mark "Lucky" Simonds suffered countless hardships. JoAnne suffered multiple miscarriages and Lucky spent years in trouble with the law. They did "dope" together daily, in this case using the term to mean anything from heroin to LSD, to marijuana, until Lucky was arrested and went back to prison. This tragic narrative ends with an uplifting coda; a local pastor took JoAnne and Lucky in, which allowed them to get off drugs. They now subsequently volunteered for several local organizations, helping addicts and young people in the area. At the time of their half-page personal interest story, JoAnne and Lucky were celebrating the recent birth of their second child (Niceswanger 1972). The photo of the two and their family dog bares the caption "…both have normal lives after quitting drugs."

The next major local story involved the manhunt and subsequent capture of a local fugitive charged with armed robbery and kidnapping in Utah. Charles Dennis Coffey was also wanted for attempted murder in Sandusky and a bank robbery in a nearby town (Mishler 1984). Coffey's mug shot, pictured to the right of the story, revealed him to be a long-haired, bearded white male. Coffey, a self-proclaimed heroin addict, was arrested for robbing a pharmacy in Brigham City, UT and was alleged to be in possession of stolen morphine (1984).

Between the redemptive egalitarianism of former addicts on one hand and the desperation and criminality of a fugitive addict on the other, local addiction narratives add dynamic tension to the discourse. These stories also make the drug use and addiction local. The problem was no

longer relegated to New York, Las Angeles, or Detroit. The newspaper's photojournalism added faces to the names and rendered the local personal. Occasionally, for better and for worse, abstract addicts became real people.

Mourning a Loss. Running a Stop Sign.

The late 1980s and early 1990s evinced fewer reports about heroin and heroin addicts in the Firelands area, dwarfed by local news about cocaine, crack cocaine, and methamphetamine. While discursive messages about heroin and other opiates were never lacking from sources such as national news, television, and popular movies, the perceived proximity was eclipsed by the story of crack in the local area. That said, the slow, steady increase in opioid-related overdose deaths would soon put heroin back in the center of local drug discourse.

In 1999, Norwalk resident Marci Davies "lost her brother to a heroin overdose" (Harper 2004). The front-page story in the *Sandusky Register*, years after Pete Rinner died. The report states that Rinner died at the age of 24, three months after he first tried heroin. The story, however, was not just about Rinner; it was also about Davies, their relationship, the loss that she experienced, and her mission to warn the youth (2004). Davies regularly speaks to junior high and high school students in the area, telling them about her brother but also recalling her loss, her mourning. "If you think taking drugs is just about you, you're dead wrong," Davies says. The image of Marci holding a picture of Pete, wearing his Ohio State University sweater, punctuates the front-page news story. The image of a new hybrid, person and "drug user" and overdose casualty, was being formed, or reformed. In the next page, near the end of the article, the quintessential elements of this new hybrid are revealed:

> Pete's death shattered Marci's stereotype of a. Drug user: Someone lying in a gutter with a needle in his arm. "Pete was an awesome person who happened to screw around with heroin, and it killed him."

Pete's death stopped the clock on his life, but not on his existence as a hybrid. His hybrid identity: white and male and an Ohio State University senior, shifted. The quality of this new hybrid is permanent, reaching forward in time to construct him permanently as victim of a murderous non-human substance. This hybrid recontextualizes the past as well, taking certain events and narratives that once defined the human and shifting their meanings to become associated with this new, permanent, hybrid state.

Since most news stories about people overdosing on heroin in the area were about famous non-locals,[33] the last news story about an area resident overdosing on heroin came in 1976 when an unidentified Sanduskian was found dead in Detroit, reportedly visiting the city and, according to a local sheriff en route to identify the body, "might not have self-administered" the fatal dose (Plath 1976). The unidentified Sanduskian, the short article states, might have been murdered. The victim was later identified as Mark Sennish. According to "reliable sources," Mark had gone to Detroit with the express purpose to "purchase narcotics" (1976). An undated photo attached to the story pictures a white male, smiling with the caption "Victim Sennish" (1976).

Both Rinner and Sennish are deceased white men, both were coded as victims and, perhaps most importantly, both received significant attention as a local news story. This connection, implicating race and gender, in newsworthiness suggests the necessity to locate the counterpoint in the local area. With no local news stories of a black man or woman overdosing on heroin between 1950 and 2010,[34] I search for a case of an overdose news story involving a black local resident. In 1989, 31-year-old Kenneth Grant died after a seizure that, according to an

[33] A search of "heroin overdose" between 1950 and 2004 yields 25 unique mentions. Most relate to television dramatic plots, or references to famous people who had died of a heroin overdose. Sid Vicious of the Sex Pistols, Jim Morrison of The Doors, Elvis, and founding guitarist of the Red Hot Chili Peppers, Hillel Slovak were all represented in separate stories within the record.
[34] Verified through ex post facto search.

anonymous source in the Sandusky Police Department, was caused by ingesting an unknown quantity of an unknown substance while in police custody after running a stop sign (Getz 1989a). According to the initial story, police "received an anonymous tip" that Grant had drugs on his person (1989a). According to the initial account, police used necessary force and, soon thereafter, Grant began to "froth at the mouth." An autopsy declared that Grant had died of a "cocaine overdose" and had ingested "10 times" the amount normally associated as a cause of death (Getz 1989b). Three years later, the incident is listed as one of the many examples of racial tension in the city due to the suspicion among members of the community who suspected that the cocaine overdose story might have been a cover-up for police brutality (1992a:8). The local NAACP investigated the incident, finding no evidence of police brutality (1992a).

Grant's story, and the subsequent NAACP investigation, highlight a key difference between white and black overdose victims in the local area. Stories of white overdose deaths emphasize newsworthiness in and of themselves, but in the case of Kenneth Grant, the newsworthiness of his death comes, at least in part, from the controversy surrounding allegations of police brutality. Furthermore, the police initially pulling Grant over is presumed to cause his ingesting the lethal quantity of cocaine. Police are, thus, indirectly implicated as the cause of death even though, as the NAACP asserted, there was no evidence of police brutality (1992a:8). Notably, the police received another call from the anonymous tipster, this time asking, "if Kenneth had died from swallowing the drugs he was carrying" (Getz 1989b). Without the police pulling Kenneth Grant over, he would most likely not have died that day. With the controversy surrounding police's actions after pulling Grant over, the story of his death would likely have never made the news.

Police, the representatives of social control, and drugs, the physical apparition of vice, combine to influence the social contexts of black residents far more than they do for white residents. In the list of racially charged incidents mentioned above, editors list a curfew law that some residents consider racist but are lauded in "drug neighborhoods" (1992a:8).[35] Such "drug neighborhoods" receive enhanced surveillance – not only nationally, but in the local area as well (Rios 2011). While a thorough spatial analysis of the town is beyond the scope of this research project, anecdotal evidence shows that these "alleged drug neighborhoods" are also predominantly black neighborhoods (1992b). Contrary to the apparent syllogism that conflates "drug neighborhoods" with black neighborhoods, I will show in the following chapter that the drug neighborhood concept and its associative racial subtext is an ineffective and inaccurate concept for describing the current situation in the Firelands area.

White residents, at least those who are associated with heroin and cocaine use in the local newsprint record, do not have such a tenuous relationship with the agents of social control as do black residents. Thus, while many news stories invoke drug use and addiction with black residents, stories of addiction for white residents appear after these residents have left the drugged life: either through quitting drug use, or by dying because of it. Therefore, the living representatives of the drugged life in the area, at least until 2010 when opioid overdose deaths

[35] A list of race-related incidents in the area were compiled by newspaper on the date in question because of another such incident a few days before. An outdoor birthday party on Putnam Street in Sandusky apparently turned violent. The police were apparently called to investigate unsubstantiated reports of a gunfire. Some witnesses alleged that police actions instigated fighting and the situation became chaotic. A few of the 200-300 attendees allegedly threw rocks and bottles at police. Several weapons were confiscated and at least four partygoers were injured. The story was front-page news, and coverage related to the Putnam Street incident took up several additional pages as well. While the story never directly mentions race, the article featured a picture of a young black boy, 15, wearing a Malcom-X t-shirt who had witnessed the event.

became more regularly reported on, were black. Even before the opioid overdose epidemic, white residents only appear as living a drugged life after, one way or another, they left that life.

Discussion

The addict hybrid is not just human and substance, but also carries with it every anticipatory narrative and emotion associated with addiction. The clear discursive message, that an addict is not long for this world, implies anticipatory grief for their death. While this may be true for white residents, it is not true for black residents who are more regularly implicated in the drugged life through the enactment of social control – I would argue, this implication may exist as a stereotypical representation and not necessarily a point of fact. This differential allows for a white addict to also be a "model youth" and given an opportunity for redemption, while the death of a black addict is only news if there are allegations of police brutality.

Within the hybrid, there is a unifying conceptual foundation. For "drug users" this was once passive on the part of the drug and active on the part of the user (habit). Habit served as the essential concept, as if drug users just fell into a pattern of consumption and never stopped. This is, perhaps the original rationale for prohibition, but prohibition had become bureaucratized and as alcohol prohibition proved untenable, the prohibition of other drugs took increased prominence. Addiction, where the drug is active and the user is passive, spent a hundred years conflicting with the rational-legal response because the problem and the solution stem from different conceptual foundations.

The hybrid is, at any given time, an accomplishment of all implicated discursive constructions. This renders the historical context essential for locating the potential nuances associated with the hybrid. After the Volstead and Harrison Acts: "habitual users" became "addicts." For decades after the imposition of the addict label on all substance users, the

distinction between substances was absent and everything from cannabis to heroin was an illegal "narcotic" and anyone found consuming such substances were constructed as "dope fiends" living a "drugged life."

A discourse of purity and the repeated divergence in construction of white and black substance users further implicates the history of racism in the addiction narrative. Likewise, consistent omission of women from the addiction narrative, their placement in the role of a temptress, or their collective inclusion as an afterthought, implicates androcentrism in the variability of constructing addiction.

The hierarchy of drugs further complicates the narrative hybridization of addiction. This study provides a significant amount of detail on the implication of individual substances or classification systems in the construction and hybridization of substance and user. When "dope" became more distinct substances; cannabis, cocaine, morphine, and heroin, a variable hierarchy emerged and moralization became based, in part, on the substance's position in the hierarchy. A more detailed analysis of the rhetorical history might reveal that first morphine, and then heroin existed at the top of the hierarchy as most dangerous drug for decades. Upon the appearance of crack cocaine, however, heroin was dethroned. After crack cocaine's initial reign, methamphetamine appears; creating a three-body problematic that oscillates between heroin, crack, and meth at the high end. Meanwhile, on the low end, a wide variety move up and down, with alcohol and marijuana often, inextricably, tied.

The hybrid's hierarchical positions define the likelihood of stigmatization, and its severity. Working backwards, I provide evidence in Chapter 3 of this text, that bunk patent medicine remedies invoke this hierarchy to place opium products to provide a non-sequitur claim to safety and efficacy. Thus, this hierarchy has existed, in some form or other, at least since

before the 20th century. The hybrid of human plus non-human is not complete without the recognition of the human as already hybrid: an assemblage of human plus various cultural narratives, influences, or forms. The alcoholic (human plus alcohol) and heroin addict (human plus heroin) are the simple view. A more complex, and accurate hybrid assemblage may be better described as (human plus whiteness plus masculinity plus poverty plus heroin).

It is perhaps despite the transgressive nature of some hybrid forms, and perhaps directly because of this, that we may consider the element of repressive representation in the alure and mystique of heroin. Growing up in the late-1980s and early-1990s in the U.S., heroin was the chic psychoactive substance associated with pale, thin supermodels, Kurt Cobain and the grunge scene, and movies like *Requiem for a Dream* and *Trainspotting*. Heroin was also the hypodermic killer of the "27 Club" and the last bid to scare middle-school kids straight in D.A.R.E. presentations. Thus, when the generation that mourned the death of Kurt Cobain in their edgy teenage years and watched Ewan McGregor, Jared Leto, Jennifer Connolly, and Marlon Wayans simulate heroin injection in slash-cut, cinematic hyperreality was suddenly awash with easily accessible prescription OxyContin the impulse to crush, dilute with water, cook with a lighter and a spoon, draw into a hypodermic needle through cotton derived from a Q-tip, and inject in a middle-American living room was seemingly instantaneous. A generation's worth of demand and desiring-production was finally met with ample supply.

Conclusion

In this chapter, I identified and analyzed aspects of drug use and drug user narratives in the local area. By addressing discourses on drugs, I found that many substances became homogenized discursively through the consolidated terms: narcotics and dope. I note that the STS conception of non-human actors dovetails with discourses that describe morphine, heroin,

and other so-called narcotics as agentic, sometimes imbuing them with nefarious personifications. The analysis of the conceptualized substance user, much like substance, was unified to render all users essentially addicts. Addiction later developed a hierarchy based on substance, but the prior social hierarchies of race and gender still applied. The local context arrives after the global context has already permeated the discourse but is necessary to apprehend how hybridization plays out. Death is already a spectre implicit in the addict hybrid, implicated in anticipatory grief. Thus, once a person is assigned the addict label, the spectre haunts them; past, present, and future.

CHAPTER 5. LOCAL EXPERIENCES AND DISCOURSES

Andy, a self-described recovering narcotics addict in his late-30s, describes Sandusky as "a modern-day Mayberry." His reference to the all-too perfect to be true small town of 1960s television stands in juxtaposition to his life story – as he describes his former opiates and polysubstance use, and the fact that he has strong suspicions that his neighbors are either using heroin, selling it, or both. Now with over fifteen years between him and his heroin use, Andy is a father, a husband, and student studying criminal justice at a local college. Prior to 2001, however, Andy took "pills" – Xanax, Percocet, Oxycontin, and Carisoprodol (Soma) – stopping just before, as he and many others report, things "got really bad."

Starting around the late-1990s or early-2000s, many area residents became overtaken by the slow creep of prescription opioids entering the drug supply. At that time, illicit substances were relatively tame, despite their infamous mystique – marijuana was *hydro* or *kill* and still sold in *dime-bags*, LSD and cocaine existed, albeit in more rarified quantities. Heroin was in the area, to be sure, but remained mainly confined to *old-schoolers*[36] who got their *fix* from the same guy for over twenty years.[37] As a teenager in the Firelands in the late-1990s, I knew of very few places that I could ever expect to see heroin – on the television or movie screen, watching films with heroin as a primary non-human object within the story's plot, in my own imagination, in the

[36] All slang terms in italics are represented in the data and are defined within the context or through contexts provided within this chapter. For instance, an *old-schooler* is someone who used heroin before and/or during the first, prescription pill, wave. As a wave of prescription pill users graduated to heroin, a few describe interactions with these more experienced heroin users; alternatively referred to as *old-timers* by a few people.

[37] Personal correspondence with long-time heroin user.

various personifications of heroin and other substances, or in a dresser drawer in my father's smoke-filled apartment.

While he was stationed in Germany during the Vietnam War, my father acquired several habits and corresponding health conditions consistent with his generation and men in his position – frequent marijuana consumption, a few noteworthy (according to him) psychedelic experiences, an obsession with UFOs, hepatitis, and an on-again-off-again relationship to heroin. Some of these things he was up-front about, but I only knew about the heroin use because I was a bit of a snoop. One afternoon in my teens, I found physical evidence of my father's intravenous drug use: a bent spoon with scorch-marks on the convexity and residue within the concave basin. My parents divorced when I was three, so my mother's claim that my father last had consumed heroin on the day of my birth suggests that my father was not an active user during my infancy. At any rate, my mother asserted plausible deniability in the matter. My mother was some years younger than my father, so when she was a teen in the mid-to-late 1970s, she grew up fearful of *Miss Heroin* – the personification, originating from a poem penned by an unknown author and spread throughout high schools and sober houses starting in the early 1970s (see Appendix C).

I never attempted to ask my father the earnest question about his heroin use. Years before this research project began, my father passed away. Perhaps the spoon did not constitute evidence of continuous heroin use but a souvenir of past consumption of intravenous substances. I was part of a generation whose parents' stories resemble that of my father. I had a few friends who had parents that did drugs, sometimes openly. It wasn't entirely out in the open, but it wasn't always that well-hidden either. So, as we grew up, a fair amount of my peers experimented with psychoactive substances – myself included. When I moved away in 2000,

however, I left the small-town drug scene that I grew up in, and it all but disappeared from my memory. Out of sight, out of mind.

Years later, I returned to the Firelands to visit for an extended period. I was shocked to discover that heroin – at once the glamorous drug of Kurt Cobain, the fabled object of desire in films such as *Pulp Fiction* (1994), *Trainspotting* (1996), and *Requiem for a Dream* (2000), or else the stuff everyone's dad did in the seventies – recently developed an extensive local death toll. Many of the dead were my age, some of them were my friends – a glamorous myth wrought a deadly, dreaded reality. Andy might envision a "modern-day Mayberry," but everyone else I spoke to saw something else, a population in crisis. For this reason, I decided to undertake the study of small-town substance use, focusing on opioids in the Firelands area.

Outline of the Chapter

Due to the massive amount of data collected for this chapter, I am only able to provide detailed descriptions of the findings for a few relevant topic areas. Still, the chapter remains significantly longer than prior chapters and, as such, I provide the following outline.

After describing the methods employed in data collection and analysis, I provide a description of relevant discourses available in the local area. Most of the discourses provided represent modernized versions of the discursive narratives mentioned in the two prior chapters, though I also acknowledge the lack of some discourses that are present outside of the study area (specifically, the general lack of a harm reduction discursive perspective that places the safety of PWUD over concerns of legality). The findings begin with an example of how the discourses, while ever present and often quite influential, can and often must be subverted through the messiness inherent in the challenges lived by PWUD and their loved ones). To discuss the importance of discourses and the necessity of their subversion, I briefly discuss the role of 12-

Step literature and important disconnections between how they may be read literally and how they are perceived when discussing the topic of "tough love" and how social identities prescribe certain actions.

From there, I consider the experience of *becoming addict*, or the process of adopting the deviant label and the role of social learning. Given the rapid development of the overdose situation in the United States, I introduce literature on the differing waves of the opioid crisis; I use the research data to corroborate the relevance of the wave model and, reciprocally, use the wave model to contextualize the changes experienced by interview participants. The wave model provides a macro-level backdrop for the dramatic social change that contextualizes the experiences of PWUO who describe their experiences firsthand.

Finally, with many of the interviewees now long past their active opioid use history, I discuss their experiences, and opinions about escaping addiction. I pay particular attention to narratives of those who escape in the literal sense through geographically relocating. In this context I reintroduce the relevance of 12-Step discursive prescription since the *geographic cure* is frowned upon within the relevant literature. Along with the admonition against relocating to escape the people, places, and things associated with addiction, the final sections of this chapter illustrate and discuss the bias against medically assisted treatment found among some former PWUO, locating the roots of this discourse within the 12-Step literature.

Methods

To develop a grounded theory of substance use in the Firelands, I combine the historical discourses with material-semiotic conditions to examine the various interconnections and assemblages operating in the area. Thus, I conduct qualitative analysis of the lived experiences and situated knowledges of Firelands residents. To complete this task, I recruit and interview

forty (N=40) people from the Firelands area who use or have used heroin and other opioids. I also interview eleven (N=11) Firelands residents who have no known heroin or opioid use histories, but who have family, friends, or loved ones who used, overdosed, or died because of opioid use. In addition, I conduct three years of ethnographic data collection, including in-person and digital non-participant observation, video ethnography, and autoethnographic consisting of reflexive memo writing (including retrospective memos) to deepen the account and further explore themes, triangulate data, and provide additional social and cultural contexts (Emerson, Fretz et al. 2011, Hesse-Biber 2017). Some ethnographic data originates from active interview recruitment and continuous correspondence; thus, while I conduct interviews with forty (40) PWUO in the area, I also exchange periodic correspondence with over a hundred current and former area residents with prior opioid and polysubstance use, PWUO outside of the research area, family and friends of opioid and polysubstance users, EMS first-responders, law enforcement officers, and area medical and legal professionals.

Interviewees were recruited using snowball and cluster sampling. Due to this process, and the researcher being white, almost all interviewees were white (N=47). Non-white respondents include two black men, one Hispanic man, and one native American woman. As a result, this research is insufficient in providing a thorough account of PWUO of color in small towns. Instead, this may serve as a document depicting the experiences and knowledges of white PWUO in small towns which, hopefully, may provide a useful contrast for later qualitative study of small-town PWUO among racial and ethnic minorities in the U.S.

Likewise, men were overrepresented in the sample (N=30 or 63.83%). The researcher is also a man, and while there is still sufficient interview data to address gendered aspects of small-town substance use, an in-depth discussion of these topics failed to meet the rigorous

expectations of the analysis. Gender inequality in the form of exploitation of women is briefly addressed, though a deliberately structured study of small-town women PWUO would be significantly more effective in addressing this phenomenon.

To consider the discursive constructions from the 19th and 20th centuries as constitutive of existing narratives, I adopt an abductive coding strategy. I first code interview and ethnographic data for themes, developing themes pertaining to experience, knowledge, personal narratives, social narratives, and available discourses. After this, I review contemporary data for evidence of the *trace* of previously identified historical discourses.

This chapter focuses on the experiences, knowledges, symbolic boundaries, and narratives of Firelands residents and my observations from retrospective and purposive ethnographic data collection. First, I provide a detailed explanation of relevant discourses on psychoactive substances, both present and absent within the Firelands area. Data is derived primarily from interviews, but include insights from archival material, notes, ethnographic memos, and anecdotes from those wishing not to be interviewed but permitting the inclusion of our correspondence with the understanding of their anonymity.[38] In the following chapter, the conclusion, I will address the overall findings of this research project, grounding my social theory within this newly reintegrated synthesis of historical discourse and contemporary experience.

Detail on Local Discursive Contexts

The historical discourses sketched out in the prior two chapters, culled from local newsprint advertising and editorial media, appear as ingredients in new discursive formulae.

[38] Anecdotal correspondence is used primarily to complicate theoretical findings, and not for theory building.

Multiple, overlapping, local discourses echo these past media representations but diverge in important ways and derive themselves from multiple sources. Relevant discourses involving the nature of substance use and users drive the decisions of individuals and institutions and have the power to shape and shift the self-concepts of PWUD.[39]

The predominant narrative relating to drug use, both in the local area and throughout the U.S., originate from the 12-Step organizations and their associated publications. Originally written in 1939 and now in its fourth edition, the "Big Book" of Alcoholics Anonymous (AA) serves as a guide for all AA meetings and has provided a template by which many other 12-Step organizations have modeled themselves. Despite the 12-step discourse having roots in the area, Alcoholics Anonymous (AA) was founded in nearby Akron Ohio, it is now a globally relevant discourse on the topic of psychoactive substance use and addiction. The 12-Step discourse generally frames addiction as a lifelong process and *prescribes* a policy of abstinence from drug and alcohol consumption – this is referred to as *sobriety* in AA, but in Narcotics Anonymous (NA) the applicable phrase is being (or getting) *clean* (2006, 2008a)[40][41] This terminology

[39] While the nomenclature of "drugs" has been somewhat eclipsed by a focus on psychoactive substances or "substances with abuse potential, the abbreviation PWUD – for people who use drugs – is still predominant in the literature.

[40] *Alcoholics Anonymous* (aka the AA "Big Book") includes 119 instances of the word "sober," and 81 for "sobriety." All mentions of "clean" or "cleaning" in the AA text reference housecleaning or the colloquial "cleaning up" one's act. The NA "Basic Text" references being "clean" or getting "clean," in reference to cessation and abstinence from drug use 235 times. "Sobriety," however, is never used in the NA text and "sober" was used twice, once within the sentence "I became sober and clean immediately" (p. 126). nly once in the NA text is "sober" used in any way potentially synonymous with "clean" (p.137).

[41] Part of my field research is attending approximately thirty Narcotics Anonymous (NA) meetings in the Firelands area. All meetings were open to the public. In addition, I attended several sobriety support meetings that did not directly identify themselves as NA but, to varying degrees, followed the same format and, with few exceptions, maintained the same discourse. All field research is general, and all the content listed as 12-Step discourse can be found in publicly available material from the organizations that follow the 12-Step model, such as the Alcoholics

regularly appears in interviews and off-the-record conversations with those using psychoactive substances and other community members, as do their antonyms – for alcohol; being *drunk*, and for narcotics; being *dirty* – and for both, *relapse*.

There is more than sufficient reason to consider 12-Step discourse as a moralizing discourse. Alcoholics Anonymous drew heavily from the Oxford Group, a Christian moral revival movement started in 1921 by Lutheran priest (1933). It preached moral purification from sin through confession, surrender to God, and restitution for all wrongs past and present (1933: 9). The Oxford Group defined four moral absolutes: absolute honesty, absolute purity, absolute unselfishness, and absolute love (1933: 45-67). This moral perspective formed the basis for Alcoholics Anonymous, from which subsequent 12-Step systems are based.

The influence of the 12-Step discourse is partially countered in the local area by the local community of former substance users, with its own divergent discourses on substance use, addiction, and *recovery*. While often intertwined with 12-Step discourse and rhetoric, recovery discourse, the recovery discourse focuses on the reclamation of health and wellness in addition to, rarely if ever in the place of, sobriety. While 12-Step discourse is totalizing and largely individualistic, recovery discourses are generally action-oriented and often emphasize a process of improvement. I further distinguish between the 12-Step and recovery discourses in terms of community orientation, at least in terms of local community engagement, whereas 12-Step discourses focus internally on the community within their own *fellowship*, recovery discourses in the Firelands area project outward to the community at large.

Anonymous (AA) "big book," or derived from interviewees who adopt the 12-Step discourse and lifestyle. No quotes or paraphrasing of any statement, direct or indirect, from any anonymous meeting was recorded, transcribed, or inadvertently collected in honoring the anonymity of all persons in attendance.

Founded in the mid-1990s, the Sandusky Artisans Recovery Community Center (SARCC), serves as an artist's co-op, community meeting place, and the site of between 20-30 substance abuse recovery groups, mental health support groups, and 12-Step recovery meetings per month. SARCC's mission, per their website, is to promote access to treatment and recovery through "peer-to-peer" support, "the elimination of stigma and discrimination," and "to further the development of the rights and dignity of those in Recovery." SARCC also hosts a variety of programs, not only recovery programming but also art programs, yoga, meditation, and whole health action management (WHAM) programs. SARCC works with the Erie County Health Department (ECHD) to train residents on the proper use of naloxone to reverse opioid overdoses, provides free naloxone (Narcan) through Ohio's Project DAWN (Deaths Avoided with Naloxone),[42] and help organize several community events including an annual Recovery Walk to promote awareness. SARCC and ECHD are representative of a highly visible local recovery discourse that is focused on health, wellness, risk mitigation, and community.

In addition to the 12-step and recovery discourses, there is still a clearly prevalent neo-Puritanical moralizing discourse. This discourse, which could just have easily been called a stigmatizing or demonizing discourse, holds fast to the idea that PWUD and overdose are amoral, wicked, and fundamentally flawed. This was the dominant discourse throughout the U.S. for most, and arguably all, of the 20th century – as was made evident within the previous chapter. Despite growing criticism, moralizing discourses remain the basis for a relevant set of perspectives on drug use and overdose – even among PWUD.

[42] Part of my field research included attendance in two separate naloxone training events in the research. Both of these training events were affiliated with Project DAWN and both took place in SARCC.

A few interrelated sub-classes of discourse deserve consideration as well. One such sub-class of the moralizing discourse places people who habitually use psychoactive substances, especially people who overdose, as *weak* – not just morally flawed, but constitutionally incapable of *fixing* themselves. This discourse of weakness frequently appears with a sympathetic tone, contextualizing the habitue as *victim*, albeit still with an air of judgment.

Another sub-class of discourse, one that exhibits a strong orientation toward community support, exists outside of the local area but is markedly absent. A discourse that places harm reduction for people using illicit psychoactive substances above all other concerns, including the law at times, exists as a subversive, yet liberatory collection of social and political orientations and is associated with direct action in the prevention of various forms of drug-related harm. *Harm reduction* is both a social movement and action orientation endeavors to prevent overdoses. Various harm reduction organizations operate throughout the U.S., sometimes officially and sometimes through clandestine and semi-legal auspices, to distribute naloxone, sterile consumption supplies (such as sterile hypodermic syringes), and drug testing equipment (such as fentanyl test strips, which were illegal for government-funded organizations to provide until 2021) to PWUD. Harm reduction groups in some areas provide for the administration of safe injection/consumption sites. Alongside the action-orientation of these harm reductionists, these groups advocate for aggressive destigmatization of PWUD and call into question moralizing discourses and the 12-Step conception of "addict" as a lifelong status. Perhaps the most radical rhetorical stance associated with harm reduction discourses is a rejection of the prerequisite that PWUD must first get *clean* and maintain consistent abstinence from drugs to be considered a worthwhile member of society.

Each of these discourses and sub-discourses are prescriptive in how to address PWUD and, apart from the absent harm reduction discourse, presupposes a simple solution of abstinence or desistence of drug use. Whether sobriety, or getting clean, is suggested as an individual responsibility or part of a larger community effort to promote health and wellness, all the locally prevalent discursive constructions start from a position that places PWUD at the center of a problem and deviant as a result. Rather than attempt to refute these presuppositions, the following section addresses the depth and variety of experiences and knowledges of PWUD and, in so doing, locates points of contrast between prescriptive discourses and the messiness of lived experience.

Findings

While the discourses available in the area initially directed the definition of the situation in several respects, many current and former PWUO improvised various points of departure from these discourses. PWUO retrospectively describe normalizing their experiences through a focus on role-based scripts (e.g., father or friend), through innovation, or by allowing for an ambivalence between a discursive script (e.g., the 12-Step discourse's admonition to remain abstinent from psychoactive substances) and a practical, yet transgressive, solution (e.g., methadone maintenance). These various normalizing strategies, in turn, point to a propinquity habitus that informs experiences through the co-presence of substance co-use networks. Since many of the PWUO speak of their active opioid use in retrospect, a further complication arises through the negative self-verification of some former PWUO.

It's Not Enabling

People's stories match discourses, until they don't. More precisely, when confronting a conflict between affectively contradictory discourses, actors shift rhetorical and cognitive

boundaries to permit a new and consonant discourse. To illustrate this, I begin with the story of a man who believes strongly in sobriety, preaches abstinence from psychoactive substances. Still, when confronted with his daughter's addiction issues, he decided to purchase heroin.

Now in his 70s, Bill described the first half of his life as a constant binge of alcohol and drugs, interrupted by years in prisons and mental institutions. Bill lived in Sandusky, buying paregoric from "winos," and drinking heavily as early as age eleven (maybe earlier, but his memory is a bit fuzzy). Now living in a rural part of the Firelands, Bill asserts that he has an "addictive personality" or an "addictive hole in [his] gut" that he spent half a lifetime trying to fill. Bill eventually overcame the "addictive hole" in his gut over thirty years prior to our meeting and dedicated the rest of his life to helping others with their addiction. Bill worked for over twenty years as an addiction counselor and dedicates much of his free time to Alcoholics Anonymous (AA) and other 12-Step organizations. Bill even founded his own group blending AA and Narcotics Anonymous (NA) to create a place for "all addicts and all alcoholics." Bill begins his days with a prayer, "God, grant me the strength to stay clean and sober." Bill will be the first to tell you, he lives recovery.[43]

It is with this lifetime of experience, and all the knowledge that comes with it, that Bill was faced with a seemingly insurmountable situation – one that ended with his decision to buy his daughter's heroin for her. Bill explains:

> She was depressed, having night sweats, having anxiety, and compulsion – staying in the bathroom all the time doing her hair, and picking her face, and all these things. I didn't really know she was using heroin. I mean, that's pretty naïve, I guess, on my part as counselor and recovering drug addict. I knew something was wrong, really wrong. One day she came in, this was 30 days before her [high school]

[43] The term *recovery* is a complex signifier. Here, recovery is a lifestyle loosely characterized as an active and deliberate orientation toward abstaining from psychoactive substances. Alternate definitions and contexts appear throughout this document, with their definitions provided as needed.

> graduation, she says 'Dad, I can't go anymore.' She said, 'I'm a heroin addict,' and I about fell over.
>
> … She was [also] on Xanax all the time. And she was shooting up while she was on Xanax. She was snorting Xanax and shooting up – it's a death drug. I mean, many times I went into the room, she would be passed out, the rug would be on fire. I couldn't leave here. I couldn't leave the house and feel good. I didn't want her to leave. I was going crazy from this. That's when I started going to Al-Anon and I realized, you know, I don't know how I'm going to keep her alive.
>
> … and it was my wife, my ex-wife, was going like 'you're killing her by enabling her,' you know … that's what she was telling everybody in the community. And it wasn't enabling her. I was trying to keep her home.
>
> I bought her drugs for her. I bought her heroin for her. Not much, with stipulations – and this is codependent, I know – that she go to treatment. And eventually that's exactly what happened.

In describing his dilemma and his chosen solution, Bill appeared obliged to answer several unasked questions. In preemptively suggesting that his actions might have been codependent, Bill is anticipating the often-intertwined discourses of 12-Step groups and of psychoanalysis.

Codependency is to be avoided, at least that is the perspective of some within the 12-Step community. There is even a group for recovery from codependent relationships; Co-dependents Anonymous (CoDa). While Bill chided himself for his perceived codependence, he did not mention joining CoDa, but Al-Anon; another 12-Step group formed to serve the loved ones of alcoholics and addicts and is more closely linked to AA.[44] Al-Anon does not directly mention codependency in the group's major text, *How Al-Anon Works for Families and Friends of Alcoholics* but it does mention "enabling" and "enablers" several times. Enabling, one of the worst things you can do for an alcoholic or addict according to Al-Anon, generally means providing material support of some kind that affords the opportunity or capacity to use an

[44] While most, if not all, 12-Step programs reference the twelve steps of AA as inspiration for their group formation, Al-Anon's history is directly related to the history of AA, and relates its group formation back to the wives of the founders of AA.

addictive substance. It is for this reason that Bill vehemently defends his decision to buy heroin for his daughter, sidestepping the accusation from his ex-wife of enabling by emphasizing the positive outcome of his actions. Bill knows the expectations inherent to the 12-Step community's discourse and allowed himself an exemption because, in doing so, he is fulfilling his scripted role as a father qua protector.

The moralizing alternative to enabling is *tough love*. AA has no direct reference to *tough love* in its text, and NA mentions the concept in reference to its own program (2008a: 300). Andy says "I believe in tough love" when asked what he would do if he found out a friend or family member were using heroin. He says, "I'd tell them to look at the experiences I had" and adds "I would go over there and destroy their drugs."

Al-Anon doesn't mention tough love. Al-Anon's phrase, in print, is "detachment with love." *How Al-Anon Works for Families and Friends of Alcoholics* mentions "detaching" or "detachment" 65 times (2008b). In Chapter 11, titled *Detachment, Love, and Forgiveness*, states: "Simply put, detachment means to separate ourselves emotionally and spiritually from other people" (2008b: 182). The text goes on to explain how this is for the emotional and spiritual health of the reader, not the object of their concern.

This sentiment, however, often gets modified in practical discourse, becoming what is simply referred to as tough love by everyone else. The family members of PWUO interviewed referred to attempts to help their loved ones as practicing tough love. The idea being to make it harder for the PWUO while they are still using. The rationale for making things harder for PWUO is based on the common assertion within practical folk discourses associated with 12-Step groups, and commonly promoted within discussions among 12-Step adherents, that

alcoholics or addicts must *hit bottom* before they are truly ready to seek help.[45] Though no one I interviewed that mentioned using tough love said that it worked for them, it remains a pervasive aspect of the 12-Step discourse. Despite the Al-Anon orientation towards detachment for the personal well-being of the person detaching, the more common discursive construction is to help an alcoholic and addict hit their bottom. Thus, 12-Step discourse supports tough love and letting an addict hit bottom, which is constructed in opposition to enabling.

Sarah, in her 50s, has several adult children who use opioids; recalling the overdose death of her daughter, reflects:

> My experience over the last ten years, I've learned an awful lot, an awful lot. I've tried the tough love thing. It hasn't worked. I've tried doing everything I can to help. It doesn't work. I have realized that unless they want help, there's nothing you can do for them.

Sarah's decision to try the "tough love thing" is not a one-to-one translation of Al-Anon's "detaching with love." They are very different things, at least when you read the Al-Anon text and compare it to the descriptions given for how to show "tough love." Not everyone makes this distinction, and while Al-Anon the organization uses nuanced language in their text and suggests detachment is meant for the family member of an alcoholic or addict to salvage their emotional well-being, detachment is not what is discussed by the family members of PWUO. Many of these family members have gone to one or more Al-Anon meetings, but no one interviewed claimed to be an active attendee. In this context, it would be imprecise to say that 12-Step discourse is propounding "tough love;" kicking family members out of the house, discontinuing

[45] The Big Book of AA mentions a "bottom" in the context of a personal lowest point in the emotional and affective lives of self-described alcoholics; phrased as "hitting bottom" or "my bottom" (pp. 283, 311-325, 425). NA Basic Text lists "hitting bottom" in its Index on pages 15, 193, 200, 222, 255–56, 279–80, 284, 286–87, 329, 342, 358. Alternately referred to as *rock bottom*.

contact, or calling police on your own child. However, this tough love is exactly what is prescribed by the moralist discourse.

Going Off-Script

Discursive messages are prescriptive, explicating relevant social problems and providing distinct normative expectations. Within the SI tradition, the concept of These prescriptions can be transgressed, however, whether through boundary work or through the rejection of the prescription. Bill drew a boundary around his actions to exempt himself from accusations of enabling (Gieryn 1983). Bill also transgressed several normative expectations – including, if you reject Bill's boundary, the 12-Step community's prohibition on enabling, and the legal prohibition against the purchase of heroin.

While Bill's actions were clearly transgressive within the discursive scripts of his own 12-Step community and through that of the Law, Bill's *life script* also casts him in the role of father (Goffman 1974, Schank & Abelson 1977). Bill's motivation, thus, is more informed by his role as a father, to keep his daughter alive – any accusation of enabling be damned – and to control his daughter's movements (and, as he would describe later, the quality of the heroin), he opts to purchase illicit substances for the first time in over thirty years.[46] While Bill's transition from his alcoholic and addict identity to his parental identity can be recognized as a transition in salience between two vitally important role-identities (henceforth *roles*); the decision to completely subvert the norms for both identities constitutes an improvisation that is at once transgressive and liberatory – Bill went *off-script* (Thoits 2012).

[46] Divergence in this sense is synonymous with *lines of flight*, in that they are non-prescriptive yet still must adhere to a universe of potential paths.

Bill's decision to go off-script is uncommon, but the tension between discursive scripts and life scripts – or tensions between roles – appear frequently within the data. Throughout the interviews, PWUD describe their adoption of the addict label and role, alongside social processes and discursive scripts associated with this role. Even before the addict label is adopted, PWUD must navigate conflicting discursive scripts, due to the inner workings of the local clandestine substance use subculture and the small-town rumor mill.

This chapter interrogates the experiences and knowledge production of adopting the addict label and role. Current and former PWUO describe navigating available discursive scripts and sometimes going off-script due to the tensions inherent within these conflicting discursive scripts. I explore these tensions and related discursive ambiguities throughout this chapter. Such tensions and ambiguities include the role of PWUO that sell or otherwise distribute opioids to members of their substance co-use network, the contestation around leaving town to avoid substance use, and the moralizing stigma surrounding medically assisted treatment (MAT).

Becoming Addict

When describing the universe of available discourses, I necessarily omitted one additional, absent, discursive position. Their knowledge and experience, shaped by the discourse within their substance use subculture and the clandestine drug economy, does more than shape the terminology and methods of obfuscation from law enforcement – it defines a discursive script associated with normative action for PWUD. The language and rhetoric employed within this subculture is both prescriptive and pedagogical – defining the how and when, for instance, PWUD become addicts.

After his acquittal for wrongful death, Carter (30s) moved out of state, but agreed to meet me halfway for an in-person interview at a fast-food restaurant after dropping off his child with

his ex-fiancé. When he lived in Sandusky, Carter worked several jobs, including plumber and automotive repair. His lifestyle was "make money, party, drink … smoke weed every day" from high school until his late-20s. It was when he was diagnosed with the colon disease diverticulitis and prescribed Percocet, in error according to him, that his opioid use began. 90 days later, after his prescription ran out, Carter was provided OxyContin from his girlfriend, who in turn acquired them from her bar patrons. Soon Carter realized he was getting prescriptions at far below street value, so he began to sell to support his habit – becoming a person who both uses and sells drugs – it was years before Carter went without.

When, finally, Carter went without consuming opioids for more than a few days, and after months of consistent opioid consumption, it was a friend and co-user that explained to him that he was not only addicted to opioids but also *dope sick*. Carter described the conversation thusly:

> [I] never went without. You know me, life was great. 'Let's keep going' you know what I mean? Still went to work every day. Never had to worry nothing about it. Well, guy come over to buy some – I ain't got none. I said, 'man I'm sick, dude, I don't even feel like dealing with anybody today,' you know? 'Well, call so and so, you can see if' you know 'call your other buddy' and this and that, you know, try to find us some. I be like 'dude, I just feel like shit.' 'I don't feel like doing nothin.' 'Well, that's because you're dope sick.' 'The fuck you talkin' bout, man? What's that?' 'Well dude, you're going through withdrawals.'

In a prototypical example of social learning, Carter's friend taught him to contextualize the symptoms of illness and lethargy he was experiencing as withdrawal from opiates. This experience, which Carter's friend identifies as *dope sickness*, became part of Carter's lexicon and linked physical illness with a lack of opioids in his system. Prior to this exchange, Carter had no conception of dope sickness. Carter's description of learning about dope sickness, and subsequently identifying himself as an opiate addict, is analogous to the process Becker (1953) describes wherein a person consuming marihuana (cannabis) must also be taught to experience

the physiological effects of the cannabis as pleasurable (Becker 1953). According to social learning theory, this type of pedagogical interchange is one stage in a process of enculturation into a particular contextualization of experience (1953: 237-239, Bandura and Walters 1977). For Carter, this meant feeling sick meant dope sickness. Synonymous with opioid withdrawal, dope sickness may be the first of many concepts PWUO learn, placing them out of a more-or-less normative life script and discourse and into one that recognizes their life trajectories, discourse, and knowledge of an opioid addict. Once this transition is accepted and secondary deviantization occurs, the process of *becoming addict* is underway (Lemert 1967).

Without being told, taught, or shown – several interviewees may not have connected their feelings of illness with of addiction and withdrawal, or at least not immediately. Still more describe learning the use of heroin and other substances, different routes of administration (ROA) (consumption) of said substances, and methods of avoiding overdose – all relevant components of becoming addict – alongside their experiential confirmations of addiction.

Zachary was an active user of methamphetamine, and fentanyl during the time of this study – he also amassed several years' experience in the local drug subculture; including working for local drug dealers in various capacities and temporarily selling fentanyl himself. Zachary's opinion on ROA and the experience of *dope sickness* provides a stark introduction to the complicated internal discourse of substance use and its relation to what it means to become an addict. Zachary complicates the understanding of habit and addiction by introducing a concept he, and others, suggest is directly related to the route of administration:

> You ever heard somebody say, 'it's not just the drug they're addicted to, they're addicted to the needle?' I mean, me personally, I don't see the difference between snorting the shit, and shooting the shit. Honestly, the only difference is, if you're dope sick, and you shoot it, you're gonna get undope sick way faster, because it's in your blood like now. But you know what I mean by 'you're addicted more to the needle than you are the drug' is everything that leads up to getting high – like

> preparing it, simple things, taking it out of a package, throwing it in a spoon, drawing up enough water in the rig, getting the dope wet, cooking it up. You know, stirring it up, separating the cut from the actual shit. And then, boom!

According to Zachary, the ritual associated with being "addicted to the needle," above and beyond the efficacy of the ROA, is dangerous. The routine takes on its own importance.

At the time, Zachary primarily snorted fentanyl but also reported his friend, a phlebotomist, and a fentanyl user, injected him on occasion. This friend later taught Zachary how to inject himself. The fear of initiating injection was a recurring theme among many of the people interviewed. Like Zachary, Carter describes needing to be shown how to inject himself. Carter explains his fear of needles but snorting heroin did nothing for him. Carter describes how his friend injected him with heroin for the first time:

> Went over to a friend's house who'd been shooting up for twenty years. I'm like dude, I'm scared of that shit. I don't even like going to the hospital getting blood drawn … I'm sick, dope sick, feel like shit, everything else – can't find any Perc-30s.[47] There's a bag of heroin sitting right there. I can buy it, it's cheap, and I'm not gonna be sick no more … I'm like 'well, show me what I'm doing,' and he showed me what I was doing.
>
> Instantly, you're not sick no more. I can't explain that feeling enough. That feeling – that euphoria, is so fast – it's unreal. You can feel so bad, and feel so good, that fast. That's the best feeling I've ever had in my life.

After this initial, euphoric, initiation into heroin injection, Carter said "and it was off-to-the-races!" This, after years of prescription opioid pill consumption drove his tolerance to a point where merely snorting heroin did nothing for him – not even relieving his dope sickness.

Carter's initiation into opioid use may have come from a doctor's prescription, but his subsequent opioid use experience involved friends, co-workers, and his significant other

[47] "Perc-30s" is slang for Percocet, 30 mg tablet (generic Oxycodone). MME 45.0 (all MME gathered through MedCalc MME calculator: https://www.mdcalc.com/morphine-milligram-equivalents-mme-calculator). Perc-X milligram content is a common slang construction, whereas other opioids don't often have their milligram content referenced as readily.

procuring pills for him or showing him how to inject heroin. Zachary talks about being "addicted to the needle" and how injection can become an intoxicating ritual, but also how his phlebotomist friend initiated his injection of fentanyl. Their stories merge with the pedagogical training of opioid use from a trusted friend with prior experience and a capacity to teach, thus transmitting knowledge and practice. In the following section, I address a timeline of opioid use during and immediately prior to the current overdose crisis, with the specific purpose of linking that timeline to the development of a propinquity habitus of opioid use.

Timeline of the Overdose Crisis in the Firelands

Prior to the current overdose crisis, originating around 2000, several older users of opioid and other substances mentioned an earlier period of major substance use activity in the Firelands – specifically in the mid-1990s. Stan, now in his late-40s, was in his early 20s when he said heroin "got bad," meaning a great many people were using. Several people informed me that heroin never quite disappeared from the area, but the 1990s were a period when supply became more consistent in meeting demands. Andy, as he reported earlier, used as a teen in Sandusky and said that back then he experienced a different subset of substance use; the combination of pills used in concert to create a particular effect. Specifically, Andy mentions the combined use of prescription opioids, Xanax, and Soma – a combination that was both potently euphoric and potentially deadly – this combination is better known by the moniker "the Holy Trinity" (Horsfall and Sprague 2017). The Holy Trinity, it seems, had little or nothing to do with sport injuries or pain maintenance, but was just a popular and potent polysubstance cocktail. These two seemingly concurrent, though not yet quite overlapping, trends would eventually link up to form the current crisis.

Carter's graduation from prescription pills to heroin is common among many current and former opioid users within the Firelands area. The experience was so common that a timeline is easily created that illustrates the rise and fall of prescription opioids in the local illicit drug market. Carter recalls, for instance, that his first injection of heroin described above occurred sometime between 2012 and 2013. Carter's timeline fits what Ciccarone (2019) referred to as the "triple wave epidemic" of opioids in the U.S. (Ciccarone 2019). The national trend of overprescribing opioids (Wave 1) aligns with multiple interviewees describing the start of their prescription opioid misuse between 2000 and 2010 (see Table 1 below). While heroin was available in the area at that time, most people interviewed were avoiding heroin during this first wave – with most noting that before 2005 heroin was generally unavailable in the area. The second wave was initiated when the federal government began targeting doctors and pharmacies suspected of overprescribing opioids – but while the government sought to control the supply of prescription opioids, they did not address the demand that was created through a decade of ubiquitous opioid painkillers (2019: 3, Quinones 2015). The abrupt omission of prescription opioids in the local drug supply created a vacuum that was swiftly filled by heroin. Carter, for instance said the shift was overnight while Ray, an active polysubstance user living in a rural part of the Firelands, said the shift was more gradual but still suggested that the transition to heroin was complete by around 2013. Soon thereafter, heroin was in such high demand that it too became scarce. Enter fentanyl and with it the transition to the third wave around 2015 (2019: 4).

These waves are not only national trends but also represent distinct eras in the lives of those Firelands residents with a history of opioid use. Likewise, the families and friends of people who use opioids generally note these waves, not as eras detached from experience but as points in time when their loved ones' lives changed for the worse. Collectively, area residents

tend to locate points within this timeline to describe 'when things got bad.' Some interviewees describe significant drug use before around Wave 1, while others had little or no history of substance use prior to their being prescribed opioids. A few, such as Bill, had years and even decades away from heroin and other psychoactive substances before Wave 1.

Table 1. The Overdose Epidemic Wave Model

#	Range*	Apparent Causes	Implicated Substances
Wave 1	2000-2010	Rx opioids, pill mills	OxyContin, Opana
Interwave	2010-2013	Pill mill crackdown	OxyContin, Opana, Heroin
Wave 2	2013-2015	High demand	Heroin, U47700
Wave 3	2015-2019	High demand	Heroin, Fentanyl
Wave 4	2019-2020	Ubiquity of Fentanyl	Stimulants, Fentanyl
Wave 5	2020-2021**	COVID-19	Stimulants, Heroin, Fentanyl

Sources: Ciccarone 2019, Hainer 2019, Alter and Yeager 2020a and 2020b.
* All ranges are approximations, based on sources listed above and as corroborated from interviews and other data collection.
** Ongoing at time of publication.

Unlike Bill or Carter, Amber always knew that she was addicted. In her late-30s at the time of the interview, Amber described a lifelong trajectory to addictive substances. Her parents, she reports, were both addicts and using at the time of her birth. She adds that she thinks that she "had a predisposition" to addiction. After child protective services put a young Amber in the care of her grandmother, she reports living a sheltered existence until around age fifteen. From then on, Amber states that "drugs have just followed me, throughout my whole life." Despite her extensive experience with psychoactive substances, Amber's opioid use nonetheless fits the Wave model. She continues:

> The opiates started around 2008. I dislocated my shoulder, so it started with the painkillers. So, I was on the Vicodins and the Percocets that my friend would get, because they were better than the Vicodins. Then the next thing you know it's up to the Oxys, the Opanas – to the point where I was spending eighty dollars a day just to go to work to make eighty dollars. So, then I started stealing for the drugs. Then I figured, heroin was cheaper than paying eighty dollars for a pill that was really hard to find. It became a convenience, then it became a full-blown addiction.

This, for Amber, was a clear progression originating with a doctor prescribing Vicodin[48] and ending with prolonged heroin use. For those whose experience includes the initiation of opioid use within these waves: most, but not all, describe their initial source of opioids being ostensibly legal. Long before ever buying heroin from a dealer, they were prescribed Percocet, OxyContin,[49] or Opana[5051] by a doctor.

Amber also, in an ultimately inaccurate prognostication that is echoed many times over by interviewees between 2017 and 2019, claimed that methamphetamine would overtake opioids in the local drug market. A few interviewees mentioned an increased prevalence of methamphetamine in the local drug supply. For various reasons, however, methamphetamine did not replace heroin, as Amber predicted. What was occurring was a shift in the substances involved in opioid-related overdoses. By 2019, the infiltration of fentanyl into the illicit stimulant supply (including cocaine and methamphetamine) instigated a wave of new, stimulant-related opioid overdoses (Hainer 2019).

When, after the first months of the COVID-19 pandemic, initial reports of a drastic increase in opioid-related mortality appeared to signal a fifth wave of the overdose crisis (Alter and Yeager 2020a, Alter and Yeager 2020b). Several interviewees during this period attest to this still greater intensification of overdoses and deaths – some of whom spoke firsthand of overdoses

[48] Vicodin (Hydrocodone Bitartrate and Acetaminophen); available in dosage ranging from 5-10 mg (hydrocodone content) with a 1:1 MME (e.g., 5 mg = 5.0 MME).
[49] OxyContin (Oxycodone); available in 5, 10, 15, 30, 40, 60, 80 mg pills. OxyContin also came in 120 mg extended-release pill form. MME for 120 mg of Oxycontin is 180.0 – far above the CDC recommended daily dosage ≤ 50 MME and the ≥ 90 MME threshold marking enhanced risk of overdose.
[50] Opana (Oxymorphone); available in extended-release tablets ranging from 5 mg to 40 mg. Opana 40 mg tablets came with an MME of 120.0.
[51] Extended-release tablets generally possessed a wax coating meant to prolong release into the bloodstream and marketed, erroneously, as tamper-resistant.

while others, many recovery professionals, spoke of losing clients, friends, and colleagues in the months following the initial lockdowns and stay-at-home orders. In the following section, interviewees will tell of their experiences with overdose.

Falling Out with Friends

Prior to our initial meeting, Zachary had yet to *fall out* (overdose). He has since lost count. As of October 2021, I have records of five overdoses reported to me by Zachary. Sandusky Police Department's public incident database, known as Glyph reports, has fewer overdoses on record for Zachary.[52] Between Summer 2019 and late 2021, Zachary and I were in contact an average of once a month, though I did not have any contact with him between September 2020 and May 2021 due to his imprisonment in a community-based correctional facility (CBCF); part prison, part rehabilitation facility.

In addition to Zachary's own overdoses, he has informed me of several additional overdoses involving his co-use network – most failing to come to the attention of local authorities. While there is a surface-level presumption of knowledge of what substances are being consumed, the reality is a significant amount of uncertainty. In one instance, Zachary said he believed he was given heroin mixed with ketamine. In another incident a few weeks into the COVID-19 pandemic, a few of his friends overdosed on what they believed to be *fetty* (fentanyl):

> Did I tell you; I did a shot of this shit that fucking flipped me out? … I thought it was fetty. It wasn't … they said it's a 'designer spiritual warfare drug' … well, my one dude [name redacted], he fell out on it, and they had him in the hospital for like seven hours. Another one of my friends overdosed on it and it put him on life-support and the whole two days he was on life-support he said he was fighting demons.

[52] Due to the public availability of the Glyph report system, the exact number is not listed to prevent identification of the interview subject.

> … what it did to me was, when I took a shot, fucking made me feel like I was about to overdose. From like zero to a thousand in like three minutes. I was at full-fucking-throttle dude. It was unreal. Oh, and I was up for like six days.

His dealer, also a friend of his, told him that he was taking fentanyl. The Glyph report on his friend's overdose lacked any details, but Zachary informed me that naloxone did nothing to reverse these overdoses. Due to the timeline, and a failure to identify the substance in subsequent urinalyses, Zachary and I believe that the substance might have been an emergent non-fentanyl opioid, isotonitazine (DEA 2020). Still, this was one of several multiple-overdose events that were reported to me.

Ultimately, Zachary described a vast array of drugs being used – both known and unknown – within his substance co-use network. Zachary also reported that his phlebotomist friend, a week before the overdoses on the unknown "designer spiritual warfare drug," overdosed on Special-K (ketamine). Another area man showed me a picture that his wife took of him as he lay dead, prior to overdose reversal by EMS, which he keeps as his phones' background picture – he believed that he was taking heroin and methamphetamine, but toxicology revealed that he also consumed fentanyl and the more potent carfentanil.

When a person overdoses, some interviewees referred to the overdosed person as dead or killed – even if their overdose is successfully reversed. Amber begins recalling the events of a friend's overdose one evening, which was also the night of her most recent relapse at that time. She explains:

> … there was one time where my friend got some, and I was like 'he can't do all that, he will do all that!' We were in a hotel room, and he got it for him. I really had no desire to use it, but I'm like 'that amount …' and it did kill him. He overdosed that night, but I did some of it to prevent him from doing all of it. You know, like 'hey, you better give me some of that cuz you can't do all that.' Yeah, so I did, I relapsed, that that was in January of 2017.

When I asked if her friend had died, Amber clarified:

> Nope, he, I called, he overdosed. He was purple. He was not breathing, and he, I didn't, I called them. I just called the squad. They Narcanned him. Yeah, he made it. He came back … if someone didn't intervene and do something for him, he wouldn't have come out of it.

Several things to consider in this description of the event. Despite having sworn off opiates a few months prior, Amber chose to use heroin to keep her friend from injecting what she believed to be a lethal amount of heroin. Her suspicions confirmed, Amber said it "did kill him," meaning her friend was temporarily, ostensibly, dead. This temporary death is an important discursive element to the understanding of overdose among PWUO – specifically when coupled with the knowledge of the capacity for naloxone (Narcan) to reverse overdoses in most cases. Despite having multiple run-ins with local law enforcement, and multiple pending court cases, Amber chose to call for emergency assistance. This was due, in part, to her knowledge that the state of Ohio had recently (2016) updated their Good Samaritan law to provide limited amnesty for people who report an overdose, even if the caller was also under the influence.[53]

The events of the night in question also reveal complexity in the role and associative script that Amber employed. While Amber was trying to stay away from opiates for various reasons, not the least of which being the hope of one day being granted partial custody of her children, her friend's decision to consume a potentially fatal amount of heroin forced a complicated role conflict. In that moment, Amber's multiple roles collided, and while it is unclear if she simply wanted to use heroin or truly wished to prevent her friend from overdosing, her decision to use heroin (constituting a relapse according to her) ultimately meant preventing her friend's overdose death.

[53] Ohio's Good Samaritan policy covers witnesses under ORC 2925.11B(2)(c)(i) and persons experiencing an overdose under ORC 2925.11B(2)(c)(ii) as of 2016. Prior to this, there was no such legal amnesty under Ohio law.

Most striking, to me, was Amber's disorganized speech when trying to describe her actions that night. Amber, who usually speaks in a loud, deliberate manner, told her story in a quiet, almost secretive tone. She fumbled her words, becoming difficult to follow in her description. Through starts and stops, Amber eventually described the events of that night as if it were someone else's story. She portrays her own, arguably heroic, actions and divorces herself from the narrative at the end; "if someone didn't intervene and do something." Amber thought of herself at that time, not as a hero or a good person worthy of praise, but as an addict. Thinking back to that period of her life, with pending court cases and having lost custody of her child due to her opioid use and related behavior, Amber did not like herself and was quick to acknowledge it. At the time of the interview, Amber liked her present self, but not her past self. This separation of temporal selves allows Amber to maintain negative *self-verification* of her former self – even as she describes that self in the past-tense, preventing the death of a friend (Swann 2011).

Relatedly, one of Amber's friends, Stan (late 40s)[54] tells a similar story. Much like Amber described assisting in a friend's overdose, Stan tells the story of one of Amber's overdoses:

> So, let me put it this way; we have a mutual friend … and if it wasn't for me, she wouldn't be here right now … because, dude, she fell out in front of people, and I was outside the building. And they just stood there and watched her for like a couple minutes, I guess. Then they came out to me like 'hey man, can you come get her? She's all fucked up in there in here.' I was just thinking she got high and was just sitting there lollygagging because [inaudible]. But I went in there, dude, and she's lying on the floor in the bathroom. Her eyes rolled back. Her face is purple. I was like 'you sons of bitches just fucking sitting there watched her?'

Stan, almost shouting as he recalls his anger as a non-descript group of people disinterestedly watched Amber overdose, continued his story. As he does, however, Stan drops his boisterous

[54] Stan was directly recruited for the research study by Amber.

righteous indignation to check himself, uncharacteristically fumbling for words, and ultimately diminishing himself in the process.

> So, it was me, you know, I just jumped into action. I, I, you know, jumped into action man. I fucking got, you know, and I, uh, I got her out of it.

Only a few seconds after he described railing against the "sons of bitches" that failed to do anything, Stan's forceful voice went from a boom to a murmur.

Stan's repeated the abrupt vocal attenuation when he, mere seconds later, described his brother's overdose – an incident that ended with Stan deploying Narcan to save his own brother's life. On a practical level, Amber, and Stan's experiences illustrate the relevance of naloxone (Narcan) and the role of bystanders in reversing overdoses. Having co-present persons to deploy Narcan, or call 911, is often a matter of life or death. On the level of discursive scripts, Stan and Amber recognized the need to act and did so quickly. Amber helped save a friend. Stan leapt to help Amber and, on a separate occasion, his own brother. It is worth noting that this goes against pejorative stereotypes of hopeless, disinterested addicts. It is also worth considering the relevance of both Stan and Amber's diminution and derogation of their past selves' heroism, suggesting a desire to minimize any positive actions associated with the people they once were.

Zachary provides a final example of drug co-use and overdose. He describes an incident that happened at a friend's house. According to Zachary:

> ... my one buddy, I've known him forever. He sells dope. So, like I said, somebody went to his house to get some. And he wasn't letting nobody use at his house because of that reason, but he must have been comfortable letting this kid. I don't know how long, how much he did, but he fucking fell out. Luckily, they had Narcan at the house. They Narcanned him and brought him back to, but it's just too scary, man.

Zachary's "buddy," like an increasing number of using opioids in the area, maintains a ready supply of Narcan for several reasons; not only to protect himself when using, but also to prevent

an overdose death among his clientele. As I will illustrate in the following section, this is neither entirely out of altruism, nor is it simply an attempt to prevent what is referred to as "catching a body" (being charged with wrongful death) but often somewhere in between – as is the motivation for becoming a person who both uses and sells drugs in the first place.

Sharing Heroin with Friends

Like Zachary's friend, Chad became a *user-dealer*, someone who both uses and sells drugs. Growing up in a rural part of the Firelands, Chad described early experimentation with substances around age fifteen. While Chad says this is a common occurrence among his peers, many of them grew out of this experimentation, he made it a way of life and a source of identity. Chad elaborates:

> Like I said, I was just doing your average smoking pot, getting drunk at parties. You know, how most people dabble a little bit and then go the opposite way. For some reason, I just wanted to be known as a person who does drugs. I liked it when people thought that I was fucked up. I would chug Robitussin bottles and go to school tripping, get all messed up …

After a bad trip, mixing *acid*[55]with Robitussin[56] Chad said this led to long-term bouts of anxiety. To address this, Chad's mother gave him Xanax. Both of Chad's parents, at the time, were being prescribed "hundreds of pills" by a local doctor, including Xanax, OxyContin, Percocet, and Vicodin. Chad dropped out in ninth grade and began a several years long descent into polysubstance use that led him through pills, ultimately to heroin, and, as a result, he also became a user-dealer. As a user-dealer, Chad was prolific. His father, once the owner of a multi-million-dollar company, was in possession of large quantities of legally and illegally procured

[55] Presumedly LSD (lysergic acid diethylamide, though many similar chemical compounds are sold as "acid," to make this not entirely certain.
[56] An over-the-counter medication with the active ingredient Dextromethorphan, used in isolation and in large quantities for an effect called "robo-tripping."

opioids and kept thousands of dollars on-hand; all of which fueled psychoactive substance consumption for all members of the family.

> So, I found that I basically knew where to get pills at this point. I'd say about a year or two went by of me eating pills and snorting pills. I mean, and all my friends are doing it, and I figured out that I could go get this amount of pills for x-amount of dollars, come back and charge somebody else, you know, double that. I could get it for cheap. I started doing that to my mom and dad … and my dad just fucking crashed, fucking bad. So, in that he started buying all these pills, and me I took advantage of that. And I was like, 'Oh, well, I can go get you some pills, for sure. Yeah, I can get some Perc-10s right now, they're charging $9 for them.[57] Oh, you want 200 of them? Sure, I can do that.' Well, get 200 of them, pocket the money, keep the pills – and that's how I became a drug dealer.

Chad's first client was his father, something he is not proud of in retrospect, but this led to years of balancing the life of an opioid and polysubstance user with that of a dealer. To describe it as a difficult balance, however, would contradict Chad's narrative. His trailer, where he still lives and where we conducted our interview, was not just his and his father's home after the multi-million-dollar business collapsed and needed to be sold; but it was also the spot for Chad and his friends to hang out, though hanging out always involved pills.

At the time, Chad did not consider himself a drug dealer, nor were he and his friends concerned about what they now describe as an ascent up the ladder of substance use, from pills to heroin. Chad suggested that his friends were equally unphased by their graduation of ROA from "eating" and "snorting" pills intranasally, to "banging" (injecting) heroin, despite collectively stigmatizing others' heroin and intravenous substance use prior to their own initiations. Chad explains:

[57] Chad, and other user-dealers, describe getting massive "friendship deals" from their sources. Thus, while the going rate for opioids prior to Wave 2 was roughly one dollar per MME (estimated by most users as referenced in the dosage inherent in the name, such as ten miligrams for Perc-10), Chad paid far less than half that, partially due to bulk purchasing, and partially due to being "friends" with the major distributor.

> I didn't know it then, I never considered myself a dealer back then. I just considered myself someone who was smart, ahead of the game, and knew my hustle. So, I did that with pills for a long time. Then collectively, I would say like me and everybody in the town that I was hanging out with … we were all just doing pills. We never did anything past Perc-5 or Perc-10s. Anybody who did heroin was a junkie. We never did that. We'd be like, 'I'll never do that. I'm never gonna do heroin, that's gross.' You know, we would do our pills, maybe take some ecstasy on the weekends, or do some coke here and there. But you know, we weren't smoking crack and doing meth. We didn't do hard drugs like that. Crack, meth, and heroin were like on a whole other level that we didn't think that we were at, you know, we didn't understand the progression that it leads to, we just thought we were above it.

Chad's description of his progression became less about the high of the psychoactive substance – which he said was a constant state of intoxication for him – and more about the intoxication of his "hustle." In his description, however, he explains how he and everyone that he was "hanging out with" used the same substances together. They also, Chad later explains, made the transition to heroin together. Chad's co-use network, once actively stigmatizing heroin, crack, and methamphetamine users would go on to use heroin habitually – and some, Chad suggested, developed crack and meth addictions as well.

At this point, it must be noted that nearly all the user-dealers I interviewed were men. These men, however, often used their female substance co-use counterparts in their procurement and smuggling practices. Chad's description of his trips to pill mill doctors in Toledo, where he would regularly procure hundreds of pills, involved an exploitative practice that echoes statements from other user-dealers and among women who found themselves in this position.

> I was just a little kid, but I started doing some pretty fucking big timey shit. I would take girls with me. I would only let girls ride with me and I'd take three of them, and we would go out of town to the place where I'd pick up. I'd have them wrap all the pills in like little cylindrical baggies and I'd tape them off with like this slippery feeling tape. And be like 'Alright, here we go. You guys are gonna, like, we're gonna ride back with this. We get pulled over; all you guys have to shove that.' Where else is the best place to hide that? You got three girls in the car, what cop is gonna fucking stop and search their fucking vaginas, you know? So, I could get away with bringing back like 600 pills like that do not have to worry about anything. Because, you know, obviously you don't wanna get pulled over.

If Chad had remorse for using his female friends in this manner, he made no mention of it. Chad being one of two men interviewed to describe this exact procedure, the other having no known direct relationship to Chad and being twenty years older as well. The mystery of how Chad came to adopt such a procedure, however, resolves itself when he describes the experience of being interrogated after an arrest in Michigan for purchasing cocaine with intent to distribute:

> So, we just went up there and we went to drop it off. The next thing I know, we're sitting in the Walgreens parking lot. This door gets ripped open and there's an M16 in my face, and then there's just lights everywhere. And then, I was super fucked up at that time, though. But then the next thing I know is like we're getting arrested, and booked, and charged, and everything. They told as I sat there, they're like 'you're gonna do 10 years if you don't tell us what happened right now.' I was like, 'until you give me a lawyer, I'm telling you nothing. I've seen enough crime shows. You want me to put my foot in your mouth, my mouth. You want to fuck me, I said 'I'll talk to a lawyer.' That's all I said. And that was what saved my life.

Chad's smug response provides a kernel of insight into some of his performance before the arrest, such as when he acted as a drug dealer, transporting drugs, and using female friends as drug mules. He had "seen enough crime shows" to have a readymade script in mind for what might happen in an interrogation room. His words could have easily come out of a gritty crime drama on prime-time television. Despite the strategy making the television character look guilty,[58] it was a readily available script that Chad employed and, according to him, it ultimately helped him avoid a lengthy prison sentence. As Chad later states, his real salvation stemmed from the fact that this was his first criminal charge that made him eligible for a 90-day bootcamp in lieu of prison.

While Chad's experience arrest experience dropped him into a made-for-television drug dealer script, most of his time he viewed his role in his network as a helpful friend, rather than a

[58] A popular television trope in crime drama suggests that only guilty parties call their lawyers. Innocent people cooperate with authorities.

drug kingpin. Though he used heroin, he said he refused to sell it; opting instead to only sell pills. When the pill mills closed and all his legal opioid options disappeared, Chad tried to get his friends to stop using opioids after personally switching to psychedelics following exposure to the Hookahville scene in 2015.[59] Chad became an evangelist for acid, ecstasy, DMT, and psilocybin. Whether he was selling Opanas, trying to promote psychedelics, or expounding on the salvific qualities of kratom[60] as he did during our interview, Chad always viewed his interactions with his co-use network as friendship, above all else. Despite the moniker, the user-dealers I interviewed did not consider themselves drug dealers at all. To their minds, they were simply friends helping friends get high. This is especially important for boundary maintenance, but also because the substance co-use networks these people interacted with placed significant emphasis on friendship as the subtext for their substance use.

Early in Wave 1, when prescription pills were plentiful, Carter behaved as a shrewd user-dealer, flipping pills for cash to pay for his habit. A few years later, when Carter was using heroin, he said that his consumption more resembled hanging out at a bar with friends than dealing *dope*. He and his co-use network consumed their heroin together, convivially. Carter likened the atmosphere to drinking with friends on the weekend; and if one of your friends doesn't have enough money to drink, Carter says "don't worry, I got you." So, it was among

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[59] Hookahville is a semi-annually multi-day musical festival that features several jam bands and is normally headlined by the Columbus, Ohio jam band *əkoostik hookah*. Hookahville is a well-known event among Ohioans within hippie, psychedelic, and related subcultures. Some festivals, such as the local National Organization for the Reform of Marijuana Laws (NORML) semi-annual Harvest Fest are often referred to eponymously as Hookahville, though they are related to the scene and subculture. There have officially been 52 Hookavilles to date, and one unofficial Hookaville online due to the COVID-19 pandemic.

[60] Kratom (mitragyna speciosa) is a complex psychoactive substance, containing alkaloids with both sedative and stimulant qualities. Kratom had become increasingly used by people seeking to find a natural (meaning not originating from the established pharmaceutical industry) replacement substance for heroin and other opioids.

Carter's heroin co-use network. Carter was a popular guy, so it wasn't anything new to have a friend ask him for a ride to score heroin – many of his *old schooler* friends had long since lost their drivers' licenses – and Carter could expect to receive his heroin by way of payment.

So, it was when Carter agreed to assist a female friend to procure heroin – a decision that led to her overdose and his wrongful death charge. Carter describes the events of that night as follows:

> … girl came to my house. She called a few times. I was dope sick, already sick that night. I don't think I had money to go out and buy dope … but, uh … girl called me a few times. 'Can you get me some? Can you get me some?' And she had just got her check, disability check, and I told her no already three times. Finally, she calls back and says 'Hey, I'll buy you this much, if you can find us some. I'll make it worth your while, dealing with whoever you got to deal with.'
>
> Fuck … you're dope sick. 'Let's do this.' Uh, bad idea. That night turned into the worst night of my life. I lost a great friend of mine, longtime friend …
>
> … I finally got the dope; made a few phone calls. It was brought to my house. We get high.
>
> She falls out on the floor. All goes bad.

Carter, visibly disturbed in the telling of these events, continues to describe rushing to the hospital. Driving her car, the few blocks to the hospital, insisting no ambulance would have made it there and back as quickly, but his friend still died in the hospital two days later.

> … I sat around waiting for the cops. I mean, I didn't hide that I took her to the hospital. I didn't kick her out on the curb, which the newspaper made it sound like. Newspaper destroyed me – they made it sounds like I pulled up to the curb, kicked her out of the car and took off. I mean, I drove her! I got out of her car right under the emergency room door … on camera, that's all on camera. You see me get out of the car and run into the hospital and try to get them to hurry up and come get her and they just take their sweet ass time. I guess 'no big deal.' Park the car in the parking lot. Her girlfriend told me to go ahead and go home – 'there's enough family here.' 'Alright.' So, I left. Probably the wrong thing.

Carter was later arrested and charged with his friend's death – the charges eventually dropped.

Carter now believes that his time in jail, awaiting trial, was exactly where he needed to be at that time. Carter spent his first few weeks in a holding cell experiencing violent withdrawal symptoms.

Despite his vivid and explicit description of his heroin withdrawals, Carter's true agony during that time stemmed from the loss of his friend. He, like so many of the PWUO and user-dealers I interviewed, described friendships, relationships, and partnerships with significant others. Carter, also like nearly every PWUO interviewed, maintained at least one full-time job during their active opioid use. According to Carter, shooting heroin with friends was akin to a round of beers. To him, and many others, while they were actively using and selling heroin and other opioids, they weren't junkies and dope peddlers, they were just normal, everyday folks who also, incidentally, got high. While most of the illicit drug economy in the area was driven by the capitalist profit motive, many user-dealers shared with their friends, Consequently, with so many people simultaneously transitioning from pills to heroin between Wave 1 and Wave 2, Carter's "round of beers" analogy possesses added significance. While some, like Amber and Stan (and certainly Carter as well) look back on their past with disgust, when they were active their opioid use there was a large enough co-use network to allow PWUO in the Firelands to enjoy a modicum of nonchalance. All necessary stealth employed to avoid the notice of law enforcement notwithstanding, for some in the Firelands, opiate use had become mundane again.

Becoming a Former Opioid User

By the time his mom bailed him out, three months had elapsed. Carter's mom stipulated that he immediately move out of state to be with his family and away from Sandusky. Carter credits his months detoxing in jail, the abrupt move away from the Firelands – far from all his heroin connections and co-use network – with saving his life.

Carter's mother did not come up with the stipulation that he leave the area out of pure inspiration. This was her version of tough love. According to Carter, she had been talking to a few counselors and an acquaintance who had worked in a rehab. The deliberate separation of a person with substance use issues from their familiar environment and social network is a common strategy. Pejoratively, 12-Step discourse refers to this as the *geographic cure*. The geographic cure refers to a strategy among PWUD who relocate to disrupt or cease substance use. The logic of geographically relocating coincides with at least one element of the 12-Step discursive script, often given as the axiomatic "persons, places, and things" – meaning that such elements of a person's old life as a substance user may be triggered by any of these formerly interconnected elements. The old friend turned user-dealer, the apartment where you or a friend fell out, the old cellphone number, the spoon, the ritual of the needle.

Despite this emphasis on the importance of the persons-places-things assemblage, 12-Step discourse still views moving away from the geographic location of a person's co-use network as ultimately fruitless. Many interviewees who identified as AA and NA members said with rhetorical consistency: 'you're just running away from your problems' and, 'they're going to catch up to you eventually.' This suggests a strong discursive prevalence, aligning with the literature.[61] The 12-Step discourse ultimately says that one of those persons-places-things you cannot escape, is you, the addict within. They, instead of the geographic cure, prescribe a spiritual cure – replacing old persons-places-things with a new assemblage – 12-Step meetings,

[61] *Alcoholics Anonymous* 4th Edition mentions geographic cures, or *geographics*, four times; all negatively or skeptically (2001: 323, 339, 347, 486). *Narcotics Anonymous* 6th Edition mentions geographics eight times, emphasizing the expectation that such movements are only temporarily effective (2008: 14, 137, 180, 224, 246, 320, 342, 365).

sponsors, church basements, folding chairs, coffee pots, and medallions (AA) or key tags (NA)[62] marking the passage of time away from a psychoactive substance or substances. Along with new persons-places-things comes new trajectories, a new script, new friends, and new meanings. As many of my interviewees transitioned out of active opioid and polysubstance use, their lives took varying trajectories. Nearly all of them experienced some interaction with 12-Step programs and their associated normative script, though that did not mean they followed the path that AA/NA prescribed.

Getting the Fuck Outta Town: The Geographic Cure

Relocation for the purposes of escaping problem substance use was mentioned by several interviewees. Long before finally quitting drugs and alcohol for decades, Bill mentioned a few attempts at curing his addictions geographically. Carter says that he will never set foot in Sandusky again, which is why we held our interview at a fast-food restaurant an hour's drive away from the Firelands. After Stan initially left the area, an outstanding warrant brought him back to Erie County to serve three-months in jail – sheriffs drove nearly a thousand miles to collect him, he served his time, got out of jail, and immediately drove right back to his family and home without visiting a single person. Stan sees the area as dangerous. To him, Sandusky is synonymous with heroin. To illustrate the interconnection between his heroin use and the area, consider Stan's wording as he describes his wife's ultimatum:

> Finally, my wife, she kinda told me, she's like 'Dude, it's either that shit or me and these kids.' So, she's like 'You need to make a decision. You don't get to think about it, you're answering me now!' I made my decision. I stuck by it. Here I am.

[62] A standard part of 12-Step meetings is the recognition of periods of sobriety, or "clean time" in NA and other groups, and this is often recognized with a physical token of recognition. Such tokens include chips, or medallions, for Alcoholics Anonymous which include the AA triangle and the words the triangle stands for: Unity, Service, Recovery. Narcotics Anonymous also has tokens in the form of keychains or *key tags* that say, "clean and sober for …" and a given period of time, with the exception of the *newcomer key tag* which, instead says "just for today."

> I got the fuck out of Sandusky, Ohio. I've never looked back. I will never go there again.

To some former residents, Sandusky and the Firelands signify Lake Erie, Cedar Point Amusement Park, their family, and friends. For Stan, Sandusky is heroin. Arguably, however, Stan's assertion includes the persons-places-things assemblage, including old friends with whom he once used heroin.

Rather than discuss the efficacy of geographic relocation to escape problem substance use, the examples provided herein illustrate the lengths to which PWUO sometimes go to escape their substance use. Importantly, this geographic location reveals more than simply avoiding a town or region, but also the people these areas are associated with, and the knowledge that comes with highly contextualized interaction-based experiences.

Amber made two attempts to leave the area, both times with the explicit motive of escaping her substance use issues. She recalls relocating to Texas, partially to get off heroin, and partially to avoid outstanding warrants:

> I was sober for like ten months, because I couldn't find heroin there. I relapsed, but I relapsed on methamphetamines. I ran away from Texas and came back here, and I sat in jail for a while because I was running. You can't run from your problems. They'll find you.

Amber continues to explain how she went looking for heroin but could not find it in Texas. She focuses on how this relates to her geographic location, but later attributes this to her own situational position within an assemblage of persons-places-things:

> I think it's very geographical, like I know, it's widespread and across the nation, but there's certain places where other drugs are more prevalent. You know, it seems to be that in this area, the opioids are just out there. It's like everywhere. It depends on association, it's who you're with, that's what I've noticed. I had to change my groups and who I'm spending my time with because certain people just aren't ready to change. And I'm not always strong enough to be around them. Like, I can handle it for so long, but like if I'm sitting in a group of people, and I hear the word, heroin more than ten times, it's like, 'Okay, enough, like stop saying that word.' It's just

> everywhere you go is you hear about pills; at work, you hear the people talking in the back, and then you're able to figure out who's who.

Amber describes hearing drug deals everywhere; at the grocery store, at work, all around her. In this case, the propinquity that Amber is trying to avoid is not just human but includes hearing discussion of the non-human actor. Amber's preternatural ability to "figure out who's who," even outside of her immediate co-use network, is partially because her "ears are always on" but also because she knows the code. "Coffee isn't always coffee," for instance. Heroin may be *dog food*, *boy*, or *slow*. Methamphetamine may be *coffee*, *fast*, or simply saying "I need to wake up." Some codes are even more abstract, relying on contextual knowledge between members of the local illicit substance economy, such as the floating signifier, *work*:

> Work. We're gonna call it work. 'Do you have any work for me?' Like, yeah, you're not asking about a job. You don't want to go trim the bushes. I mean, not that kind of work. I don't know why, it's just random words that you wouldn't normally associate, but when you know …

At the time of our only in-person interview, during the Summer of 2018, Amber had not consumed heroin or methamphetamine in over a year; her last time being the January 2017 incident involving her friend's overdose and subsequent revival with Narcan. Still, Amber received texts messages regularly from her acquaintances in the area hoping to sell her drugs.

> It's like a daily; 'You want this, I got this.' I get calls, I get texts, I ignore them. You know, I still have people, 'I got what you're looking for.' I'm like 'Yeah, two years ago!' … once you're on that list of people that are easy to make a quick hundred bucks off of. I still get a call when somebody gets something, and I know what's out there, because I'm getting a lot of calls. People trying to sell me stuff.

Amber's Facebook inbox, her direct messages in other social media, all full of former *connects* (dealers whom she does not consider friends) trying to make a suggestive sale. Amber scrolled through a text message chain to show me multiple times one of her former dealers' texts; at least a dozen mentions of product available without reciprocation on Amber's end.

A few months after our in-person interview, Amber moved to a state where the recreational use of cannabis (marijuana) was legal and has been living outside of the Firelands ever since. Amber cited her desire to use cannabis to address her anxiety and other significant mental health issues. Amber was an active marijuana user at time of our first interview and continued to consume marijuana for medicinal purposes at the time of our two follow-up phone interviews in 2019 and 2020 respectively. She explained how she benefitted from her most recent move away from Sandusky and the Firelands:

> Seriously, it was a change of atmosphere of environment and an upgrade in my friends. Because Sandusky; all the people I know still either use, or dabble, or they go to meetings. Which is good for the ones who go to meetings, but the ones who are casually using or trying to be in denial and tell me they're not using when I can look them dead in the eye and say 'Bitch, you're high.' … It's just better. I don't know anybody here.

That's not to say that there is no heroin where Amber lives, she knows there is, but no one she knows in the area uses heroin or methamphetamine. That, and an "upgrade" in her friendship network, makes her new location ideal.

Marijuana Maintenance and Other Medically Assisted Treatment

Van, now in his early 40s, was in his early 20s when he got jumped by several Nazi skinheads in Chicago, leaving him in a coma for eleven days. The prescription opioids he was given in the months that followed started him on a path that rapidly accelerated, ultimately leading to three years of heroin use. Van struggled to get off and stay off heroin in Chicago.

Van initially left the rural Firelands because, according to him, his ex-girlfriend got him raided. Van admits, "we sold a lot of weed, we sold a lot of acid." Van eventually moved back to his hometown to act as caregiver for his aging grandmother. When he returned, heroin was no longer a major concern for him. In a conversation I had with Van just after he had returned from

Chicago in 2005, he told me that he smoked marijuana to effectively replace heroin; and that required a significant quantity consumed at frequent intervals.[63]

During our interview, about fifteen years had elapsed since Van left Chicago; he still smokes marijuana, though the quantity is significantly decreased. Like Amber, Van smokes marijuana both recreationally, and as part of a medicinal practice. Unlike Stan or Amber, however, he doesn't quite feel the urge to use heroin despite its prevalence in the area. Van says he knows people who could easily procure heroin or fentanyl for him, he simply no longer has the desire for opiates.

In 2016, Ohio legalized the use of cannabis for medicinal purposes, with a prescription and purchased from a licensed dispensary.[64] In January 2019, The Forest medical marijuana dispensary opened in Sandusky; one of the first dispensaries to open after the law passed. In the interim period, most of the Firelands residents I spoke with were in support of using marijuana for medicinal purposes – many of whom admitted to doing so themselves, despite there being no legal dispensary in the area. The argument that pervaded this new, decidedly pro-marijuana sentiment was that it would "solve" the opioid epidemic. I spoke with several retirees in their sixties and seventies, a former city councilman, and a sitting county judge; all of whom endorsed the idea of marijuana legalization as a net positive – some supporting full legalization, some decriminalization, and some suggesting that medical marijuana alone was sufficient. In a

[63] Personal conversation between the author and Van (pseudonym), November 2005.
[64] Ohio House Bill 523, signed and became effective in 2016, initiated the Ohio Medical Marijuana Control Program (MMCP).

conversation with an employee of The Forest, I was informed that "several" of the dispensary's clients were using medical marijuana to treat opioid use disorder.[65]

All this excitement for the panacea of medical marijuana was not shared by everyone. Members of 12-Step fellowships expressed ambivalence over the use of medical marijuana in general, and concerns over the potential for medical marijuana to cause people with OUD and addiction issues to relapse. Regularly, when asked about marijuana legalization, many 12-Step community members volunteered their opinion on whether marijuana is a "gateway drug" – following the decades old rhetoric that suggests marijuana ultimately leads to "harder stuff." Among members of AA and NA, however, the overall sentiment is ambivalence. Bill, when asked his opinion on medical marijuana, provided his opinion succinctly: "I'm not against marijuana, I am against it for recovering people because you have to face everything and recover." The idea that someone in recovery must eschew all psychoactive substances, marijuana included, to "face everything" hearkens back to the "drugged life" rhetoric as the antithesis of all things normal, and healthy. This perspective comprise a *moralizing ecology of addiction*; presuming addiction as pervasive, all-encompassing, and essentially inescapable without the assistance of a moralizing agent or process (Rozin 1999, Weinberg 2000).

Sobriety, and the avoidance of psychoactive substances, also appears to be at the heart of a similar set of concerns and ambivalences within 12-Step communities, one that is echoed outside of the anonymous fellowships; namely, the idea that anyone who engages in medically assisted treatment (MAT) is not "sober." It is the boundary placed around sobriety as a concept,

[65] This conversation occurred inside The Forest's lobby, within earshot of all staff, security, and clientele and occurred during preliminary discussions in planning for an interview on the topic. For that reason, no further questions were asked regarding the number of OUD clients served, nor did we discuss the service area for The Forest. No further description was offered. The interview was postponed and later cancelled due to scheduling.

excluding MAT, that shifts an otherwise uniform discursive alignment between 12-Step and recovery discourses, placing 12-Step discourse in alignment with the stigmatizing discourse of moral perfectionism.

MAT, such as the use of methadone[66], suboxone[67], buprenorphine[68], or vivitrol[69], provide medical professionals with tools for the mitigation of risk and people with OUD and other substance use issues with a means for easing the transition away from illicit opioids. While this perspective is largely agreed upon within the medical community, the role of MAT in providing people diagnosed with OUD was regularly called into question for various reasons.

Javier, a man in his mid-fifties, had spent most of his adult life either selling and using psychoactive substances, or in prison. It was while he was in prison in 2012 that Javier began going to 12-Step meetings, which he continued when he got out later that year. His estimation of MAT is not positive, but it is common:

> I don't believe in trading one drug for another. That's just not the way, because a drug is a drug is a drug. I know that from trying to use alcohol on the down low. I was unsuccessful. And not only me, but countless others. So, if they use methadone to substitute their heroin addiction. All they are doing is replacing one drug for another.

Javier felt very strongly about this, going so far as to mention the issue when I asked if there was anything I should have asked him. According to Javier, who attends multiple AA and NA

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[66] Methadone is an opioid used in the treatment of opioid dependence. Administration of methadone has historically been done in the U.S. through methadone clinics, involving daily visits and monitoring of patients.
[67] Suboxone is the combination of two opioids; buprenorphine and naloxone, used together in the treatment of opioid dependence. It is administered both in pill form, and in the form of a buccal or sublingual film.
[68] Buprenorphine is an opioid used in the treatment of opioid dependence and is administered orally, through injection, transdermal patch, or through an implanted device.
[69] Naltrexone (brand name, Vivitrol) is an opioid used in the treatment of alcohol and opioid dependence. It is administered orally, or in the form of an injection.

meetings weekly, the statement is not controversial at all. This, to him, is how he views sobriety. Still, Javier acknowledges a tension between the expectation of sobriety and the value of human life:

> … but this is where it could become controversial. If somebody is using methadone or Suboxone, and they're not dying today, then it's a good day for that person.
>
> … in NA, we believe in total abstinence, you know, but you have to have an even broader perspective than that. 'Well, would you rather see this guy be totally abstinent, or, since he cannot, would you rather see him on methadone and living or not on methadone and dying within a day, week or month or a year?'

The tension that Javier describes within his own opinion on MAT plays out within the 12-Step community, and within the community at large.

While some aspects of 12-Step discourse seem to originate from folkways and often have little to no reference within the organizational orthodoxy, Javier's opinion on MAT is clearly reinforced by the basic text of Narcotics Anonymous. Most references to methadone, still the most well-known of medically assisted treatment options, described people on methadone maintenance as "not clean." Furthermore, these references came in the form of NA conversion narratives – people who were describing their situation as liminal; no longer using heroin or other narcotics, and yet, not clean. In one telling passage from the text, the narration reads:

> One of the biggest challenges I faced as a new member in recovery was the fact that I came into the fellowship on methadone maintenance. I had a lot of reservations about getting clean and was particularly scared about getting off methadone. Being in a drug-replacement program had helped me get some structure into my life after years of living on the street. I now had a roof over my head and was working again. I was afraid that if I gave up methadone I would return to the insanity of homelessness and life as a criminal. As always, the wisdom and experience of other NA members helped guide me through this dilemma. Nobody told me what to do. Instead, by quiet example, they showed me the possibilities of a life free from active addiction. Over time I came to believe that being employed and off the street was

> not enough. Until I stopped using, whether the drugs were legal or illegal, I was not going to experience the full benefits of recovery.[70]

MAT, according to Javier, is simply "trading one drug for another," and according to Narcotics Anonymous it means someone is "not clean." The implication that the problem of psychoactive substance use is not only the risk of overdose and death, the desperation involved in seeking out illicit substances to stave off withdrawals, or the depths to which people go to obtain the desired substance – but also leading a drugged life, even if the drugs in question are prescribed for the sole purpose of helping a patient free themselves from that life.

Here, Javier no sooner states his issue with MAT than argues against his own argument, and that of NA. If the goal is sobriety, above all else, then MAT would be verboten. If, following Javier's "broader perspective," the goal is to promote the life of someone with OUD to the point where they can manage or desist their psychoactive substance use, MAT is a net positive. It is that broader perspective that is adopted by recovery professionals, including those at SARCC, and the Erie County Health Department. This is also the perspective of many, though not all, members of the 12-Step community despite the textual definitions of "sobriety" and being "clean" within the community's guiding texts.

Discussion

Javier's internal conflict, more active than mere ambivalence, is a microcosm of the Firelands area's overall perspective on the opioid crisis, and regarding people who use opioids. While there is overwhelming agreement that the situation is desperate and getting worse annually, there is no such unified opinion on what a solution might look like. The only thing that most people agree on is, when asked, that more services are needed to help guide PWUO out of

[70] Narcotics Anonymous, 6th Edition. Page 185.

addiction; that addiction is always assumed is so ubiquitous that it is unimaginable for residents to believe that PWUO could be anything other than addicts.

Fewer expressed openness to new harm reduction systems, such as safe injection sites and clean needle exchange programs. Fewer still would even entertain the idea of legalizing or decriminalizing *hard drugs* despite some recognizing the success that changes like this had in Portugal and Norway[71]; an example that was often given without prompting when the topic of U.S. drug laws and prohibitions arose. The argument that some interviewees gave was that, even though it worked in these two very different European countries, *it just wouldn't work* in the United States. When asked why, a common, yet vague, response: we're just different.

Perhaps this difference is the strong moralizing drive that links America's puritanical past to its draconian present (Erickson 1966, Rozin 1999). The moralism discourse existing in the Firelands as early as the mid-19th Century and perpetuated throughout the United States' history from the first Puritan settlements until today, may be the original sin of the country's civil religion. This pervasive inclination to moralize is quite obviously internalized by many Americans. Of course, this internalized moralization does not necessarily arrive directly, but may come through related discourses, such as the 12-Step discourse or the media narratives that persistently place PWUD as weak, amoral, invariably addicted and, essentially, already dead. The outcome is a *moralizing ecology of addiction*, which presumes substance use is always or almost always evidence of addiction and that that addiction can only be addressed through a system of moral guidance.

[71] Portugal decriminalized all psychoactive substances in 2001, as did Norway in 2017. Both have well-documented positive results, including decreases in drug-related crime and overdoses. Fatal overdoses, especially, have gone down to almost nil.

The prevalence of moralizing discourses may be countered in various ways. While moralization is often internalized, it does not necessarily prevent people from engaging in acts that have been deemed amoral; for instance, in the case of secondary deviance (Lemert 1967). Actors may rectify such disconnections between discourse and action, however, either using boundary maintenance or the rejection of the discursive prescription in favor of new, sometimes improvised alteration of personal life scripts (Schank & Abelson 1977, Gieryn 1983, Allington 2006). One such disconnection is illustrated through Bill's assertion that he was not *enabling* his daughter's heroin use when he improvised a plan to procure her supply himself. Bill rejected several moral and legal prescriptions, insisting that his lifetime of experience made him capable of handling the situation. Between Bill's decision to buy heroin for his daughter despite the 12-Step prohibition on enabling ("it wasn't enabling"), Javier's qualifications regarding MAT ("would you rather see him on methadone and living or not on methadone and dying") and Sarah's rejection of tough love ("I've tried the tough love thing. It hasn't worked."), I conclude that while the 12-Step discourse remains the dominant discourse within the Firelands area, the transgression of 12-Step discursive scripts is commonplace.

Likewise, the propinquity habitus which suggests a strong desire to engage in activities with others, serves as a source of normalization within friendship networks, themselves substance co-use networks. Chad and his friends swore that anybody that did heroin was "a fucking junkie" before they began using heroin themselves. Chad's co-use network held deeply stigmatizing views about others' substance use, but later passively rejected the stigma when the need to transition from prescription opioids to heroin arose. Like Chad's friends and their stigmatization of heroin use, many PWUO interviewed mentioned the route of administration, snorting or injecting, in terms that placed a moral meaning on the decision, not simply a

differential perceived risk. Still, it was the presence of friends, capable of teaching their PWUO comrades how to tie off and inject, that also helped to normalize these previously stigmatizing activities.

Tendencies towards moralization reinforce narratives that place stigma on PWUO and superficially, as I show above, separate dealers and users into two distinct populations. Referring to people who use drugs and sell drugs as user-dealers is a useful, albeit imprecise, amalgamation to illustrate the unity of the two positions within a substance co-use network. User-dealers perceive themselves as friends trying to help friends get high or assisting in avoidance of dope sickness. In this way, user-dealers can separate themselves from the stereotypical drug dealer, shady and cut-throat, and continue to operate within a propinquity habitus.

That does not mean user-dealers are free from interpersonal atrocities: consider Chad's exploitation of women to smuggle pills, or Carter's wrongful death charge. Rather than consider themselves amoral, however, these user-dealers adopt a script that equates their opioid co-use partners with friends buying a round of drinks at the bar. Ultimately, this capacity for PWUO interviewed to normalize their opioid and polysubstance use among a robust co-use network stands in greatest opposition to the stereotypes surrounding substance use.

This normalization, rendering opioid use a mundane and largely social endeavor, is an overarching theme in this chapter. Interrelated to the drive to normalization is what I refer to as the *propinquity habitus*, a set of practices and orientations toward substance use that promotes use with a friend or partner and results in a social learning outcome of peer-to-peer substance use pedagogy. Such a habitus may be evident in the research due, in part, to survivorship bias, because the interviewees represent those PWUO who survived at least the first two waves to be

interviewed. Despite this caveat, the role of friendship as the basis for membership in a substance co-use network repeatedly presents itself as a dynamic and socializing force.

To suggest that all PWUO experienced their opioid use in ways resembling Carter's "drinks with friends" analogy misses the data that shows so many fatal overdoses happen in isolation. A fifth distinct wave of overdose deaths began during the global shutdown and forced self-isolation imposed to prevent the spread of COVID-19. The twelve-month period that followed the initial shutdown in the United States are now the deadliest on record (Ahmad, Rossen, and Sutton 2021). Research investigating the exact nature of the relationship between stay-at-home orders and the spike in overdose deaths is ongoing, but several of my interviewees who serve as certified peer recovery specialists (CPRS) and first responders believe that social isolation is a primary factor. One practical aspect of overdose fatality prevention, the deployment of naloxone to reverse an opioid overdose, becomes impossible when PWUO consume opioids in isolation. This isolation, it should be noted, is opposed to the propinquity habitus which suggests a strong desire to engage in activities with others.

Since the Firelands is a fixed location, some of the stories of PWUO came from people who had moved far from the area. Many of these people mentioned escaping drug use as a major, or primary, factor in their decision to leave. Stan and Carter both refuse to ever go back. It is, perhaps, Amber's story that is the most telling in terms of addiction and geographic relocation. Amber left, came back, and left again; mainly to escape the constant temptation of readily available drugs and the constant regularity with which she heard discussion of heroin or methamphetamine: in effect, she believed her cultural capital in the Firelands would kill her. In contrast, Van left the Firelands a fleeing drug dealer, then left Chicago to escape a life of heroin use. Van, however, had already ceased heroin use while in Chicago.

Van's story hints at a potential solution to the controversy of the geographic cure, at least in as much as it connects 12-Step discourse on the topic with sociological theory. Van didn't just flee Chicago to escape substance use, as Amber did, but had changed his entire life course. By returning to the Firelands to care for his grandmother, Van altered his entire social situation. In so doing, he completely altered his persons-places-things, not just one or two but the hybrid of all three, that matter. Such a drastic alteration of life course fulfills the 12-Step call to change persons, places, and things in a way that illustrates how shifting propinquity, and destabilizing network homophily, may alter habitus.

The Opiate as an Object

The opiate is a social construction. Rather, we collectively, individually, and as divisible aggregate groups construct the opiate as an object. We construct the past and future opiate. Our qualitative construction of the opiate provides it with properties, tendencies, strengths, the capacity for action, a personality. Dr. Winslow's Soothing Syrup, Godfrey's Cordial, Dr. Cannon's Cholera Cordial becomes dope, a narcotic, King Heroin or his subject, Miss Heroin, slow, or fetty. The opiate can produce a psychoactive response, can addict, and can also kill. In many ways, we understand heroin and other opiates as actors with which we imbue agency and personality (Latour 1996, Law 1999, Law 2009). The opiate, to paraphrase the 12-Step construction of alcohol and of addiction more broadly, is "cunning, baffling, powerful" (2006: 58-59). The opiate includes opium and any preparation of opium, any pharmaceutical opiate, and any synthetic opioid. We know the opiate personally by its effects, whether direct or indirect.

We repeatedly reconstruct the opiate, but in doing so, the real product is a hybridization of the non-human substance and human consumer (McMaster and Wastell 2005). Better still, the opiate object is a constellation of potential hybrids that become actual or remain hypothetical,

such as heroin plus my dad, Bill's daughter plus heroin plus Xanax, Stan plus his brother plus an unknown opiate and Narcan. The hybrids, their qualities, and their interactions with and procedures involving opiates comprise an essential element of the ever-emergent objectified opiate (Harman 2018). I must add, then, that objectification and the object created are prone to regional and network variation.

Why the Firelands?

The Firelands becomes part of the opiate object when we consider the social milieu as part of the assemblage of interactions. What happens, for instance, to the socially constructed opiate when it is experienced in a town constructed, by some, as a modern-day Mayberry? Likewise, when many of the people with intimate experience with opiates choose to leave the area altogether, we cannot discount the implicit interconnection.

The question of what is particular to the Firelands, and what is more a function of small towns is an open one. This is a question that, perhaps, future researchers can address in their own research by comparing the themes provided herein. Thus, this project provides a complicating counterpoint to several urban drug subculture research, not only irrelevant in terms of social context when compared to micropolitans, but also regarding their tone and theses, ranging from patronizing to demonizing and often rife with stereotyping and oversimplification (Anderson 2000, Venkatesh 2008, Wacquant 2002). When future researchers investigate small-town social structure surrounding substance use, it will be possible to show how different – and there likely will be several differences – the local subculture of their study is to that of the Firelands, rather than seeking to compare their findings to the urban context.

Conclusion

There are stories, insights, and recurring experiences among people who use opioids in the Firelands area that I could never fit in this document. With just as much detail, I could have covered the topic of withdrawal symptoms, relapse, feelings of hopelessness, or suicidal ideation among PWUO; all of which were described to me by multiple interviewees at length. Likewise, the opinions of friends and family of PWUO were barely addressed here, though their interviews were used in connecting the discursive themes from prior chapters and in the theoretical insights summarized in the conclusion. This chapter addressed the discourses surrounding the lived experiences of PWUO in the Firelands area specifically and provided generalizable insights into the lives of small-town and rural drug users in the current historical context. During the lives of those interviewed, the psychoactive substances available proliferated from marijuana, cocaine, and hallucinogens to a wide spectrum including heroin, methamphetamine, and fentanyl. As the opioid crisis went through its various waves; from overprescribing, to heroin, to fentanyl, to fentanyl-laced methamphetamine and cocaine, Firelands residents overdosed and died in numbers comparable to the entire state of Ohio just a few decades prior.

CHAPTER 6. SUMMARY AND CONCLUSION

A Grounded Theory Connecting Discourse and Personal Narrative Scripts for Addict Hybrids

The addict identity, a hybrid identity linking a personally held sense of self with a psychoactive substance and/or ritualized action, is an assemblage of dispositions towards available discourses and reinforced by complementary interpersonal narratives. Relevant discourses are decoded and either accepted or rejected as they are understood. Thus, the adoption of the addict label comes with a ready-made set of narratives that contextualize the past and anticipate the future for the labeled subject (now a hybrid of the person plus addictive substance plus all the narratives that come with the label). And yet, these ready-made narratives may be internalized or rejected, recontextualized through boundary maintenance maneuvers or reformulated in a way that permits improvisation.

Life scripts are prescriptions for the proper course of action and life trajectory. Like the theatrical script or screenplay, life scripts provide direction to actors, determine what is the proper course of action, location, and even provide direction to the disembodied observer. Discourse is one potential author of such a script, alongside social hegemonic control apparatuses (social institutions), and other social institutional influences. Though an actor may go "off script" by transgressing their prescribed expectations, they are more accurately either adopting a different script or engaging in improvisation. While minor or temporary transgressions may be successfully normalized through boundary work, the exceptional transgression of the discursively or institutionally prescribed life course creates a spectre. The spectre, then, haunts the memory through the vilification of the past, places a pall upon the present, and calls forth anticipatory grief for the loss of the normatively prescribed future.

I would argue that some, though not all, may choose improvisation without the implication of the spectre. To do so, however, I expect that they require sufficient social agency to do so. Thus, only an actor in a position to subvert accepted scripts could successfully operate "off script," and possibly only within certain contexts. Bill, a father with decades of knowledge of psychoactive substances and sufficient social network connections may choose to procure illicit substances for a loved one without the internalization of a sense of failure to adhere to a 12-Step approved life script. Amber and Stan, however, both hint at an internalized deviantization of their past selves when recalling what could have otherwise been considered the heroism of saving a life.

Relatedly, many improvised a solution to the persons-places-things problem of opioid and polysubstance use in the Firelands. The decision to escape the physical location and established social networks to, concomitantly, divorce oneself from their former substance use history is clearly drastic revision to the life script of many a PWUO. Such an edit is openly recommended against by the 12-Step discursive narrative. Perhaps the decision to separate oneself from their entire social network, physical location, and the daily life they once knew appears to be the only way to avoid certain death – such was the case for Amber, Carter, and Stan – none of whom described extensive experience with NA or any other 12-Step organization. It should be noted, again, that Amber explained how changing physical location, but seeking out similar people and, with them, psychoactive substances may reintroduce a former PWUO to the "drugged life."

Van never used opioids in the Firelands. This contributed to Van's ability to first construct a clear boundary between cannabis use and other substance use – an increasingly popular improvisation. This allowed Van to continue to use cannabis in lieu of opioids,

subsequently permitting him to change his social network while still living in Chicago. With his new collection of friends and social contexts, a new habitus. Consequently, long before physically relocating back to the Firelands, Van significantly altered his self-concept. Self-concept, here, is a complex of the human-substance hybrid and their persons-places-things contexts. Thus, while some fled the Firelands to escape OUD, Van returned early in Wave 1 without the fear of a return to his prior heroin use. Likewise, as Wave 2 and 3 progressed, Van watched in horror for his community and for the future of his children, still so fully divorced of his former heroin-driven "drugged life" as to render any return to OUD unimaginable.

Not every form of improvisation is available to everyone. For decades, aggressive policing tactics excluded black residents implicated in the drugged life to engage in such self-determination. Meanwhile, whites engaged in the same drugged life were either "model youths" deserving a second chance or, in the case of their deaths, a tragic loss considered markedly more newsworthy than their black counterparts. Thus, the moral perfectionism that defined habitual substance use as sinful did so differentially, placing alternative expectations on white and black Americans. It is unsurprising, then, that the massive shift in the legal disposition for PWUO and others engaged in the "drugged life" should coincide with a shift in the prototypical substance user from a black to a white addict hybrid model. It should be noted that this shift in the prototype does not necessarily coincide with a shift in the demographics of those who are engaging in the psychoactive substance use, nor does it necessarily align with who the most likely casualties may be.

Alongside this shift in the race of the prototypical American substance user came shifts in the discursive constructions of the problem that psychoactive substances posed. For a century, the United States made sweeping generalizations about all illegal psychoactive substances;

illustrating that the primary concern was not necessarily the actual risk accompanying psychoactive substances, but control over these substances in general. This control, in practice, often meant different things for different people as well, apparently based primarily on race. The good-versus-evil narrative of American Puritanical moralism links past to present and race with sinfulness, as with Robert Erickson, the "handsome, popular" young man who, in 1948, was corrupted by an older woman and "Negro band." The contrast several years later in Sandusky in the 1989 death of Kenneth Grant, ostensibly due to ingesting an unknown quantity of an unknown substance after police received an anonymous tip. These two stories placed fifty years apart, still seem to suggest a racial double standard that exists to this day.

The emphasis on addiction, no longer habit and never a hit of intermittent or occasional consumption, in the social construction of substance use in the 20th century ensured that discussion of psychoactive substances always contained a hint of tragedy and even morbidity in the rhetoric. In the 21st century, this rhetoric continued with few caveats, namely cannabis and some discussion of psychedelics. While overdose deaths are at an all-time high at time of writing, so too are overdoses reversals at an all-time high. Relatedly, the proliferation and openness now afforded to cannabis through state and national trends in marijuana decriminalization, public opinion regarding the substance formerly known as "dope" is generally positive in the Firelands. Some commentary, even among people with no cannabis use history, proffers the idea that cannabis may be an effective solution to the opioid crisis. This, while many still disapprove of the use of MAT such as methadone or suboxone as "trading one addiction for another."

Addressing the Research Questions

Like much of the United States, the Firelands' has a long history of opium availability. Much of that history has largely been forgotten by the public. Opium existed in Sandusky by 1824. Pharmacists (druggists) were making various *preparations of opium* by the 1830s. All indications suggest that, locally, discourses on the topic of opium products were largely ambivalent throughout much of the first half of the 19th century. This local ambivalence appeared to transition to positivity during a deadly cholera outbreak. Nationally advertised patent medicines that generally contained no opium products used morphine and other opiates as rhetorical scapegoats, suggesting that the product being advertised was safe because it contained no opium products.

After the prohibition of opium and other narcotics, local discursive variation from the larger national context waned. The discursive messaging of the 20th century combined all drugs together as a generalized assemblage, alternately *narcotics* or *dope*. Narcotic drugs were "the worst evil in America" (Thierry 1921). Dope had the power to enact the narcotic evil, turning people into "fiends" and producing death and degradation in its wake. When the 1960s and 1970s shifted the discourse on drugs in the United States, the unifying narcotics/dope assemblage was broken up and heroin, marijuana, cocaine, and psychedelics became atomized problems, each with their own discursive narratives. National news about heroin predominated in the local area but some notable stories about area natives garnered media interest as well. In the years leading up to the interview period, discussion of an opioid crisis had already begun, having already been preceded by a crack epidemic, and a recent moral panic involving methamphetamine.

How has the dramatic increase in overdoses and deaths impacted the Firelands area?

Like much of the country, overdoses, and unintentional overdose deaths in the Firelands area increased dramatically from the years 1999 to 2021. This increase in overdose mortality inspired the creation of the area's first detox center. Law enforcement now carry naloxone and are regularly called upon to reverse overdoses. The CDC lists 241 overdose deaths for Erie County and 179 for Huron County from 1999 to 2019, with an age-adjusted overdose death rate of 16.1 and 15.3 per 100,000 respectively. These are both above the national aggregate of 10.6 per 100,000 for the combined twenty-year period. In 1999, neither Erie nor Huron Counties reported a single overdose death. That year, only seven counties in Ohio reported overdose deaths: the county with the highest death rate in 1999 being Montgomery County (Dayton) with 10.1 per 100,000 with Cuyahoga County (Cleveland) a distant second at 4.1 per 100,000 (CDC Wonder 2021).

This meteoric rise in unintentional overdose deaths in the Firelands area is not evenly distributed, however. In 2019, Erie County's numbers were rated as unreliable by the CDC, but the crude rate provided was 12.3 per 100,000 (with 95% confidence). Huron County's rate, however, was rated as a reliable 43.9 per 100,000. Located partially within the Firelands; Sandusky County's 2019 age-adjusted rate was 49.3 per 100,000 (CDC Wonder 2021). These were not the highest rates in the state of Ohio, but that fact does not diminish the desperation and pain expressed by the residents of the Firelands.

The most common experience and response theme has been that of tragedy and loss. Everyone I spoke with in the Firelands area, even before discussing the potential for an interview, was fully aware of the problem of overdose mortality. More than simply an awareness; everyone I spoke with had a story about how overdose deaths had impacted their

family or close personal friends. An emergency dispatcher and EMT in the rural Firelands petitioned to take custody of his daughter despite working 60 to 90-hour work weeks because the mother of his child was an active heroin user. A retired woman in her sixties now devotes most of her time to a non-profit she founded for the memory of her daughter, who died of an overdose the day before she was scheduled for rehabilitation treatment. Local first responders reversing overdoses daily, sometimes finding themselves working on a friend or relative. A local businessman who once considered himself the local bad boy, now maintains naloxone at his store, training others on reversing overdoses after the death of the mother of his child.

These stories are commonplace. Likewise, the concern for others has translated into irrational fears in the form of emergent folk beliefs associated with opioids. The second person interviewed claimed that when she goes shopping, she wipes down the handles of shopping carts because she believes fentanyl might be on them and that simply touching the substance could cause an overdose.[72] While being trained on reversing an overdose in the Firelands, the CPRS conducting the training claimed to hear about marijuana being laced with fentanyl in the local area – a statement with no documented evidence upon thorough research on the topic.

A variety of personal experiences and situated knowledge exist among PWUO in the area, some of which were considered at length in the prior chapter. An overarching moralizing discourse continues to inform the experiences of current and former opioid users and their loved ones. Some feel the need to practice "tough love" and detach from the PWUO in their lives. Identifying as an addict, for many PWUO, appears to diminish their self-concept. The terminology for active substance use versus cessation of substance use, being *dirty* or *clean*,

[72] The American Medical Association asserts that that fentanyl powder cannot be absorbed through the skin and touching fentanyl will not cause an overdose.

provides clear rhetorical evidence of substance use stigmatization. Even after saving the lives of friends who were overdosing, the stigma persists.

In what ways might the case of the Firelands area be generalizable?

The dramatic increase in overdoses and related deaths in the Firelands area is part of a long-term pattern within the United States, alternately referred to as the opioid crisis or opioid epidemic. The numbers and trends in the area match that of the rest of the country, albeit with a somewhat higher average overdose death rate. This is not the only context that the Firelands shares with the rest of the country. Overdoses increased after the 1990s and its multiple popular culture references to heroin and has been linked to those *deaths of despair* associated with economic decline throughout the country (Arnold 1999, Case and Deaton 2017). While I cannot suggest that either the popular obsession with heroin in the 1990s or the economic decline of the United States are causes or even contributing factors necessarily, they were both apparent at the national level and within the Firelands. These overarching national trends in cultural and economic contexts may well have had an impact on the increased likelihood toward POM and later heroin use, but the superficially increased demand through prescription opioid overprescribing followed by the abrupt removal of prescription opioids through governmental action created an unprecedented supply vacuum that was rapidly filled; first by energetic heroin distribution networks, and then by the introduction of illicitly manufactured fentanyl (IMF) (Quinones 2015). These and interrelated factors combined, not independently, combined to produce the first waves of unprecedented increases in overdose deaths in the United States from 2000 up to, and including, the present at time of this document's publication.

Prior to the current crisis, the U.S. had several earlier opium-related mortality crises. Prior to the 20th Century, patent medicines containing opium and morphine implicated in the

deaths of an unknown, yet substantial, number of American adults and infants. During the 1960s and 1970s, heroin use increased among Americans serving abroad during the Vietnam War and domestically (Courtright 2001, Golub and Johnson 1999). The post-Vietnam War period, then, brought with it a convergence of the two heroin using populations. All these macro-level trends were evident in the Firelands area and, as such, I argue that the case of current opioid and polysubstance use in Firelands is generalizable in the following ways:

1. *Historical discourse*: with few exceptions, the local discourse mirrored national discourse prior to the 20th Century and is almost entirely comprised of national discursive contexts during the 20th Century. This means a persistent moralizing discourse continued to evolve from the era of the Women's Christian Temperance Movement to the journalistic depictions of *dope fiends*, the morbid reification of addict hybrids, and the personifications of heroin.
2. *Lived Experience of Small-Town White Americans*: this research study cannot adequately analyze the experiences of the non-white populations of small towns in the United States. The black, indigenous, and Latinx populations doubtless have a distinct collective set of experiences that were beyond the capacity of this research project to address. For whites in small towns, especially white men, my research is arguably generalizable. This generalizability comes with certain caveats; in particular, regional differences in culture and economic opportunity almost certainly play a role in lived experiences.
3. *Knowledge of PWUO*: people who use opioids in the United States have experienced more-or-less uniform situational change in recent decades. A shift in the discursive messages led to growing awareness of national overdose trends, both for PWUO and the at-large population. The ability to identify an overdose, reverse an overdose with

naloxone, and locate detoxification and rehabilitation services has increased alongside the increased availability of news reporting and available resources. This type of information also combines with other situational knowledge, such as learning how to inject heroin, or the knowledge associated with being or interacting with a user-dealer. Such knowledge varies from the popular culture depiction of life as a PWUO.

4. *Prevailing Discourses*: despite the persistence of moralizing discourses, the prevailing discourse has shifted nationally. Much discussion of the opioid crisis, as it is commonly known, centers on the role of *pill mills* and Purdue Pharma (makers of OxyContin), rather than the presumed weakness and amorality of the archetypal opioid addict. The archetypal substance user has changed as well, now predominantly imagined as a young white person, rather than a person of color. While neither archetype accurately represents the mean substance user, these images promote discursive positions and, in the case of the white archetypal substance user, coincide with the first relaxing of tough-on-crime drug policies in decades.
5. *Personal Narratives and Scripts*: based on interview and ethnographic data collected in the Firelands area, I argue that personal narratives and associated life scripts are a product of historical and prevailing discourses, life experiences, situationally acquired knowledges. The approximation of all these combined factors informs memory just as much as memory informs personal narrative, potentially more so (Hutton 1988). When identity is interconnected with personal narrative, actions become prescribed in adherence with an identity standard. This claim, unfortunately, requires further research and is still largely theoretical, but the initial background is already present in my research findings.

Conclusion

The purpose of this research is to consider the role of discourse in the lives of small-town substance users, their experience and knowledge and, as a result, their self-perceptions in the form of personal narratives. While older existing discourses have little direct effect on personal narratives, the thematic precedents that provide connect past with present and the discourses of the recent past maintain a trace of the older historical themes. While the historic moment of this study comes with dramatic shifts in the discourse, the same discursive theme of moralization lingers. While the discourse surrounding opioid and polysubstance use appears to be shifting towards a decrease in moralization, in favor of a more matter-of-fact harm reduction discourse, the future of drug discourse remains unclear.

APPENDIX A. A DEMOGRAPHIC AND GEOGRAPHIC SKETCH OF THE FIRELANDS

Each of the previous chapters include brief historic descriptions of Sandusky, its economic situation, and the implication of race on local drug discourses. I also provide, even more briefly, a description of the rest of the Firelands. Here, I will attempt to include additional detail – working to only include relevant ethnographic and contemporary historical contexts.

The town of Sandusky is both home to one of the most popular amusement parks in the world, Cedar Point and a micropolitan suffering from decades of prolonged poverty and economic blight, and violent crime rates far exceeding the national average (Census 2019, Hackworth 2018, OLESI 2017). Sandusky's main racial demographics are white (67.3%) and black (23.9%) (Census 2019). With a large amusement park so close by, unemployed and underemployed people can find work during Cedar Point's seasonal operation period between mid-April and throughout the Summer, possibly also during their weekend hours until they close for the year after Halloween (October 31). Violence often takes the form of fights, with some fights including multiple combatants, in public spaces such as bars, public parks, or side streets.[73] Sandusky's population has significantly fewer college graduates than the national average (2019). Sandusky is the county seat of Erie County. Nearly all of Erie County's black population (8.8%) live in Sandusky (2019). The economic blight of Sandusky is accentuated by the fact that many of the still operating factories, light industrial, grocery, and retail locations are in neighboring Perkins Township; population 11,700. Together, Sandusky and Perkins have around twenty churches, including three Catholic churches, several Protestant churches (primarily

[73] Data collected from local police reports show a high number of violent incident reports, including multi-party incidents. The rate of assault in Sandusky is roughly nine times that of Chicago, Illinois.

Baptist and Lutheran), four Pentecostal and non-denominational churches, and two Latter-Day Saints (LDS) churches – approximately one church per 2000 residents. Erie County has approximately sixty churches serving just over 74,000 residents. The county has one synagogue, in Perkins Township. The nearest mosque is an hour drive, in Perrysburg Ohio.

The Firelands area's other micropolitan, Norwalk, has a population of around 17,000 residents. Norwalk's racial demographics are predominantly white (94.9%), with black being the next highest demographic group (2.4%) (Census 2021). Norwalk is the county seat for Huron County which is primarily rural townships. Huron has fifty-seven churches serving around 58,000 residents. There are no synagogues in Huron County.

Partially situated in Erie, Huron, Seneca, and Sandusky Counties, Bellevue has a population of around 8000 residents. The nearly all white (96.3%) population of Bellevue are spread out throughout the semi-rural township, but the town still has a four-block long stretch of Main Street with a locally owned grocery store, an ice cream parlor that doubles as a coffee shoppe, a video game store, and other businesses. Just outside of Main Street, Bellevue – like so much of the Firelands – is in visible decline. Many people live in apartments retrofit from old store fronts, trailers, or in homes that are in various states of disrepair.

The approximately 150,000 residents are connected through a series of county routes, state routes, highways, and interstates. Ohio's State Route 4, which ends in Sandusky, links the town directly to Columbus and Cincinnati. U.S. Route 6, the longest of the Federal system's numbered highways as it stretches between California and Massachusetts, passes through Sandusky and the Firelands. U.S. Route 20 runs through Sandusky and connects the Firelands to Toledo in the West and Cleveland in the East. The Ohio Turnpike, serving as a direct route toll-road between Chicago, IL and Pittsburgh, PA, has five exits in or near the Firelands area.

APPENDIX B. LIST OF INTERVIEWEES AND PSEUDONYMS

Pseudonym	Sex	Age	Race	OUD	Interview Date	Follow-up
1. Mary	F	56-60	W	N	12/12/2017	N
2. Lois	F	51-55	W	N	12/13/2017	Y
3. Beverly	F	56-60	W	N	12/15/2017	N
4. Amy	F	31-35	W	Y	12/15/2017	†
5. Ray	M	36-40	W	Y	12/17/2017	Y (3)
6. Sarah	F	56-60	W	N	12/19/2017	N
7. Jerry	M	36-40	W	Y	12/20/2017	N
8. Bob	M	36-40	W	Y	12/23/2017	N
9. Carter	M	36-40	W	Y	12/26/2017	N
10. Dean	M	56-60	W	Y	12/27/2017	N
11. Bill	M	71-75	W	Y	12/28/2017	N
12. Joe	M	36-40	W	N	12/31/2017	Y
13. Paula	F	31-35	W	Y	06/13/2018	N
14. Sammy	M	36-40	W	Y	07/17/2018	Y
15. Amber	F	36-40	W	Y	07/18/2018	Y (2)
16. Andy	M	36-40	W	Y	07/17/2018	N
17. Buck	M	61-65	W	Y	07/19/2018	N
18. Cassie	F	56-60	W	N	07/19/2018	N
19. Chad	M	36-40	W	Y	07/25/2018	Y
20. Gary	M	56-60	B	Y	08/09/2018	Y
21. Irene	F	41-45	W	Y	12/20/2018	Y
22. Vince	M	36-40	W	Y	12/22/2018	N
23. Stan	M	41-45	W	Y	12/26/2018	N
24. Ophelia	F	21-25	W	Y	12/28/2018	N
25. Wilma	F	51-55	W	Y	12/29/2018	N
26. Rafael	M	31-35	W	Y	01/04/2019	N
27. Tony	M	36-40	W	Y	05/01/2019	N
28. Jeanne	F	21-25	W	Y	06/17/2019	N
29. Javier	M	51-55	H	Y	06/19/2019	N
30. Nadine	F	36-40	W	Y	07/02/2019	Y
31. Valerie	F	31-35	W	Y	07/19/2019	N
32. Sebastien	M	26-30	W	Y	07/07/2019	N
33. Van	M	36-40	W	Y	07/20/2019	N
34. Marco	M	35-40	W	Y	12/14/2019	N
35. Vicky	F	31-35	W	Y	12/15/2019	N
36. Rose	F	41-45	W	Y	12/19/2019	N
37. Peter	M	36-40	W	N	12/19/2019	N
38. Victor	M	41-45	B	N	12/20/2019	N
39. Teresa	F	56-60	W	Y	12/30/2019	N
40. Isaiah	M	46-50	W	N	08/02/2018	Y (12)
41. George	M	60-65	W	N	07/12/2019	Y
42. Zachary	M	36-40	W	Y	07/24/2019	Y (19)
43. Beverly	F	45-50	W	N	01/15/2020	N

44. Rafael	M	61-65	W	Y	01/21/2020	N
45. Patricia	F	36-40	NA	Y	08/03/2020	Y
46. Javier	M	35-40	H	N	08/03/2020	N
47. Ruth	F	36-40	W	Y	08/05/2020	N
48. Oscar	M	26-30	W	Y	09/13/2020	N
49. Chuck	M	46-50	W	Y	01/20/2021	Y
50. Howard	M	46-50	W	Y	01/23/2021	N
51. Richard	M	41-45	W	Y	02/05/2021	N

Notes:

1. Sex column denotes M (male) and F (female). Though interviewees were asked gender, nearly all replied either male or female. No interviewee disclosed a transgender or non-binary identity.
2. Abbreviations for race include W (white), B (black), H (Hispanic, Latino/a/x), and NA (Native American).
3. The column labeled OUD refers exclusively to opioid use and polysubstance use including opioids.
4. The Follow-up column refers to the existence of one or more additional planned in-person interviews, or comparable correspondence. For interviewees with more than one follow-up, the number of additional interactions is noted in parenthesis.
5. Follow-ups for Isaiah were primarily in-person and planned, though some were telephone correspondence and initiated by Isaiah.
6. Follow-ups for Zachary refer to in-person and telephonic correspondence.
7. † Denotes interviews conducted through a mixture of phone, text, and social media spanning multiple days or weeks.
8. Pseudonyms after 2017 were systematized. Names were either chosen by the interviewee or a gender-appropriate name was selected from unused hurricane names from the World Meteorological Organization Atlantic hurricane naming system beginning with the 1999 hurricane season.
9. Informative correspondence in which the informant wished not to be recorded are not listed and were not assigned pseudonyms.

APPENDIX C. MISS HEROIN

Background: in the 1970s, the following poem appeared in newspapers, printed on posters, and was shared virally. No definitive information is available as to the author, where or when it was written, or the intended title of the poem. Several versions of the poem exist under various titles, including *Miss Heroin*, *Take Me in Your Arms*, '*Til Death Do Us Part*, and *Hello, My Slave*. Alternative poetic content and title also exist under the name *Lady Heroin*. I provide the version below with the most common poetic content and given the title that best fits the description provided through the recollection of interviewees during the research process (n.d.).

Take Me in Your Arms, Miss Heroin
So now, little man, you've grown tired of grass
LSD, goofballs, cocaine, and hash
And someone, pretending to be a true friend
Said, "I'll introduce you to Miss Heroin."
Well honey, before you start fooling with me
Just let me inform you of how it will be.
For I will seduce you and make you my slave
I've sent men much stronger than you to their graves
You think you could never become a disgrace
And end up addicted to Poppy seed waste
You'll start inhaling me one afternoon
You'll take me into your arms very soon
And once I've entered deep down in your veins
The craving will nearly drive you insane
You'll swindle your mother and just for a buck
You'll turn into something vile and corrupt
You'll mug, and you'll steal for my narcotic charm
And feel contentment when I'm in your arms
The day, when you realize the monster, you've grown
You'll solemnly swear to leave me alone
If you think you've got that mystical knack
Then sweetie, just try getting me off your back
The vomit, the cramps, your gut tied in knots
The jangling nerves screaming for one more shot
The hot chills and cold sweats, withdrawal pains
Can only be saved by my little white grains
There's no other way, and there's no need to look
For deep down inside you know you are hooked
You'll desperately run to the pushers and then
You'll welcome me back to your arms once again
And you will return just as I foretold!
I know that you'll give me your body and soul
You'll give up your morals, your conscience, your heart
And you will be mine until, "Death Do Us Part"

APPENDIX D. IRB APPROVAL

ACTION ON EXEMPTION APPROVAL REQUEST

Institutional Review Board
Dr. Dennis Landin, Chair
130 David Boyd Hall
Baton Rouge, LA 70803
P: 225.578.8692
F: 225.578.5983
irb@lsu.edu
lsu.edu/research

TO: Andrew Burns
Sociology

FROM: Dennis Landin
Chair, Institutional Review Board

DATE: October 25, 2019

RE: **IRB#** E10699

TITLE: Ohio Opioid Crisis: Perceptions Within Effected Communities

New Protocol/Modification/Continuation: Modification

Brief Modification Description: Revised interview questions and project description.

Review date: 10/11/2019

Approved X **Disapproved** _____

Approval Date: 10/25/2019 **Approval Expiration Date:** 10/29/2020

LSU Proposal Number (if applicable):

By: Dennis Landin, Chairman DLandin

PRINCIPAL INVESTIGATOR: PLEASE READ THE FOLLOWING –
Continuing approval is CONDITIONAL on:

1. Adherence to the approved protocol, familiarity with, and adherence to the ethical standards of the Belmont Report, and LSU's Assurance of Compliance with DHHS regulations for the protection of human subjects*
2. Prior approval of a change in protocol, including revision of the consent documents or an increase in the number of subjects over that approved.
3. Obtaining renewed approval (or submittal of a termination report), prior to the approval expiration date, upon request by the IRB office (irrespective of when the project actually begins); notification of project termination.
4. Retention of documentation of informed consent and study records for at least 3 years after the study ends.
5. Continuing attention to the physical and psychological well-being and informed consent of the individual participants including notification of new information that might affect consent.
6. A prompt report to the IRB of any adverse event affecting a participant potentially arising from the study.
7. Notification of the IRB of a serious compliance failure.
8. **SPECIAL NOTE: Make sure you use bcc when emailing more than one recipient. Approvals will automatically be closed by the IRB on the expiration date unless the PI requests a continuation.**

**All investigators and support staff have access to copies of the Belmont Report, LSU's Assurance with DHHS, DHHS (45 CFR 46) and FDA regulations governing use of human subjects, and other relevant documents in print in this office or on our World Wide Web site at http://www.lsu.edu/irb*

APPENDIX E. INTERVIEW QUESTIONNAIRE

Ohio Opioid Interview Protocol
Draft: December 29, 2017
(This long-form serves as a guide for interview content, but interview structures vary and are guided primarily by participant narrative).

Consent Script

The following questions are meant for in-person interviews, but telephone or online interviews may be conducted using the same format. Follow-up questions may be asked as needed. All interview subjects will remain anonymous.

All participation is voluntary, and any participant may refuse to answer any question or end the interview at any time.

This study has been approved by the Louisiana State University Institutional Review Board. They can be reached at irb@lsu.edu or by phone at 225-578-8692.

The purpose of this study is to get a more complete understanding of the impact the opioid crisis has on community members.

Introduction

This is a semi-structured interview, with a variety of questions.

Some people talk about an opioid crisis, and news and social media have chronicled recent overdoses and deaths related to drug use. Your opinions and knowledge about the subject will be very helpful in understanding its impact and possibly helping to shape policy on the subject.

Personal Statement

Do you want to share any of your experience(s) in this matter?

Social Networks, Sources, and Trust

1. Do you have close friends and family nearby? Who do you rely on the most for support (emotional, financial)?
    1a. Tell us about your family and/or friends?

2. When did you first learn about "heroin"?

3. When did you first hear the term "opioid" used?

4. How did you learn about the current opioid situation?
5. How closely have you been following the story of the Opioid Crisis?

6. In your own words, could you describe what you think is going on with the current Opioid Crisis?

7. Do/did you think all the media coverage on the subject was/has been accurate, or do/did you doubt some of it?

8. How well-informed do you feel you are about the opioid situation? (Well informed, somewhat informed, or not well informed)

8a. Have you heard about the presence of fentanyl in what is being sold as heroin? 8b. Have you heard anything about the use of Narcan as a means for halting an overdose? 8c. In general, do you think people who are using fentanyl are doing so intentionally?

9. Overall, what do you think about the information you have heard about opioids?

9a. Has the information been clear?

9b. Do you think the information has been Accurate?

9c. Do you think that the problem has been over-exaggerated?

10. Can you compare the current crisis with the crack epidemic in the 1980s and 1990s?

10a. Why do you think the response has been different for the Opioid Crisis?

11. Could you recall a **specific conversation** you've had about the current rash of opioid overdoses in the region, one that you particularly remember?

11a. How did this other person feel about the situation?

11b. Do you think what they said was reasonable?

12. How frequently do you read, watch, or listen to the news?

12a. What kind of news sources do you use?

Some examples may include TV (local, national), radio, newspapers (local, national, international), or internet sources.

13. Do you remember any **specific** articles/shows/websites about the Opioid Crisis?

13a. When and what content? (Specific examples)

13b. If the internet is a principal source, have you actively sought information or just learned while browsing (Twitter, Facebook)

14. Do you remember receiving any emails or text messages regarding the Opioid Crisis?

14a. When and what content? (Specific examples)

15. Do you feel that the news covers the Opioid Crisis sufficiently/too much/not enough? 15a. Are you concerned about misinformation or rumors on the topic of opioids?

16. Let's talk about other people in this community:

16a. How do most people find out about the Opioid Crisis?

16b. What do most people think the risks are?

16c. What do most people the impact on the community is?

16d. What do people think possible solutions may be?

17. What are your fears about the use of opioids in your community?

18. Do you know anyone who has used opioids for non-prescribed reasons?

19. Have you ever been personally impacted by opioids?

20. If you discovered a close friend and family member were using opioids, what would you do?
    20a. If you found that they were in the middle of an overdose, what would be the best thing to do?

21. What are your thoughts on Narcan? Should all first responders (including law enforcement) be equipped and trained with its use and administration?

22. Do you know anyone who has been directly impacted by opioids?
    22a. Describe (if you would like).

23. Was there a point where you just stopped talking/thinking about the Opioid Crisis?
    23a. Describe (if you would like).

KNOWLEDGE, RISKS, PROBLEMS

24. Have you heard where Heroin comes from?
    24a. What about Fentanyl or carfentanil?

25. How do people get addicted to opioids?
    25a. (if applicable) Who is at risk?
        Addendum: is anyone not at risk?
    25b. (if applicable) Are some at greater risk than others? (Based on race, class, gender contexts)

26. What measures, if any, do you take to remain safe during the current opioid situation?

27. Have you done anything, or avoided anything, personally to prevent opioid addiction?
    (Preventive measures taken may include, if asked: 'avoiding specific prescription pain-relieving drugs'; ‘not taking all of your prescription'; 'avoiding situations in which opioids may be taken')

28. Are there places or situations you avoid specifically because of opioids?

29. Are there places or situations you seek out specifically because of opioids?
30. Hypothetically, if you were to become addicted to opioids (or, if an active user, happen to relapse), how would you respond?
    30a. What might you do to seek treatment?
    30b. (if addiction is mentioned/stated) What treatment have you sought?
    30c. (if 30b answered) What treatment(s) worked for you and what did not?

31. What would you say the main risks are in terms of keeping yourself and/or your family safe?

32. Do you know how people are treated for overdose?
    32a. Can you describe how?

33. Do you know how people are treated to end opioid addiction?
    33a. Can you describe how?

34. Whose opinion would you trust regarding the risks posed by opioids?
    34a. Whose opinion would you trust regarding the risks of drug addiction?

35. Describe a typical workday—from the time you get up until the time you go to bed—focus on how often and how you come into contact with different people.

POLICY (government & community action)

Let's talk about actions that the government, or the community could take

36. What do you think communities should do to protect people?

37. To the best of your knowledge, what actions or programs are in place to deal with opioid addiction?
    If possible, as for specifics (e.g., Sandusky detox center, Norwalk's Lighthouse of Hope).

38. What should the requirements be regarding someone who has an opioid overdose?

39. What, if anything, can be done to control/eliminate the Opioid Epidemic?

40. Do you think the Opioid Crisis is going to continue for a long time? In other words, will the authorities have it under control soon?

OPINION

41. **Drugs.**

41a. What are your perceptions of recreational drugs in general?

41b. What are your perceptions of marijuana?

41c. What are your perceptions of cocaine?

41d. What are your perceptions of crack cocaine?

41e. What are your perceptions of hallucinogens in general?

41f. What are your perceptions of methamphetamine and similar substances?

41g. What are your perceptions of prescribed opioid painkillers used recreationally?

41h. What are the risks of addiction to marijuana?

41i. What are the risks of addiction to cocaine?

41j. What are the risks of addiction to crack cocaine?

41k. What are the risks of addiction to hallucinogens?

41l. What are the risks of addiction to methamphetamine and similar substance?

41m. What are the risks of addiction to prescribed opioids?

41n. In your opinion, do any of the above drugs have medicinal value? If so, please list.

Quick Response

42. Are you concerned about an increase in opioid addictions and/or deaths in this state?
Yes / No

43. Would you agree or disagree with a policy by the government to charge those who overdose with a fee?
Agree / Disagree

44. Would you agree or disagree with a policy by the government to imprison opioid users?
Agree / Disagree

45. Would you agree or disagree with a policy by the government to provide users with heroin or some other opioid?
Agree / Disagree

46. Would you agree or disagree with a policy by the government to supply users with clean needle replacement?
Agree / Disagree

47. Would you agree or disagree with a policy by the government to supply detoxification and/or rehabilitation services to people who use illegal substances?
Agree / Disagree

48. Should the state and/or local government pay for treatment programs?
Yes / No

49. Should state or local government pay for Narcan supplies and training for police, fire, and EMS?
Yes / No

50. Is the government doing enough to deal with opioid overdoses compared to the risk?
Doing enough / Doing too much / Doing too little / Don't Know

51. Do you think the State and Local authorities are acting in the public's best interest in dealing with opioid use?

52. In your opinion, how likely is it that you would come into contact with someone who uses opioids?
Very likely / Not likely at all / Neither likely nor unlikely / Don't Know

53. All things considered, is it easy or hard to get addicted to opioids?
Very easy / Somewhat easy / Somewhat hard / Very hard / Don't Know

54. Once addicted, how easy or hard is it to quit using opioids?
Very easy / Somewhat easy / Somewhat hard / Very hard / Don't Know

55. Do you think that the U.S. Government is prepared to handle the current Opioid Crisis?
Yes / No

56. What about the American medical profession?
Yes / No

57. What about the State of Ohio?
Yes / No

58. What about the local government?
Yes / No

59. Are members of the community at large prepared to deal with the crisis?
Yes / No
60. Are people too worried, not worried enough, or have about the right amount of concern regarding the Opioid Crisis?
Too worried / Not worried enough / About right

61. Do you think public health authorities are adequately communicating the dangers of opioids?
Yes / No

62. Do you agree with the State of Ohio's initiative for everyone to carry Narcan?
Yes / No

Demographic and Background Questions

A. Where do you live now?
B. Where are you originally from?
C. Where did you go to school?
D. What is your age?

E. What is your Gender?
F. What is your race/ethnicity?
G. What is your highest Level of Education?
H. What do/did you do for a living?
I. Are you married?
J. Do you have any children?

If you are not a medical professional or first responder, this is the end of the study.

Thank you for your participation!

If you are a medical professional, please see the following questions.

Additional Questions (for medical professionals and first responders)

63. **For medical professionals and first responders:** What are your primary concerns about treating active opioid users?

64. **For medical professionals and first responders:** Has anyone ever sought your professional opinion about opioid addiction?

52a. What were some concerns that were raised?

65. **For medical professionals and first responders:** Have you ever been approached or sought out for access to opioids?

Thank you for your participation.

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VITA

Andrew Burns originates from Northern Ohio and has been living in Louisiana since 2006. Andrew's broad range of research interests include the study of social normativity, social control, the role of language in the formulation of perceptions of reality, non-human actants, and the relationship between social psychological processes and the elements mentioned above in the iterative co-construction of the social world. Andrew pursues the research agenda above through a multidisciplinary lens, supplementing sociological literature through media theory, historical analysis, and modern philosophical influences. Andrew Burns considers destigmatization and social justice primary to his research, teaching, and community involvement. Outside of academic research, Andrew enjoys listening to and creating music and audio-visual collage, blogging, meditation, walking, community outreach, mentorship, advocacy, and serving as a wedding officiant.