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BOSTON UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

Thesis

“HE WAS A TRUE SON OF LOWELL”: DISCOURSE ON THE OPIOID EPIDEMIC AND MORTALITY IN A SMALL CITY

by

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B.A., Stonehill College, 2016

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ABSTRACT

This thesis explores the circulating discourse on opioid-related mortality in Lowell, a small, post-industrial city, through analysis of 173 articles from the *Lowell Sun* from 2007–2017. While opioid-related mortality has been on the rise nationally, the overdose epidemic is concentrated in particular areas, like the Middlesex Valley, a region in northeastern Massachusetts. Unlike the response to previous drug panics, the opioid epidemic has been constructed as a medical problem that requires rehabilitative treatment rather than punitive intervention. Still, this “gentler” approach has been applied unevenly. This thesis has two main findings. First, the circulating discourse acknowledges the verified diversity of opioid users while simultaneously distancing white middle class men from the stigmatized legacy of the war on drugs in the inner city. This distance from the “urban problem” of drug addiction and possession is reinforced by narratives of the stable, nuclear family, loving mothers, and accidental experimentation with legally prescribed prescription pills. As social panics often mask other problems, in the city of Lowell, anxiety over the mass mortality exists alongside distress about the lack of opportunities for young people despite the city’s revitalization efforts. Second, I demonstrate the plethora of institutional resources available to assist young men struggling from opioid addiction despite the city’s economic problems. In lieu of

resources from the state, the city's residents and organizations adopt neoliberal self-help frames to protect their residents from addiction by providing prevention and treatment resources.

Table of Contents

Abstract …………………………………………………………………………..…iv

Table of Contents ……………………………………………………….……..vi

List of Tables………………………………………………………………………. vii

List of Images………………………………………………………………….... viii

Introduction: The Opioid Problem……………………………………………………... 1

Chapter Two: Methods……………………………………………………...…... 13

Chapter Three: Findings……………………………………………………………….20

Conclusion: White Space and the Challenge of Accidental Addiction ………………… 42

Appendix A…………………………………………………………………...... 45

References …………………………………………………………………………….47

List of Tables

Table 1. "Socioeconomic and Demographic Profile of Lowell" …………………….… 10

Table 2. "Most Frequent Words"……………………………………………………...15

Table 3. "Most Frequent Codes" …………………………………………………….. 16

Table 4. "Representations of the 'New Users'"………………………………………21

Table 5. "Representations of Death"………………………………………………… 25

Table 6. "White Decline"…………………………………………………………….. 27

Table 7. "The Cross-Institutional Approach"…………………………………….... 34

Table 8. "Policing"………………………………………………………………….... 37

Table 9. "Threat to the Home"………………………………………………………...40

List of Images

Image 1. "Mill No. 5 Fourth Floor" ……………………..……………………………..…….8

Image 2. "Canalway Cultural District"……………………………………………………9

Image 3. "Memorial Sticker"……………………………………………………………..…25

Introduction: The Opioid Problem

The United States has experienced a rapid increase in opioid-related mortality from the nineties until the present. Drug overdoses are now the leading cause of death among Americans under 50 (Katz 2017). A 2017 CDC report found that, of the 63,600 drug overdoses in 2016, more than 42,200 of them were attributed to opioids. This is a significant jump from the 2015 statistics, where more than 52,400 were identified as overdoses, and 33,000 of them involved opioids (Stein 2017). These numbers represent a 10% increase in opioid-related overdose rates in one year.

While described as a "national crisis," overdose from opioids is further concentrated in particular regions. According to 2017 data from the Centers for Disease Control and Prevention, West Virginia and Ohio have the highest rates of opioid-related mortality. New Hampshire and Massachusetts rank six and nine (CDC 2017). Within Massachusetts, there was a 54% increase in mortality from 2014 to 2016. (Massachusetts Department of Public Health 2017). As the Massachusetts Department of Public Health describes, the "opioid-related death rate in Massachusetts has surpassed the national average, with an especially sharp rise in the last two years. In fact, 2014 marked the first year since 1999 that the fatal overdose rate in the Bay State was more than double the national average. On a local level, certain cities and towns have been especially impacted, such as Lowell, MA, which is located in the northern part of the state close to New Hampshire.

The opioid crisis then, is a national problem with local social effects. This project seeks to understand circulating discourse in a small city especially marked by opioid-

related mortality, and thus, to understand the local construction of opioids as a social problem. I ask, whose stories are included (and implicitly excluded) from the *Lowell Sun?* How is opioid misuse articulated within the paper? Discourse analysis does not methodologically allow for definitive answers on social problems, however, it is especially useful to understand local understandings (whether correct or incorrect) on social panics.

Through analyzing articles from the *Lowell Sun* I find that the erasure of Black and Latino drug users (by prioritizing the experiences of white, young, prescription pill using men) allows the paper to present the problem of opioid addiction as an accidental epidemic caused by legally prescribed pills. As Reinarman describes, the panic over prescription pills masks other challenges; mainly, the post-Fordist city of Lowell's insufficient infrastructure to deal with the rising rates of overdose, and the inability of young white people to reach traditional markers of adulthood in a nation with an ever-decreasing safety net (1994). As such, the "community," a city-wide and occasionally county-wide organization of multiple institutions is portrayed as working tirelessly to keep the problem of opioids at bay, however, rather than through traditional punitive measures, in Lowell, police officers work unceasingly to coach young men to take control of their lives, mothers volunteer to educate children in after school programs on the dangers of drugs, and doctors advocate for alternative pain management solutions post-operation. The efforts of families (especially mothers), police officers and first responders, and educators are made more difficult by a lack of funding for treatment facilities and the sluggish response from the state.

The rest of the introduction draws upon urban literature on small cities, the social constructionist approach to drug panics, and demographic studies of opioid and heroin users to situate the users in Lowell, MA within the larger national opioid epidemic. Following the literature review, there is a brief introduction to the history of the City of Lowell and its art and culture. This is especially useful in understanding the city's historic racialization as a "white space."

Small Cities, the Opioid Problem, and the "New" Users

Urban scholarship, traditionally dominated by research on a small subset of large cities, is in need of scholarship that addresses small cities where the majority of the nation's urban population resides (Norman 2013; Robinson 2002). Further, while there are high rates of overdose in larger cities, classic urban scholarship has long contended that rural and suburban areas maintain more sustained interaction and close-knit communities (Wirth 1938[1969]). This suggests that the feeling of living in an area marked by high mortality would be more significant in a small city than a large one, making small cities important sites for uncovering local perspectives on opioids and mortality.

Theorized to die out because of their inability to join the global economy, scholarship has suggested small cities rely on historic and local specificity, like refurbished cotton mills, to revitalize their economies, or that small cities fulfil outsourced functions for larger cities (Norman 2013; Anderson 2011; Connolly 2010; O'Hara 2010; Dieterch-Ward 2010; Friedmann 1995; Sassen 1991; Robertson 2001). Though the scholarship notes that these cities have been hit hard by economic changes,

Norman (2013) identifies the myriad ways in which small cities are like large ones, besides population size (Berg 2012; Bell & Jayne 2009; Connolly 2010).

However, a key difference between large and small cities is their relationship to their surrounding suburbs. Though the classical urbanists viewed place through binaries (urban/rural), scholarship on small cities demonstrates the ways small cities are more intimately tied to their surrounding suburbs than larger urban areas (Jackson 1985; Rusk 2003; Bell & Jayne 2009). Thus, the problems that exist in small cities are more likely to spill into their surrounding towns (Bell & Jayne 2009; Dieterich-Ward 2010). Small cities scholarship has also revealed that while arrests are down in general they have increased in small cities (Simes 2017; Pfaff 2017). Further, the "characteristics of the people [in small cities]—their education levels, racial identities, and nativity—matter more" than other metrics of change. (Norman 2013:143). As such, research on how criminality and race are constructed in small city-regions is crucial for urban sociologists because of shifts in arrests, and the overall importance of race in and to small cities.

Perhaps related to the high rates of opioid mortality within suburban and rural areas, popular media has noted a "gentler approach" to the current drug crisis than previous ones. Of intrinsic importance to understanding this is the social constructionist approach to social problems, which asks us to consider among other things, who has decided there is a problem, who do we associate with the problem, when did we start to care about the problem, and what is being proposed as a solution (Best 2016). "Moral panic" over crack and marijuana came to be associated with large urban, crime-ridden areas and African-Americans. Importantly, moral panics over drugs do little to reduce

drug usage and instead drive technologies of punitive control (Andreas 1996; Reinarman 1994; Foucault 1975). The eighties war on drugs brought with it the hyperincarceration of Black Americans and re-criminalization of the already stigmatized urban population (Reinarman 1994; Wacquant 2001). As Craig Reinarman describes, moral entrepreneurs and other socio-legal actors have historically deployed drugs as a “scapegoat for most of the nation’s poverty, crime, moral degeneracy, ‘broken’ families, illegitimacy, unemployment, and personal and business failure—problems whose sources lay in broader economic and political forces” (Reinarman 1994:161). In times of socio-economic and political instability, drug scares can be used as a conduit to extend mechanisms of social control, especially for marginalized groups. For example, only a few decades ago, reporting on the crack epidemic skyrocketed as police waged a drug war on the inner city. The crack epidemic was understood as a metropolitan, urban, racialized problem separate from the white suburbs (Cohen 2015; Moriearty & Carson 2012; Golub, Dunlap, & Benoit 2010; Butler 1993). The public panic over the opioid crisis, unlike the crack epidemic, has included reporting on opioid use in towns and small cities, bringing the problems of large urban areas to these whiter, suburban areas.

While the hegemonic media narrative is that of the “new user,” meaning young white men in emerging adulthood, there is a growing awareness that the opioid epidemic does not discriminate, and opioid use is a problem across racial groups, class demographics, and age brackets. The rate of increase of opioid misuse has skyrocketed for Black Americans, with an increase in opioid-related drug deaths rising as much as 41% in urban counties, and importantly, the opioid epidemic has hit Latino populations in

Massachusetts especially hard (Bebinger 2018; Katz, Josh and Amy Goodnough 2017).

Sociological research has confirmed the diversity of opioid users. Studies completed using the 2015 National Survey on Drug Use and Health have demonstrated that Black and white respondents have a similar rate of prescription opioid misuse (Nicholson & Ford 2018). The "surburbanization" of the drug problem, or the increase in drug misuse in suburban and rural areas is tied to the lack of infrastructure, their greater population of at-risk groups and macroeconomic factors, and the increased shame and stigma of drug misuse in small communities (Rigg, Monnat, & Chavez 2018). In understanding youth opioid misuse, there is no statistically significant geographic variation between rural areas and small cities, although both those areas report higher misuse than large urban areas (Monnat & Rigg 2016). However, the opposite is true for adults, urban adults were more likely to engage in opioid misuse along with the abuse of other substances such as alcohol and marijuana (Rigg & Monnat 2016; Rigg & Monnat 2015). While the *Lowell Sun* itself is often purposefully vague on what substances people use and misuse, sociological studies demonstrate the typical characteristics of the users of various substances. Users of prescription pills only were more likely to be economically stable and have less criminal justice involvement, while users of both heroin and prescription pills tended to be older white adults who also misused other substances (Rigg & Monnat 2016).

Absent from much of the opioid research is the experiences of people and communities struggling with addiction. Tiger pushes against the popular media narrative that many have accepted that the opioid epidemic is simply a repeat of the crack

epidemic, in which white users get off without criminal punishment and Black Americans are punished by demonstrating difference in treatment by socioeconomic status in rural Vermont. Through her ethnography, she expresses the tough-on-crime attitude of prosecutors, the overlap between punitive control and medical control the white users were caught within, and the effects these mechanisms of control have on families (Tiger 2017).

The Mill City: The Rise and Decline of Lowell Massachusetts

We spin all day, and then, in the time for rest,
Sweet peace is found, a joyous and welcome guest.
Despite of toil we all agree, or out of the Mills, or in,
Dependent on others we ne'er will be, So long as we're able to spin

European immigrants and North American migrants came to Lowell in droves to work in the textile factories. Lowell is particularly well known for its role in American and Massachusetts industry for the "Lowell Mills," the first factory system bringing people and machines together in the same building (Berkin et al. 2015:216; National Register of Historic Programs 2017). The gendered division of labor also brought men to the city to construct much of the architecture while women and girls spun in the factories. Lowell, like many small industrial cities, experienced a notable decline in the 1970s. At this time of economic precarity, the city of Lowell became home to a sizeable population of Cambodian refugees as well as a population African and Latin American immigrants and refugees (Khmerization 2017).

Starting in the 1990's, the City of Lowell began a series of revitalization projects hoping to jumpstart the economy. These included street improvement in "Acre," a Lowell

neighborhood home the majority of the city's public housing, and development by the railroad tracks and textile mills to make the buildings fit for habitation ("Urban Revitalization & Development"). The downtown area is home to "Mill No. 5," a mini-mall featuring a coffee shop, movie theatre, a yoga store and artisanal soap stores (all clear markers of gentrification), art galleries, and loft-styled condominiums.

[**Image 1.** Mill No. 5 Fourth Floor from author's collection]

[**Image 2.** Canalway Cultural District from author's collection]

At around the same time, the University of Massachusetts Lowell (UMass Lowell) expanded its campuses by building new dorms and renovating old academic buildings. UMass Lowell, like many colleges and universities in urban environments, contributed to developing the city to make it more amenable to its students (Lane & Johnstone 2012; O'Mara 2012; Perry & Wiewel 2005).

Lowell's median household income is low compared to the rest of the state, and despite the monuments and markets within the city, it is about fifty percent non-white. Table 1. highlights some key demographic and socioeconomic information about the city.

Table 1. Socioeconomic and Demographic Profile of Lowell, Massachusetts

	Lowell (%)	MA (%)
Population	111,000	6.83 million
Race/Ethnicity		
White	49.5	83.2
Black	6.8	8.1
Hispanic/Latino	18.1	10.5
Asian	21.3	6.0
Other	0.8	2.8
BA or Higher	22.30	41.2
Violent Crime	2.91	3.58
Median Household Income	$48,002	$75,297

By car, Lowell is only twenty minutes away from Nashua, New Hampshire, so while Massachusetts has a reputation as a Blue state, the city is situated close to a more rural area that is likely to go red or purple in any given year. The city leans Democratic, with 65% of voters voting for Hillary Clinton in the 2016 general election (Fujiwara 2016).

The city of Lowell's collective history, despite being home to many immigrant communities and people of color, is a white history. In turn, the city-space is a white one. Martha Norkunas, in her ethnographic study of Lowell's monuments, determines that the monuments hail ethnic-white, masculine, working-class memories of Lowell in the absence of a more complete history. Norkunas explains (Norkunas 2002:182):

> Much of the space of Lowell is concerned with issues of power… The ethnic monuments that encircle city hall, the seat of political power in Lowell, assert the power of the Franco Americans, Polish, Irish, Italians, and Greeks to mark themselves and to mark their ethnic homelands. The meaning of these powerful monuments is reasserted annually through ethnic ceremonies and rededications. Yet loyalty to the ethnic nation may not be proclaimed unilaterally – it must be paired with proclamations of loyalty to America.

Besides the physical monuments and core architecture, other popular arts and culture associated with the city of Lowell preserve its legacy as a white, blue-collar space. The Textile History Museum and tours that line the Canalway Cultural District, popular folk songs such as the “Mill Girls” quoted at the beginning of this chapter, as well as pride in white, working class artists and athletes that grew up in or worked within the city are the local features that the city markets for economic revitalization (Norman 2013). For example, each year, Lowell hosts a festival in honor of author Jack Kerouac.

The 1995, the documentary film “High on Crack Street” followed a handful of Lowell’s working class white men who were addicted to crack, including boxer Mickey Ward’s former trainer Dicky Ecklund. The film prominently featured Boston accents and other working class aesthetics, such as faded, ripped jeans. More recently, the Hollywood film, “The Fighter,” starring Mark Wahlberg and Christian Bale, was filmed within city limits and earned two Oscars and several nominations for retelling the story of Mickey Ward and Dicky Ecklund. Notably, these cultural touchstones of Lowell demonstrate the challenges those living in a small city faced in regards to drugs and addictions long before the opioid panic highlighted these challenges.

Although the city’s racialized as a white space, the downtown area still features African markets, cash only El Salvadoran restaurants, and other amenities that speak to the city’s diversity. These establishments coexist alongside Irish pubs, Franco-American banks, and other white ethnic businesses. The Lowell Folk Festival, the largest outdoor festival in the region, features the many ethnic foods, music, and cultural traditions of Lowell residents each summer (Lowell Folk Festival).

As stated in the introduction, the opioid epidemic hit northeast Massachusetts and southern New Hampshire especially hard. Lowell, at the epicenter of this region, had 69 confirmed opioid-related overdoses in 2016. (Massachusetts Department of Public Health 2017). These confirmed opioid-related overdoses do not include related but distinct issues, such as those who committed suicide in the face of addiction or those from Lowell who died outside city limits. The city has created a number of institutions and programs to address the opioid epidemic, including the Lowell Co-Op program that unites police officers, EMTs, and firefighters to encourage newly clean men to stay clean by visiting them at home, the "Learn to Cope" support group for the families of those struggling with addiction, treatment centers such as the "Megan House" (for women addicted to opioids), Zack's House, and the new Lowell Drug Court. The city of Lowell is surrounded by several small, predominantly white towns, that the *Lowell Sun* also reports on, including Billerica, Tewksbury, Burlington, and Andover.

Chapter 2: Methodology

The *Lowell Sun* was founded in 1848 by Irish Catholic siblings. Based in Lowell, its readership extends throughout northern Massachusetts and southern New Hampshire. Like most mass media, it is known for reporting a more conservative perspective (Lafleur 2007). The Lowell Sun is owned by Digital First Media, which is headquartered in Denver, Colorado. Digital First Media is owned by Alden Global Capital, which owns more than 50 daily and weekly newspapers (Transforming the Future of Media).

The data set included 173 articles from the *Lowell Sun* spanning a ten-year period from 2007 to 2017. The full sample included articles by staff writers, police logs, op-eds, letters to the editor, editorials, and the occasional article featured from national newspapers. By including all elements my data reflects the internal production and external selection of knowledge within the newspaper, while representing the discourse circulating in the region.

Social theory has long contended that language structures and reifies hegemonic ideologies (Foucault 1975; Gramsci 1971; Althusser 1970). To methodologically study the circulating discourse on opioids, mortality, and grief, I employed critical discourse analysis, which combines social theory, context, and analysis of text through manifest and latent content, as well as semiotic analysis, as the method appropriate for analyzing opioid-related discourse (KhosraviNik 2015; Blommaert 2005; Wodak R. & M. Meyer 2001; van Dijk 1993 Fairclough 1989). After open coding for manifest and latent content in NVivo, I used abductive analysis to construct a new list of subcodes to better capture the patterns and nuanced differences that emerged within the paper (Charmaz 2006;

Timmermans and Tavory 2012).

Media discourse analysis is central to the work of urban sociologists. Urban theorists argue that local media serves the interests of urban elites and their desire for accumulation (Croteau and William 2006; Jonas & Wilson 1999; Logan & Molotch 1987). Geographers argue circulating media discourse spurs uneven development (Greenberg 2008; Mathew Rofe 2004). Although I expected to see preference given to white drug users and uneven distribution of treatment facilities and options, I was surprised at the extent to which this was so in the *Lowell Sun.*

A benefit to using discourse analysis at this stage of research analysis into the opioid epidemic is the reality that doing an ethnographic project is less realistic for an area that is traumatized by high mortality. At the same time, this project has limitations. First, discourse does not necessarily represent the reality on the ground. Discourse tells us how people are understanding the social problem – not the actual dimensions of the social problem. Still, as made evident by the War on Drugs in the 80's, media depictions of moral panics have material effects in misinformed policy and measures of racist punitive control (Reinarman 1994). Second, many voices are excluded from this project, because it represents the hegemonic perspective in the region as presented by the newspapers. Surveys, interviews, and ethnographic methods would better elucidate all the actors present. As I will discuss in the next chapter, the papers predominantly feature white middle class men, but Lowell's median economic income is lower than the state average. It's clear that minority population and working class users are missing. Third, Lowell, MA, while a small, post-industrial city similar to many in the Northeast, is hardly

generalizable for experiences across the nation. Here, I hope to develop a "thick description" that can motivate further comparative work by using Lowell as a case for the national problem (Small 2009; Geertz 1973).

Table 2. Most Frequent Words in the *Lowell Sun*

Word	Count	Weighted Percentage
Lowell	835	1.31
Drug	553	.87
Heroin	529	.83
Police	443	.69
State	528	.67
Opioid	369	.58
Massachusetts	366	.57
Health	355	.56
Addiction	327	.51
Treatment	324	.51
People	315	.49

Initial analyses included using Nvivo's analytic tools to gather some basic information about the articles. Unsurprisingly, because "heroin" and "opioid" were search terms, and "Lowell" is a part of the city paper's name, they appear in the top ten most frequent words. The top ten words are representative of much of the themes that emerged when I coded the data set. The *Lowell Sun* prioritized medical, gentle frames across the entirety of the ten-year data set, as made evident by the appearance of the words, "health," "addiction," "treatment," and "people." Police, which appeared fourth, would seemingly suggest a more punitive response, but as will be discussed in section three of my findings, their work within the city, at least as it is described within the paper's discourse, is more similar to the work of a social worker than law enforcement.

Table 3. Most Frequent Codes in the *Lowell Sun*

Code	Frequency
Addiction	174
Overdose	153
Alternative Programming	145
Death	136
Prescription	133

It should not be surprising then that upon coding the most emergent themes centered around the problems of addiction as an "accidental disease," the collective fear that the new users would overdose, the need for programming and treatment, especially residential treatment centers, anxiety over the high rate of loss in the region, and warnings of the dangers of prescription pills that can reside in as an innocuous place as one's medicine cabinet. See the appendix for a full list of the codes.

While I have already mentioned that Lowell is situated in the center of a region hit particularly hard by the opioid epidemic, in a city that is home to many non-white communities, my decision to use Lowell was also motivated by my proximity to the city. I was born and raised in Billerica, the neighboring town, and spent much of my childhood in Lowell with my grandmother and cousins. My great-great-great maternal grandmother moved to Lowell from Canada to work as a mill girl, and my family has been in the area ever since. My great-grandfather helped to literally build the St. Jeanne D'Arc church and school, the Franco-American church I grew up in. My grandfather was a cobbler and owned a popular store, "Jerry's Shu-Tap," in the Highland neighborhood. My grandmother worked as an administrative assistant for the University of Massachusetts

Lowell, whose growing shadow I played in with my cousins on Bodwell Ave. Today, my second cousin owns "The Purple Carrot," a bakery in downtown. Like most families in Lowell, the opioid epidemic came to our door as well. I was first drawn to this project, then, by thinking about my older cousin's struggles with addiction. At the onset of this project he was clean, yet ten months later he was gone. In an alternate world, one I'd much prefer, I would have more distance from the topic at hand. However, my familiarity with the city of Lowell and my own bereavement have only strengthened my project by giving me balance. I am still critical of overrepresentations of whiteness, but also, I am able to empathize with the grief and shock expressed by the families and friends of users represented in the *Lowell Sun.*

My findings are presented in four parts. In the first section, I demonstrate the profile of the "new" opioid users, young, white men in emerging adulthood. The loss of these young men prompts not just familial mourning but community grief, they represent something akin to a "lost generation." The second portion situates the new users in Lowell within the socioeconomic precarity of the ever-increasing risk economy. The papers, unlike prior reporting on drug panics, offer sympathetic and medical frames for the young men's drug use, express anxiety over the young men's poor mental health, and articulate the young men's "deaths of despair" are economic. In doing so, the papers situate the opioid misuse within the context of "white decline," point to the risk economy's stress on young adults, and frame addiction much like a car accident (in that it falls upon people who experiment once while they're young). Despite the accidental addiction discourse, the papers present the inclination of a variety of the city's actors to

use neoliberal “self-help” frames to lift young men out of the throes of drug addiction without desired resources from the state. The third section of this thesis explores the cross-institutional approach to the opioid problem. In it, I demonstrate the seemingly endless array of services, fundraising efforts, and calls for education that exist within the papers. This includes police officers, who in prior drug scares advocated for approaches that were tough on crime, appear in the paper as figures like social workers. This cross-institutional approach to addressing the opioid problem in the city of Lowell includes families. The fourth section then, explores the family, but specifically, the role of mothers in the battle against opioids. Mothers of adult children who are currently using, had previously used, and/or have passed away battle and align themselves with the city’s many institutions attempting to address the opioid problem. Motivated by grief, and by fear, the mothers seek to preserve the sanctity of the domestic, middle-class home and nuclear family. Ultimately, whether this is materially real or not, the discourse amplifies an existential dread that the opioid problem cannot be maintained. More specifically, it cannot be maintained by local actors alone, and that the fix in the end would require state intervention in Big Pharma as well as more money, more detox centers, more beds in residential programs, and an economy and job market that gives young people hope.

The four sections lead to two important findings. First, the papers reify the image of the opioid user being a young, white man who lives outside of large metropolitan centers. As verified by sociological studies, these users are most likely to have begun using with legally prescribed drugs they found at home, were given by a friend, or were prescribed themselves. This simultaneously erases Black and Latino drug users (who are

hit especially hard by the opioid epidemic) and prioritizes medical frameworks in which the users should be absolved of social stigma because they accidentally became addicted to legal drugs (which places them on a hierarchy over other types of drug users). Then, the opioid problem is understood to be a problem because of its proximity to the white middle-class in a small-city region.

Second, the city of Lowell, presented by the papers as a tight-knit community, intervenes to protect the assumed young men from opioid misuse. Importantly, the discourse from the papers stress the urgent need to do this work because it's "our sons," "our neighbors," and "our friends" who are at risk of addiction. Lowell, which had been economically on a slow rise after its post-Fordist decline, is at-risk for further disaster should the city continue to lose its next generation at such a rapid rate. Thus, not only is the opioid problem causing mass collective grieving rituals, but also creates a city panic over the productivity of its residents, all while being aware of the national-level challenges the city has little control over. In lieu of desired resources, local actors work within a neoliberal self-help framework to protect their city's residents from the threat of addiction. The paper's discourse presents an increasing anxiety over the state that is slow to react and ill-prepared for the mass amounts of mortality within specific, often poorer, regions of the nation.

Chapter 3: Findings

Lowell's Lost Sons: Youth Culture, Mental Illness, and Mourning

"Our summer don't, our summer
Our summer don't get no shine no more
Our summer die, our summertime don't got no time no more"

Classical urban scholarship has long contended that small cities and towns have more close-knit communities (Wirth 1938[1969]). Thus, these urban and suburban spaces should be especially impacted by high mortality of any kind, however, the loss of young people is especially poignant (Butler 2004). Durkheim argued that death serves to generate community action, in reaction to loss, people assemble (Durkheim 1915). Scholarship argues that death has been sequestered from the public to private spaces, much like the cliché that death is the new taboo (Mellor & Shilling 1993; Giddens 1991). Decolonial perspectives argue that the ability to sequester death and to avoid "death in public" is often aligned with insulation from a variety of societal ills that plague the less privileged, from starvation to AIDS (Kellehear 2007). Sociologists have argued that in our increasingly secular society, the media has replaced religious institutions as the generator of making-meaning out of death (Walter 2005). In line with the sociological literature on death and community processes of bereavement, the *Lowell Sun* frequently addresses that addiction is a community problem, that the mass death is a loss to the entire city, and serves as a record of collective grief rituals. But who is the city mourning?

Although prior studies of the opioid epidemic demonstrate that the users range from their late-teens and early-twenties to their forties and fifties, the papers prioritize the

grief over lost “children,” who are young men from their late teens to late twenties, and largely neglects to feature their dads, uncles, and the other men that make up the demography of opioid users.

First, this section explores the demography of the “new users,” an imagined and exclusive category of young white men who became accidentally addicted, much like one accidentally gets into a car accident. Second, this section looks to the margins to explore those systematically excluded from the *Lowell Sun's* narrative. In doing so, I will explore the “grievable lives” in the city.

Table 4. Representations of the New Users

Code	Frequency
Personal Stories	59
Addiction	174
Generalizability	47
Stigma	44

Speaking to the users perceived youth, the *Lowell Sun* articles often describe the users’ naïveté with the dangers of prescription drugs. A local Tewksbury mom was quoted, “"These are families, the kids have all played sports, gone to college, are high-performing," she said. "It doesn't matter how you raise them. You just don't know if you're going to be the family” (Lannan 2013). The papers are quick to emphasize the promise represented in youth and the loss it is to the city of Lowell, as well as minimizes their legally criminal behavior in favor of frames that prioritize addiction as an accident.

Occasionally, the papers express the diversity of opioid users, but generally in ways that avoid direct racial language. Eduardo Bonilla-Silva argued that the new racism

relies upon preexisting racism to reify itself rather than explicit racial legal codes or language (2001). A 2007 informative article featured Dr. June Stansbury's thoughts on the crisis in which she was quoted, "Addiction is not just a scourge of inner-cities. It crosses all socio-economic lines. In fact, heroin use -- and teenage heroin use, in particular -- is New England's dirty little secret" ("It can happen to anyone"). Here, the discourse is contradictory in that it draws attention to Anderson's "iconic ghetto" where drug misuse is supposed to reside and is presumably a problem for Black and brown youth, while emphasizing the drug use of teenagers "anywhere," that are assumed to be white and suburban (Anderson 2015). The papers infrequently use language more explicit than this, yet the raced boundaries imagined between Lowell and other areas could not be more apparent. Elijah Anderson argues that despite the rise of the Black middle class, white America still imagines Blackness to exist within the "iconic ghetto" that is popularized within media (Anderson 2015). While Black and Hispanic people are forced to navigate "white spaces" (that are essentially all other spaces besides large urban centers) white Americans both have the mobility to go wherever they would wish and to avoid "Black spaces." Here, much of the anxiety is caused by the supposed infiltration of "urban" problems into an imagined white space. This is made most apparent by references to the "inner city," the "poor," and other signifiers for the racial underclass (Muhammad 2010; Wacquant 2001; Wilson 1987).

Besides boundary work between the city of Lowell and other spaces, the other way the users are reified as white is through the negation of Latino, Black, Cambodian, and other minority users in the papers. Most often, when Latino people emerge in the

Lowell Sun, they are described solely as "sellers" and "criminals" with no reference as to whether or not they use opioids themselves. Contrastingly, Lowell's new users are rarely described engaging in criminal activity, although most experts quoted in the papers acknowledge that to continue to afford to purchase opioids they must be selling, stealing, or engaging in other illegal behavior.

The papers most often present news stories of "white crime" as anomalies, such as a story that emerged about a retired Burlington police officer. "A retired Burlington police officer is among seven people being held after investigators from the district attorney's office smashed a Burlington-based drug ring using wiretaps and a series of search warrants served Wednesday…" It was not immediately clear why Reynolds retired in 2002. He is 45 years old" (Mills 2010). This story, featuring a former Burlington police officer, was not the only story of this type, a series of articles about a former Tewksbury deacon who trafficked opioids into a local prison also had rounds in the *Lowell Sun.* While Latino sellers are portrayed as the commonplace, white drug traffickers and sellers are only presented as quirky human interest stories.

Importantly, the families featured within the *Lowell Sun* most often present as middle-class (whether or not this is the reality for drug users in the city). The *Lowell Sun* describes the families as being "stable" and "loving," with numerous direct references to good "homes," in which houses serve as an indicator of the supposed relationship between the acquisition of material goods and the protective capacity of the nuclear family. Another way middle class status is suggested is through "concerted cultivation" and through the collective disbelief that the opioid epidemic has fallen upon middle-class

families (Lareau 2003). The following excerpt opens an op-ed by Police Chief Kenneth Lavallee that reads (Lavallee 2009):

> As my wife, Sue, and I stood outside the funeral home, waiting to enter and meet the grieving family, I wondered what I would say. Wakes are often difficult and uncomfortable. Expressions of condolence and sorrow are not easy to form. Those words are even more difficult to gather when the departed loved one is only 20 years old, a wonderful son and brother with great promise for the future. He was a true son of Lowell, a good student, champion athlete, charismatic and popular. Why did this tragedy happen? What words of sympathy could I express?

This passage is illuminating for several reasons. First, middle-class status is established through reference to the late man's involvement in athletics and academics.

Second, the project of collective grief is labor that must be carried out not only by families but by first responders, teachers, and community members who do their part to attend funerals and mourn Lowell's "true sons." The papers express the connectedness between those departed and their families, former high schools, and neighborhoods. As small cities are home to more closely-knit communities, it is likely that the loss of any one man is felt, let alone the hundreds that have died in the last few years.

Much like the racialization literature that argues whiteness affords young white men additional sympathy in the face of potential criminal repercussion, the imagined victims, the "new users," are understood to have grievable lives. Butler argued that by determining who deserves to be grieved maintains exclusionary conceptions of who is normatively human (Butler 2004: xiv-xv). What has happened to them is tragic, even if other types of opioid users, heroin users, Black and Latino users, poor users, are scarcely worth a mention.

[**Image 3**. Memorial Sticker for Nick F. Loiselle, featuring his high school football number, found outside a Lowell Dunkin Donut's, from author's collection]

The papers' discourse presents death in two ways. The first is through emotive passages like the above, in which the user gets a mini-biography, and the second is through statistics and seemingly neutral descriptions of use in the city-region. While the first representation of loss prioritizes mourning at a micro level, the second features the city and regional level structural anxiety over loss. An example of the second representation is the following passage, "According to the Drug Abuse Warning Network, a national public-health surveillance system that tracks the impact of drug abuse, Massachusetts saw 648 opioid-related deaths in 2007, not including methadone and heroin. The number was a 24 percent increase from the 522 deaths in 2006" (Tann 2010).

Table 5. Representations of Death

Code	Frequency
Humanized Death	33
Death Facts	64
Death Total	82

Despite extensive research on the racial, gender, class, and geographic diversity of opioid users, the papers present an imagined victim, the "new users," that implies drug misuse is entirely new to young white men, who fall into addiction accidentally after experimenting. Craig Reinarman argues that drug panics often mask other anxieties (Reinarman 1994). The opioid epidemic, however, is being understood *within* a slew of other social problems, including increasing rates of mental illness, a decreasing social safety net, and a risk economy that offers little protection to workers.

White Decline in the Region and Neoliberalism

And I was drowning, but now I'm swimming
Through stressful waters to relief
Yeah, oh, the things I'd do
to spend a little time in hell
and what I won't tell you
I'll probably never even tell myself

In recent years, and parallel to the media frenzy over rising opioid mortality, there has also been an increase in discourse surrounding "white decline." White decline, as popularized by US media, represents interlocking anxieties around change. First is the increase in non-white populations, so much so that the nation will be "majority minority" by 2050 and whites will be "outnumbered" (Roberts 2009, Norris 2018). Second is the collapse of the middle class that began in the 1980s, exacerbated by the 2008 Recession and Bush tax cuts, which hit particular areas especially hard (Keeley & Love 2010). Third is the decrease in life expectancy of white Americans (in part due to opioids), popularized by a Brookings Institute article that demonstrated how white Americans are dying of "despair" (i.e. suicide, drugs, and/or alcohol) (Boddy 2017; Case and Deaton

2017; Katz 2017). White decline has been used to explain why Trump's xenophobic, nativist, and exclusionary rhetoric won him the presidency (Knowles & Tropp 2018). Following the logics of colorblindness, "white decline" is often immersed in descriptions of economic changes as opposed to direct racial language.

Table 6. White Decline

Code	Frequency
Jobs and Productivity	24
The State	127
Mental Health	39
Alcohol	32

Jennifer M. Silva's *Coming up Short: Working-Class Adulthood in an Age of Uncertainty* grapples with previous literature on the working-class to define how coming of age has changed post-Fordism. After completing her ethnography and interviews in two working-class cities, one of which is Lowell, she demonstrates that the new working-class is bonded together not through a strict gendered division of labor, nor through shared experiences in service and menial work, but in uncertainty in the risk economy (Silva 2013). There are no longer jobs that are guaranteed to pay a living, comfortable wage for as long as you are willing to work. Similarly, other youth studies scholarship demonstrates the inability of young people to meet "traditional" metrics of adulthood, such as home ownership, within the same timeframe as previous generations, contributing to poor mental health outcomes (Coté 2000; Newman 1992). Because of this, some youth scholars argue that young people are in emerging adulthood for longer than ever before. Drawing on interviews done in four field sites, Settersten Jr. explains

that even young people who place less importance on owning a home or starting a family are extremely unlikely to be financially independent from their parents until they are well into their thirties (Setterseten Jr. 2011).

Articles expressed that if young people had more opportunities, they would return to work and rebuild the economy. The chief officer of the addiction service center Lowell House Inc., stated, "These are young men in recovery and young men who want, ultimately, to change their lives, to get jobs and this helps them to stay in a sober environment… this is how we'll solve our problem locally and nationally" (Curtis 2017). The poor state of the economy is viewed as a structural cause of the opioid epidemic.

The *Lowell Sun* emphasizes the ways both economic decline and the opioid epidemic hit particular regions like Lowell harder than others. One article in *LS* was explicit in the ties between the opioid epidemic and white decline when families expressed dismay that Trump's budget would not include funding for opioid treatment. The article opens, "He slept next to his son's ashes most nights back when [he] first met Donald Trump… the presidential candidate looked the middle-aged truck driver in the eyes and vowed to fight the opioid crisis" ("Trump's budget dismays families hit by opioid addiction crisis," 2017). The inability to pay for his son's treatment, and Trump's promise to help pay for treatment, are used as non-racist rationales to vote for the conservative candidate.

The economic depression of the areas in which the new users live is compounded by the lack of support from health insurers. Importantly, the families depicted in the *Lowell Sun* have health insurance. The problem then, is what that health insurance covers

and for how long. The middle-class families advocating on their own grown children's behalf express their confusion at the challenges of getting their grown children into treatment.

A 2015 article describes the trials and tribulations of one Lowell family:

> Mickey Gys drove his son Zachary to a street corner in Pawtucketville and gave him $60 to buy drugs. Zachary got out of the car, walked into a house down the street, and shot up heroin. Several minutes later he was back in his father's car and the two drove 45 minutes to a New Hampshire hospital, where they hoped to enroll the 20-year-old in yet another drug detox program… For six hours they sat in the hospital while the staff sought approval from the family's insurer […] Eventually, an apologetic orderly emerged to deliver the bad news: Blue Cross Blue Shield had denied Zachary entrance to the facility (Feathers 2015b).

Despite having health insurance from a reputable provider, the Gys-Griffin family was not able to get Zachary into treatment. The article was written after Zachary had passed away from an overdose.

However, insurance problems are not the only structural problems that the families seeking treatment for their grown children must face. The opioid epidemic had reached such a level by the numbers that there are simply not enough beds for all who are affected. In the 2014 article "On the Street" expert Bill Garr, who runs the Lowell House, explains, "One of the big issues is the lack of inpatient beds," he says. "We know we can't arrest our way out of it, but we know that any money that comes from legislators or the governor's proposal is going to help increase the number of beds. It's going to increase the availability of treatment, and also education" (Dezenski & Lewontin 2014).

Treatment is thought to be especially important because the papers tie mental illness to the current drug crisis. As mentioned in the first section of the findings, the articles use statistics to demonstrate the "deaths of despair" in the region. However, this

does not include many opioid-related deaths. In one *LS* article, reporters explained that those deaths rates do to represent "those who have committed suicide in the face of addiction, or those who have died of diseases tied to intravenous drug use" (Mills 2015). The article explains that the focus on overdose mortality masks the role of mental illness. Importantly, mental illness is situated within socio-economic precarity that accompanies the prolonged dismantling of social welfare nets. While mental health professionals expect opioid use and other prescription drug abuse is a form of self-medicating; the most vivid article link (Tarr 2015) between opioid abuse and mental health explains:

> If we got rid of all of the opiates and heroin, the mental-health issues would still exist and patients would seek other remedies. It sounds politically correct to campaign against heroin and opiates; however this does nothing to address the cause […] I feel bad for the kid who took some percocets for a broken bone and then mom believes this turned him into heroin addict.

This article attempts to debunk the majority of depictions of the new users featured across the papers that come from their mothers and families, which tend to neglect to mention the role of mental illness in their grown children's experiences.

As the literature in youth studies suggests, young people are more anxious, depressed, and daunted by finding their way in the risk economy. The papers often stress the desire to self-medicate mental illness, a notable example came from the 2009 article that read, "Golden is correct when he says we all know someone who has an addiction problem. Many addicts get hooked after suffering an injury that required pain medications or because he or she has an untreated mental-health condition and is trying to self-medicate" ("Two Thumbs Up").

The role of alcohol, and the dangers of mixing substances, also frequent the

papers. While it hasn't gained mass attention (in panic) the same way as the increase in opioid-related mortality, alcohol-related mortality has also been on the rise in the last decade. Many of the new users exhibit behaviors that could be classified as alcoholism and mixed substances. A former Tewksbury resident was quoted, "For me, it was never a couple of beers… Two beers turned into 10 beers, and then I called my cocaine dealer" (Lannan 2012).

Especially when compared to the policy and discourse surrounding the crack epidemic in the 1980s—rife with racialized "super predators" as well as policy, drugs laws, policing, and sentencing that targeted and disproportionately impacted black urban communities (Netherland and Hansen 2016)—the current heroin epidemic has called for "treatment not punishment" (Tiger 2017). While the medicalization of addiction and mental illness does not eradicate all stigma or promise legal protection, it can soften negative perceptions of individuals' "deviant" behavior (Murphy 2015; Phelan 2005 Conrad 1976). In the current opioid epidemic, the emphasis on the importance of increasing medical treatment options is apparent.

With the lack of support from health insurers and the lack of beds, Narcan emerges in the papers as instrumental in the battle against opioids. There is both positive and negative discourse that emerges in the papers surrounding Narcan. On one hand, Narcan literally keeps people's loved ones alive by reversing an opioid overdose, however some worry that Narcan excuses people suffering with addiction from facing responsibility for their dependence. This is one of the ways the papers push a neoliberal dependence on accountability on those struggling with addiction. Anxiety over the

repercussions of Narcan is especially present in relation to narratives of criminality, “Several days before William Tighe allegedly dragged a woman out of her car at a Tewksbury gas station, stole the vehicle, and set off a regionwide manhunt, the 32-year-old had a very different interaction with police: They revived him with Narcan” (Feathers 2017). While the families advocate for their adult children partially by emphasizing their “goodness,” the presence of criminal behavior that accompanies opioid misuse threatens the images they hope to project of the “new users.”

A related problem with the increasing strength of heroin and fentanyl on the streets is the increasing amount of Narcan required to reverse an overdose. Anxiety over unpredictability of dosages is represented in the papers. “In Lowell, many police officers, firefighters, and paramedics have stories about reviving a person with Narcan only to respond to a medical call hours later and find the same person overdosing again. It is one of the opioid epidemic's most delicate problems, and one that has defied solutions” (Feathers 2017).

“Tewksbury Police Chief Timothy Sheehan bristled at the idea of choosing between using Narcan and letting people die. "Police officers that take an oath and receive first aid/CPR/first responder training have a duty to provide care," Sheehan said. "Last I checked, there was only one being qualified to make decisions over life and death, and that is God" (Mills 2017).

> He has shot up in the alley for years. All alone. Narcan can be five minutes away. One day, it's almost too late when paramedics find him behind the trash bin. They tell him about a "supervised injection facility," where eyes would be glued on him at all times. "What?" he wonders. "Those actually exist?" A place where people can bring drugs. Where they can inject themselves with heroin. Where trained medical staff can intervene with Narcan in case of emergency (Sobey 2017).

Whether these narratives emerge as the only option within the reality that there are few supports, or in spite of the unlikely outcome that a person may wean themselves off opioids without extensive supports is not explained within the papers.

At the same time, many of the formerly addicted people who advocate for treatment options in the region, as well as their parents/families, and treatment officials within the region, argue for "self-help" (at the local level) despite recognizing the real structural challenges to getting clean.

As discussed in Chapter Four, there is a sense that the state is not doing its part to aid local authorities in the battle against opioids. The need for money, beds, Narcan, supervised injection sites, more first responders, and better staffed emergency rooms, and laws against Big Pharma emerge again and again. In the interim, actors across institutions within the city of Lowell work to keep the overdoses at bay.

The Community Response: "Policing," Prevention, and Education

"My wish, for you, is that this life becomes all that you want it to,
Your dreams stay big, your worries stay small,
You never need to carry more than you can hold,
And while you're out there getting where you're getting to,
I hope you know somebody loves you, and wants the same things too"

The problem of addiction is presented as one requiring a cross-institutional approach in the paper. Educators are tasked with prevention and warning high school students of the dangers drugs pose, treatment centers must fundraise to keep beds open, doctors are tasked with finding alternative pain management solutions to opioids, and first responders, along with police officers, take on new projects of revival through Narcan

and social work. Notably, many articles include arguments that there needs to be *more* cross-institutional approaches than all the ones mentioned.

Table 7. The Cross-Institutional Approach

Code	Frequency
Alternative Programming	145
Education	74
Doctors	70
Family Advocacy	47
In-Patient Treatment	40
Argument for C.I. Approaches	42

Although the demographics of heroin users includes a wide range in age, from those in their late-teens, early twenties to middle age, the imagined youth of drug users presented in the papers corresponds with plans for prevention that center around public school systems. The article “Opiate fight gets serious in Lowell” explains, “In the city's elementary schools, nurses from the Lowell Health Department will speak to all third- and fourth-grade students about making safe and healthy choices, and in the middle schools, resource officers will talk about the dangers of drugs and the importance of making the right decisions” (Feathers 2012).

The push for better education in order to prevent residents from trying opiates does not begin at the high school level, it begins as early as elementary school, and continues throughout middle and high school for the students. There are also a variety of after-school programs for concerned parents who wish to learn more about how kids become addicted.

Doctors are often blamed for the opioid epidemic as the ones who write

prescriptions. One article was literally titled "From doctors pens too many deaths" (2014). Locals expressed frustration that physicians' groups have been resistant to programs that would help track doctors who prescribe large amounts of prescription pills that lead to addiction (Mills 2013). Despite being blamed for the opioid epidemic; doctors frequently appear in an advocacy role in the papers. They advocate for both the need for treatment for people who are addicted, as well as for autonomy when making medical decisions for their patients, while hoping to find alternative medications and solutions for pain management. Dr. Wayne Pasanen, for example, as medical director for the Lowell methadone clinic, submitted an affidavit on behalf of the clinic's filing in opposition to a delay. He cited the dire consequences if the clinic can't move to a new location and has to close. "Termination of the medication-assisted program for opiate dependence in Lowell and the region it serves will undoubtedly create a public health emergency and result in unnecessary death and further morbidity," Pasanen's affidavit states (Moran 2013).

Although police officers played a punitive role in prior drug panics, the police officers' actions and own accounts of their role during this drug panic are reversed. They emerge in the papers as figures akin to social workers. Although engaging in criminal behavior, from purchasing street drugs or pills, to stealing to raise funds for drugs, to assault and battery related to theft, the police officers prioritize a "gentle response" to the vast majority of users in the paper. In general, they are medical providers. The following is representative of the majority of the mentions of police officers in the *Lowell Sun:*

> "Bedford firefighters used the opiate-blocking drug Narcan to save the lives of two men who both overdosed on heroin in simultaneous, but unrelated, incidents on opposites sides of the town on Sunday night. Emergency crews were alerted to the first incident, on the Middlesex Turnpike near the Burlington line, at 6:42 p.m. In that incident, a Lowell

> man whose name is not being released was found unresponsive and slumped over the steering wheel of a vehicle. Firefighters gave that man nasal Narcan, and he quickly regained consciousness before being taken to Lahey Clinic, according to a press release." (Mills 2014).

This extends to the physical structures of the criminal law enforcement institution, meaning the jails and prisons. One 2015 article explained,

> County sheriffs can help run secure facilities that are not prisons, he said, ensuring that addicts are treated in safe location[s] where individuals "can't just walk away from anytime they want." "If you can achieve that and keep them in for those two, three, four weeks, whatever that time may be according to the medical experts, then you can really have an effect on their lives," he said." (Norton 2015).

Ways to transform the prison, a truly punitive institution, into a rehabilitative one, emerge often in the papers. For example, this same article stresses that over 2000 got clean in the prison. In the introduction, I mentioned that "police" was one of the more frequent words in the paper, but what is made especially clear through analysis is that these are hardly the police officers of prior drug scares. Occasionally, they offer the more punitive approach documented by sociologists studying economically depressed areas (Tiger 2017). In the *Lowell Sun,* this mostly occurs primarily through surveillance. One article explains "Tewksbury police said officers were conducting surveillance Tuesday when they saw what they believed was a suspicious vehicle and pulled it over near Kennedy Road. Officers identified the driver as Jean Carlos Ortiz, 19, of Lawrence, and called a state-police canine unit to the scene" (Mills 2012). As this example demonstrates, when those punitive approaches emerge, it is when people of color are involved.

Table 8. Policing

Code	Frequency
Gentle Policing	38
Policing	117
Jails and Prisons	32

State officials, from local representatives to the Governor, emerge often to express their condolences for the lives lost and to discuss legislation and plans to curb the opioid crisis. Their importance as actors is often highlighted in the papers by the use of statistical data that emphasizes how bad the opioid epidemic is not only nationally, but locally. These sentiments emerge in quotes like the following: “Massachusetts has by far the highest rate of opioid-related emergency department visits in the country, more than double the national average, according to federal data from 2014, the most recent year available” (Feathers 2017).

State officials use a mixture of tough on crime responses and the gentler frames most often seen tied to the new users in their ideas for legislation. Meaning, they are tough on trafficking and light on buying and possession.

> “State officials have recently pushed for legislation that creates harsher sentences for trafficking fentanyl, a far stronger pain reliever. Under a new law signed by Gov. Charlie Baker on Nov. 24, fentanyl is listed in the drug-trafficking statute and increases the penalty to 20 years from 15 years in prison. That change goes into effect on Feb. 22.” (Sobey 2016).

Supporters of a bill aimed at cracking down on "doctor shopping" by prescription-drug addicts hope the legislation will make it to Gov. Deval Patrick's desk in the coming weeks. The bill would automatically register doctors who prescribe controlled substances with the state's Prescription Monitoring Program, which tracks who is prescribed

narcotics, stimulants and sedatives in Massachusetts (Camire 2012).

Grief groups and support groups for people in recovery, as well as community meetings to address the problem of opioids appear within the papers, often as announcements with the date, time, and location.

Mothers and the Battle Beyond Life and Death

"The call is coming from inside the house."

The discourse in *The Lowell Sun* frequently mentions the challenges families face in order to support loved ones addicted to opioids. As discussed in the prior chapter, the home itself, and most often, its sanctity as a middle-class and stable support system, becomes the site of struggle as parents work to keep prescription pills out and the grown children inside safe (because they are increasingly likely to live at home until they are well into their thirties). This chapter explores the opioid epidemics impact on certain, idealized, nuclear families.

Stephanie Coontz argues that the traditional family values (gendered division of labor, acquisition of material home goods for a proper house, etc.) emerged in the 1950s and masked many social problems within the family unit. The white picket fence, car in the driveway, and well-paying job that the husband would work were a façade that minimized the unhappy marriages, high rates of alcoholism and domestic violence, and other "private" challenges of the family (Coontz 1992). For Coontz, the traditional family values created in the 1950s were also a racial project, the move to the suburbs (away from the increasingly Black cities), the gendered division of household labor, and the sanctity of the household were white racial formations (Omi & Winant 2015). Arlie

Hochschild's *The Second Shift* explored the imbalance of work within the nuclear family, mainly, that mothers who joined the public workforce continued to do the majority of domestic labor (Hochschild 1989). Family literature on precarity suggests that in challenging times mothers become especially flexible and adaptive to ensure the family's needs are met (Wilson & Yochim 2015). In part because of the mother's relentless activism and advocacy on behalf of their adult children, and strategic deployment of their love, grief, and desire to care for their adult children, opioid use and possession has been markedly decriminalized (Wilson and Yochim 2015; Coontz 1992). Still, the mother's express that they feel shamed for failing to protect their children in the first place, and therefore, for failing to preserve the sanctity of the home.

While mother's do advocate for the State to take on some of the burden of managing the opioid crisis, they also advocate for local community responses, and do much of the labor on their own. The moms in the region do this through several means; first, through telling the story of their children in emotional public forums, second, through fundraising for local treatment organizations, and third, through relentless advocacy for their children in precarious recovery.

Anxiety over the home and an encroaching danger within the domestic space is a frequent theme within the papers. (Coontz 1992). Often, this anxiety is over the presence of prescription pills within the household, and the threat that their children will try to take them. This fear is founded in that data shows middle-class opioid heroin users most often began with prescription pills (Rigg & Monnat 2016). This tension is demonstrated by the *LS* article, "Opiates out of control despite state program," in which the reporter writes

that you can find opiates, “On the street, in the bathroom, in a cabinet, beside a bed” (Feathers 2015d). Here the symbolic collapse of the “street,” which signifies the iconic ghetto, and bed, which signifies the white nuclear family, captures the anxiety mother’s feel at the challenges they face in trying to protect their families (Anderson 2015).

Table 9. The Threat to the Home

Code	Frequency
Home, Domestic Space	42
Prescription Pills	132

Not only must opioids be “battled” within the home, but families, especially mothers, work with first responders, public school officials, and treatment organizations to raise awareness and protect the city’s children. While brought to the work initially through their own son’s struggles, many continue their advocacy after their children’s recovery and/or after their death. One mother, who features prominently in the papers, was quoted, “To all the children out there … no matter what you do, don’t be too ashamed, scared, too anything to ask for help” (Feather 2015a). While the paper’s discourse stresses the emotional toll the continuous advocacy and discussion of loss takes on the mothers, they continue on with the hopes of both preventing other women from losing their children and with a “cruel optimism” (Berlant 2011).

The work done by families, particularly mothers, to prevent opioid overdose is prevalent. One LS article showcases a mother’s annual 5K for opioid awareness raised $7,500 (Zouzas 2017), while another features the work of “Zack’s Team,” to create a new

Lowell-based sober house (Curtis 2017).

Table 10. The Family

Code	Frequency
Family Grief	43
Family Advocacy	47
Family Total	121

The Lowell Sun presents the family unit as the first frontier on the battle against opioids. Mothers and family must strategize to keep clean men clean, to mourn those who die, and to prevent other men from experimenting with drugs. The brunt of this work falls upon mothers, who bear the extra work during precarious times. For these families, "the call is coming from inside the house," as the seemingly innocuous prescription pills that lived in medicine cabinets long beyond their expiration dates are often the first point of entry for the men in their households. Of course, the family isn't the only institution called upon to battle the opioid epidemic. Rather, the *Lowell Sun* presents a portrait of an entire city and community, and all of its institutions, coming together to battle the opioid epidemic. In the spirit of Lowell pride, the city also presents itself as being the leader in addressing the opioid epidemic. Yet, throughout the ten-year data set, there was little in the way of optimistic news that the city's efforts were working.

Conclusion: White Space and the Challenge of Accidental Addiction

All the king's horses and all the king's men
Couldn't put humpty together again

The way the opioid epidemic is described, at least in the *Lowell Sun's* discourse, is much like the nursery rhyme "Humpty Dumpty." Young, white men, experiment with pills (or in some narratives, marijuana or other substances), and become addicted rather quickly. This is likely true, especially given the rise in fentanyl in the region. Then, all the "king's horses" of Lowell, its many institutions, put an atypical amount of time and energy mourning for Lowell's lost sons through collective performances of grief, by spreading education efforts to prevent young people from experimenting (implemented as early as elementary school), arresting Latino sellers, fundraising for treatment beds by organizing 5k's and bake sales, lobbying for legislation, dropping off bottles of prescription pills at police departments, rallying for methadone clinics, attending grief support groups, and more. Yet, "all the king's horses and all the king's men" fail to put humpty back together again. The articles present a collective panic that all can seemingly be done is distribute Narcan as far and wide as possible, and hope to resuscitate as many young men as possible.

The *Lowell Sun* discourse, in general, acknowledges that the opioid epidemic is much larger than just being that of middle-class white kids while simultaneously distancing the white middle class men from the drug legacies of the "iconic ghetto" (Anderson 2015). They do so by referencing the stable home life afforded to the young men by their middle-class nuclear families. There is a general sense that precarious times are coming down on everyone, even if the discourse in the paper prioritizes shock that

young, white men would be affected by an "urban" issue such as drug addiction.

Since the election of Barack Obama, the nation's first Black president, and more recently after the election of Donald Trump, research in race and social movements has been fascinated by the rise of the "alt-right," the Tea Party, white supremacy, and overly simplistic frames of white decline, that are regionalized assumptions about the supposed paradox of why poor white people in rural areas would vote conservatively. While there have been few ethnographic and sociological investigations into this national problem of opioids within local contexts, Rebecca Tiger argues the approach to opioids is a punitive one, more similar to the War on Drugs than popular media represents, there has been less work that examines the diversity of more rural regions (Tiger 2017). While Lowell is a small city, research on opioid misuse has verified that there is little difference between city-regions like Lowell and its surrounding suburbs and more rural areas, while both these areas are distinct from larger metropolitan centers.

By way of circulating media discourse in the city of Lowell on the opioid epidemic, I systematically demonstrated the prioritization of the "new" users by examining the data set over a ten-year period. In lieu of a social safety net and assistance from the state, I also demonstrated the emergence of neo-liberal self-help frames, in which a variety of the city's institutions work to protect their residents from the threat of addiction. As social panics often mask other societal challenges, here, the city of Lowell struggles to combat increasing rates of mental illness as well as a lack of opportunities for young people, despite the city's efforts at revitalization. Much of the anxiety represented is directed at the state, for these families, who have traditionally been protected by the

government, the absence of support for the level of opioid addiction within the region is shocking. Horrified to find they are living in a region marked by despair, they rely upon neoliberal logics to raise the money themselves and advocate for change at a time when expensive, progressive policy change is becoming increasingly unlikely.

While this thesis explains, in part, the ways white people, and especially mothers, are mobilized towards seemingly progressive actions (in that medicalizing drug addiction is more progressive than punitive measures) the discourse spurs uneven progress. While the "accidentally addicted" men, the new users, are excused because their drug use was first precipitated by legal, prescription pills, the other users are not free from punitive enforcement. Unsurprisingly, since arrests are up in small cities, when Latino men and women appear in the *Lowell Sun* with the aforementioned search terms it is because they are being arrested, not because they are being sent to treatment.

Appendix A. List of Codes

Addiction: medicalized framework for understanding drug, and sometimes alcohol, misuse and abuse

Alcohol: references to alcohol at the scene of any incident, the compounding effects of alcohol mixed with opiates, and the use of alcohol as a coping mechanism for other problems

Alternative Programming: treatment and recovery options, as well as grief support groups, and educational opportunities for the city of Lowell

Cross-Institutional: cross-institutional approaches were any combination of two or more separate institutions working on education, prevention, and treatment options for those misusing opiates

Death: a category for all references to death, from individual overdoses, to the sense of regional dread at the amount of death

Death Facts: statistics on fatal overdoses in the region, as well as medical explanations of how overdoses and opioid-reversing drugs affect the dying body

Death Humanizing: personal stories and empathetic accounts of loss

Doctors: emerge in the papers as experts on opioids, addiction, and mental health, as well as advocates for autonomy in decisions regarding their patients

Education: most often refers the Lowell Public Schools system, as well the important preventative role teachers and coaches play by creating supportive environments for young people

Employment, Productivity: within the risk economy, this refers to all anxiety over jobs, the loss of jobs, and the future of the city of Lowell and its young people

Family: references to the nuclear family, mainly, white, middle-class households

Family Advocacy: refers to the work of families, and in particular mothers, in protecting and caring for their adult children and all of Lowell's young people

Generalizability: by generalizing, the paper acknowledges that opioid addiction can happen to anyone everywhere, with the implication that it even happens in previously safe, white, suburban areas

Gentle Policing: police officers rarely act as punitive forces in the paper, rather, they emerge as a new kind of social worker

Home, Domestic Space: references to the danger within the home, mainly, prescription pills, or that young men could use at home without their parents noticing until they're addicted

Jails & Prisons: references to jails and prisons, however, the role these jails and prisons play can be either punitive or rehabilitative

Mental Health, Illness: the problem of mental illness, particularly depression, is one that emerges in relation to opioid misuse

Overdose: any reference to overdose, whether it is fatal or non-fatal

Personal Stories: narratives of the experiences of people with addiction, most often used to exonerate the new users

Police: literal references to the police

Prescription: legally prescribed, prescription pills

Race: implicit and explicit mentions of race, such as Latino surnames

Residential Treatment: long-term treatment facilities

Stigma: the stigma of addiction is brought up often by families, and in particular, mothers who feel guilty or blamed for their grown children's addiction

The State: references to law makers and the Massachusetts government in response to the opioid problem, from the Department of Health to senators and local representatives

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