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Thesis Summary

The opioid crisis is one of the deadliest public health crises experienced by the United States in the last century. It is also a notable example of the impact of racialized narratives on the political attention and energy that health crises receive. This thesis investigates which conditions make political discussion of opioid topics most likely, finding that high opioid overdose rates decrease the likelihood of candidates for political office discussing opioids in campaign statements unless local media coverage of the issue is high. The historical context in which these conditions developed is also examined in depth and suggestions for future research using these data are described.

Abstract

The most recent opioid crisis in the United States was largely described, by politicians, the media, and subsequently members of the voting public, as being an issue primarily affecting rural White communities. This phenomenon is shaped by the fact that the rate at which White Americans use opiates is outpaced by the frequency with which White American use of opiates is described as an issue of human interest in opinion or editorial articles in news media. In this thesis I aim to understand how the racialized public and political perception of opiate use is shaped by local media.

The following study is divided into two sections. In the first, I synthesize existing literature and do an original survey analysis of newspaper articles to describe the development of the racial connotations of opiate use from the late 19th century to the present day. In the second, I follow the standards of political science to conduct state-level regression analyses on the correlation between actual opioid overdose death rate, frequency of opioid mentions in the opinion-editorial sections of newspapers, and salience of opioid issues in published statements from candidates for political office. I end with a discussion of my findings and the role of the current crisis in the history of public concern over opiate use and mention some avenues for further research using the data collected for this project.

Introduction

At the end of the summer of 2016, the Richmond Times Dispatch in Richmond, Virginia ran a series of four excerpts from August Wallmeyer’s book “The Extremes of Virginia” in its editorial section. These opinion pieces describe the Virginian countryside as a hotbed of addiction falling rapidly into decline and abandoned by the government which had previously protected such communities by virtue of their Whiteness.¹ A year earlier, a letter to the editor in the Charleston Gazette-Mail titled “Middle-aged, white, and at risk: The Americans progress forgot” argued that the failure of White members of the baby-boom generation to outperform their parents in the continued acquisition of both economic and social status led to a crisis of addiction, suicide, and overdose in White Americans.² Between 2014 and 2021, nearly 2,000 opinion, editorial, and commentary pieces or letters to the editor concerned with the modern opioid epidemic were published in American newspapers. These publications, reflecting both public opinion and the publishers’ understanding of which stories are important, build on this effectively racialized narrative of White decline to call on politicians to act in defense of the American communities harmed by the distributors of opiates, described alternately as the pharmaceutical industry and foreign drug cartels.³

¹ Wallmeyer, August. “State of Decline.” Richmond Times Dispatch, August 28, 2016, 2 edition, sec. Commentary. ; Wallmeyer, August. “Addiction and Death in the Countryside.” Richmond Times Dispatch, September 4, 2016, 2 edition, sec. Commentary.

² Meyer, Dick. “Middle-Aged, White and at Risk: The Americans Progress Forgot.” *Charleston Gazette-Mail*, November 8, 2015, sec. Editorial.

³ Peters, Dan. “TOOMEY’S ACTIONS DON’T MATCH HIS WORDS.” *Pittsburgh Post-Gazette*, October 20, 2015, Sooner edition, sec. Letters to the Editor. ; Gzedit. “Pain Pills; Crisis Caused by Sellers.” *Charleston Gazette-Mail*, September 28, 2015, sec. Editorial. ; “Gzedit. “Malpractice; Opioids for Addicts.” *Charleston Gazette-Mail*, April 2, 2016, sec. Editorial. ; Flam, Faye. “Bloomberg Op-Ed: Doctors Paved the Road to Hell with Pain Pills.” *The Salt Lake Tribune*, April 10, 2016, sec. Opinion. ; Gingrich, Newt, and Lee Habeeb. “A Deadly Twist in the Opioid Epidemic; Newt Gingrich and Lee Habeeb: Fentanyl Adds a Deadly Twist to the Opioid Epidemic.” *Richmond Times Dispatch*, March 11, 2018, 2 edition, sec. Commentary. ; Will, George. “Drug Trade

This opioid crisis, visualized by media and the public as tearing apart White, rural, and impoverished communities and families, became one of the most discussed health policy issues of the 21st century. Previous research has investigated the validity of media narratives about the racial demographics of opioid users and, separately, the relationship between media and statements from politicians on racialized issues. However, little to no extant research investigates the relationship between media, opioid use rates, and political campaign statements. This hole in the literature shapes the central question of this inquiry: are political responses to the opioid crisis more likely to be based on real overdose conditions in given constituencies, or on the perceived rate of overdose in those areas as shaped by local media coverage? To test this question, I aggregate opinion-editorial coverage of opioids and compare it to both state-level opioid overdose data and statements on the same topic posted to the campaign websites of candidates for public office. A logistic regression analysis of this data found that it is media coverage of opiate topics, not actual opioid overdose deaths, that drives campaign comment on the subject. These findings reinforce prior research establishing that campaign statements are more responsive to media coverage than real-world conditions and set the stage for more nuanced understanding of how opioid crises are responded to politically and in law.

Historical Context

Opiates have been a central tool in human medical practice for millennia. In the ancient world, recipes for tinctures, potions, and draughts meant to treat any manner of ailments regularly

Adapts; Chemistry Ups the Danger.” *The Philadelphia Inquirer*, March 18, 2019, sec. Opinion. ; Steidler, Paul F. “STOP ACT WILL PREVENT OPIOID SMUGGLING.” *Pittsburgh Post-Gazette*, August 21, 2018, Sooner edition, sec. Editorial.

included derivatives of the poppy seed, and artwork from these cultures show that poppy was known to have the power to cause sleep and ease pain.⁴ The scientific advancements of the Enlightenment and Industrial Revolution allowed for poppy derivatives distilled into pure opium to become widely available in the early 19th century. This allowed for an explosion of opiate use, including morphine for surgery and laudanum (a mixture of opium powder and alcohol) to treat pain and a wide variety of so-called nervous conditions.⁵ Regulation of these drugs was not introduced, however, until the mid-1880s. Since that time, the regulatory mechanisms created to restrict the production and sale of impure opium or morphine solutions to members of the medical profession have been expanded to cover almost every intoxicant currently available.

Beyond simply being the first substance to be regulated, a review of newspapers and statements from politicians reveals that opiates have long had a unique place within the public discussion on drug use. In short, public discussion of opiates can be understood in three primary time periods: the first crisis of use in the mid-19th to early 20th century, the period of concern over criminalized use of opiates in the mid-20th century, and the modern opioid crisis. I contend that across these three phases of concern over drug use a dual racialization, in which Whites are presented as victims of medicalized opiate addiction and racial ‘others’ are presented as responsible for using non-medical opiates which Whites are then victimized by, is consistent.⁶ In

⁴ Norn, Svend, Poul Kruse, and Edith Kruse. “[History of Opium Poppy and Morphine].” *Dan Medicinhist Arbog* . 33 (2005): 171–84. <https://pubmed.ncbi.nlm.nih.gov/17152761/>.

⁵ Hamilton, Gillian R., and Thomas F. BAskett. “In the Arms of Morpheus: The Development of Morphine for Postoperative Pain Relief.” *Canadian Journal of Anesthesia/Journal canadien d’anesthésie* 47, no. 4 (April 2000): 367–74. <https://doi.org/10.1007/bf03020955>. ; Courtwright, David. “The Female Opiate Addict in Nineteenth-Century America.” *Essay in Arts and Sciences* x, no. 2 (March 1982).

⁶ Herzberg, David, Honoria Guarino, Pedro Mateu-Gelabert, and Alex S. Bennett. “Recurring Epidemics of Pharmaceutical Drug Abuse in America: Time for an All-Drug Strategy.” *American Journal of Public Health* 106, no. 3 (2016): 408–10. <https://doi.org/10.2105/ajph.2015.302982>.

the following section, I use a qualitative analysis of academic, political, and newspaper records to construct a history of the basic politics of opiate use. In doing so, I hope to help contextualize the findings of my political science analysis.

First Opiate Crisis

The first wave of public concern about opiate usage came in the latter half of the 19th century and is best understood as comprising two social concerns separated by method of opium consumption. The first of these methods is opium smoking. Those engaging in it were generally perceived as being Chinese men who congregated in public den spaces created for that purpose. Opium use was actually prevalent among Chinese immigrants, largely due to the pervasiveness of the drug in China itself after years of British opium trade expansion into the country. The vast majority of Chinese immigrants were also men, due to restrictive immigration and emigration policies in the United States and China, respectively.⁷ Together with rising economic and xenophobic fears about increased immigration from all regions, smoking opium was seen as the result of natural or cultural inferiority and of poverty. In the lower-class neighborhoods which (although somewhat segregated by ethnicity) generally forced interaction between ethnic groups, the idea of opium smoking as an odious and evil habit of the lower ‘foreign’ classes became

⁷ Mccaffrey, Patrick. “Drug War Origins:How American Opium Politics Led to the Establishment of International Narcotics Prohibition,” 2019. <https://dash.harvard.edu/bitstream/handle/1/42004195/MCCAFFREY-DOCUMENT-2019.pdf>. ; Hickman, Timothy. “Drugs and Race in American Culture: Orientalism in the Turn-of-the-Century Discourse of Narcotic Addiction.” *American Studies* 41, no. 1 (2000): 71–91. <https://www.jstor.org/stable/40643117>. ; Mark, Gregory Yee. “Racial, Economic and Political Factors in the Development of America's First Drug Laws.” *Issues in Criminology* 10, no. 1 (1975): 49–72. <https://www.jstor.org/stable/42909717>.

entrenched. Public perception of opium use among this group of working-class men of varying nationalities, whose use of the drug was understood to be for a kind of sinful bodily pleasure, gave opiates a reputation as the drug of the urban underworld.⁸

However, the tale of drug use in the seedy underbelly of society was not the only narrative of public concern expressed about opioids. The second prevalent understanding of opium consumption in the 19th century was the phenomenon of middle- or upper-class White women drinking or injecting prescribed or quasi-medical opiates at home. A survey of archived newspapers from the latter half of this century shows that public opinion, represented and shaped by media coverage, did see opiate use as a legitimate source of concern about privileged women. These reports, with shocked headlines like “Opium Eating in New York — Its Fearful Extent— Ladies Indulge in It” and “Drugged to Death — A Lady Poisoned with Solution on Opium” frequently describe the tonics used in such cases as prescribed by doctors for the kind of women’s complaints which were then uninvestigated or untreatable or unbelievably by the medical establishment.⁹ This overview of public perception of opiate use through newspapers is also supported by several non-rigorous surveys of doctors from the time indicating that the vast majority of their patients on opiates were women.¹⁰

There seem to be two primary explanations for opiates being so widely prescribed to economically comfortable White women during this time. The first of these explanations is

⁸ Courtwright, David T. “Preventing and Treating Narcotic Addiction — a Century of Federal Drug Control.” *New England Journal of Medicine* 373, no. 22 (2015): 2095–97. <https://doi.org/10.1056/nejmp1508818>.

⁹ “DRUGGED TO DEATH.: FATAL ERROR BY A DRUG CLERK--A LADY POISONED WITH SOLUTION ON OPIUM.” *Chicago Tribune*, July 7, 1870. ; “OPIUM EATING IN NEW YORK.: ITS FEARFUL EXTENT--LADIES INDULGE IN IT.” *Chicago Tribune*, March 28, 1869.

¹⁰ Kandall, Stephen R. “Women and Drug Addiction: A Historical Perspective.” *Journal of Addictive Diseases* 29, no. 2 (2010): 117–26. <https://doi.org/10.1080/10550881003684491>. ; Courtwright, “*The Female Opiate Addict*”.

medical. The invention of the hypodermic needle in 1853 and the newfound industrial ability to produce large scale batches of the tools for the formulation and bottling of laudanum opiate tonics allowed doctors in this period to easily administer pain medication for women's physical ailments which could not be treated in other ways.¹¹ The second explanation is more psychological. The period in which opiate use became common and habitual among White women is the same as the period which developed the cult of domesticity, a capitalist worldview in which the ability to hire outsiders to complete domestic work and therefore prevent the woman of the home from needing to contribute any labor to the household was a sign of wealth, success, and virtue. This helplessness extended to perceptions that women were also easy prey for threatening men. Women's helplessness was therefore created and fetishized as central to their being and made their sufferings both more shocking and taken less seriously.¹² White women of the upper classes were therefore subject to predation by the medical establishment and the threat of the foreign men smoking opium.

These two racialized narratives of opiate use — a tragic medical mishap in Whites and symptomatic of urban vice in racial, economic, or cultural outgroups — contributed to the earliest federal laws regulating drugs as a unique category. The very first of these was an 1887 law providing for the execution of a treaty between the United States and China which prohibited any opium trade between the two countries. In the report from the Committee on Foreign Affairs

¹¹ Amsel-Arieli, Melody. "Laudanum: The Wondrous Remedy." *History Magazine* 16, no. 6 (August 2015): 49–51. search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=ahl&AN=108639069&site=ehost-live.

¹² Kandall, "Women and Drug Addiction". ; Daxenbichler, Maria. "Knowing the Uterus: The Role of Obstetrics, Gynecology, and Abortion in the Professionalization of American Medicine, 1880-1920," 2020. <https://www.proquest.com/docview/2422051927?pq-origsite=gscholar&fromopenview=true>.

which recommended both Congressional chambers sign the act without amendment, the “great social evil” of opium was emphasized as the primary reason for such a prohibition.¹³ However, it was not until the Progressive movement in the early 1900s that restrictions on opium production, sale, and use within the United States were created by the federal government.¹⁴ The first of these was the 1906 Pure Food and Drug Act, responsible for establishing the first legal restrictions on product formulation, and the 1909 Opium Use Act, which created the first legal distinction between ‘medical’ and non-medical use of drugs. This 1909 law banned the import, sale, or purchase of opiate concoctions for any purposes other than medical treatment but specifically banned the smoking of opium for any purposes at all.¹⁵ The language of this law makes it clear that, from the very first, the difference between how Whites and non-Whites used opiates was essential to the formulation of drug policy.¹⁶ The crowning achievement of this period of opiate legislation is the 1914 Harrison Act. Drawing on the authority to regulate drug formulation and use created by the Pure Food and Drug Act, this bill made the differentiation between opiates prescribed for “professional practice” and other uses of the drugs criminally

¹³ Cox, W. R., REPORT: To accompany bill S.3014 § (1887).

¹⁴ Commissioner, Office of the. “Part I: The 1906 Food and Drugs Act and Its Enforcement.” U.S. Food and Drug Administration. FDA. Accessed April 5, 2023. <https://www.fda.gov/about-fda/changes-science-law-and-regulatory-authorities/part-i-1906-food-and-drugs-act-and-its-enforcement>. ; “Opium and Narcotic Laws.” Opium and Narcotic Laws | Office of Justice Programs. Accessed April 5, 2023. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/opium-and-narcotic-laws#:~:text=The%20first%20law%2C%20enacted%20February,opium%20within%20the%20United%20States>.

¹⁵ Office Room, and Gerald Walsh, OPIUM AND NARCOTIC LAWS § (1981). <https://www.ojp.gov/pdffiles1/Digitization/128496NCJRS.pdf>.

¹⁶ Herzberg, David. “Entitled to Addiction?: Pharmaceuticals, Race, and America's First Drug War.” *Bulletin of the History of Medicine* 91, no. 3 (2017): 586–623. <https://doi.org/10.1353/bhm.2017.0061>. ; Cohen, Michael M. “Jim Crow's Drug War: Race, Coca Cola, and the Southern Origins of Drug Prohibition.” *Southern Cultures* 12, no. 3 (2006): 55–79. <https://doi.org/10.1353/scu.2006.0031>.

enforceable.¹⁷ The introduction of criminal consequences for drug use would define the next century of drug policy and was explicitly based on the racialized perception of opiates as divided between licit and illicit use. The narrative of opioids as both a tool for victimizing Whites by racial others and a tragic example of medical advances gone awry was thus established in this early period of opiate use.

Opiate Criminalization

Public perception, political portrayal, and news coverage of opiates in the mid-20th century was fundamentally guided by the newly established criminal nature of opiate use outside strictly regulated medical contexts. Despite initial resistance to the Harrison Act by physicians, nearly all clinics designed to treat opiate addiction were closed down following the *U.S. v. Doremus* (249 U.S. 86) and *Webb et al. v. U.S.* (249 U.S. 96) Supreme Court rulings in 1919.¹⁸ These rulings respectively validated the Act's constitutionality and defined addiction treatment as an inappropriate reason for the prescription of banned substances and, as a result, set in legal precedent that addiction was not a medical condition deserving of treatment.¹⁹ Opiates were,

¹⁷ Redford, Audrey, and Benjamin W. Powell. "Dynamics of Intervention in the War on Drugs: The Build-up to the Harrison Act of 1914." *Independent Review* 20, no. 4 (2016): 509–30. <https://doi.org/10.2139/ssrn.2533166>. ; *Act of Dec. 17, 1914, Known as "Harrison Narcotic Law", as Amended by Revenue Act of 1918, Approved Feb. 24, 1919, Relating to Importation, Manufacture, Production, Compounding, Sale, Dealing in, Dispensing, or Giving Away of Opium or Coca Leaves, Their Salts, Derivatives, or Preparations. [Place of publication not identified] :U.S. G.P.O., 1919.*

¹⁸ *United States v. Doremus*, 249 U.S. 86 (1919) ; *Webb et al. v. United States*, 249 U.S. 96 (1919) ; Both cases were brought to the Court by individuals who attempted to run treatment clinics after the passage of the Harrison Act.

¹⁹ Baumohl, Jim. "Maintaining Orthodoxy: The Depression-Era Struggle over Morphine Maintenance in California." *Contemporary Drug Problems* 27, no. 1 (2000): 17–75. <https://doi.org/10.1177/009145090002700103>.

therefore, defined as being acceptable medicine while those suffering from addiction to the naturally addictive compounds within them were denied medical treatment.

The period following the start of fully enforced criminalization of drug use is therefore characterized by its treatment of those suffering from addiction as “junkies”. The closure of addiction clinics forced those who became addicted before 1914 to address their addiction outside the eye of the law. Simultaneously, Progressive-era reforms on institutions of urban vice — including brothels, bars, and any remaining opium dens — forced those seeking opiates to forge an underground community of their own. In the popular imagination, and particularly as described in attention-grabbing headlines of the time, the members of this community were the same men — either young and seeking adventure or old and unable to abandon it — who formed the base clientele of opium dens, pubs, and brothels previously.²⁰ This description of the opiate users perceived to be most typical in this period is not meant to imply that the genteel White women discussed in the previous section did not also turn to heroin after opiates became more stringently regulated. White women across the country and, according to some studies, particularly in the South continued to experience opiate addiction at high rates. However, as in the earlier century, these women were largely able to engage their addiction in the privacy of their own home where the law was unlikely to interfere with their activities. Some physicians were also willing to bend clinical standards to relieve suffering in a group perceived as generally helpless and nonthreatening. There also exist some reports of young women willingly trying heroin in the same manner they might have experimented with alcohol.²¹ Notably, the public

²⁰ Acker, Caroline Jean. *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control*. Baltimore: Johns Hopkins University Press, 2006, Introduction.

²¹ The illustrative example of the character of Mrs. Henry Lafayette Dubose from Harper Lee’s *To Kill a Mockingbird* is particularly useful in understanding the private nature of White female drug use after 1919.

understanding of these groups was as their being distinctly not Black, as Black people and particularly those in the South were perceived as preferring stimulants like cocaine.²²

This perceived pattern — and the use of the word perception is noteworthy, as very little quantitative data on opiate use exists from this period — of illicit urban heroin use and protected domestic heroin use among non-Black people continued until approximately the mid-1940s. Just before the 1950s, police records indicate a large spike in the proportion of Black people arrested for narcotics trafficking. Whether this was the result of prejudicial policing or actually increased rates of opiate trade and use among Black communities is unclear in the absence of accurate data on drug usage.²³ The material point is that arrests of Black junkies began to fill the newspapers and subsequently established a new racial bogeyman to explain opiate use by White people. White-dominated community associations in suburbs begin to portray any use of opiates among their neighbors and children as the result of drug “pushing” by Black criminals.²⁴ Of course, these White youths had agency in any drug use they did engage in and, particularly as the 1950s progressed, this age group began to associate heroin use with a kind of chic Beatnik culture.²⁵

Black communities had complex responses to the development of this narrative of blame, particularly after the passage of the 1951 Boggs Act implementing mandatory minimum

Courtwright, David T. “The Hidden Epidemic: Opiate Addiction and Cocaine Use in the South, 1860-1920.” *The Journal of Southern History* 49, no. 1 (1983): 57. <https://doi.org/10.2307/2209306>. ; Acker, “*Creating the American Junkie*,” pp. 29-30

²² Courtwright, “The Hidden Epidemic”.

²³ Courtwright, David T. *Dark Paradise: Opiate Addiction in America before 1940*. Cambridge, Mass. u.a.: Harvard Univ. Pr., 1982.. ; Courtwright, David T., Herman Joseph, and Des Don Jarlais. *Addicts Who Survived an Oral History of Narcotic Use in America before 1965*. Knoxville: Univ. of Tennessee Press, 2012.

²⁴ Lassiter, Matthew D. “Pushers, Victims, and The Lost Innocence of White Suburbia.” *Journal of Urban History* 41, no. 5 (2015): 787–807. <https://doi.org/10.1177/0096144215589945>.

²⁵ Cottrell, Robert C. *Sex, Drugs, and Rock 'n' Roll: The Rise of America's 1960s Counterculture*. Lanham, MD: Rowman & Littlefield, 2017.

sentences for drug trafficking. Appearing to ally with the interests of organized drug criminals in opposing mandatory sentences would only give ammunition to White enforcers of Jim Crow policies but, simultaneously, Black communities understood that they were most likely to face the brunt of increased policing for drug violations. Particularly for those individuals involved in the early stages of civil rights organizing, the decisions made by this dual consideration had significant political implications. This tale also developed in the same post-War period in which the United States was becoming increasingly concerned about the threat of outside influence from Communist nations and starting to draw parallels between those groups and any civil rights activism from Black people.²⁶

The coincidence — if mere coincidence it was — of the image of Black drug pushers corrupting White youths developing just before the height of public concern over civil rights movements and the White-dominated anti-war counterculture allowed for a new iteration of the old opiate narrative to develop. In this story, the long-established image of Black people in poor urban communities being criminal in some fundamental way naturally supported the idea that they were corrupting the White youth into becoming heroin-using, anti-family radicals.²⁷ Once again, a group perceived to be both racially other, economically disadvantaged, and urban was perceived as threatening Whites by trafficking in opiates. This period did, however, develop a new theme of blame for White users of drugs regardless of gender, and can be understood as

²⁶ Tallaksen, Amund R. “Junkies and Jim Crow: The Boggs Act of 1951 and the Racial Transformation of New Orleans’ Heroin Market.” *Journal of Urban History* 45, no. 2 (2017): 230–46. <https://doi.org/10.1177/0096144217731339>.

²⁷ Muhammad, Khalil Gibran. *The Condemnation of Blackness: Race, Crime, and the Making of Modern Urban America, with a New Preface*. Cambridge, MA: Harvard University Press, 2021.

being particularly shocked by the physical indulgence and moral weakness exhibited by women engaging in heroin use in public for the first time.²⁸

While the legal innovations of the 1910s followed the period of concern over opium use breaching genteel White households in the late 1800s, this later narrative was followed by increased state action to prevent heroin use expanding into racially segregated suburbia. By the beginning of the 1980s, popular belief held that the state had failed in its duty to control drug use.²⁹ The next phase in drug legislation has been well-discussed, particularly in context of what modern readers will understand as The (capital T) opioid crisis. It has been most particularly characterized by its use of greater police patrolling, greater police budgets, and greater prison sentences to discourage engagement in any drug exchange whatsoever.³⁰ Notably, this period also saw increased access to extremely effective methadone addiction treatment — for those who could afford it.³¹ As income, healthcare access, and wealth were still functionally if not legally

²⁸ Seeley, John R. “Stances and Substances.” *The ANNALS of the American Academy of Political and Social Science* 395, no. 1 (1971): 95–104. <https://doi.org/10.1177/000271627139500109>.

²⁹ Kohler-Hausmann, Julilly. *Getting Tough: Welfare and Imprisonment in 1970s America*. Princeton: Princeton University Press, 2017. ; Jacoby, Joseph E. *The Annals of the American Academy of Political and Social Science* 464 (1982): 209–10. <http://www.jstor.org/stable/1043844>. ; Bellis, David J. *Heroin and Politicians: The Failure of Public Policy to Control Addiction in America*. Westport (Conn.): Greenwood Press, 1981.

³⁰ Shachar, Carmel, Tess Wise, Gali Katznelson, and Andrea Louise Campbell. “Criminal Justice or Public Health: A Comparison of the Representation of the Crack Cocaine and Opioid Epidemics in the Media.” *Journal of Health Politics, Policy and Law* 45, no. 2 (2019): 211–39. <https://doi.org/10.1215/03616878-8004862>. ; Craig Reinerman; Harry G. Levine, "Crack in Context: Politics and Media in the Making of a Drug Scare," *Contemporary Drug Problems* 16, no. 4 (Winter 1989): 535-578.

³¹ Institute of Medicine (US) Committee on Federal Regulation of Methadone Treatment; Rettig RA, Yarmolinsky A, editors. *Federal Regulation of Methadone Treatment*. Washington (DC): National Academies Press (US); 1995. Executive Summary. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK232111/>;

A now ironically-titled book perceived the introduction of this treatment as an indication that the United States was on its way to eradicating addiction for good (White, William L. *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*. Bloomington, IL: Chestnut Health Systems/Lighthouse Institute, 1998.)

segregated by race, opiate addiction in the mid-20th once again fell into a pattern of treating White use as a treatable condition while criminalizing the same pattern in Black people.³²

Second Opiate Crisis

By the time Purdue Pharma patented OxyContin in 1996, the event most doctors and politicians pinpoint as the primary cause of the modern opioid crisis, the federal government and the national press had spent nearly a century attempting to control and understand the use of opiates and narcotics.³³ When this drug, seeming like a miracle for pain partially as the result of an aggressive advertising campaign, came on the market it was prescribed liberally, much as opiate draughts or tonics were in earlier days.³⁴ Those to whom it was prescribed were also overwhelmingly White, likely due to the same combination of medical disbelief in Black pain and actual socioeconomic barriers to healthcare faced by Black families.³⁵ However, the course from the early days of Oxycontin prescription to the peak opioid crisis and subsequent peak concern about the opioid crisis is clear. In the modern era of concern over narcotics use, Whites in general are portrayed as the victim of both ill-administered medicine and the non-medical

³² Lardner, James, and David A. Smith. *Inequality Matters: The Growing Economic Divide in America and Its Poisonous Consequences*. New York: New Press, 2007.

³³ Hirsch, Ronald. “The Opioid Epidemic: It’s Time to Place Blame Where It Belongs.” *The Journal of the Missouri State Medical Association* 114, no. 2 (2017): 82–82. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6140023/>.

³⁴ Rummans, Teresa A., M. Caroline Burton, and Nancy L. Dawson. “How Good Intentions Contributed to Bad Outcomes: The Opioid Crisis.” *Mayo Clinic Proceedings* 93, no. 3 (March 2018): 344–50. <https://doi.org/10.1016/j.mayocp.2017.12.020>. ; Dasgupta, Nabarun, Leo Beletsky, and Daniel Ciccarone. “Opioid Crisis: No Easy Fix to Its Social and Economic Determinants.” *American Journal of Public Health* 108, no. 2 (2018): 182–86. <https://doi.org/10.2105/ajph.2017.304187>.

³⁵ Chen, Ian, et al. “Racial Differences in Opioid Use for Chronic Nonmalignant Pain.” *Journal of General Internal Medicine*, vol. 20, no. 7, 2005, pp. 593–598., <https://doi.org/10.1007/s11606-005-0105-5>.

heroin and fentanyl opioid addicts so frequently turn to when pain pills become too expensive. The idea of White women as particularly victimized by the opioid crisis also continues to hold cultural power.³⁶

The history of American opiate use, licit or illicit, is informed by the narrative crafted by the medical industry, politicians, the press, and the public in which White pain and opioid usage is legitimate and the same in non-Whites is not. In the following section, I will employ political section methods to parse the exact nature of the relationship between media narratives of opioid use and political responses to it in the 21st century.

Literature Review and Hypotheses

The well-documented pathology of the modern opioid crisis exists in academic publications as well as the opinion-editorial columns designed to influence public perception. The relationship between the political rhetoric and health realities of drug use have been thoroughly explored in the political science literature. As in the historical scholarship, this literature emphasizes the major themes of health, morality, race, wealth, and partisanship. Political science research tends to frame these ideas within the broader scholarship on the relationship between popular opinion, political action, and the media. However, the public perception of the opioid epidemic emphasis tends to lean more toward themes of the dissolution of traditional, rural, White communities and the suffering therein. This discrepancy between the academic and public perceptions of the issue

³⁶ Daniels, Jessie, Julie C. Netherland, and Alyssa Patricia Lyons. "White Women, U.S. Popular Culture, and Narratives of Addiction." *Contemporary Drug Problems* 45, no. 3 (2018): 329–46. <https://doi.org/10.1177/0091450918766914>.

is significant for those interested in understanding the political power of the idea of the opioid epidemic.

Medical and sociological research on the opioid crisis has painted a general picture of patients with opioid abuse disorder as non-Hispanic white adults in middle age, especially those with low wealth or facing uncertain housing conditions.³⁷ It is notable that, although non-Hispanic Whites still had the highest overall rate of overdose, non-Hispanic Black overdose deaths increased nearly 40% in the year directly preceding the period of this paper's investigation.³⁸ The perception of these demographic factors and both the real and perceived prevalence of opioid abuse in voters' communities have a measurable impact on voting behavior. This phenomenon was researched most extensively following the 2016 presidential election, with counties more actually and perceptually affected by opioid abuse tending to vote for Donald Trump.³⁹ It has not been thoroughly examined at the local level and the scholarship indicates that elections at the congressional or state legislative level are less influenced by opioid correlates⁴⁰. Existing research on this relationship also highlights the correlation between the

³⁷Stoicea, Nicoleta, Andrew Costa, Luis Periel, Alberto Uribe, Tristan Weaver, and Sergio D. Bergese. "Current Perspectives on the Opioid Crisis in the US Healthcare System." *Medicine* 98, no. 20 (2019). <https://doi.org/10.1097/md.0000000000015425>. ; Grol-Prokopczyk, Hanna. "Use and Opinions of Prescription Opioids among Older American Adults: Sociodemographic Predictors." *The Journals of Gerontology: Series B* 74, no. 6 (2018): 1009–19. <https://doi.org/10.1093/geronb/gby093>. ; Jou, Ariadna, Nuria Mas, and Carles Vergara-Alert. "Housing Wealth, Health and Deaths of Despair." *The Journal of Real Estate Finance and Economics* 66, no. 3 (2020): 569–602. <https://doi.org/10.1007/s11146-020-09801-5>.

³⁸ Substance Abuse and Mental Health Services Administration: The Opioid Crisis and the Black/African American Population: An Urgent Issue. Publication No. PEP20-05-02-001. Office of Behavioral Health Equity. Substance Abuse and Mental Health Services Administration, 2020.

³⁹ Bilal, Usama, Emily A. Knapp, and Richard S. Cooper. "Swing Voting in the 2016 Presidential Election in Counties Where Midlife Mortality Has Been Rising in White Non-Hispanic Americans." *Social Science & Medicine* 197 (2018): 33–38. <https://doi.org/10.1016/j.socscimed.2017.11.050>.

⁴⁰ Gollust, Sarah E., and Jake Haselswerdt. "A Crisis in My Community? Local-Level Awareness of the Opioid Epidemic and Political Consequences." *Social Science & Medicine* 291 (2021): 114497. <https://doi.org/10.1016/j.socscimed.2021.114497>.

communities most affected by the early stages of the modern opioid crisis and the racialized partisan preferences of both voters and candidates, with Republican candidates and voters notably being more White than Democrats.⁴¹ Voter perception of opioid use in their community is also impacted by personal wealth, with lower-income individuals preferring greater access to treatment centers, as well as partisan allegiance, with Republicans expressing greater hesitation about publicly-funded treatment centers.⁴² Expressions of distrust or distaste for patients with opioid use disorder are, however, found across both major political parties and are not altered by personal or familial experience with the condition.⁴³ Although the proportion of Americans viewing drug abuse disorders as a health problem, rather than a criminal one, has increased over time, most still hesitate to identify the opioid crisis as an important issue for the public health sector to address. Voters are also significantly, although not intensely, divided over which level of government is best equipped to handle the situation in their communities.⁴⁴

This academic and public lack of clarity about who is actually suffering from opioid use disorder creates an environment ripe for shaping by information other than real-time health data,

⁴¹ Giles, Micheal W., and Kaenan Hertz. “Racial Threat and Partisan Identification.” *American Political Science Review* 88, no. 2 (1994): 317–26. doi:10.2307/2944706.

⁴² DE BENEDICTIS-KESSNER, JUSTIN, and MICHAEL HANKINSON. “Concentrated Burdens: How Self-Interest and Partisanship Shape Opinion on Opioid Treatment Policy.” *American Political Science Review* 113, no. 4 (2019): 1078–84. <https://doi.org/10.1017/s0003055419000443>. ; Kaufman, Aaron R., and Eitan D. Hersh. “The Political Consequences of Opioid Overdoses.” *PLOS ONE* 15, no. 8 (2020). <https://doi.org/10.1371/journal.pone.0236815>.

⁴³ Schneider, Kristin E., Deborah Wilson, Lauren Dayton, Erin M. Goodell, and Carl A. Latkin. “Political Partisanship and Stigma against People Who Use Drugs in Opinions about Allocating COVID-19 Prevention Resources to Vulnerable Populations.” *International Journal of Drug Policy* 95 (2021): 103301. <https://doi.org/10.1016/j.drugpo.2021.103301>. ; Kennedy-Hendricks, Alene, Colleen L. Barry, Sarah E. Gollust, Margaret E. Ensminger, Margaret S. Chisolm, and Emma E. McGinty. “Social Stigma toward Persons with Prescription Opioid Use Disorder: Associations with Public Support for Punitive and Public Health–Oriented Policies.” *Psychiatric Services* 68, no. 5 (2017): 462–69. <https://doi.org/10.1176/appi.ps.201600056>.

⁴⁴ Blendon, Robert J., and John M. Benson. “The Public and the Opioid-Abuse Epidemic.” *New England Journal of Medicine* 378, no. 5 (2018): 407–11. <https://doi.org/10.1056/nejmp1714529>.

such as early campaign issue ads.⁴⁵ Political rhetoric, particularly on issues associated with morality or moral decay, is particularly effective in shaping public perception.⁴⁶ Politicians do not, however, typically benefit from engaging in one-way declamations of values. Campaign rhetoric and positions statements are generally the result of a two-way flow of influence between the politician and the public, indicating that campaign positions on drug issues are likely also a combination of candidate goals and public desires.⁴⁷ This responsiveness is tempered by racial or economic differences between candidates or elected officials and their constituents.⁴⁸ Two-way exchanges of issue perceptions can be shaped by perceptions of issue target populations, a mechanism especially important to take into account in discussions of racialized issues like drug use.⁴⁹ As with public perception of opioid use disorder prevalence, the frequency of opioid mentions in campaign advertisements are generally congruent with real health data from the candidate's district.⁵⁰

⁴⁵ Druckman, James N. "Priming the Vote: Campaign Effects in a U.S. Senate Election." *Political Psychology* 25, no. 4 (2004): 577–94. <http://www.jstor.org/stable/3792410>.

⁴⁶ Goode, Erich, and Nachman Ben-Yehuda. "Moral Panics: Culture, Politics, and Social Construction." *Annual Review of Sociology* 20, no. 1 (1994): 149–71. <https://doi.org/10.1146/annurev.so.20.080194.001053>. ; Hawdon, James E. "The Role of Presidential Rhetoric in the Creation of a Moral Panic: Reagan, Bush, and the War on Drugs." *Deviant Behavior* 22, no. 5 (2001): 419–45. <https://doi.org/10.1080/01639620152472813>.

⁴⁷ Arnold, Christine, and Mark N. Franklin. "Introduction: Issue Congruence and Political Responsiveness." *West European Politics* 35, no. 6 (2012): 1217–25. <https://doi.org/10.1080/01402382.2012.713741>.

⁴⁸ Ross, Bettrall L., and Terry Smith. "MINIMUM RESPONSIVENESS AND THE POLITICAL EXCLUSION OF THE POOR." *Law and Contemporary Problems* 72, no. 4 (2009): 197–221.

⁴⁹ Schneider, Anne, and Helen Ingram. "Social Construction of Target Populations: Implications for Politics and Policy." *American Political Science Review* 87, no. 2 (1993): 334–47. <https://doi.org/10.2307/2939044>.

⁵⁰ Kennedy-Hendricks, Alene, Erika Franklin Fowler, Sachini Bandara, Laura M. Baum, Sarah E. Gollust, Jeff Niederdeppe, and Colleen L. Barry. "Relationship between Drug Overdose Mortality and Coverage of Drug-Related Issues in US Television Political Campaign Advertising in the 2012 and 2016 Election Cycles." *Journal of Health Politics, Policy and Law*, 2021. <https://doi.org/10.1215/03616878-8893515>. ; Cruz, Cesi, Philip Keefer, Julien Labonne, and Francesco Trebbi. "Making Policies Matter: Voter Responses to Campaign Promises," 2018. <https://doi.org/10.3386/w24785>.

This body of literature formulates my first major hypothesis.

H1: Real-world opioid overdose rates are positively correlated with coverage of the issue in campaign statements.

The media also plays a crucial mediating role in candidate perception of public opinion and public perception of candidate position. Both mass and local media outlets are shown to have significant impact on both the facts and the relative importance of issues in voter evaluation of policy.⁵¹ Recent media coverage of the opioid epidemic has tended toward emphasis on public health, rather than criminal justice, solutions, although the lagging effect of this on public opinion has not yet been explicitly measured.⁵² This trend is in contrast with the language of criminality typically found in coverage of the crack cocaine epidemic, likely as a result of the different racialized narratives of each drug use scare.⁵³ The hypothesis that media coverage of different drug epidemics is significantly shaped by racial narratives has been thoroughly researched and found to be both a real rhetorical phenomenon and capable of significantly influencing individual perceptions of drug use.⁵⁴ The individual response to opioid-related news

⁵¹ McCombs, Maxwell E., and Donald L. Shaw. "The Agenda-Setting Function of Mass Media." *Public Opinion Quarterly* 36, no. 2 (1972): 176. <https://doi.org/10.1086/267990>.

⁵² McGinty, Emma E., Elizabeth M. Stone, Alene Kennedy-Hendricks, Kaylynn Sanders, Alexa Beacham, and Colleen L. Barry. "U.S. News Media Coverage of Solutions to the Opioid Crisis, 2013–2017." *Preventive Medicine* 126 (2019): 105771. <https://doi.org/10.1016/j.ypmed.2019.105771>.

⁵³ Shachar, Carmel, Tess Wise, Gali Katznelson, and Andrea Louise Campbell. "Criminal Justice or Public Health: A Comparison of the Representation of the Crack Cocaine and Opioid Epidemics in the Media." *Journal of Health Politics, Policy and Law* 45, no. 2 (2019): 211–39. <https://doi.org/10.1215/03616878-8004862>. ; James, Keturah, and Ayana Jordan. "The Opioid Crisis in Black Communities." *Journal of Law, Medicine & Ethics* 46, no. 2 (2018): 404–21. <https://doi.org/10.1177/1073110518782949>.

⁵⁴ Lindsay, Sadé L, and Mike Vuolo. "Criminalized or Medicalized? Examining the Role of Race in Responses to Drug Use." *Social Problems* 68, no. 4 (2021): 942–63. <https://doi.org/10.1093/socpro/spab027>. ; Netherland, Julie, and Helena B. Hansen. "The War on Drugs That Wasn't: Wasted Whiteness, 'Dirty Doctors,' and Race in Media Coverage of Prescription Opioid Misuse." *Culture, Medicine, and Psychiatry* 40, no. 4 (2016): 664–86. <https://doi.org/10.1007/s11013-016-9496-5>.

coverage is greatest among Whites when they perceive Whites to have lost the most ground due to the epidemic, a phenomenon which both helps explain and is partially explained by the public perception trends of opioid use disorder as a White-associated disease discussed previously.⁵⁵ However, the policy-influencing capabilities of the media on the topic of drug use ought not be overstated, particularly given that rhetorical shifts in drug discussions do not have a track record of leading to more health-focused or ‘compassionate’ treatment for sufferers of opioid use disorder.⁵⁶ The media plays a crucial mediating role in candidate perception of public opinion and public perception of candidate position. This forms the basis for my second and third hypotheses.

H2: Real-world opioid overdose rates impact op-ed coverage of the issue in local newspapers.

H3: The prevalence of op-ed coverage on opioids impacts salience of the issue in political campaign statements.

There is no accurate way to measure the numbers of those who experience addiction, as a result of myriad factors including the social stigma against publicly acknowledging addiction, fear of legal consequences for those who admit to using drugs illicitly, and a lack of systematic screening and treatment for those experiencing addiction, among others. Opioid overdose deaths are, therefore, the most accurate statistics available to approximate the prevalence of addiction in communities. The most recent data on this point shows a notably racialized trend: despite the

⁵⁵ Gollust, Sarah E., and Joanne M. Miller. “Framing the Opioid Crisis: Do Racial Frames Shape Beliefs of Whites Losing Ground?” *Journal of Health Politics, Policy and Law* 45, no. 2 (2019): 241–76. <https://doi.org/10.1215/03616878-8004874>.

⁵⁶ Brook, Heather, and Rebecca Stringer. “Users, Using, Used: A Beginner's Guide to Deconstructing Drugs Discourse.” *International Journal of Drug Policy* 16, no. 5 (2005): 316–25. <https://doi.org/10.1016/j.drugpo.2005.05.002>.

opioid epidemic being traditionally understood as hitting White communities worst, overdose deaths among non-Hispanic Blacks are now increasing at a greater rate than those among non-Hispanic Whites.⁵⁷ The lingering perception of opioid use as a White issue, despite increasing evidence to add nuance if not contradiction to that view, is possibly the result of several factors. First, the body of literature and history of opiate usage generally lends itself toward it being the drug of the White working class, a perception with significant political and policy implications.⁵⁸ Second, there is a long history of the medical establishment downplaying or disbelieving the pain reported by Black patients which may have historically led to, or led to the perception that, Black communities are prescribed opioids at a lower rate.⁵⁹ However, these understandings are challenged by findings that it is Whites who face the greatest stigma when seeking opioid addiction treatment and accounts hypothesizing that the lasting socioeconomic benefits of slavery in the American South have mitigated the actual impact of the ‘deaths of despair’

⁵⁷ Netherland, Julie, and Helena Hansen. “White Opioids: Pharmaceutical Race and the War on Drugs That Wasn’t.” *BioSocieties* 12, no. 2 (2017): 217–38. <https://doi.org/10.1057/biosoc.2015.46>. ; Friedman, Joseph R., and Helena Hansen. “Evaluation of Increases in Drug Overdose Mortality Rates in the US by Race and Ethnicity before and during the COVID-19 Pandemic.” *JAMA Psychiatry* 79, no. 4 (2022): 379. <https://doi.org/10.1001/jamapsychiatry.2022.0004>. ; Furr-Holden, Debra, Adam J. Milam, Ling Wang, and Richard Sadler. “African Americans Now Outpace Whites in Opioid-Involved Overdose Deaths: A Comparison of Temporal Trends from 1999 to 2018.” *Addiction* 116, no. 3 (2020): 677–83. <https://doi.org/10.1111/add.15233>. ; Kunins, Hillary V. “Structural Racism and the Opioid Overdose Epidemic: The Need for Antiracist Public Health Practice.” *Journal of Public Health Management and Practice* 26, no. 3 (2020): 201–5. <https://doi.org/10.1097/phh.0000000000001168>.

⁵⁸ Kim, Jin Woo, Evan Morgan, and Brendan Nyhan. “Treatment versus Punishment: Understanding Racial Inequalities in Drug Policy.” *Journal of Health Politics, Policy and Law* 45, no. 2 (2019): 177–209. <https://doi.org/10.1215/03616878-8004850>.

⁵⁹ Cooper, Hannah. “Medical Theories of Opiate Addiction's Aetiology and Their Relationship to Addicts’ Perceived Social Position in the United States: An Historical Analysis.” *International Journal of Drug Policy* 15, no. 5-6 (2004): 435–45. <https://doi.org/10.1016/j.drugpo.2004.05.006>. ; Parker, Caroline Mary, and Helena Hansen. “How Opioids Became ‘Safe’: Pharmaceutical Splitting and the Racial Politics of Opioid Safety.” *BioSocieties* 17, no. 4 (2021): 577–600. <https://doi.org/10.1057/s41292-021-00230-y>.

model.⁶⁰ Together, these factors would add to the implementation of treatment programs in Whiter communities as seen of higher importance. The existence of this perceived racial difference in use has significant political consequences for public and candidate perception of the issue and, as White areas continue to receive more treatment, reinforces the idea of opioid use as a White issue even contrary to the health data. If White opioid deaths begin to abate significantly enough that the continued identification of Whiteness with the issue is completely baseless, the political reaction is likely to change. This literature leads to the formation of my final hypothesis.

H4: The relationships described in both previous hypotheses both carry more weight in White-dominated constituencies.

The current body of literature explores the relationship between treatment-focused rhetoric in campaigns and the media with public perceptions of the opioid crisis as an issue particular to White people and communities. The influence of local health conditions on public opinion, political statements, and the media has also been shown to be significant and consistent. However, few if any studies have analyzed the simultaneous impact of these three loci of public thought on each other. In this study, I investigate the relative influence of perceived and actual prevalence of opioid addiction on campaign statements with particular regard to how perceived race of users impacts issue salience.

I anticipated that this analysis would show the relationship between my three variables of interest depicted in Figure 1. In this situation, opioid overdose death rate is positively correlated

⁶⁰ Goodyear, Kimberly, Jasjit Ahluwalia, and David Chavanne. “The Impact of Race, Gender, and Heroin Use on Opioid Addiction Stigma.” *Journal of Substance Abuse Treatment* 143 (2022): 108872. <https://doi.org/10.1016/j.jsat.2022.108872>. ; Gabriel, Ryan, Michael Esposito, Geoff Ward, Hedwig Lee, Margaret T. Hicken, and David Cunningham. “White Health Benefits of Histories of Enslavement: The Case of Opioid Deaths.” *The ANNALS of the American Academy of Political and Social Science* 694, no. 1 (2021): 142–56. <https://doi.org/10.1177/00027162211009776>.

with campaign salience and is also positively correlated with the amount of media attention the issue receives, thereby again increasing campaign salience indirectly. To test said relationship, I created three models to understand these relationships at the state level. The first examined the correlation between opioid overdose deaths and campaign comments. The second examined the correlation between opioid overdose deaths and op-ed coverage at the state level. The third examined the correlation between news coverage and campaign comments when accounting for opioid deaths.

[[Insert Figure 1 Here]]

Data and Methods

To measure the level of opinion-editorial coverage of opioid issues across the country I relied on the archives of local and national newspapers hosted by NexusUni. Using this database, I searched all newspapers for mentions of “opioid”, “opioids”, “opiate”, or “opiates” with a result limit to those classified as being opinion or editorial pieces. I then sorted the results by year and, within each year, by state. Within each of these state and year parameters I totaled the number of pieces returned and downloaded the headlines of each, to allow for the possibility of examining the rhetoric used in op-eds in future investigations. I chose to start my inquiry in the year 2014, to allow analysis of which areas mentioned the issue before the first national spike in discussion in 2016, and to end the search in 2021. I also recorded the number of op-eds published in the New York Times for each year to allow for comparison between individual states and perceived national discussion on opioid use in a newspaper of record. This search allowed for the creation of two continuous variable indicating the amount of discussion about opiate issues found at the

state level: one showing the total unadjusted number of op-eds published and one comparing that total number to the number published in the New York Times.

In total, this search returned 1,742 opinion, commentary, or editorial pieces. The greatest number of op-ed pieces (546) on opiates nationwide were published in 2019, indicating that this year saw peak public interest in the issue.

[[Insert Figure 2 Here]]

There are 15 states in which no op-ed pieces were found in 2018. The cause of this gap is unclear. I hypothesize that it is either due to a lack of access to local newspapers in those states through NexusUni or due to a genuine lack of local interest in opioid-related topics; however, future research would benefit from a more thorough investigation of these causes. These states are still included in my analysis. The distribution of opinion-editorial publications across states in 2018, the year of my analysis, is shown in Figure 3. The greatest amount of media coverage across the period of study was found in Pennsylvania, which totaled 500 opinion or editorial pieces. Figure 4 shows the rate at which each state published op-eds when compared to the New York Times in 2018, confirming that Pennsylvania was an unusually prolific publisher of opioid op-ed pieces.

[[Insert Figure 3 Here]]

[[Insert Figure 4 Here]]

To evaluate candidate mentions of opiate issues, I relied on data collected by the Digital Campaigns Project at the University of South Carolina.⁶¹ This database identifies official campaign websites for all major party candidates in races for seats in the upper and lower houses

⁶¹ Meyer-Gutbrod, Joshua. Digital Campaigns Project. Accessed April 5, 2023. <http://digitalcampaignsproject.uofsccreate.org/>.

of state legislatures in 2018 and 2020. Websites were included if they appeared in the first 20 results of Google searches of the candidates' full name, state, chamber, and year of campaign when the history-driven search improvement function of the Google search engine was disabled. This cut-off point was established to exclude candidates whose campaign websites are not easily found by average voter. Official Facebook pages were also searched for links to official campaign websites but not treated as themselves being such.

These parameters resulted in 7,074 websites being found for the 10,483 candidates identified in the 2018 campaign cycle.⁶² The archived text found on pages were then processed, with identifying tags for candidate and web page, with latent HTML tags for paragraphs, headings, and list items. I then searched this database to identify any mentions of certain key terms relating to opioid use, policy, or treatment. These terms were: opioids, opioid, fentanyl, analgesics, benzodiazepines, misuse, addiction, heroin, “medicine assisted”, MAT, illicit, narcotic, naloxone, pharma, overdose, monitoring, PDMP, addict, morphine. To create a binomial variable to indicate presence of discussion about opioid at all, those websites which mentioned any of these terms were coded ‘1’ and those which did not were coded ‘0’. The total number of campaigns which made comments in each state is graphed in Figure 5. Massachusetts and Pennsylvania appear to have the greatest number of campaigns which made comments.

[[Insert Figure 5 Here]]

Each entry also included information on the party and incumbency status of the candidate and demographic information on the average education, income, and race of the district in which they ran. Other data were obtained from publicly available federal sources. State opioid overdose

⁶² Meyer-Gutbrod, Joshua. “Preaching to the Choir or Proselytizing to the Opposition: Examining the Use of Campaign Websites in State Legislative Elections.” *State Politics & Policy Quarterly*, 2023, 1–21. <https://doi.org/10.1017/spq.2023.1>.

totals and rates were obtained from the Centers for Disease Control's website.⁶³ Control variables, including state-level demographic information on education, race, age, and income were drawn from the U.S. Census Bureau's American Community Survey 5-year estimates for 2016-2021.⁶⁴

Using these data, I investigated three models of influence between the variables of op-ed coverage, campaign comments, and actual overdose data relating to opioid use at the state level. All three models used a generalized linear model to determine correlation between variables. The first evaluates the impact that opioid overdose rates have on campaign coverage of the issue when controlling for the variables of median age, education level, median income, and race in that state. In this model, opioid overdose rates are the independent variable while the presence or absence of any campaign comment on the opioid-related terms listed above act are the dependent variable. The death rate is measured at the state level while all other variables are measured at the legislative district level. The second model evaluates the impact that overdose rates have on op-ed coverage of the issue when controlling for the same variables. Overdose amount are once again the independent variable while the amount of op-ed coverage of opioid topics are the independent variable. I run this model twice to evaluate the difference in correlation between overdose rates and op-ed rates (in the first case) and overdose totals and op-ed totals (in the second). All variables in this model are at the state level. The third model evaluates the impact that news coverage of opioids has on campaign comments when controlling for the same variables as the second model. In this model, op-ed coverage rate is the independent variable

⁶³ Ahmad FB, Anderson RN, Cisewski JA, Rossen LM, Warner M, Sutton P. County-level provisional drug overdose death counts. National Center for Health Statistics. 2023.

⁶⁴ United States Census Bureau. *2016-2021 American Community Survey*. U.S. Census Bureau's American Community Survey Office, 2016.

while campaign comment presence or absence is the dependent variable. The death rate and media coverage rate are measured at the state level while all other variables are at the legislative district level. All three models include variables to account for race, measured as the proportion of the legislative district or state that identified as White, allowing for evaluation of my fourth hypothesis. All three models also include state level fixed effects and incumbency status. I limited my analysis to 2018, the year in which I had the most data for both opioid op-ed mentions and campaign statements.

Results

Analysis of the abovementioned generalized linear models provided the following results. The first model was used to evaluate my first hypothesis:

H1: Real-world opioid overdose rates are positively correlated with coverage of the issue in campaign statements.

Statistically significant correlations were found between overdose rates and campaign statements in general. When examining the relationship between overdose rates and campaign coverage without accounting for news, campaigns were more likely to discuss opioid-related topics when state-level overdose rates were high. Republicans and high-income communities were correlated with lower rates of campaign discussion but, when the district was older, more White, or better-educated, all campaigns were more likely to discuss opioid topics. Figure 6, which plots the predicted probability that a candidate will mention opioids given certain opioid overdose rates, depicts the positive and almost-linear relationship found between these two variables in this model.

[[Insert Table 1 Here]]

[[Insert Figure 6 Here]]

The second generalized linear model evaluated my second hypothesis:

H2: Real-world opioid overdose rates impact op-ed coverage of the issue in local newspapers.

This model evaluated overdose rates and op-ed coverage at the state level and was run twice: once with rates of overdose in the population and rate of op-ed publication in comparison to the New York Times and once with total number of overdoses, without accounting for population, and total number of op-ed publications. When this model was run using rates, no statistical significance was found. However, when the model was run using total numbers, the overall numbers of overdose deaths in the state was found to have a positive and statistically significant correlation with op-ed publication. This relationship is shown in Figure 67 which plots the predicted number of opinion-editorial pieces published given a certain total number of opioid overdose deaths.

[[Insert Figure 7 Here]]

The difference in results between these two models is likely due to them being evaluated at the state level, forcing $n = 50$ and thereby reducing the power of the correlation. Other possible explanations for the discrepancy will be brought up in the discussion section.

[[Insert Table 2 Here]]

[[Insert Table 3 Here]]

The third model evaluated my third hypothesis:

H3: The prevalence of op-ed coverage on opioids impacts salience of the issue in political campaign statements.

This analysis found a statistically significant negative correlation between opioid overdose deaths and campaign comments. This indicates that the statistical existence of high overdose

death rates by itself is a negatively motivating factor for campaigns to discuss opioid issues. Instead, it is the presence of media coverage of overdose deaths that spurs candidates to mention opioid topics in public settings.

[[Insert Table 4 Here]]

Additionally, there seems to be a point of “critical mass” at which sheer volume of op-ed publication, regardless of how that amount compares to the national conversation as approximated by the New York Times, is correlated with a significant increase in the likelihood that a candidate will make any mention of opioids. This is shown in Figure 8, which plots the predicted probability of campaign comment presence given a certain total number of op-eds published, when probability significantly increases between 100 and 150 total op-eds published. The model cannot identify a causal mechanism for this relationship, but I theorize an explanation in the discussion section.

[[Insert Figure 8 Here]]

Finally, the inclusion of race as a controlling factor in all three models allow for evaluation of my fourth hypothesis:

H4: The relationships described in both previous hypotheses both carry more weight in White-dominated constituencies.

When looking at the simple correlation between opioid overdose deaths and campaign comments evaluated in my first model and hypothesis, race is a significant correlative of comment probability. This aligns with the history of opiates as a distinctly racialized political subject and existing literature establishing that the modern opioid crisis is perceived as a White issue. The lack of statistical significance in almost any controlling variables in my second model prevents thorough analysis of the impact of race on the opioid overdose-media publication relationship. It

is therefore the lack of a statistically significant racial correlation in the third model that is most surprising. The party of the candidate appears to play a much more important role in the relationship between media coverage and probability of campaign comment than race does. The implications of this finding are discussed below.

[[Insert Table 1 Here]]

[[Insert Table 4 Here]]

Discussion

In this study, I sought to understand the effects of actual opioid use rates, approximated by opioid overdose rates, and perceived prevalence of the issue, approximated by newspaper opinion pieces, on the salience of opioid use in political campaigns. The existing literature on related topics indicate that, although opioid overdose deaths are becoming an increasing issue in non-White communities, public and political perceptions of the epidemic persist in understanding it as a primarily White issue. The two-directional relationship between public opinion, represented by the media, and political campaign statements indicates that this racialized understanding of opioid use has significant impact on political responses to opioid use. However, no previous research has explicitly tested how media representations of public opinion and statements from candidates for political office relate to each other and actual, local opioid use data.

These results show that the positive correlation between opioid overdose and campaign comments described in the first hypothesis is, in fact, likely describing the indirect relationship of opioid overdoses to media coverage and media coverage to campaigns. The relationship I

anticipated finding was proven to be inaccurate. Instead, my results show that the actual relationship between opioid overdose death total, op-ed coverage of the opioid crisis, and campaign statements on the topic instead looks more like that depicted in Figure 9. In this relationship, opioid overdose deaths have a positive impact on media coverage of the issue and media coverage has a positive impact on campaign salience. Opioids can be understood to have a slightly positive indirect correlation with campaign salience when media coverage is sufficiently high. However, when opioid deaths are high with little correlating media coverage, political candidates are less likely to discuss the topic.

[[Insert Figure 9 Here]]

An interesting point raised by this research lies in the difference between the results of the second model when using rates for overdose deaths and op-ed publications versus totals for the same. I initially planned to only use the rates of both in my second model in order to account for the significant variance in population across states. When that analysis resulted in no correlation of statistical significance, I decided to experiment with using the unadjusted total numbers for each variable which resulted in a statistically significant positive correlation between total number of deaths and total number of op-ed pieces published. These differing results seems to align with the broader story found in this research: it is not the nameless, faceless statistics of opioid overdose deaths that motivate public actors like newspaper editors or politicians to discuss opiates. Instead, newspapers seem to be responsive to any overdose deaths regardless of how actually widespread they are in the general population.

The results also indicated that the proportion of a district which is White is a less important correlative of campaign comments than whether the candidate is a Republican. As discussed in the literature review, Republican candidates and voters are more likely to be White

than Democrats. It is therefore possible that the significance of Republican candidacy is in fact representing some shift toward using party as a shorthand for racial allegiance. If that is the case, the modern opioid crisis should be defined by the opiate victimization of Republicans, or Whites as proxied by Republicans, rather than all Whites as was perceived in previous opiate crises. The question of the modern opioid crisis as a Republican-coded, rather than White-coded, issue is worthy of further investigation.

Future research might use the same data I employed here to expand our understanding of opioids in American politics in several directions. An analysis of the rhetorical framing of the topic of opioids in both campaign statements and op-eds could facilitate an extremely interesting discussion of the rhetorical strategies used in drug epidemics in which the line between ‘medical’ and ‘illicit’ use is more or less clear than in the opioid crisis. This data could also contribute to an expansion of our understanding of how campaign salience of issues of public concern both is emphasized and racialized by state-level press. Improvements to this dataset could also be made in future research, particularly into better understanding the mechanism behind the NexusUni search method’s results that there was no media discussion of opioid issues for 15 states. This apparent lack of discussion could be affecting the results of this analysis as there appear to be no op-eds published in Massachusetts in 2018 despite campaign comment totals being high for that state and year. Additionally, further investigation of the amount of total news coverage at which correlation to campaign comment on the subject of interest significantly increases (as hinted at in Figure 7) could provide an interesting understanding of the role of media mass in political salience.

This analysis highlights the importance of media coverage of the opioid crisis in shaping political responses to it. Without media coverage, politicians are likely to avoid discussing opioid

issues even when overdoses are high in their districts. The literature and history of opiate politics in America indicate that it is the media's ability and willingness to put faces and human stories to faceless statistics which creates the conditions for those statistics to become politically salient. In the opioid crisis, the media narrative of opioid abuse as a story of rural community decay, White social decline, and the difficulties faced by the impoverished elderly gave politicians a good reason to spend limited time and energy discussing opioids.

Using these data, the humanizing power of media issue-framing can also be shown anecdotally. The text of the commentary opinions downloaded as part of the quantitative analysis almost uniformly include language emphasizing the medical nature of opioid addiction and calling for medical policy solutions to the problem of overdose. Headlines like "Government must regulate drugs," "Federal role in national opioid crisis critical," and "Crippling crises in rural America" emphasize that the volume of media coverage proven to positively impact the likelihood of political comment also approaches the issue of opioids with the view that its victims are sympathetic and ought to be helped by the government.⁶⁵ That addiction in populations perceived to be White-dominated is treated as a failing of medical regulation rather than a criminal offense is, of course, a familiar pattern in the history of opiate discourse in America. This modern example of the state and medical profession collaborating to protect those whose pain and addiction is seen as a legitimate medical condition has once again been a powerful tool for political will-creation when wielded by the media.

⁶⁵ "READERS WRITE Government Must Regulate Drugs." *Star Tribune*. July 29, 2019. ; "EDITORIAL: Federal Role in National Opioid Crisis Is Critical." *Walla Walla Union-Bulletin (Washington)*, March 4, 2018, sec. Commentary. ; Zito, Salena. "Crippling Crises in Rural America; Salena Zito Column: The Opioid Crisis: No One's Fault and Everyone's Fault Hammer." *Richmond Times Dispatch*, July 9, 2017, sec. Commentary.

This research provides important empirical support for existing qualitative accounts critiquing the role that the media narrative of opioid-related White decline. The increased understanding of the role of media in shaping opioid narratives offered by this work can help all those involved in the crafting of opioid treatment policy examine the possible biases their perceptions of the opioid epidemic might introduce into public health responses. More broadly, understanding the impact that media has on shaping which issues are politically salient is crucial for understanding the motivation behind campaign message crafting.

Tables and Figures

Table 1: Impact of Opioid Deaths on Campaign Comments	
(Intercept)	-0.35 (0.09)***
State Death Rate	0.03 (0.01)*
Incumbent Status - Incumbent	0.01 (0)
Incumbent Status - Opponent	0 (0)
Independent Candidate	0.02 (0)
Republican Candidate	0.58 (0.43)***
District Median Age	-1.18 (0.41)*
District	0.1 (0.47)*
District Median Income	0.18 (0.4)**
District White Percent	-0.42 (0.38)***

Table 2: Impact of Opioid Deaths on News Coverage (rate)	
(Intercept)	-0.02(0.3)
State death rate	0(0)
State education (Bachelors or above)	0(0.01)
State median Income	0(0)
State median age	0(0.01)
State white percentage	0(0)

Table 3: Impact of Opioid Deaths on News Coverage (total)	
(Intercept)	-11.01(47.99)
State death total	0.01(0) **
State education (Bachelors or above)	0.27(1.01)
State median Income	0(0)
State median age	0.14(1.14)
State white percentage	-0.04(0.23)

Table 4: Impact of Deaths and Coverage on Campaign Comments	
(Intercept)	0.04 (0.17)
State Death Rate	-0.35 (0.09)***
Total Campaign Comments	0.03 (0.01)*
Incumbent Status - Incumbent	0.01 (0)*
Incumbent Status - Opponent	-0.01 (0.02)
Independent Candidate	0 (0)**
Republican Candidate	0.02 (0)***
District Median Age	-1.37 (0.66)*
District Education (Bachelors or above)	0.18 (0.73)
District Agricultural Employment	0.29 (0.49)
District Median Income	-0.51 (0.36)
District White Percent	-0.07 (0.45)

Figure 1: Presumed Model of Influence

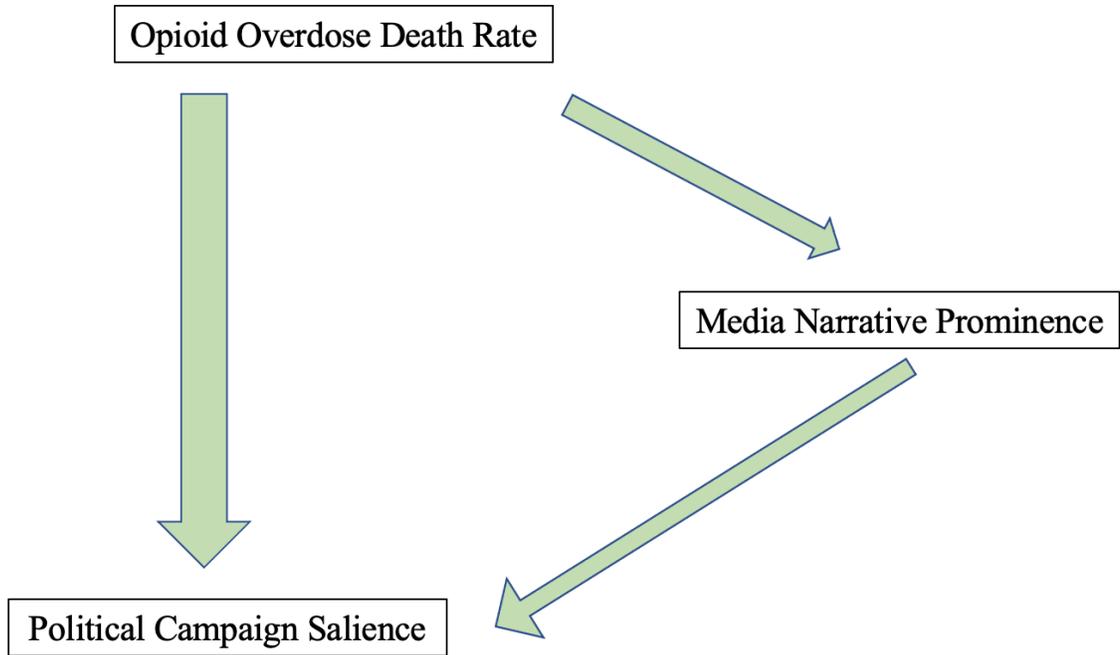


Figure 1: A visual depiction of the relationship I anticipated finding between my three variables of interest. In this model, opioid overdose rate is positively correlated with the political salience of the issue directly and through its positive effect on media narratives.

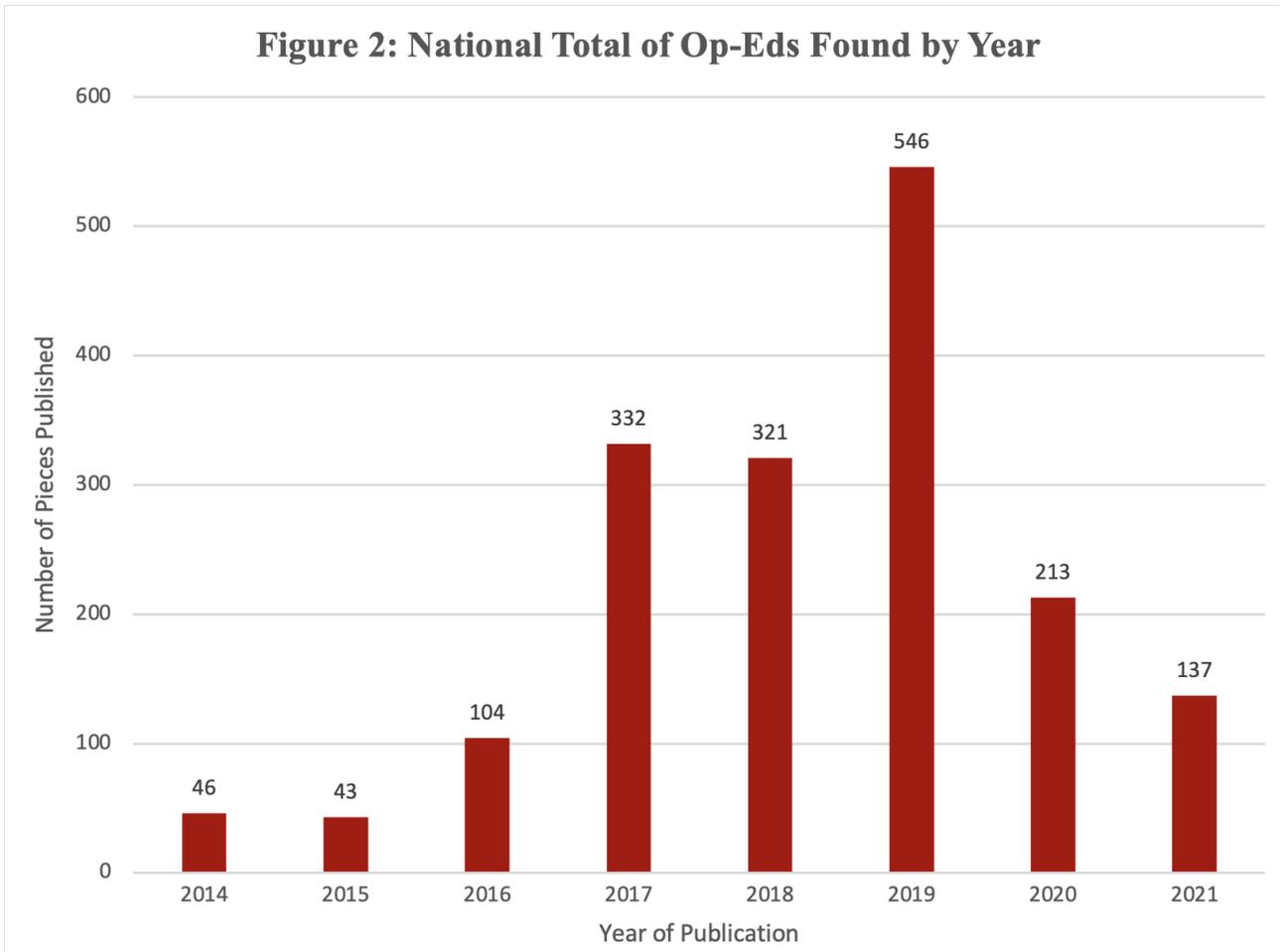


Figure 2: Bar graph of the total number opinion-editorial pieces found across all states in each year showing the peak of publication in 2019.

Figure 3: Distribution of Total Op-Eds by State, 2018

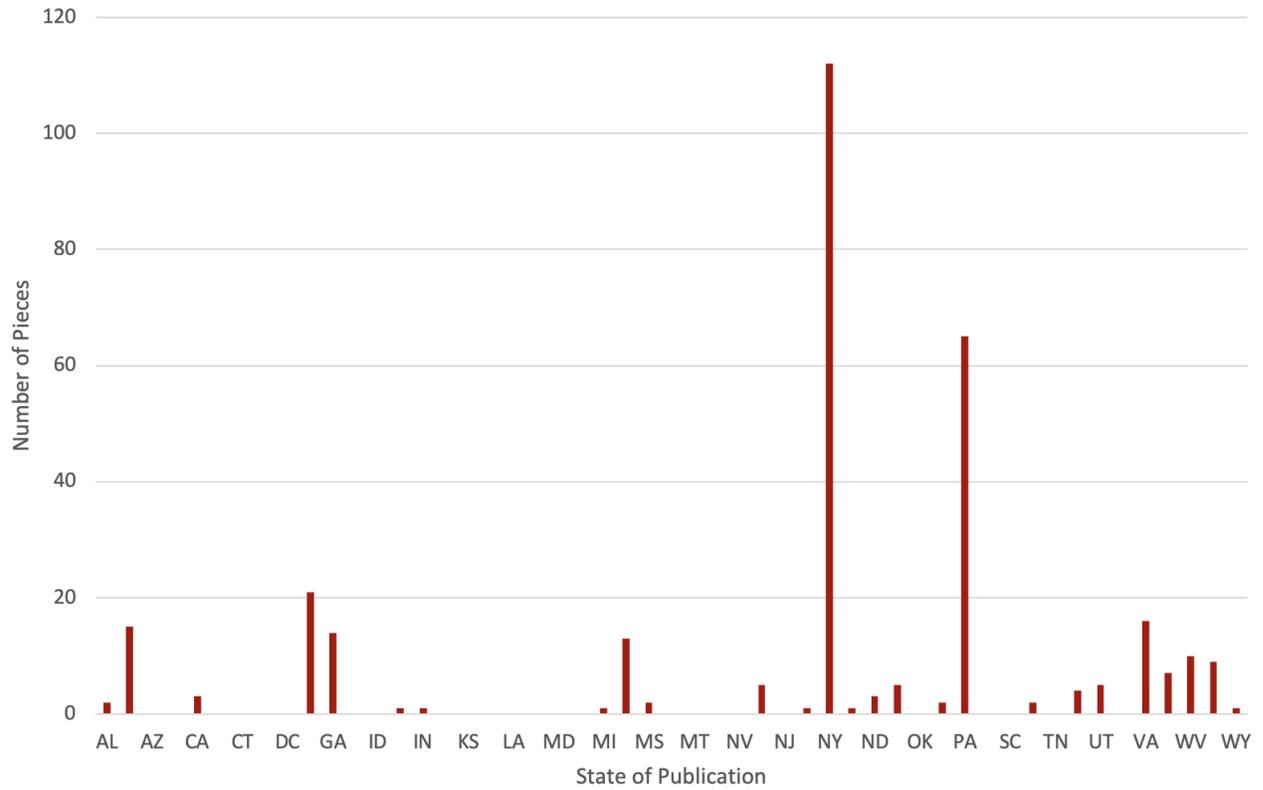


Figure 3: Bar graph of the total number of opinion-editorial pieces published in each state in the year of analysis (2018).

Figure 4: Rate of Op-Eds By State to NYT, 2018

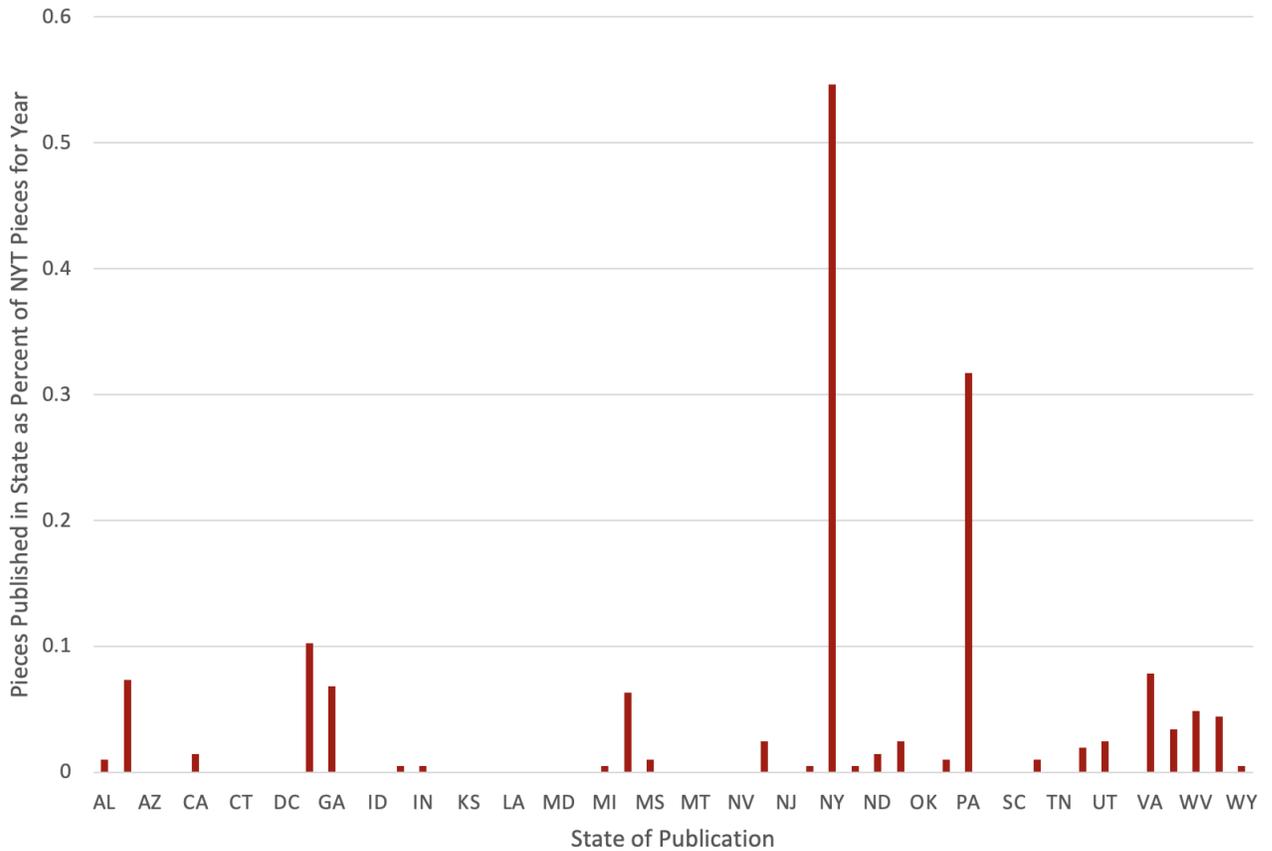


Figure 4: Bar graph of the rate of publication of opinion-editorial pieces in each state, found by comparing the total number published in that state to the total number of pieces published in the New York Times in the year of analysis (2018).

Figure 5: Distribution of Campaign Comment by State, 2018

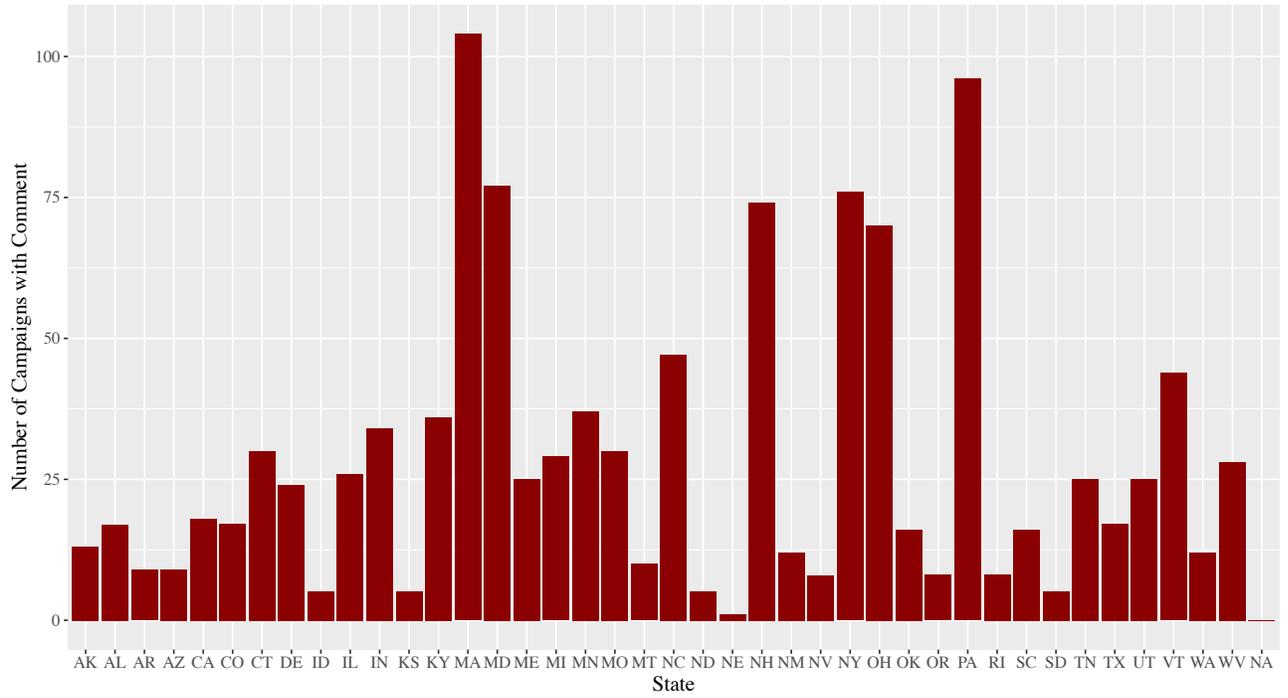


Figure 5: Bar graph of the total number of campaigns which made comments on any opioid-related terms by state, 2018.

Figure 6: Probability of Campaign Comment by Opioid Overdose Rate

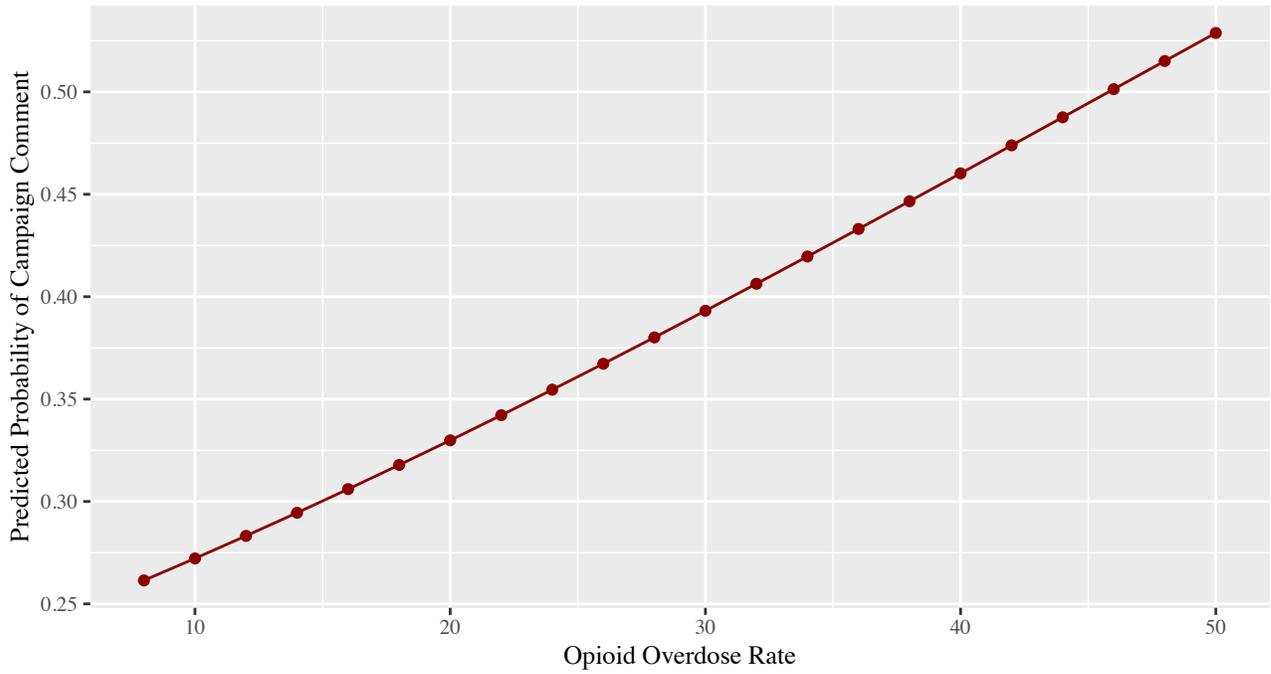


Figure 6: Predicted probability of campaign comment presence given opioid overdose rate, based on the first hypothesis (Table 1).

Figure 7: Predicted Op–Ed Total by Opioid Overdose Total

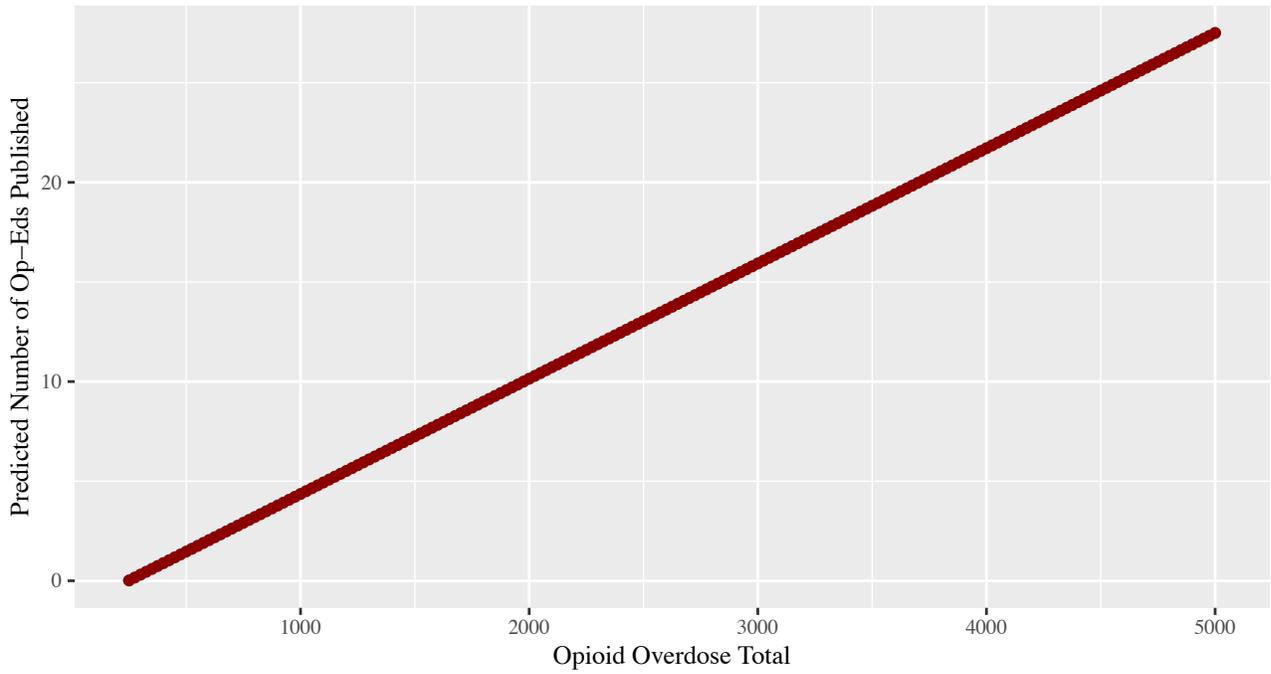


Figure 7: Predicted number of opinion-editorial pieces published by opioid overdose total, based on the second hypothesis (Table 3).

Figure 8: Probability of Campaign Comment by News Total

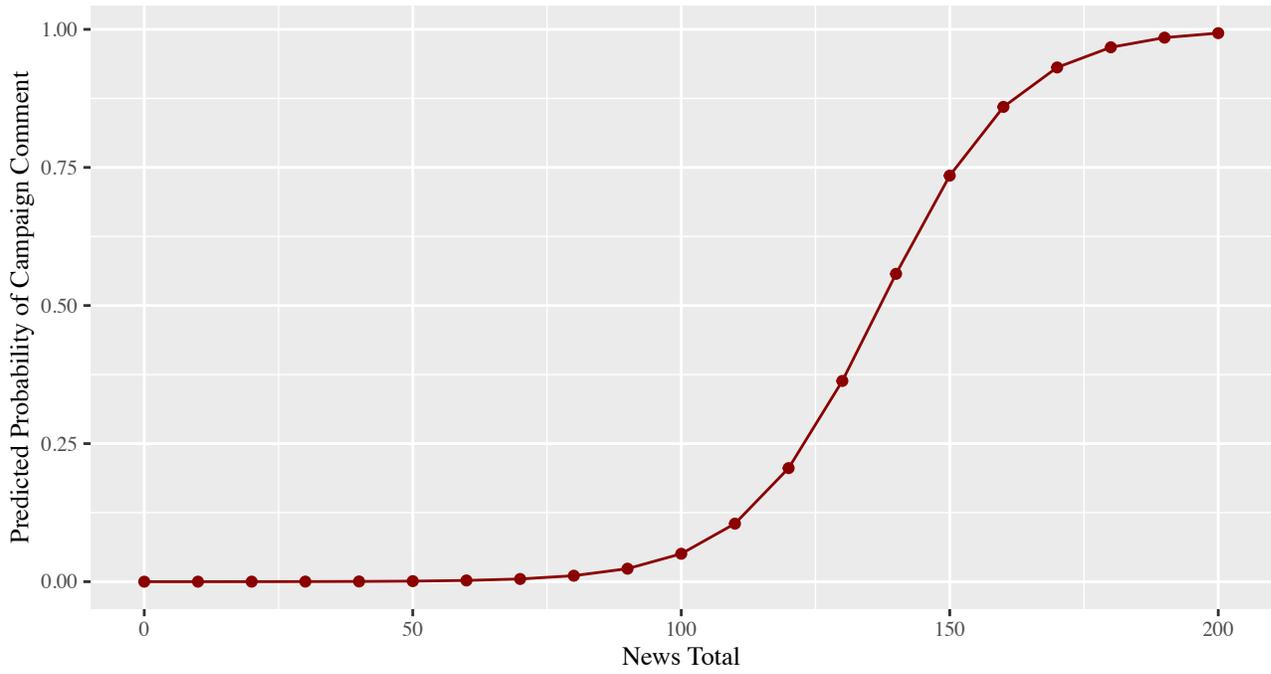


Figure 8: Predicted probability of campaign comment presence by total news published when accounting for death rate, based on hypothesis three (Table 4).

Figure 9: Alternate Model of Influence

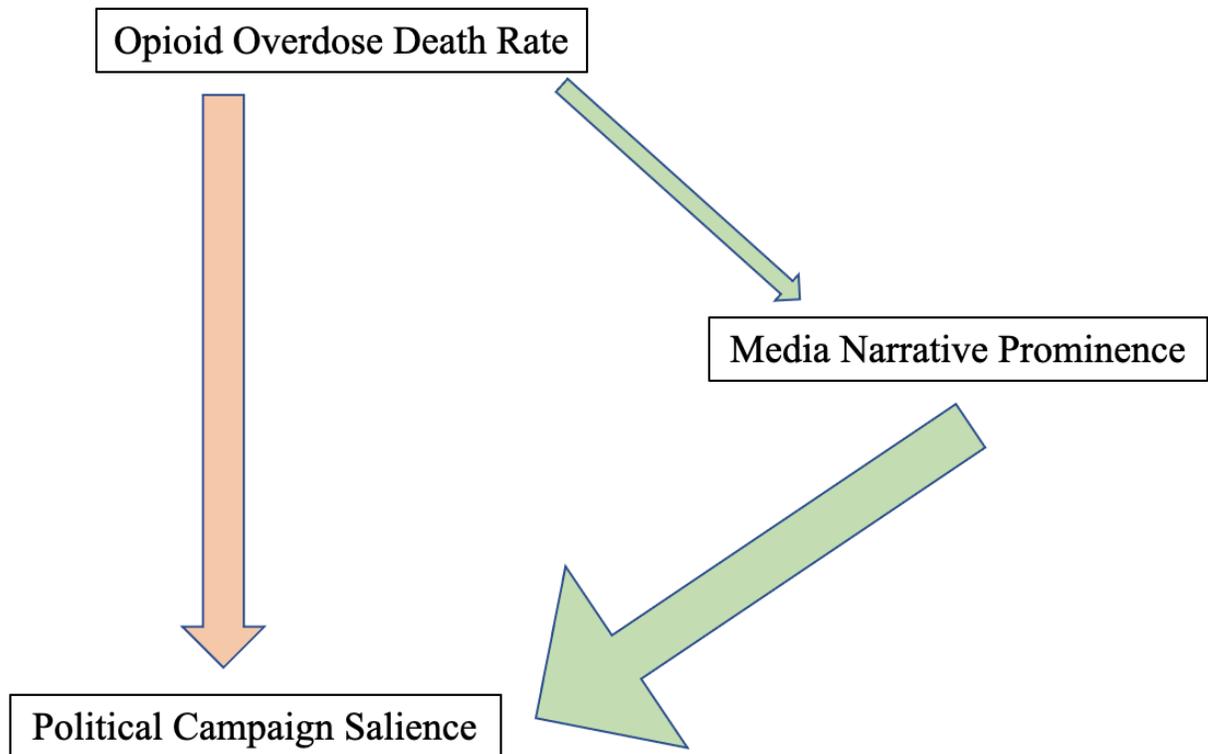


Figure 9: A visual depiction of the relationship indicated by my results. Opioid overdose death rate is negatively correlated with campaign comment presence, while media coverage has a far more significant role in shaping issue salience than originally anticipated.

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