RACE AND MEDICALIZATION OF DRUG ADDICTION:

AN ANALYSIS OF DOCUMENTARY FILMS

by

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ABSTRACT

The purpose of our research is to investigate the relationship between medicalization and explanations of drug addiction by race. Medicalization refers to the process through which everyday behavior and traits are classified and/or treated as medical conditions (Conrad 2005). If medicalized, addiction could be treated through medical therapies rather than the criminal justice system. Advancements since the 1980s claim addiction is related to an individual's biological and psychological characteristics (Leshner 1997). Our research will explore the extent to which minorities are excluded from these medicalized narratives of drug addiction and are, alternatively, discussed using criminalized ones. We content analyzed 25 documentary films (mean length of 60 minutes each) spanning nearly15 years to shed light on medicalization and race in drug addiction. Our research found definite patterns in drug addiction narratives by race: whites were more often discussed via medicalized narratives and minorities were under-represented, leading to a gap in addiction narratives for them. Results suggest a persistent racial inequality in drug abuse and addiction research and pinpoints possible negative consequences for minorities.

Chapter 1

INTRODUCTION AND LITERATURE REVIEW

Drug addiction is a debilitating condition that dramatically impacts the lives of drug abusers, their families, and society as a whole. Research on the causes, effects, and basic elements of drug abuse has been ongoing for at least a century; this research has produced a variety of definitions and tactics for dealing with addiction. Within the past decade, approximately, drug addiction researchers such as scientists, medical doctors, and neurologists have maintained that drug addiction is a brain disease or the outcome of some other biological process. Specifically, claimsmakers hold that the continued use of drugs can manipulate and change the chemicals within the brain and make a user become dependant upon the use of a substance, essentially causing addiction. This medicalized narrative of addiction is a remarkable shift given that most of the 20th century featured punitive and criminalized narratives and polices regarding addicts, especially those addicted to illegal drugs.

I recently participated in a research group to study this medicalized view of addiction and the research that surrounds it. Our group discovered a pattern of exclusion of minorities within drug addiction research, which encouraged us to look at other types of media to investigate the medicalization narrative and race. This most recent medicalized view of addiction is also being explained in many documentaries and television shows (such as "Intervention" and "Addiction") as the cause of addiction as well as the key to a possible full rehabilitation for addicts.

After viewing the HBO documentary "Addiction" and noting an inequality in the races portrayed within the film, my advisor and I decided to look at documentaries as another media of drug addiction research. The goal of this research is to analyze a number of documentary films and observe the demographics of those subjects being interviewed (drug addicts) and how their addiction is being examined or discussed within the film. My research is therefore addressing two topics: drug addiction is becoming increasingly medicalized, but it is not being medicalized for everyone. This research is extremely important as it will determine how medicalization narratives are being shaped by race, proving an inequality among different racial groups and how they are treated as addicts; if you are not portrayed as a patient you cannot receive treatment.

Literature Review

Medicalization refers to the process through which health or behavioral issues are classified and/or treated as medical conditions (Conrad 2005). This process involves a move from a non-medical to a medical framework to discuss the problem; therefore non-medical explanations for a problem (religious, moral, etc.) move toward medical explanations and the use of medical terms (Shostak, Conrad and Horwitz 2008). Medicalization then refers to a problem that: is defined in medical terms, can be described using medical language, can be understood by adopting a medical framework, and "treated" with a medical intervention. Medicalization, therefore, causes a shift in the way we discuss certain issues and how they are perceived by the medical community and the general public. For example, children that are hyperactive were once classified as difficult and disobedient prior to the development and diagnosis of attention deficit hyperactivity disorder (ADHD). In this respect, certain conditions which were once defined as immoral or deviant can be defined, researched, and possibly treated through medical means or medicinal treatment. With the creation of the American Psychiatric

Society's *Diagnostic and Statistical Manual,* a number of conditions that we previously regarded as sins of morality or crimes against society were reclassified as medical conditions or disorders (depression, homosexuality, etc.). This allowed for the medicalization of deviant acts or behaviors such as addiction; deviance could then be defined and possibly treated in a medical framework. (Shostak, Conrad and Horwitz 2008).

A medicalized narrative that can be applied to drug addiction has emerged and grown rapidly within the past decade. Due to new technologies like brain or Positron Emission Tomography (PET) scanning, addiction can be classified as a chronic disease rather than a moral and legal crime against society. Prior to this shift, the 20th century saw a focus on a criminalized view of drug addicts and an emphasis on extreme punitive measures to "rehabilitate" them through the criminal justice system. This criminalization narrative stigmatized all drug addicts, but research suggests the severity of punishment was determined according to racial demographics.

The Criminalization of Drug Addiction in the 20th Century

In the late 19th and early 20th centuries, certain drugs (stigmatized in today's society) were viewed as medical treatments; for example heroin was first prescribed as a way to cure people of morphine addiction as well as a stimulant while cocaine was used as a natural stimulant in soft drinks and a medical treatment for various ailments (Brecher 1972; Spillane 2000). Prior to the use of heroin and cocaine, ancient civilizations utilized the sources of each drug for a variety of purposes; opium (source of heroine) was used to alleviate chronic illnesses and treat infections, while cocoa leaves (source of cocaine) helped to fight fatigue and hunger (Courtwright 2001; Davis 1996). In the early 20th century, with the passage of the Harrison Narcotics Act of 1914 (and the Supreme Court cases that followed), these drugs were deemed deviant and criminal by the legal system

as well as society. Those who used these drugs were then considered to be criminals following the passage of the act; these acts marked a shift from a medical view of these drugs to a criminalized view of their use.

Researchers have noted that the origins of the Harrison Act were rooted in racist motives and dislike for certain minority groups as well as for political gain. According to Courtwright (2001) the opposition to certain drugs is generally connected to a dislike of a particular group and usually motivated by the hatred of a certain race. Beginning around 1913, the American government was approached by the Chinese to help them curb the opiate addiction which ran rampant in their country. In exchange for help, the US would be offered trade and economic success from the Chinese government. Hamilton Wright therefore began a coalition to end the use of opiates (heroin) in the US as to influence the end opium addiction on an international level. His tactics to pass the Harrison act were to focus on the dislike of certain minority groups (African Americans, Chinese, etc.) and use this to influence the state in their legal tactics (Musto 1999; Courtwright 2001).

Their first campaign preyed on Chinese immigrant populations; their cultural connection to opium use was associated with deviant sexual acts such as the raping of young white women. Moral entrepreneurs would hypothesize that the Chinese immigrant railroad workers would lure these women to their opium dens, and convince them to partake in the drug. This would leave them vulnerable to deviant sexual acts (Musto 1999). The second campaign was geared towards the African American population and their use of cocaine. Activists would claim that cocaine was used by African American men to make them stronger, rebellious, and less vulnerable to modern weapons; the fear was that cocaine would cause them to go on unstoppable violent crime sprees (Courtwright 2001; Musto 1999; Cohen 2006). These successful campaigns led to the

passing of the Harrison Narcotics Act, which would define the stigma of drug addiction for close to a century after its ratification.

While the 1960s and 1970s were run with a more liberal view on drug use, with a focus on rehabilitation and issues of mental health, the 1980s ushered in a conservative era and the War on Drugs. With pressure from various social groups, such as The National Federation of Parents for a Drug Free Youth (NFP), the increase of urban crime, and the growth of the international drug lord, the Reagan administration had a strong focus on battling the spread of drug use and abuse, especially among teens (McCoy 1991). During the first four years of the administration, Nancy Reagan's "Just Say No" campaign and Carlton Turner's focus on international regulation of drug production helped to decrease causal drug use among Americans (Massing 1998; Chepesiuk 1999). However, problems of drug abuse and addiction still remained (McCoy 1991).

The emergence of a crack cocaine epidemic in inner cities and the surge of powder cocaine abuse in upper-middle class areas in the mid 1980s radically altered the severity of the War on Drugs (Reinarman and Levine 1997). Crack cocaine, a cheaper, more potent form of powder cocaine, became increasingly popular in the inner city in the 1980s. Crack cocaine was able to deliver the high of powder cocaine without the expense; therefore, this drug was geared towards a lower-class market (Reuter and MacCoun 1993). Crack cocaine was usually sold out on the streets (in the view of the public) resulting in a severe, obvious, competition between dealers. Due to this public market, and growing tensions between dealers due to issues of territory and clients, violence and fatalities became a common characteristic of the crack cocaine epidemic (Johnson, Golub and Fagan 1995). Drug related violence and homicides skyrocketed during this time and dominated national news. As a direct result of the sensational

epidemic, the Reagan administration modified drug legislation to include much harsher, extended punishments for drug users and sellers (through The Comprehensive Crime Control Act of 1984 and the Anti-Drug Abuse Act of 1986).

Disparities between the treatment of cocaine users and crack cocaine users were significant following the passage of these acts. Upper-middle class users of powder cocaine were usually able to avoid prison sentences by attending treatment facilities (funded by their employers) while the lower class population using crack cocaine most often ended up in prison. Also with the passage of the Omnibus Drug Abuse Act of 1988, the penalties for possessing equal quantities of each drug were drastically differentiated. As a result, sentences for possession of crack cocaine are 100 times longer than for the equivalent amount of powder cocaine (Mauer 2006). These inequalities of class can also be regarded as a racial inequality, as a majority of the lower-class crack cocaine users were minority populations. With the nomination of the George H.W. Bush administration this harsh, punitive drug legislation persisted for the next four years, and essentially influenced the next decade of drug enforcement. During his time in office, Bush increased the budget for the War on Drugs to $7 billion dollars, as well as created the position of the "Drug Czar" (Reuter and MacCoun 1993).

This history of drug legislation sheds light on the dominating notions of the 20th century regarding drug users and abusers. With the extensive promotion of the War on Drugs, drug use became a moral dilemma of the public, and especially the youth of America. A stigma was therefore attached to those who abused; users were looked on as morally corrupt and deviant as opposed to unhealthy individuals who needed medical attention. Also, when reviewing the earlier legal acts against certain substances and the disparities between cocaine and crack possession laws, one can infer that these acts were influenced by outside social issues such as political gain and ethnic and racial prejudices.

Within the past decade, the new medicalized narrative being applied to drug addicts has been following a similar path as it is being shaped according to racial and ethnic characteristics.

The Medicalization Model: From Criminal to Patient

The medicalization model began developing in the late 19th century and has progressed steadily using new biological and technological research. Numerous approaches to medicalization have developed over time; among these are: the study of body types and their connection to deviant behavior as well as genetic studies to examine inherited traits of addiction such as alcoholism. Although these trends of medicalizing drug addiction have been notable throughout the 19th and 20th centuries, their impact on removing the stigma and modifying drug addiction treatments has been minimal up until the past 15 years or so. According to Conrad, medicalization cannot be expected to completely alter established methods of social control. Accordingly, subjects like drug addiction are dealt with using "medical-legal hybrids," due to their deep connection with the criminal justice system (Conrad 1992). Therefore, from the roots of punitive drug punishments in the early 20th century to the ultra conservative War on Drugs in the 1980s and 1990s, drug addiction and addicts have been attached to the stigma of criminality.

However, within the past decade and a half, as science and technology advance to the study of the brain, the medicalization of drug addiction has begun to alter the view of a drug addict from a criminal to a patient. For example, the 1990s has been recognized as the "Decade of the Brain," in which neuroscience and brain-imaging technology was implemented into the field of medical research. More specifically, the appointment of neuroscientist, Dr. Alan Leshner, to the head of the National Institute on Drug Abuse (NIDA) marked a dramatic shift in the way drug addiction would be examined from that point on.

According to NIDA's online pamphlet, "Drugs, Brains, and Behavior – the Science of Addiction",

> Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain - they change its structure and how it works. These brain changes can be long lasting, and can lead to the harmful behaviors seen in people who abuse drugs (NIDA 2008).

According to drug addiction research, using brain imaging technology, drugs stimulate the senses in the brain that produce pleasure. Pleasure is felt in the body as the brain releases dopamine; in the use of alcohol and drugs an excess of dopamine is released into the brain and the level is dramatically increased from its natural state. With the continued use of these substances, the brain and body become used to the higher level of dopamine present in the brain. The chemistry of the brain is then altered with the sustained presence of the surplus and can no longer be satisfied with the natural releases of dopamine. Therefore, the pleasure receptors in the brain are chemically modified and with the absence of this higher level of dopamine the brain cannot function appropriately; the brain then becomes dependant upon the drug to maintain a level of normalcy (Fishbein 1991).

Consequently, an individual could start using a drug voluntarily, but through a period of prolonged use the brain becomes dependant, causing the individual to involuntarily seek out the drug to maintain stability. As a result, this addiction is essentially a disease of the brain as these addictive substances are ultimately altering its chemistry and causing dependence. Specifically, using brain scanning and comparative images one can note the distinct, visible difference between the addicted and non-addicted brain. The drug addict is then able to be viewed and examined as an individual

with the disease of addiction, or a patient that is in need of medical treatment (Leshner 1997). However, upon reviewing this turn in the scientific research of addiction, one can observe a distinct inequality between who is viewed as a patient and who is still considered to be a criminal based on a pattern of exclusion.

Inequality and the Medicalization of Drug Addiction

This drug addiction research and its use of brain imaging can be extremely beneficial in the treatment of drug addicts; upon being viewed as patients they can receive the proper attention to their disease. However, the progression of de-stigmatizing the addict and attempting to help them recover is dependent upon who is being researched, how they are perceived by claimsmakers, and how they are portrayed to the general public. Illegal drug use statistics show a disparity among some minorities (specifically African Americans) in their level of drug use as compared to their percentage of the population. According to the Substance Abuse and Mental Health Services Administration in 2009:

> Current illicit drug use among persons aged 12 or older varied by race/ethnicity in 2008, with the lowest rate among Asians (3.6 percent) (Figure 2.9). Rates were 14.7 percent for persons reporting two or more races, 10.1 percent for blacks, 9.5 percent for American Indians or Alaska Natives, 8.2 percent for whites, 7.3 percent of Native Hawaiians or Other Pacific Islanders, and 6.2 percent for Hispanics (Substance Abuse and Mental Health Services Administration 2009).

The Substance Abuse and Mental Health Services Administration also measured substance abuse and dependence within the past year according to race and ethnicity in their national study:

> In 2008, among persons aged 12 or older, the rate of substance dependence or abuse was the lowest among Asians (4.2 percent). Racial/ethnic groups with similar rates included American Indians or Alaska Natives (11.1 percent), persons reporting two or more races (9.8 percent), whites (9.0 percent), blacks (8.8 percent), and Hispanics (9.5 percent). These rates in 2008 were similar to the rates in 2002 through 2007(Substance Abuse and Mental Health Services Administration 2009).

These statistics demonstrate that the rates of dependence among whites, blacks, and Hispanics are relatively close in percentage; therefore, if one wanted to gain an accurate view of the drug addict population, all three races would have to be represented almost equally.

According to Castro and Alarcón (2002), substance abuse treatment programs have largely overlooked the cultural factors as determinants of drug abuse. They note that many research studies have examined race, but in a "culturally shallow manner;" many of them focus on a comparison of one specific racial group against the behaviors of the white-majority to examine how they are different. These factors include value/norms, beliefs, and behaviors that are largely associated with racial/ethnic backgrounds; there is a need to study these cultural features as they can help improve and shape the treatment of more individuals (Castro and Alarcón 2002). Subsequently, Dr. Alan Leshner of NIDA has explained that there is a need to connect these issues of culture to the current addiction studies and neurobiological explanations of addiction. However, as Carlson et al. explains there are very few links between ethnographic and neurological research and even less collaboration between neuroscientists and ethnographic researchers. In order to have a more complete view of addiction to help de-stigmatize the addict and properly treat them, these two fields must be examined collectively (Carlson et al. 2009). With the severe misrepresentation of minorities in cultural/ethnographic research of drug use and abuse, there is a disparity between the

studies of whites and minority populations and their addiction narratives. This disparity causes an inaccurate, biased view of addicts to be put forth in society, which in turn influences who is targeted for medical treatment and care.

According to Schnoll, there is a significant need to connect the medicalized narrative of drug addiction to mainstream society. With the recognition of addiction medicine by the American Medical Association there have been great advances in the progression of substance abuse treatment. However, issues of inadequate insurance for addiction treatment and the view of addiction as an acute disease (rather than a chronic disease) have leveled out the progression of appropriate drug addiction treatments. Addiction medicine and the diagnosis of a brain disease must be promoted and shared among researchers, clinicians, and the public in order to fully de-stigmatize drug treatment (Schnoll 2009). One successful method for researchers and scientists to influence the view of the public is the use of documentary films and commercialized media sources.

Documentaries are a strong media resource and influential instruction tools utilized by teachers, activists and politicians to connect to mainstream society; as the research may be too complex in nature to understand, documentaries make it accessible to the majority. Therefore, documentaries portraying the disease of addiction are extremely important in the promotion of these neurological explanations. To view addiction as a disease, the public will be more willing to endorse the treatment of addicts; therefore, how certain groups are medicalized is the most important factor of influence within these films. According to our research, these films have largely excluded minority populations, causing an inaccurate portrayal of the addict as a patient.

Chapter 2

METHODS

For our research we decided to perform a content analysis on a random sample of documentary films which pertain to addiction and the disease of addiction. We chose to use documentary films as the basis for our analysis because they are accessible and vital to the promotion of drug addiction as a disease. As stated above, documentaries are an excellent resource for members of the academic and scientific fields to communicate complicated theories to the public in a straightforward manner. Documentaries are essential to the promotion of drug addiction research and treatment for several reasons. First, the focus of documentaries is on real people who have a real social problem. They can educate the general public more personally by portraying real addiction stories. Next, they have the potential to reach a wider audience than academic literature. Documentaries are accessible to the public through classroom settings, libraries, treatment programs, and syndicated television and cable shows "(Intervention", HBO documentaries, etc.) Finally, documentaries are extremely helpful in de-stigmatizing addicts as they put a visual face to the social problem at hand. These films are humanizing the problem of addiction by portraying real stories that audiences can relate to. By putting a human face to the statistics and myths of drug addiction, the audience can connect to the addict and sympathize with their situation. Once they understand the plight of everyday addicts, and visually witness their pain, the public is more likely to change their opinion and support proper drug treatment. One can then understand why it is so important to scrutinize who is being portrayed in these films;

when the stories are visually told, the white addict is shown more often than minorities. If audiences are sympathizing with the white faces of addiction, what happens to the minorities who are still being looked upon as criminal addicts? Therefore, we chose to content analyze the specific cases or narratives depicted in documentary films.

For the analysis, we collected approximately fifty documentaries from a variety of sources: Dr. Anderson's private collection, Hulu.com, Google Videos, and the University of Delaware Library. I developed a database of the documentaries and recorded their: title, year produced, production company, distribution company, producers, directors, and a brief description of the content. After reviewing the brief content of each documentary, as well as viewing some that were questionable, we developed a guideline or inclusion criteria to narrow down the sample. Our sample needed to include documentary (nonfiction) films that would focus on specific cases and first hand accounts of everyday illegal drug addicts. Therefore, we would only use those documentaries that followed these criteria:

Table 1. Documentary Inclusion Criteria

The film must profile primarily drug addiction; alcoholism is excluded
It must profile people – drug addicts and specific cases
Those profiled have to have a problem themselves
Rule out celebrity biographies/accounts
The film must be a documentary – not a fictional account

These criteria stipulations allowed for us to narrow the films down to those which would provide us with strong drug addiction cases of everyday users. The focus of

our content analysis was on the abuse of illegal or illicit drugs, such as cocaine, heroin, prescription drugs, etc. and their users. We chose not to look at alcoholism because alcohol lacks a history of extensive criminalized substance abuse policies. Essentially, alcohol consumption has not been viewed as a criminalized act for quite some time, and therefore has not undergone a dramatic shift from a criminalized to a medicalized narrative of addiction. Therefore, films that focused on alcohol abuse, and cases of alcohol addiction in our documentaries, were left out of the final content analysis. In order for our sample to properly analyze the demographics of each film, they had to portray individuals and their addiction stories; each film, therefore, had to focus on the addicts and their individual addiction narratives, not just a basic overview of addiction. We also wanted to represent the demographics of normal, everyday users that were being depicted in documentary films. We then had to exclude documentaries about celebrities and their battles with addiction. Also, fictional accounts were not appropriate for the sample we wanted to analyze, so they were excluded.

After using these guidelines to focus our study we were left with twenty-five relevant documentaries which we could use in our content analysis. The films were produced, approximately, from 1997-2009 with an average length of about 60 minutes each. To analyze the films we developed a content analysis template based on the stipulations of our study. From our analysis we sought to investigate the demographics of each film and how these addicts and their addiction narratives were being discussed and/or treated. Our main objective was to review these medical narratives of addiction and how they are used to explain a certain population, however it may not be used to explain others such as minority groups. The following represents the content analysis template used to evaluate each film:

Table 2. Content Analysis Template: Demographic Data

Documentaries:	***Demographics***
What is the problem being addressed?	Subjects: sex, age, race
How is the problem being defined?	Claimsmakers: sex, age, race
Who are making the claims?	
What evidence are they using?	
Who are the subjects?	

Table 3. Content Analysis Template: Addiction Narrative

Defining the Problem:	***Developing a Solution:***
Narratives used by claimsmakers to explain the subject's problem	Narratives used by claimsmakers to explain a solution
Narratives used by subjects to explain the subject's problem	Narratives used by subjects to explain a solution

This content analysis template would be filled out accordingly, and in as much detail as possible, during the viewing of each film. The problem being addressed is the actual focus of each film, or what is being discussed. For example, some of the films were connected by the theme of a certain drug ("Cottonland" – OxyContin or "Montana Meth"); other films were focused on rehabilitation centers or programs, and the study of addiction itself ("Rehab" and "Addiction"). How the problem is defined relates to how the claimsmakers and subjects are explaining the situation at hand, whether it be a

specific drug or treatment program. "Who are making the claims" is a brief description of the claimsmakers in each film; claimsmakers are defined as professionals in a field (medical, law enforcement, legal, etc.) Therefore, family members were not included among claimsmakers. The evidence they are using would refer to case studies, scientific studies, and research which the claimsmakers are putting forth to corroborate the content of the film. The subjects are the actual addicts presented in each film. The subjects that were counted in our study were those who were named and thoroughly discussed in the films; those who were not named and only contributed a passing comment within the film were not counted in the sample.

The demographics of the claimsmakers and subjects were examined in each film; the elements that were documented included age, sex and race. The drug addiction narratives were examined by documenting the claimsmakers and the subjects' views of the problem and solution. Therefore, the claimsmakers view on the subjects is documented by discussing why they began using drugs and how they could possibly break free of their habits. The same discussion is documented among the subjects or addicts themselves as well. From this examination of the demographics of the claimsmakers and subjects, as well as the narrative put forth in each documentary one can accurately establish a pattern of who is being presented in the sample and how their situation is being explained.

The analysis of our findings will be based on comparing our demographic data with that of the total population of drug addicts. Upon reviewing the 2008 National Survey on Drug Use and Health (NSUDH), the total drug addicted population consists of 22 million people (ages 12 and older). Upon reviewing the percentages of addicts, based on race, Whites comprise about 67% of the addicted population, African Americans about 12.5% and Hispanics approximately 13.5% (Substance Abuse and Mental Health

Services Administration 2009). The percentages generated from our findings, regarding the races of the subjects portrayed in each film, will then be compared to the aforementioned statistics. This will determine whether or not these documentaries are accurately depicting the population of drug addicts.

My methods were limited because of the difficulty associated with determining the race of each subject. I had to rely on two tactics to determine race: personal testimony and visually identification. Personal testimony refers to a subject discussing their race and ethnicity; for example two Hispanic subjects explained that they had been born in Latin American countries revealing their ethnicities. As this type of discussion was rare, I had to rely on identifying their races by eyeballing; I would observe and scrutinize their skin tone and determine their race. This method is obviously flawed as skin color is not the best determinant of race and ethnicity. However, due to the format of this media, visual idenfication was the most reliable method of determining race.

Chapter 3

FINDINGS

Upon viewing all twenty-five films, the content analysis template was completed. The data we extracted were the demographics (age, sex, race) of both the subjects and claimsmakers, as well as the narrative patterns we concluded from each case.

Demographics

Table 4. Subjects' Racial Breakdown

127 N	***White***	***African American***	***Hispanic***	***Native American***
Female	57	1	0	0
Male	58	7	3	1
Totals	115	8	3	1

Table 5. Subjects' Racial Breakdown by Percentage

	White	*African American*	*Hispanic*	*Native American*
Female	44.9%	.8%	0	0
Male	45.6%	5.5%	2.4%	.8%
Totals	90.5%	6.3%	2.4%	.8%

Table 6. Claimsmakers' Racial Breakdown

114 N	*White*	*African American*	*Hispanic*	*Unknown*
Female	25	1	1	0
Male	72	7	1	7
Totals	97	8	2	7

Table 7. Claimsmakers' Racial Breakdown by Percentage

	White	***African American***	***Hispanic***	***Unknown***
Female	21.9%	.9%	.9%	0
Male	63.2%	6.1%	.9%	6.1%
Totals	85.1%	7%	1.8%	6.1%

According to the data recorded, the largest majority of both subjects and claimsmakers depicted or represented in these films were white. Out of 127 subjects, 115 were white or 90.5%, 8 subjects were African American or 6.3%, 3 were Hispanic or 2.4%, and 1 was Native American, .8% of the sample. Among 114 claimsmakers, 97 were white or 85.1%, 8 subjects were African American or 7%, and 2 were Hispanic or 1.8%. A fourth category was included among the claimsmakers for the narrators that were not shown on camera. Narrators were included among claimsmakers because they would often provide important background information regarding cases, research, etc. I could infer the sex of the narrators that were not shown by their voices and their names (normally displayed during the credits of the film), however their race was unknown if they were not shown during the film.

In comparing the statistics generated from our sample to the total population of drug addicts, it is evident that Whites are over-represented in these documentary films, while minorities are almost invisible. Whites make up about 67% of the drug addiction population, while 90.5% of the subjects in our sample were white. Similarly, of the films' subjects 6.3% were African American (as compared to 12.5% of the drug addict

population) and 2.4% were Hispanic (as compared to 13.5% of the population). Our analysis was further broken down into the addiction narratives themselves, and how the exclusion and misrepresentation of minorities was evident in a majority of the films.

Drug Addiction Narratives

After reviewing the content analysis we extracted the most common elements of the narratives presented to examine the pattern of defining the problem and developing a solution for drug addicts. These elements were again broken down according to the narratives the subjects described and those from the claimsmakers.

Table 8. Drug Addiction Narratives

	Defining the Problem	*Developing a Solution*
Subjects	o Experimentation o Recreation/Fitting in with friends o Difficult family life (Way to escape) o Addiction (after continued use)	o Medical treatments o Rehabilitation centers (even if court ordered) o Education o Supportive family and friends
Claimsmakers	o Psychological issues (Result of traumatic backgrounds) o Social circles o Mental and physical addiction (chemicals within the brain after continued use)	o Medicinal therapies o Rehabilitation centers/ Dual diagnosis o Change in lifestyle o Advocated for court ordered treatment o Psychiatric treatment/ Therapy

The narratives presented by the subjects as to how their addiction developed typically included how they started using drugs and when it became a problem for them. Among subjects, the most common reasons they began using drugs include: experimentation (as a result of curiosity), recreational use or social use because their friends were using, or they used drugs to escape difficult family lives or situations. A large majority of the subjects discussed that after continued use, no matter how they began using, they became both physically and mentally dependent upon the drug they used. Claimsmakers discussed many of the same scenarios for the onset of drug use: the social circles or people that the subjects associate with and psychological issues which can result from a traumatic experience or home life. Within our analysis we associated psychological treatments, or therapy, with a medicalized narrative because it focused on the manipulation of the brain and includes the diagnosis of mental disorders.

Claimsmakers, mainly medical and scientific professionals, also discussed the eventual dependence a user will have on a drug after continued use. However, these medical doctors and scientific researchers discussed the issue further and explained the change in the chemicals of an addict's brain which causes them to become dependent.

In terms of developing a solution, subjects described the use of certain programs, medical treatments, and a change in their lives that they could undergo to achieve and maintain sobriety. These treatments and changes include: medical procedures, rehabilitation centers, a continued education, and the support of family and friends. Medical procedures include Naltrexone implants, rapid detox, and methadone treatments. The trend among claimsmakers is similar in regards to a solution for addiction: medicinal therapies (rapid detox, methadone, etc.), rehabilitation centers (focus on a dual diagnosis to treat psychological problems as well), therefore they advocated for

psychiatric treatment, and a change in lifestyle (including a change in social environment or friends).

Exclusion of Minorities

Our content analysis and data has highlighted a continuous pattern of exclusion for minority groups in terms of drug addiction research. In our literature review we understand that not only are minorities largely excluded from medicalized drug addiction research, but their drug addiction is most often viewed using a criminalized narrative instead. In our content analysis of the films, we found that 90.5% of the subjects portrayed in our sample were white, while 6.3% were African American and 2.4% were Hispanic. This overwhelming disparity among races perpetuates this exclusion of minorities from medicalized drug addiction research. Of the cases that were shown, the most common portrayed in the films included young, white teens from the middle of America who had promising futures and lost it all to the disease of drug addiction or young white teens who had rough lives and got involved with the wrong crowd. Also, many of the minorities that were subjects would often have less screen time than their white counterparts and we seen as peripheral "characters," used to comment on other subjects.

"Rehab" - Ally and Marvin

Ally, 22 - white, female, heroin addict: had a pretty good childhood, no abuse; always felt different from everyone; disconnected herself from her family (only one who has had substance abuse problem); tried heroin in art school in San Francisco (wanted to live a "screwed up, poetic life... sought out the high") Used everyday - $200 a day habit; would be suffering for a fix (chills, etc.) Was locked out of her home and ended up at Camp Recovery; "Addicts aren't easy people to love."

Marvin - black, male, recovering addict at Campy Recovery; comments on Ally - "she just needs to let that shit go… you're beautiful."

In this instance Marvin was used as a commentator and very little background information was given on the only minority that appeared as a subject in this film. In fact, minorities were often portrayed within the films as dealers or unnamed friends of the subjects on the streets.

<u>"American Justice: The Junkie Next Door" - Allison</u>

> **Allison, 23** - white, female: Says it's hard for her to meet people (it's easier when she's high); She was looking for something and found it in drugs; She goes to the "Badlands ("Philadelphia's deadly drug dealing neighborhood") to buy heroin and crack; They smoke crack then use heroin "to come back down." "Now, I'm not as shaky from the rock... now, I can start smoking rock again..." She hasn't used heroin since filming and is more committed to her methadone treatment.

The documentarians filmed Allison's trip to the Badlands, and although the face of her dealer was blurred out, one could surmise the dealer was an African American male (as one could see his hands, body type, and clothes).

<u>Medicalization of Drug Addiction</u>

As shown within our analysis template, the overriding pattern within the documentary films examined was to look at drug addiction from a medicalized standpoint. Therefore, the subjects were viewed as patients that were to be treated in rehabilitation centers and clinics, rather than criminals. While many had been convicted of crimes, usually performed to support their habits, most were required by the courts to enter into a rehabilitation program (in terms of probation or to avoid jail time).

<u>"Meth: A County in Crisis - Cody"</u>

> **Cody, 22** - white, male: "Quitting drugs and alcohol was easy, changing every aspect of my life is the most difficult thing I've ever had to do." He started using meth after his 21st birthday (an old girlfriend got him into it) - he started using everyday; He was arrested for violating house arrest on an old burglary charge – he was able to choose drug court and treatment over jail time; Was almost thrown out of the treatment program for not

doing community service work; he had to write a paper and submit it to a judge to determine if he stays or goes, which the judge accepted

“Dope Sick Love” - Michelle

Michelle - white female; smokes crack; Michelle was arrested for possession of crack and was sentenced to a treatment program; offered a detox…

In both cases, the subjects were given drug treatment as an option over criminal jail time. Therefore, the legal system saw it as more beneficial for society and the individual that they enter into a treatment program. This type of treatment involved psychological analysis, discussion groups/therapy, and one could possibly be prescribed medication for a disorder. Other cases involve actual medical procedures and medication for the addiction itself.

“Constant Craving: The Science of Addiction” - Melanie

Melanie - white, female: has been a heroin addict for four years; She was placed on morphine (sustained release tablets); they stop her from going into withdraw; She will be entering Colin Brewer's clinic that works with alcoholics and heroin addicts which specializes in Naltrexone implants; She gets the implant on the fifth day of withdraw - it will block the receptors that usually take the heroin; Once it completely dissolves the rest is up to her; She has actually been able to refuse heroin offers; "I've been given a chance to prove myself... getting back to real life is nice..."

Colin Brewer - white, male: The Stapleford Unit - "Naltrexone blocks the affects of heroin..." if you take it nothing will happen; Some have one, some have a series of implants… with the implant it's almost impossible to relapse.

According to Dr. Lance Gooberman (“American Justice: The Junkie Next Door”) Naltrexone is implanted into a patient and dissolves over the course of about two months. The Naltrexone attaches itself to where the opiates (heroin) would attach and if a patient attempts to use the drug they will not be able to feel the affects. The goal is for the addict to live without the cravings and create an environment where heroin is

ineffective so that they may be able to maintain a sober lifestyle once the pellet fully dissolves.

"Birthday: Methadone and Pregnancy - Denise"

> **Denise, 21** - white, female: recovering heroine addict… used heroine daily for 4 years; 5 months into her pregnancy she started using methadone replacement therapy; she goes to a drug rehabilitation clinic everyday and receives 30 mg of methadone

These types of treatments coincide with the information provided by claimsmakers that the chemicals within the brain are affected and manipulated by drugs which leads to the addiction of the user.

"Risky Business: Teens and Addictive Behavior – The Science of Addiction"

> **Tracy Smith** - white, female: host - "Through science we've learned that addiction is not just a behavioral or a psychological problem, it's a medical problem as well." When we feel pleasure the brain releases dopamine, drugs and alcohol release this as well; when drugs and alcohol enter the brain is causes and excess of dopamine; the body gets used to this level of dopamine and therefore craves more drugs - "A high concentration of dopamine causes changes in the brain's chemistry."

"Constant Craving: The Science of Addiction"

> **Anna Rose Childress** - white, female: deals with craving - the compulsion of addicts to seek out drugs even if they don't get much pleasure from them; She wants to pinpoint where the craving starts in the brain; She is studying the power of thought - an area of the brain is stimulated in anticipation of the high - her research is trying to help addicts overcome this anticipation

According to these claimsmakers and the treatments that many of the subjects have undergone, these films have contributed to the research that addiction is a brain disease and can be treated as such. Drug treatment therapies involve rehabilitation centers, which include psychological analyses and treatment, and breakthrough medications and medical procedures. The fact that the large majority of the subjects

portrayed within theses films were white supports our hypothesis that these films are perpetuating the exclusion of minorities from a medicalized view of drug addiction.

Chapter 4

CONCLUSIONS/DISCUSSION

Conclusion

Our research has examined the fact that drug addiction is being increasingly medicalized, but not for all drug addicts. The medicalization of drug addiction, and the classification of addiction as a brain disease can have extremely beneficial results for addicts and allow them to be properly treated and rehabilitated. This medical narrative pattern, which has been rapidly developing over the past decade and a half, is a refreshing change from the dominating criminalized narrative which governed drug policies and the stigma of addiction throughout the 20th century. In reviewing current drug addiction research and reviews, it is evident that there are racial disparities within these studies. According to surveys of drug use and abuse, minorities are overwhelmingly misrepresented in accordance with their population statistics; however, they are under-represented or mistakenly represented in addiction research. With a focus on the white majority, and a one-dimensional view of ethnographic research of minorities, there is as inaccurate portrayal of the drug addict population.

With the continual need to endorse the medicalized narrative of addiction, to influence the public's support of their treatment, certain media sources like television shows and documentary films have become extremely important. Documentary films are able to humanize the narrative of the drug addict and put a face on the social problem of addiction. In depicting the addict as a patient, who suffers from a disease, the audience is able to sympathize with their situation. Also, with their strong link to mainstream media

and influence in the public sphere, they are the strongest tool for claimsmakers to reach a wider audience. Therefore, in our examination of these films, we focused on how the addict and their addiction narratives were being scrutinized and explained as these claims would be a tool to influence public opinion. Overwhelmingly, a majority of these films discussed the medicalization of drug addiction and the diagnosis of addiction as a brain disease. However, out of 127 subjects (in 25 films) 90.5% were white addicts, mainly from rural areas in Middle America. Given that in the drug addict population, 67% of addicts are White, these films provided a disparate view of the entire drug addiction population. In our analysis, Whites were dramatically overrepresented in these films while minorities are almost invisible or severely misrepresented. In conclusion, because these films are among the strongest links to mainstream society, how they explain addiction and who is being discussed is an issue of great consequence and influence. As stated before, if you are not seen as a patient then you are not receiving treatment.

Discussion

Future research regarding the medicalization of drug addiction can examine other sources such as those with a stronger relation to commercial media, like the television series "Intervention". A more conclusive look at addiction as a disease could also include how this portrayal of addicts influences the acquisition of resources; in other words are minorities not able to receive treatment or do they have a more difficult time entering treatment programs based on the most common views of minority drug addicts. The disparity of race and gender among claimsmakers may also be examined further and how this disparity also influences the narrative depicted to the general public.

This research also raises questions regarding the process of producing documentary films based on the intentions of researchers and claimsmakers. One can infer that a social problem is not seen as a pressing issue unless it impacts the white

middle class. Therefore, this is the audience that is most likely to be targeted with the promotion of new research; if the white middle class finds a connection to a social problem or feels threatened by it, they are the population that can encourage and influence change. The motives of the filmmakers, and their supporters, could thereby be influenced by this idea and impact the subjects being portrayed. In promoting drug addicts as patients within these films, producers may find it more beneficial to depict white, middle class addicts so as to reach out to the population that can stimulate change. These processes could be examined more closely by examining the production companies and monetary supporters of each film.

This research indicates a problem within drug addiction research, as well as how medicalization as a whole can be influenced and shaped according to racial disparities. The stigmatizing view of the addict, as a result of the War on Drugs and stigmatization of drug abusers throughout the 20th century, can be combated through this medicalized view. With a focus on this narrative, the treatment of addicts can be properly examined and modified to move towards a successful strategy of rehabilitation. However, if the general public, along with policy makers, are not given an accurate view of the addict, the entire drug addicted population will not receive equal recognition and help. Therefore, the representation of addiction as a brain disease, coupled with a biased view of which addicts are patients, stalls the appropriate progression of substance abuse treatment and causes inequality among those who will receive the proper treatment.

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