

**Racial Stereotypes and News Media:  
An Exploration of United States Drug History**

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## Table of Contents

<b>Preface</b>	2
<b>Introduction</b>	3
<b>Literature Review</b>	5
Law as a Form of Racial Control	7
Drug Use as Social Deviance	11
Media Portrayals of Drugs	14
<b>“Khat Crazed Somali Militiamen” and the DEA’s Flip Flop</b>	17
<b>Opium Stereotypes in the Media</b>	20
Whiteness and Female Fragility	24
The Criminalization of Opium	27
Modern White Heroin Users	30
<b>“Meth Mouth” and White Drug Users</b>	34
Understanding Perceptions of White Drug Users	36
<b>Survey Results</b>	39
Sample	42
Hypothesis	43
Results	44
<b>Conclusion</b>	55
<b>Bibliography</b>	58

## **Preface**

In this research paper, I explore many theories of racial stigma and discrimination, as well as include my personal insight and knowledge on these matters. I would like to begin by acknowledging my positionality within this context. As a white student of a university, I have access to many privileges, including the knowledge I have received from this institution and my voice within it. I have chosen to focus on this topic because I believe I have the potential to weave together historical and theoretical knowledge in order to explore some of the many inequalities we see present in the US criminal punishment system and society at large. I have no true knowledge of the personal experience of members of marginalized racial and ethnic communities, and claim no authority that this paper is a definitive explanation of these many stigmatizing and discriminatory processes. I acknowledge that my voice is among many white voices speaking for and about marginalized communities within academia, and I strongly believe the opinions from groups who have personally experienced the inequalities I discuss require more institutional representation. The voices of those with personal experience navigating racially discriminatory processes should be given consideration over mine if they fall in disagreement with my conclusions. I aim to bring to light some histories which have been shaped by collectively developed stigmas surrounding drug crimes and race. I am open to and invite criticism of my work and point of view. I hope that this research paper may instigate important conversations surrounding viable solutions to the inequalities perpetrated by drug crimes and their stigmas.

## Introduction

Misleading media narratives and socially constructed stereotypes have helped shape public opinion surrounding illegal drugs since the first criminalization of opium in 1909. Since then, the perception of drug use as a crime has been continuously reinforced throughout our society, and various illicit drugs have become associated with specific racial groups, contributing to racial disparities in incarceration rates. My research question is: *in which ways have the media portrayals surrounding khat, opium, and methamphetamines been shaped by racial stereotypes, and what are the consequences?* In this paper, I will explore the history of policy and media surrounding Khat, Opium, and Methamphetamines in the United States to show how the perception of their danger is highly subjective, and has been constructed hand in hand with racial stereotypes. My conclusion is that in our society, news media contribute to the stigma of illicit drugs and their association with one or more racial groups, perpetuating inequalities for both drug users and racial minorities across the nation.

The United States has had a history of boasting its crime deterrence. Whether it was “tough on crime”, the “war on drugs”, or “law and order”, presidents have used notions of a harsh penal system to boost their approval ratings for decades. President Richard Nixon’s announcement at a White House press conference that, “America’s public enemy number one in the United States is drug abuse”, was part of an ongoing stigmatization of drug use as inherently criminal and necessitating punishment (Nixon 1971). Despite any public perception that this may be an important part of our democracy, the sheer amount of incarcerated people in the US has made our country a point of discussion across the globe. Our nation holds more people in incarceration than even “highly repressive regimes such as Russia, China, or Iran” (TEDx Talks). “Anti-narcotics laws swell the American prison system with the world’s largest inmate

population both in absolute numbers and on a per capita basis” (McCaffrey, 1). Does this mean there are simply more criminals in the United States? “African Americans are more likely than white Americans to be arrested” (“Report to the UN”). Does this mean, as some have most certainly argued, that Black Americans simply commit more crimes than White Americans? Or, rather, is the US criminal justice system designed to discriminate against and disenfranchise people of color? And, are penalties for criminalized drugs a method of this racial domination?

In my exploration of sociology, I have found the answer to both of these questions is *yes*. Though the criminal justice system presents itself constitutionally legitimate and fair, “in practice the rules assure that law enforcement prerogatives will generally prevail over the rights of minorities and the poor” (Cole 8-9). At this point in history, many scholars have written on the subject in great detail, generating a source of information for others to learn. Sadly, “policies authorizing or requiring harsh punishments for drug offenses continue to be one major contributor to racial disparities” (Tonry 8). Drug law reform was on the ballot in numerous states in the 2020 general elections, a relatively new concept born out of new understandings of racial disparities.

My research regarding the racial stigma surrounding drug use is significant for this very reason: individual opinions have serious legal potential through voting. The criminalization (or decriminalization) of drugs affects millions of incarcerated lives in the United States. “Criminalization of specific narcotics dominates the American prison system”, and police arrest more people for drug crimes than any other crimes in this country (McCaffrey, 1). With ever-growing rates of incarceration, changing drug laws has the most potential to lower the number of incarcerated individuals. Ever-present racial disparities within the incarceration system make the War on Drugs and its lasting effects a huge barrier to racial equality. Exploring

the media is one way to approach this issue. News media may not fully tell us what to think, but it reflects common ideas and can give viewers new perspectives. In fact, media outlets “are a key site where policy-makers seek to secure popular acceptance and legitimacy of new measures” (Hall, 8). The extent to which media may impact the social construction of race and subsequently social perceptions of drugs is concerning when we see fear-based campaigns against drug use in the US based on racial stereotypes.

In this research exploration, I aim to explore how hysteria surrounding many illicit substances might have been fabricated by popular media sources and governmental information which draw on racial stereotypes to generate fear of both racial minorities and substances deemed illegal. I aim to prove that common perceptions of illegal drugs are subjective and deeply racial. Through an exploration of some of their history, I hypothesize to find that perceptions of khat, opium, and methamphetamines in the United States have each been heavily influenced by racial stereotypes presented in media narratives as well as governmental information. I will draw upon historical data, and a recent survey of public opinion to analyze how individuals perceive and have been misled about the dangers of many drugs we as Americans hear about all too often.

### **Literature Review:**

Through this literature review, I will situate broad theories of law as a form of racial control, the social deviance of drug use, and the dramatization of drug and race narratives in media portrayals together, in order to establish an understanding of the subjectivity of our understanding of drug use. I will additionally lay out some of the scope limitations of this paper.

There is substantial research on the hysteria surrounding the dangers of drugs which have often been created through government and media sources. We live in a society where prisons

profit from the free labor of those incarcerated for drug use, while pharmaceutical companies profit by providing “legal” drug use. As Cohen puts it, “we are now, as we were a century ago, a people torn between, as the TV says, “just say no” and “the miracle of medicine”” (Cohen 2006, 56). This line between “medicine” and “poison” is inherently subjective (Cohen 2006, 56). Especially considering many drugs confiscated from arrestees share chemical pairs in the pharmacy. To quote the US Department of Justice, “Opioids are a class of drugs that includes the illegal drug heroin as well as power pain relievers available by prescription” (“Opium Facts”). We worry about and favor regulation of certain drug use but ignore others. “This history of American drug scares reveals that epidemics and diagnoses are created, not discovered.” (Murakawa, 221). It becomes clear that when distinguishing between medicine and poison, race is a key factor. “At the root of the drug-prohibition movement in the United States is race, the driving force behind the first laws criminalizing drug use” (Cohen 2006, 56).

For Professors like Kenneth Nunn, it is evident that marginalized groups, “African American males in particular - are the real targets of the country’s drug enforcement efforts” (Nunn, 382). There are many factors which this can be attributed to. Some scholars note that “slave patrols were the first state-sponsored police forces” and after the civil war, were replaced with police officers which held relatively the same authority and racial biases (Cooper). Proof of the effect of this lack of enforcement redesign is apparent in the data. Mississippi, for example, tripled the number of Black inmates between 1874 and 1877 (Adamson). As the public enforcers of the law, police officers have a distinct authority regarding *who* they punish to enforce that law. It should come to no surprise, therefore, that the criminalization of many drugs had a disproportionate impact on the populations of color in the United States. This paper explores the

process in which narratives surrounding illicit drugs have historically become heavily racialized and thus can contribute to disproportionate incarceration rates.

*Law as a Form of Racial Control:*

The history of law enforcement has been deeply racial, and disproportionate outcomes within the prison system are an outcome of laws with racially disparate outcomes despite their seeming neutrality. Further, a common argument favoring legal punishments for drug crimes rests upon deterring use, a racially neutral explanation of the legal intentions of drug laws, which they are arguably incapable of achieving.

Scholars have noted linkages to law and direct racial control, mainly pointing to the enforcement of law and the evolution of police power. As previously mentioned, the police force's beginnings were slave patrols prior to the Emancipation Proclamation of 1863. These patrols had "virtually unlimited authority" – as given by the Fugitive Slave Act – to enter homes and physically assault slaves intending to escape capture or servitude (Bass, 159). "With the end of slavery, Southern whites [...] dependent on black labor to sustain the largely agricultural economy" were eager to ensure the social and political subordination necessary "if the ideology of white supremacy were to continue to reign" (Bass, 160). In order to enforce this, states such as Mississippi and South Carolina passed what was known as Black Codes around 1865. Black Codes were "loitering" or "vagrancy" laws which were textually "racially neutral" (Hinton). This is key to understanding the history of law enforcement, "even though the laws were racially neutral, the intention was clearly to control the black population" (Bass, 160). Moving forward in history, Professor Dorothy Roberts, wrote on short lived 1992 loitering ordinances passed in Chicago which allowed police officers "broad power" to disperse groups "if the police suspect



that the group includes a gang member” (Roberts 775). After only three years, the law was responsible for “more than 40,000” arrests, “most of whom were Black or Latino” (Roberts

Black codes in 1865 served punishments similar to the work slaves would be forced into, such as involuntary plantation labor, thus these laws posed themselves as racially unspecific while perpetrating the system of labor exploitation the US had seen for hundreds of years. We see the consequences of this history of racism within policing and legal punishment persist for many groups of racial minorities in the US today. A 2011 Sentencing Project study found that, “1 of every 3 African American males born today can expect to go to prison in his lifetime, as can 1 of every 6 Latino males, compared to 1 in 17 White males” (Mauer 88). Though notions of race may not be written directly into law, bias within the criminal punishment system in general enforces racial dominance. We must keep this in mind when evaluating drug laws, which, while are supposedly “racially neutral”, have not been applied as such. This practice of “colorblind” law-making continues today, masking racial oppression through utilizing economic or legal barriers to marginalized communities of color rather than direct colorism.

I include these arguments to contextualize common understandings of law. We can see that even if a law presents itself as racially neutral, its actual effects on different groups may still be extremely concerning. According to a 2010 US Department of Health Services National Survey, rates of substance dependence among White adults were the same, if not higher, than the rates among Black adults (74). Dora Dumont and fellow researchers at Brown agree that in general, “Non-Hispanic Blacks and non-Hispanic Whites use drugs at roughly equal rates” (Dumont 2013). Yet, in 1996, Human Rights Watch found that “62.6 percent of all drug offenders admitted to state prisons” were black (“Racially”). In 2011 at Yale University, Alana Rosenberg found that black prisoners accounted for “almost half of all prisoners incarcerated

with a sentence of more than 1 year for a drug-related offense” (Rosenberg 132). These rates are alarmingly disproportionate considering the 2010 census reported a 13 percent black-identifying population in the US (US Census). These laws have racially disparate impacts even though their surface level focus and language is surrounding drugs, not specific racial groups.

I must include here that in addition to race; gender, class, and other social factors influence the struggle one may face navigating criminal punishment. Class, in particular, is a system of social stratification which is extremely interwoven with race, and has an effect on incarceration rates. A Sentencing Project UN Report considers race and class hand in hand when concluding, “the United States in effect operates two distinct criminal justice systems: one for wealthy people and another for poor people and people of color” (“Report to the UN”). Within the scope of this paper, however, the focus is only narratives depicting or implying race, as it may affect understandings of drug users and legal punishment.

In addition to the evident ability and tendency of drug laws to disproportionately impact certain racial groups, despite racial indifference on paper, these laws do not necessarily deter drug use as one might expect. A major philosophical argument in support of the criminality of drug use is deterrence. Drug laws serve to protect the public by deterring drug use. Numerous studies, including Aila Hoss’ symposium at the University of Tulsa College of Law, published Spring 2020, have proven that drug laws are not the most successful route to achieving this goal. The correct term for what we call “addiction” is substance abuse disorder (SUD), a serious health condition. Hoss explains that decriminalization of illegal substances is a better strategy than criminalization if we are reaching for the goal of minimizing SUDs. We can see this through the success of programs which give public “access to sterile syringes to injectable drug users to prevent the reuse of syringes and potential transmission of HIV and hepatitis” (Hoss, 481).

Additionally, sites such as this provide access to “naloxone, an opioid overdose reversal drug” which has “prevented overdoses” in areas these sites have been permitted (Hoss, 481). There are many more arguments and examples which could be discussed surrounding decriminalization. Regardless, Hoss demonstrates that drug laws are less successful at deterrence and death prevention than decriminalization and supported safe drug use.

“Since 1972”, Lisa Moore notes, “the number of people incarcerated has increased 5-fold without a comparable decrease in crime or drug use” (Moore). The recent 2020 marijuana legalization ballot measures in states such as Montana, Arizona, and New Jersey were approved by voters. Oregon notably passed two important measures, passing Measure 109 decriminalized possession of controlled substances and made the penalty a fine. In 2019, researchers were asking, why have “large scale mechanisms to prevent narcotic consumption such as the establishment in 1973 of the Drug Enforcement Administration” only seen increases in power and jurisdiction, when the overarching consensus within research is that governmental violence will not solve widespread drug dependency? (McCaffrey, 4). Considering the recent voter trends in some areas, there may be more possibility for drug reform which institutes therapeutic solutions to widespread drug use. Drug laws can have an especially harsh impact on marginalized communities, and public opinion surrounding drugs may have the potential to change those laws. Understanding how the media can create socially influential storylines surrounding drugs, an imperative topic within conversations of equitable incarceration reform, will help form a better picture of how voters' minds are changed.

### *Drug use as Social Deviance:*

Arguments as to *why* certain illicit drugs have been associated with specific racial groups are inherently tied to arguments about racial dominance. Nunn argues, “crime can mask racial oppression by allowing it to be represented as a legitimate response to wrongdoing”, inherently legitimizing white supremacy and the ignorance of bias (Nunn, 385). The professor describes this use of one racial group as scapegoats as “the pool of surplus criminality” (Nunn). This theory supposes that European Americans have historically been taught to view *all* African Americans as potential criminals. Thus, when a perceived social problem arises such as rampant drug use, the criminal justice system may tap into this pool of surplus and label African Americans as criminals, labeling them the source of the problem rather than addressing it in other ways. Nunn says that this phenomenon is “essential to the constitution of American culture” (Nunn, 385). This theory is one lens through which to understand the constitutional legitimacy of our penal system. In 2019, John Gramlich found that Black and Hispanic adults made up a higher percentage of the prison population than the US population (Gramlich). Nunn’s theory of surplus criminality stands to reason as a process by which to legitimize and ignore these racial disparities in the prison system. Through US history, many other racial minorities have in the same way carried the theoretical blame for social issues such as drug use through facing harsh drug penalties.

In order for this to occur, however, Americans must perceive drug use as inherently criminal. We have seen how voter determination has the potential to change drug laws. However, for those who support drug use as a punishable offense, there must be an idea of social deviance which is so threatening to social order, that those involved in it must be imprisoned. The idea of social deviance itself has been in common discourse for much of human society. However, in the

19th century, it was actually believed to originate in an individual's genes (UNODC). It was not until the 1960s when sociologists defined social deviance as a social construct.

Stanley Cohen explains how the media can be involved in constructing ideas of deviance through creating "moral panics" (Cohen 2011). Media sources and content creators first decide which problematic events are newsworthy, "setting the agenda" (Cohen 2011, xxvii). Then, the media is responsible for "transmitting the images", in which directors and editors have full control of how they portray the story (Cohen 2011, xxix). They may remove some nuances or elaborate on specific details to play on the triggers or suggestibility of viewers for an emotional reaction. Finally, the media is responsible for "making the claim" (Cohen 2011, xxix). That is, media sources decide who is guilty and who is not, they control how the story is told.

Using this theory as a lens to understand drug criminalization, if media outlets decided that news stories portraying members of marginalized racial groups using substances deemed immoral were "newsworthy", the goal may be to invoke an emotional response from viewers. It may not be far-fetched, then, for me to hypothesize news stories portraying certain racial groups may be consistently negative and others positive. When dealing with drugs, directors and editors of news stories covering drug use can use media stories to portray certain substances as extremely dangerous, removing the nuances of psychoactivity and scientific data. Stories can attach a stigma, or a discrediting of an individual or thing within society, to certain practices or identities. For most stigmatized drugs, this was done through claims of a looming "epidemic" or guaranteed "instant addiction" which would come of certain drug use (Murakawa, 219). These exaggerated claims invoke emotional responses and convince viewers to be wary of these substances and those that use them. Finally, media sources have decided who is guilty of using or

distributing these dangerous substances using racially charged language such as the “Negro cocaine madness” of the 1910s (Murakawa, 219).

Apart from the media, there are various cultural norms which serve to either promote or hinder different drug uses. Robin Room discusses how psychoactive drugs are “valued as physical goods” which can be commodified and become symbols of power or weakness (Room, 144). The use of these physical goods also becomes a “social behavior” with various cultural associations, positive and negative (Room, 144). Examples of this are the positive social associations we connect with alcohol, such as “toasting in champagne as a symbol of celebration” or “the wine circulating at a family holiday meal” (Room, 144). Despite the fact that “an estimated 95,000 people die from alcohol-related causes annually, making alcohol the third-leading preventable cause of death in the United States”, these cultural associations are mostly positive, and don’t denote social deviance (Alcohol Facts). The legality of alcohol use is another factor to consider in the social construction of which drugs are “good”, and the commodification of alcohol is one possible explanation for the lack of regulation surrounding one of the deadliest drugs in the world, “the first is tobacco” (Alcohol Facts). This is only one example of how culture can have an effect on which drugs are widely accepted and legal.

These arguments help to lay the foundation for this exploration. The cultural influence on perceived drug dangers makes them highly subjective. Perceptions of race are highly cultural; thus, race will be the factor I use to navigate this process. “In the United States today, some substances are legal and culturally acceptable while others [are] subject to varying levels of regulation.” (Hoss, 479). Clearly, *drugs* are not just *drugs* in our society. There are various aspects and understandings completely separate from actual drug harms which alter how we perceive them. Many other psychoactive drugs have not been understood in the same positive

light as champagne and cigarettes. In fact, many drugs have become so demonized in the public eye that their use is criminalized. Just like “negro cocaine madness” or “reefer madness” media narratives, “moral panics about psychoactive drugs have been remarkably consistent for something like a hundred years: the evil pusher and the vulnerable user” (Cohen 2011, xiv).

Among many social processes such as schooling and interpersonal connections, the media has an influence on American culture. In my research, I am focusing on news media, including media companies such as *US News and World Report*, books, articles, public information coming from governmental sources such as the DEA, public announcements by politicians, and political cartoons. I sample from many mediums in this research, looking mostly for pertinence to portrayals of specific drug users. I touch briefly on popular media, such as the television series *Law & Order*, however, popular culture’s influence on public attitudes will not be fully addressed. Throughout this history of different media portrayals, drug use is most often portrayed as socially deviant, as wrongdoing. We must consider *who* is identified as the wrongdoer, *who* is the victim, and how this may affect common stereotypes. Some studies show, “drugs have been systematically linked to the unwanted foreigner and urban poor ghetto dweller who are considered a threat to society.” (UNODC). In comparison, we may see a very different picture painted of drug users when those users are white. The portrayals of drug users can be heavily influenced by race, a concept I will continue to explore in this paper.

#### *Media Portrayals of Drugs:*

“Systematic studies of media consistently find a connection between representations of addiction and narratives about race” (Daniels, 4). “As certain narcotics become inherently associated with minority cultures, Euro-Americans sought to ban narcotics as one measure

among a series of laws meant to suppress these minority groups” (McCaffrey, 3). This theory stands to reason in the following khat section. Negative shifts in societal perception of actions such as drug use created by media information are generally understood as moral panics. As Moore notes “a broad moral panic about crime fueled by media headlines and political expediency created the need to escalate the war on drugs” (Moore 2008). Certain news stories have at times provoked citizens to favor harsh criminal punishments, while others have sparked compassion and rehabilitative measures. As I will further explore through Khat’s history, media consumption has the potential to shift public perspective at large scales. My literature review convinced me perceptions of drugs can be influenced by social stigma toward the group that drug is most associated with. My research showed there is space for comprehensive analyses across less popularized drugs, such as khat, as well as drugs associated with white users.

According to Julie Netherland, the history of drug criminalization unveils how popular media sources in the US have associated illicit drug use primarily with non-white ethnic groups (Netherland). This is a complicated claim, as there are many portrayals of white drug users in the media. However, a nuanced look at the differences in how individuals are portrayed based on race may show that racial minority groups experience more negative stigma for their drug use. In order for a connection between individual and drug to impact how they are perceived, there must be a common understanding of drug use as a form of social deviance. A large part of developing this understanding is the establishment of “addiction”, or SUDs, as “bad habits” or behavior demonstrating a moral failure (SAFE Project). Drug use has come to be known as inherently criminal and dangerous through media and government narratives. When persuading the American public that our nation was experiencing a war against addictive substances, “Nixon cited unsubstantiated addiction statistics” and suggested that rising incarceration rates meant



rising addiction rates (McCaffrey, 5). Dramatized narratives of addiction such as this create stigma towards addicts. A general lack of understanding of SUDs has even led to a common feeling of shame within those who suffer from them. “They *self*-stigmatize—after absorbing negative social attitudes about addiction, addictive behavior and “addicts [...] and this process is an element in the social construction of the addiction condition itself.” (Matthews). The correlation between the criminality of drug use and rising rates of SUD’s could certainly be further explored. Nevertheless, this contextualizes how we think about criminalization. Criminalization itself can create inherent stigma. We view the champagne fountain differently than the crack pipe. This stigma surrounding addiction and drug use may work to create negative stereotypes of those who use a particular drug. This is important to understand when discussing the racial violence of drug policy. When negative stigma is already tied to skin color or ethnic appearance, and stigma is tied to certain behaviors simply due to their legality, we can see how the intersectionality of the two can create major barriers for drug users of color.

“The best way to stigmatize a drug is to attach it to an already marginalized group of people.” (Novotny, 2). The Reagan administration is commonly blamed for carrying out stigmatization of an addictive drug during the War on Drugs, when “the media was saturated with images of black “crack whores,” “crack dealers,” and “crack babies”— images that seemed to confirm the worst negative racial stereotypes about impoverished inner-city residents” (Alexander, 6). The example of crack cocaine is popular in research due to its starkly disproportionate legal policies compared to crack cocaine, its solid, diluted form. Many are familiar with the 100:1 ratio in regards to how crack cocaine is penalized versus powder cocaine, a punitive imbalance which has been recently updated to 18:1. Those who used crack cocaine became associated with prostitution (an already heavily stigmatized practice), poor parenting,

and other perceived moral failures. “The crack baby diagnosis persisted in popular and political discourse because the diagnosis matched racial common sense, including notions that Black children burden the welfare state, and Black women reproduce irresponsibly”, though it was not agreed upon by scientific researchers (Murakawa, 221).

While crack cocaine is a very popular and therefore documented example in modern day, there are shockingly similar processes other criminalized drugs have undergone in the media and in government. These processes are sociologically relevant, because consistent racialized narratives, which have historically been “reinforced by the news media, work to further isolate and exclude specific minority groups within society” (Taylor). Using the examples of khat, opium, and meth, I hope to join in conversation with other pieces of research and add a comparative exploration of drug histories in the United States to distinguish a pattern of racialized stigma present in news media and government narratives.

### **“Khat Crazy Somali Militiamen” and the DEA’s Flip Flop**

A lesser known example of politically impactful xenophobic media images of drugs is the story of Khat in the United States. Khat is a plant most often found growing in the horn of Africa, whose leaves are chewed for their stimulant effect (Wabe). Khat has been compared to both coffee and cocaine in popular discussions, and ongoing arguments persist as to which is most similar. Cathinone and cathine, the two main active chemicals in khat, create the experienced “euphoriant effect”, which is said to be comparable to small doses of cocaine or large amounts of caffeine (Luqman). It has been described as a "natural amphetamine" (Kalix). For Oromos from Ethiopia’s eastern provinces, khat chewing is a common social event. “The act of chewing fresh khat in a group, surrounded by friends, provided an atmosphere of social harmony imbued with generosity, pleasure, friendship, and tranquility” (Gebissa, 202)

Khat was commonly brought to the US by immigrants of color. Unlike coffee or tea which were perceived as commodities and marked patriotic by the Boston Tea Party of 1773, khat was largely ignored by white Americans. “Media reports depicted khat chewing as a strange habit of some Middle Eastern immigrants” with a tone of “disdain and indifference” (Gebissa, 203). During this time, the DEA was similarly “unperturbed” (Csete, 2)

Why is it that on January 14, 1993, less than three years later, the DEA declared Khat illegal and the FDA advised stopping its entry at any US borders? Perhaps the answer is news media coverage of the Somalian Civil War.

The ongoing human suffering in Somalia entered Western media as reports of khat-addicted savages running rampant through the streets. The US News and World Report portrayed the armed rebel groups such as the Somali Salvation Democratic Front as, “dazed by an amphetamine-like drug called khat, shouldering weapons with which they wage battles for control of stolen food and aid supplies” (Wallace, 21). Terms such as “smuggled”, “agitated”, “violence”, and “reckless” all became associated with the drug which no one seemed to care about before (Gebissa, 203-204). What government officials had previously described as a non-threat became a symbol of stigma towards the black and brown individuals the stereotype portrayed.

After news coverage, books, articles and more blamed an entire nation’s travesty on a single drug, the current US Assistant Secretary of State for Africa made a statement affirming this connection. Blaming the ongoing violence on “teenage khat-chewing Rambos getting pumped up for early evening raids” (Carrier, 2007b). While drug use was blamed for these events, racially charged language such as “Rambo” depicted those fighting as violently aggressive, associating those of Somalian descent with violence for the American public. The

1993 Battle of Mogadishu gained a lot of media coverage in the United States. Eighteen Americans were killed, and images of Somalis “triumphantly dragging the bodies” through the streets solidified the inhumanity apparently triggered by khat consumption (Gebissa, 205). This battle was the final straw for the US government, and the DEA issued its final ruling declaring khat illegal.

The story of Khat shows the power of media coverage for drug policy. Common names for the drug now still include “African Salad”, confirming the connection between the substance and individuals of African descent (Partnership). The process by which the media influenced public opinion surrounding both Khat and Somalians is a starting point for us to understand how this process has been repeated regarding many other drug policies.

The new laws passed based on the DEA and FDA’s advisory created barriers for black individuals in the US, perpetrating racial oppression. The stigma now surrounding this drug became extremely xenophobic in nature, and the drug quickly became associated with illegal immigration. A “Friends of the US Border Patrol” internet group, which was distinctly anti-illegal immigration, spread misinformation starting in 2004 which affected the perception of Somalis in the US (Carrier 2007a, 244). “Referring to Somalia, the piece declares that “the number of violent and illegal aliens in America at this moment from that part of the world can be calculated by the amount of this drug being smuggled into the country” (Gebissa, 206). Khat, and more importantly Somalis, became a symbol for illegal immigration, a subject which Americans have infamously strong opinions about. Somalis and other immigrants which may have been perceived as Somalian faced a new layer of stigma in social life, and a new avenue of oppression in legal life.

Many Oromos began being arrested and convicted for possession of Khat, and the legitimacy of its criminalization has come rightfully into question long since. According to a NCBI study, “the effects on the nervous system resemble those of amphetamine with differences being quantitative rather than qualitative” (Wabe). Put simply, Khat contains toxic chemicals, but a very miniscule amount is in each leaf. “According to Sidney L. Moore, a defense attorney specializing in Khat cases, one needs to chew about 650 lbs of khat to squeeze 1 gm of cathinone out of it” (Gebissa). Even individuals with above average chewing dexterity could not accomplish this. Yet over the span of a few years, Khat went from a mild amphetamine one DEA official stated Americans would never “spend hours chewing leaves to get a mild rush of euphoria” to federally illegal (Csete, 4). Khat’s active ingredient, cathinone, continues to be considered a Schedule I controlled substance under US federal law (Drug Enforcement Agency).

It seems clear that the criminalization of Khat had less to do with public safety and more to do with social stigma. With so little evidence that Khat could be abused by drug users, and far too much coincidence regarding the timeline of illegality, perceptions of the drug may have had more to do with its policy than actual danger. News media led the public down a path of hysteria, ending in a call to action on the US government to make policy change. This story is a perfect example of how news media can be politically important. Further, this news media of khat is an example of narratives depicting black and brown drug users as dangerous and criminal.

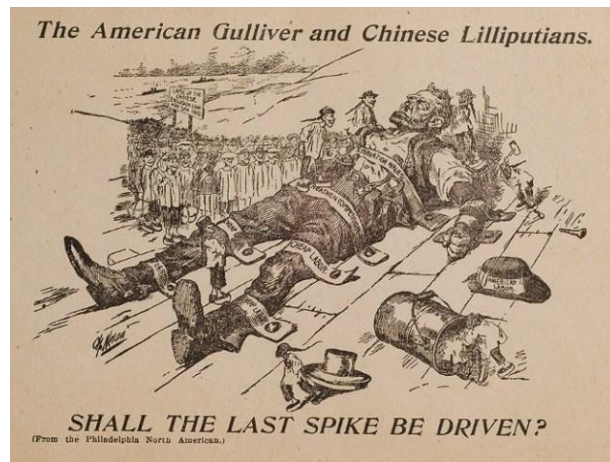
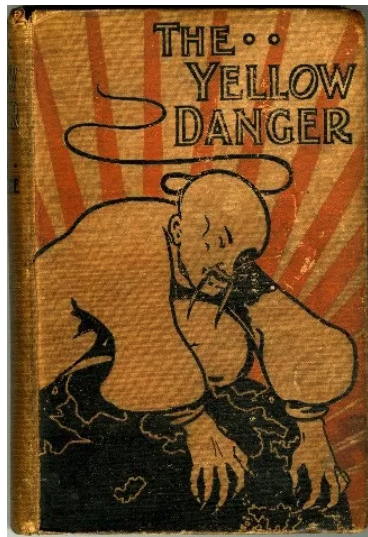
### **Opium Stereotypes in the Media**

The history of opium perception in the United States is riddled with xenophobia, racism, and gender discrimination. Popular first in China, the drug became a symbol of Chinese immigration in the US. As more Chinese immigrants began entering the white dominated

country, along came more stereotypes and forms of oppression directed at Asian Americans. One of the biggest concerns within public opinion was a common form of xenophobia related to fears of job security. Narratives of Chinese immigrants stealing jobs from white Americans by offering cheaper labor began spreading in the news media and in political spheres.

With the US westward expansion throughout the 19th century, fears of East Asian people heightened. “The white protestant promise that pioneers would find new beginnings in the west turned out to be an empty one, and the Chinese in America, then working the railroads along the Pacific, became the ones to blame” (Tchen 2016). Promises that fast-moving industrialization would mean more and better jobs for Americans failed, and a popular explanation was that the influx of Chinese immigrants left no attainable jobs for hard working Americans. Similarly to many xenophobic narratives focusing on job security, this argument lacked nuanced understanding of economic domination. Immigrants from East Asia began settling in their own neighborhoods surrounded by mainly others like them. “Chinatowns”, as they came to be called, faced harsh racist stereotypes, depicted as areas where Chinese men “congregated to visit prostitutes, smoke opium, or gamble”, actions considered morally deviant to Christian and American norms (“Chinese Immigration”). Asian immigrants were therefore perceived to “lower the cultural and moral standards of American society” (“Chinese Immigration”). This moral panic became known as the Yellow Peril. Depicted as a “‘tribe of locusts’ whose ‘swarm of emigrants from their pestilent hive’ threatened the free American experiment”, Asian Americans saw extreme social stigma (Tchen).

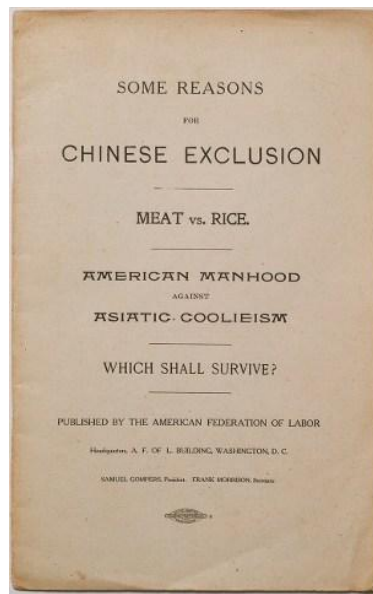
The news media could be partially to blame for this narrative. Below are one book cover and two political cartoons representative of many media narratives at the time, depicting Asian Americans with exaggerated racial features symbolically threatening American success.



Source: <https://aaww.org/yellow-peril-scapegoating/>

“Illicit drug use has long been associated with particular groups of people in ways that stigmatize them while serving political ends” (Daniels, 2). These various depictions of Asian Americans as potential threats to both individual security and “national security” are said to have “secured Congress’s exclusive Constitutional right to regulate immigration as a function of its war powers, internal and external” (Tchen 2016). I cannot say its intended purpose, but the narrative certainly depicts Chinese immigrants as the enemy of American goals. The impact of the diplomatic relations between China and the US from the 19th century onward is yet another possible factor to these politicized narratives which I am unable to address fully in this

discussion, but one worth noting. Some advocates also referred to the previously mentioned perception that Chinese immigrants were morally deviant to support anti-Chinese legislation. Regardless, the racism and xenophobia directed at Chinese immigrants built the foundation for the Chinese Exclusion of 1882. Below is an image of a report published by the American Federation of Labor, arguing in favor of Chinese Exclusion.



<https://aaww.org/yellow-peril-scapegoating/>

Regardless of political intention or outcome, the xenophobia generated towards Chinese immigrants stuck, and held legal consequences for those who appeared to belong to this ethnic group. Because anti-Chinese discrimination violated the 1868 Burlingame-Seward Treaty, which established a friendly relationship between the US and China, this was done primarily through state laws. Notably, “from the 1850s through the 1870s, the California state government passed a series of measures aimed at Chinese residents, ranging from requiring special licenses for Chinese businesses or workers to preventing naturalization” (“Chinese Immigration”). Advocates of exclusion saw many more victories in the following years, until the 1882 Chinese Exclusion Act became the first in American history to “restrict a group of immigrants based on their race



and class” (Lee, 36). Clearly, Chinese immigrants faced socially and legally established ethnic discrimination. Stigma based on appearance then intersected with narratives of drug use. When it came to perceptions of opium use, the drug became associated with Chinese immigrants as opium dens became common cultural hubs for Asian Americans. The interplay of xenophobia and stereotypes of drug use were mutually reinforcing stigmas, which utilized various racial and gender stereotypes, building upon one another to erode the perception of the Chinese immigrant in the US.

### *Whiteness and Female Fragility*

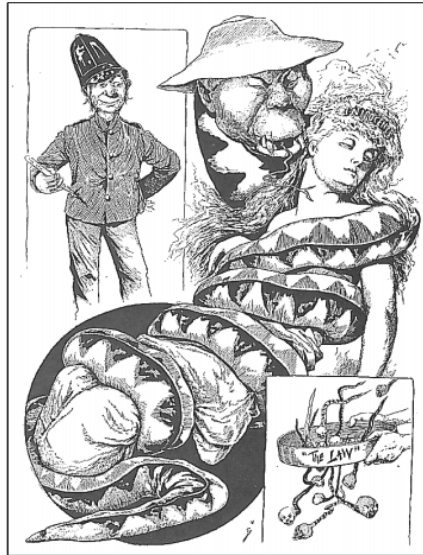
In order to understand the negative stereotypes circulating in the 19th century about opium users, we must first address whiteness. Whiteness is a socially constructed phenomenon within the boundaries of white supremacy, portraying white people as “normal” and other racial groups outside of the norm. Through continuous “active efforts”, we as a society “maintain boundaries of who is, and is not, white” (Daniels, 7). It is worth noting that whiteness has been historically associated with Christianity. Christian ideals such as heterosexual superiority, sobriety, and sexual abstinence are some which have become nearly as sacred to white supremacist ideals as whiteness itself. Through various legal and social forms of white supremacy, whiteness is delicately protected and preserved. An important part of this process is “racial scapegoating” (Marx, 314). Through demonizing narratives blaming social problems on racial minorities, white groups maintain a superior position in which they hold no blame for issues such as widespread drug use. Therefore, in drug related narratives, white users are most often depicted as a “victim”, whereas racial minority drug users are the “evil pusher” (Daniels). Kenneth Dowler noted “minority crime victims receive less attention and less sympathy than

white victims, while crime stories involving minority offenders are rife with racial stereotypes” (2007). This phenomenon has been attributed both to direct racism and a lack of empathy for people of color resulting from segregation socializing whites mainly with other whites (Lopez). The protection of whiteness repeats as a source of racial stigma throughout multiple drug histories.

Another element of the victim-pusher perception of drug scares is gender. Women have been considered inferior to men, both socially and legally, from the very beginnings of US society. “Cultural representations of white femininity and womanhood have been central to colonialism in the West” (Daniels, 8). Women have been continuously represented as in need of protection (think: damsel in distress), and this perception has been utilized in legitimizing racial domination. “Violence towards white women became a symbol of insubordination to colonial authority”, and the state has remained invested in the protection of white women from violence (Daniels, 8). Therefore, in the case of Opium, white women users were and are almost always depicted as the “victim” of a sinister force or group.

Part of the stigma towards Chinese immigrants within society was legitimized by this idea that white women needed to be protected. As opium became more popular around the country, more white women were seen using the drug. The narrative in news media became that Chinese immigrants would lure white women into opium dens, getting them hooked on an addictive drug until they fell to more social deviance such as prostitution. It was said that “Chinese men used the drug to seduce”, and even enslave, “white girls, hardly grown to womanhood” (Monrone, 1009; Riis, 96). This narrative framed opiate addiction in the US as a problem brought in by Chinese immigrants, that white women then fell victim to. On the following page is a cartoon depicting this narrative presenting exaggerated racial features on a

part-human creature, meant to represent Asian Americans, trapping a white woman and corrupting her to ignore “the Law”.



<https://openresearch-repository.anu.edu.au/bitstream/1885/49261/39/09chapter7.pdf>

Carceral feminism, the idea that the state is responsible for protecting women from partner violence and other forms of physical abuse is “an effective inspiration for broader campaigns for criminalization” and came to legitimize racial violence against Chinese immigrants due to these narratives (Bernstein, 56). In other words, a paternal, protective governmental role over women serves to legitimize more governmental violence in the name of safety. “Vilifying the Chinese as a threat to the physical, moral and spiritual well-being of a Christian community through the seduction of women, the use of the serpent image from the tempting of Eve in the Garden of Eden, reflects [...] 19th century views of women as a morally inferior sex” (Welch, 211). Women are more often viewed as victims, and the cultural norm to protect white women can lead to social stigma towards groups perceived to be their attackers. This gendered and racially charged narrative has persisted until today.

In a systematic analysis of current, popular TV shows, Jessie Daniels shows how the idea of the victimized white woman persists in modern media within representations of drugs. “White women involved with drug use on *Law & Order* are portrayed as “sick” and in need of care, rather than as criminals in need of punishment” (Daniels, 21). This is a modern example of how white women are portrayed in popular media as well, indicating this narrative may have potent cultural influence within a range of other media forms. The idea that prostitution and monetizing sexuality is a moral deviance outside of what is accepted within the scope of accepted femininity is further reinforced in the series *Intervention*. “The concerns about morality of sex work as a threat to “ladyhood” is a particular feature of episodes with white women; white men are not the subjects of such concerns, nor are people of color” (Daniels, 17). Certain social actions are deemed immoral through the victimization of “innocent, virtuous, and honorable” white women experiencing or performing them (Dowler). I present these findings to show how deeply ingrained these stereotypes become within the public mind throughout history. The narratives presented about race, criminality, and drug use are powerful. They have set the stage for many racial and ethnic tensions throughout US history, and are necessary forces to take into consideration when addressing criminal punishment for drug crimes.

### *The Criminalization of Opium*

Opiate use can be traced to the American Revolution, in which the drug was used to treat soldiers. Benjamin Franklin famously used opium tincture later in his life. During the Civil War, opium was common medicine, and “the Union Army alone issued nearly 10 million opium pills to its soldiers, plus 2.8 million ounces of opium powders and tinctures” (Trickey). Whether or not soldiers returned home already addicted, opiates began being prescribed in large numbers “in

an unregulated marketplace” (Acker). “The annual total for all U.S. ports was just over 27,000 pounds a year between 1827 and 1842”, and soldiers with physical injuries and female patients with menstrual cramps alike could easily attain the new drug by 1888 (Bebinger). Opiates came as “over the counter, non-prescription products available in the commercial marketplace” (McCaffrey, 14). By 1895, Opium “addiction”, what we now know as the health disorder SUD, “affected roughly 1 in 200 Americans” (Trickey). This became a major concern within the US government because “the typical opiate addict in America before 1900 was an upper-class or middle-class white woman”, a class of citizens still not equal under the law, but valued for their fragility and thus protected through many laws (Kemp).

Despite its origins within the US military and popularity among white users, street names for the drug include “Chinese Molasses” to this day, exposing the false ethnic bias developed through media narratives previously discussed (“Opium” 2020). Opiate use dates back to 2100 BC, its ability “to relieve pain and its use for surgical analgesia has been recorded for several centuries” (Norn). Short term effects of the drug include “euphoria, relaxation, slower, shallower breathing” and more depressant reactions (“Prescription Opioids”). The pain relief effect of the drug comes from its ability to “block pain signals sent from the brain to the body and release large amounts of dopamine throughout the body” (“Prescription Opioids”). The “dense, sticky” gum containing the psychoactive chemicals is extracted from opium poppy pods as sap, and is “the starting material for the clandestine production of heroin” (Marciano). Opium is a chemically addictive drug, meaning that long term use can develop physical dependence, leaving those who discontinue use abruptly with harsh withdrawal symptoms. This danger combined with the potential for life-threatening overdose makes this a very risky drug. Yet, hydrocodone or

Vicodin, oxycodone or Percocet, and Morphine are all “common prescription opioids” (“Prescription Opioids”).

In response to social and political tensions caused by its widespread use, a new and complicated criminal understanding of the drug came with the Smoking Opium Exclusion Act in 1909. The new laws criminalizing the importation and use of opium were highly racialized in their implementation. “The private use and commercial sale of smoking opium remained legal, with import duties yielding a million dollars per year to the U.S. Treasury” (Gieringer). However, public opium dens, those popular in Chinatowns for socializing within one’s culture, were federally outlawed. California was one state which outlawed all opium use, rather than just “smoking opium”, which was to be expected from the state “at the forefront of the war on Chinese smoking opium” (Gieringer). However, federally, medical use of opium remained legal, the most common form of the drug among white middle- and upper-class users at the time. Opium was now legal for some and illegal for others.

The 1909 Act was the first US law specifically banning the non-medical use of a substance. The focus on banning only “smoking opium” may be attributed to the narratives presenting opium dens as centers of social deviance and crime. Whereas Chinese immigrants faced demonizing portrayals of their opium use, white drug users did not experience this stigma. Common white use of the drug was “medical” and therefore socially acceptable under the common difference in perception of “poison” vs. “medicine” previously discussed in this paper. “Customs and pharmacy agents moved aggressively to arrest smugglers, confiscate contraband, and raid and bust dealers and dens” (Gieringer). Through the regulation of only the specific form of opium popular among the group, “US officials use[d] opium criminalization as a means to target Chinese Americans” (McCaffrey, 14).

The criminalization of opiates continued in the US, along with the expansion of the racial stereotypes of its users. When advocating for narcotics control in 1969, Nixon emphasized a congressional report surveying opium use among American troops in Vietnam, citing that a large percentage of service members were addicted to heroin. The narratives sparked by this document, however, viewed soldiers as victims of addiction, and incorporated new perpetrators of drug dangers. A *New York Times* article on the report described the scene as “shantytowns that huddle close to the big American military bases, [...] muddy lanes lined with corrugated iron and scrap-wood huts where for \$5 or so, G.I.'s can buy enough heroin to keep at bay for a day” (Buckley). These images reinforced the stereotypical Asian opiate user, simultaneously depicting South Asians as poor, dirty drug dealers, and bolstered the victim status of the white users. The predominantly white American soldiers returning home were understood as a group victimized by an epidemic, and in need of support. The public concern was “how drug use might affect veterans' ability to get and hold jobs” (Robins, 38).

### *Modern White Heroin Users*

Over time, the general perceptions of Opium seem to have changed. One of its most common forms, heroin, is now known to be associated with white users. The narrative shifted, in part, away from Asian Americans. There are many arguments to me made about this shift. In 1996, Peter Kwong stated those identifying as “Chinese in this country have gained considerable prominence in recent years” (Kwong, 3). I will explore this no further, but regardless of what may have driven this shift, a new face of opium became white drug users in the US. Through the 2000’s, news media began to focus on the “most recent American moral panic surrounding drugs”, white heroin users (Netherland). “Opioid-involved overdose deaths rose from 21,088 in

2010 to 47,600 in 2017”, and users are found amongst all communities and groups (“Overdose Death”). Opiates have famously been willingly prescribed by doctors in high amounts, leading to more dependencies that later are supported by illegal acquiring of prescriptions or purchase. Prescription opioid abuse “first surfaced in rural Maine, Maryland, and then Appalachia among the rural poor” and news stories began presenting poor whites in these areas injecting heroin (Netherland). In a study surveying media and presentations of race, Julie Netherland found “the assumption that drug use is to be expected in poor, ethnic minority urban communities, but not in suburban and rural white America”, therefore stories of suburban, white drug use “is portrayed as surprising and novel” (Netherland). Jeannette Covington found that “code words such as ‘high risk youth’” are often used to discuss minority drug users, representing them as “more dangerous” than other users (117). Comparatively, Netherland shows how “media accounts of white drug use go out of their way to humanize the person”, and further “describe the potential that the individual tragically lost”. Covington agrees that assessments of minority drug users focus on “community conditions”, whereas white drug use often leads to an assessment of how the individual’s hardships may have led to their drug use (129). The surprise of the American public to see white people abusing drugs can be attributed to assumptions of white superiority, and furthermore, the expectation that white people utilize their privilege to become successful.

A victimized portrayal of white drug users indicates they may experience far less stigma than users of color. Additionally, they face substantially less potential legal consequences of illegal purchase or use if they can attain opiates through a doctor. Prescription use is more associated with white opiate users, and “street drugs” with racial minorities. Explanations for this include the isolation of many poor white areas and thus lack of access to the black market, in addition to racism within the medical community and subsequent wariness of prescribing to



people of color. “Americans are far less likely to face arrest for illicit use of prescription medication than they are for possession of illicit drugs”, a shocking finding when compared to the “high prevalence of illicit prescription drug use” and “low prevalence” of black-market heroin use (Netherland). Though the opium epidemic is one with many public dangers, including widespread overdose, the policy response from the US has been feeble when compared to other illicit drugs.

During the 1980’s and 90’s, widespread panic surrounding the crack cocaine epidemic resulted in “mandatory minimum sentencing” of 5 years for “five grams of crack and 500 grams of powder cocaine” (“A Brief History”). This blatant disparity between crack and cocaine sentencing is of common discussion amongst incarceration equality efforts. Due to the harsh penalty for crack, thousands of Black and Latinx people were incarcerated. The drug policy was said to be proportionate to the public danger of the drug. However, “to date, we have seen no move to similarly criminalize white suburbanites for their illegal use of prescription opioids and heroin”, even though the public danger of addiction is arguably more widespread than crack ever presented (Netherland). Why, if the opiate epidemic is as much of an American problem as the media often makes it out to be, have there not been similarly zealous efforts to criminalize the substance?

When comparing different racial groups of opiate users, the “victim status” of white users means they are more likely to receive treatment, and even fair treatment. This “racially stratified therapeutic intervention” given to white opioid users is very complicated and created in part by racism present in the medical community (Netherland). Black and brown users are “less likely to receive the widely accepted minimal level of outpatient treatment for SUDs”, and if they do receive medical help, the type of help they receive statistically contrasts with white patients

(Acevedo). Within the multitude of drugs available which help opiate withdrawal symptoms, pharmacologically similar substances have various levels of stigma and surveillance. Black and brown opioid users are more likely to receive methadone, which is “under DEA surveillance in stigmatized methadone clinics” (Netherland). White users are, however, more likely to receive buprenorphine, which can be much more easily attained in the privacy of a doctor's office and taken at the user's home (Hansen). White users therefore have more incentive to seek treatment, and have an easier time and less interaction with the law when receiving treatment. This is only one example of how positive racial bias towards white opiate users creates disparities within their interaction with government control and probability of accessing help. Though this is not a class-based analysis, it is important to note that socioeconomic status can act as an intersectional barrier with race to effect probability of receiving treatment. Notably, “housing instability and lower employment are important barriers to treatment completion for Blacks and Hispanics” (Saloner). Clearly, the criminalization and therapeutic intervention of opium and other drugs requires a more nuanced conversation considering race as an important factor if the aim is to reduce drug danger for *all* users.

Opium laws have been inefficient and racially disparate, possibly due to the fact that “a critical factor shaping the U.S. policy response to non-medical opioid use is popular media representations of it” (Netherland). As discussed, the news media has the potential to influence attitudes about race and policy. When opium narratives were primarily associated with Chinese immigrants, moral panics sparked racialized and gender-based fear leading to the first federal drug regulations the US had ever created. Once the news media began associating the drug with American soldiers, the response to users was not fear and stigmatization, but condolences and efforts of assistance. In modern day, we see the legal, social, and medical consequences of this

white victim dynamic. White patients in treatment are less surveilled and find more convenience within treatment than patients of color. White opiate users today are seen as victims of an epidemic, just as white opiate users in the 19th century were seen as victims to the substances brought by morally deviant immigrants.

### **“Meth Mouth” and White Drug Users:**

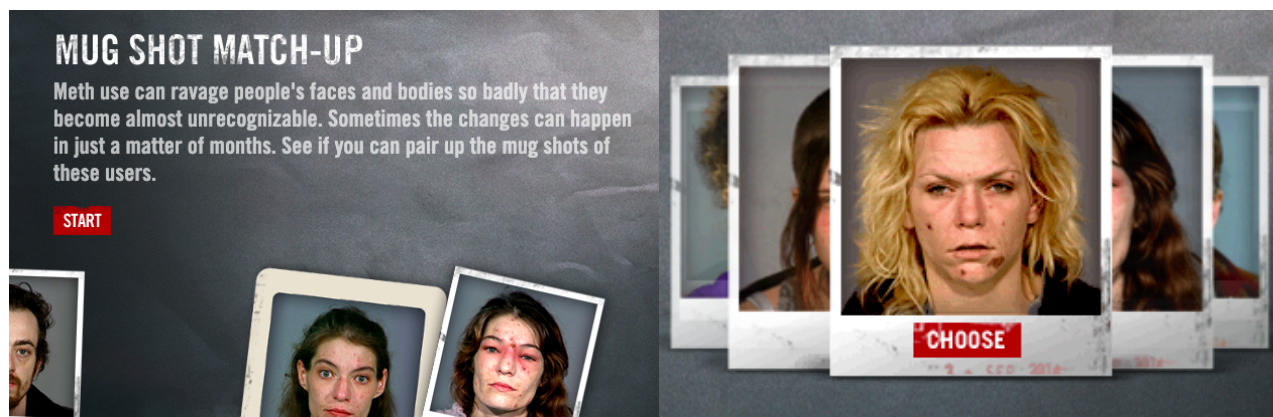
The stigma attached to racial minority drug users in the US becomes even more transparent when compared to perceptions of drug users who are white. White drug users in the news media are commonly shown as a “shocking surprise” and are most commonly heroin and methamphetamine users (Murakawa). Meth has been an intriguing drug to analyze because its users “tend to be White and in their 20s and 30s” and portrayed as such in the media (Hunt, iv). While the US government’s responses to most other illicit drugs have been highly unforgiving and punitive in nature, the understanding of how to handle white drug users was more clinical. “The public response to White opioids looked markedly different from the response to illicit drug use in inner city Black and Brown neighborhoods, with policy differentials analogous to the gap between legal penalties for crack as opposed to powder cocaine.” (Netherland).

In the media, when drug users in ghettos are portrayed, they are generally depicted as the cause of the problem. When drug use is found in wealthy suburban areas, however, the narrative is that “clean-cut teenagers from affluent families” become the victims of “sinister forces” (Lassiter). This gap in policy and portrayal shows how even in drug use, white social privilege is preserved.

Methamphetamine is a powerful central nervous system stimulant which is both a popular prescription and recreational euphoriant. The psychoactive chemical is a schedule II controlled

substance in the US. “Chronic long-term methamphetamine use can be highly addictive” and if physically dependent on the chemical, abrupt abstinence “might lead to withdrawal symptoms that can be persistent for months” (Yasaei). Common names include “crystal meth”, “crank”, or “the poor man’s cocaine” (Murakawa, 220). In 2003, the Drug Enforcement Administration declared meth “the most dangerous drug problem of small town America” (“Fact Sheet”). The widespread fear surrounding the meth epidemic has also been argued to be socially constructed (Murakawa). In fact, many researchers note meth use has decreased in recent years (Abuse). The panic and potential exaggeration of a drug problem associated with mostly whites indicates there may be more national fear surrounding addictions within white communities. Nevertheless, meth has been a prominent topic in the news media for many years now, and deeper analysis exposes elements of white supremacy at play within its portrayals.

Despite the white privilege surrounding meth’s legal penalties due to its perceived association with white users, Meth is also an example of how false media narratives have shaped public stereotypes about the drug’s dangers. One of the most famous and influential media narratives surrounding methamphetamines is “meth mouth”. Images of decayed teeth in the mouths of underfed, poor whites hooked on methamphetamines have run through most national magazines and websites, appeared on billboard health campaigns, and even been the center of six US Congressional bills (Murakawa, 220). Anti-meth propaganda websites show images like these in order to generate excessive fear over meth use.



Source: <https://www.methproject.org/answers/will-using-meth-change-how-i-look.html#Mug-Shot-Match-Up>

Despite the popularity and emotional effectiveness of these images, there is little scientific evidence that they are accurate. In fact, “it is clear that introduction of the “meth mouth” diagnosis predates research on meth-specific dental damage”, meaning the term was created without data to back it up (Murakawa, 222). When the term was created in 2003, the evidence cited had no distinct symptoms that could be specifically tied to meth use. Further, many sources note that despite images and descriptions of meth “ravag[ing] people’s faces”, “the drug does not make you ugly” (“Faces of Meth”; Sullum).

### *Understanding Perceptions of White Drug Users*

As with the media and policy framing of Opiates, white privilege is an important consideration when discussing Methamphetamine use. Due to the ease in which white people have attained and maintained meth addictions throughout US history, more white individuals are associated with the drug’s use. For example, “the American military readily supplied its troops in Vietnam with speed. “Pep pills” were usually distributed to men leaving for long-range reconnaissance missions and ambushes” (Kamienski). White members of the military carry with them both white privilege and the positive stigma associated with serving the nation, and

therefore have not faced demonizing narratives when returning from war with substance abuse issues. Rather, they are perceived as “victims” of over-prescription, addictive chemicals in drugs, or other factors. Further, the practice of military officials giving their subordinates methamphetamines directly contradicts the government’s position on the substance. In 2021, for example, “the CDC Health Alert Network issued an advisory warning that drug overdose deaths significantly increased across the United States, especially deaths involving psychostimulants (methamphetamine)” (Mulvey). In 2004, the Subcommittee on Criminal Justice, Drug Policy, and Human Resources stated “Meth is one of the most powerful and dangerous drugs available” in the country (Subcommittee). This discrepancy could be excused by the new and advancing scientific knowledge surrounding the drug’s dangers arising between the Vietnam war and now. However, there must have been some level of knowledge of the danger of the drug, especially when taken “‘like candies,’ with no attention given to recommended dose or frequency of administration” within the military (Kamienski). Another conclusion which may be drawn is that the government was not concerned with the safety of the drug until news stories depicting poor, white users became popular.

Much like members of the military, white women during World War II were known to come across and use methamphetamines with ease. Housewives were said to use the drug to keep “peppy and thin”, reinforcing common gender stereotypes (Murakawa). Similarly to how soldiers were viewed as victims to an addiction they developed while trying to stay alert during battle, modern narratives victimized white women users. A 2002 New York Times article described “middle class working moms” as users simply “trying to top off their energy” in a fast moving world (Belkin). In a 2005 Newsweek article, David Jefferson tells a cautionary tale about an up and coming educated white mother who becomes destructively addicted to meth

(Jefferson). Narratives such as this often focus on what the victim has lost due to their addiction, rather than blaming them for their criminality.

The fear and denial surrounding white drug users seems to be a byproduct of white supremacy. An analysis of racial disparities in media portrayals concluded meth users are typically described as “white”, “rural”, and “poor” (Cobbina). “Poor, rural methamphetamine users violate white expectations of productive, rational citizens fitting with the neoliberal requirements of whiteness.” (Netherland). Images similar to the “mugshot matches”, presenting poor whites who are perceived as unproductive, deviant members of society threatens the basic premises of white supremacy. Fears over white drug scares can be thought of, on a deeper level, as fear about the declining economic security of white communities. Under the theory of white supremacy, whiteness maintains an “unmarked status” (Hartigan 110). In other words, white remains the norm, while other groups are “marked” with race. White people who do not align with white supremacist ideals of whiteness are “marked” with terms such as “hillbilly” or “white trash” to signify their unexpected lower class status, exposing that these terms assume white people are upper- or middle-class (Hartigan 110). These are terms also commonly associated with white meth users. Metaphorically, “‘Meth mouth’ physically manifests decaying White status, with teeth the visible marker of status stratification, especially for White people living in otherwise ‘unmarked’ bodies” (Murakawa). If our country functions under these notions of white supremacy, it is clear why exaggerated narratives of meth dangers have become widely accepted in the news media.

When notions of white supremacy are challenged through images of white people who resemble the media stereotype of criminal users of color, an explanation must be made to ignore the reality that white people are not inherently superior. “Although meth use is criminal, the meth

user is frequently cast as a kind of victim”, a status which works to explain their deviance from what is expected from whites (Murakawa). “A cursory reading of national media seems to confirm this long-standing narrative of White, middle-class drug users as victims, not criminals” (Tiger). Media outlets such as the New York Times have “invited sympathy and identification with the people in the stories” when depicting these white drug users (Tiger). It then should come to no shock that a separate legal space has been created for white meth users than black and brown users, who are “more likely to be incarcerated” (Netherland). In general, though the rate of drug use and sale is relatively consistent across racial demographics, minority users have higher rates of drug-related arrests in the US (“Rates of Drug Use”). The impact of white supremacy on the framing of drug use narratives, and the effect of these biased narratives have left white meth users more advantaged than black and brown users in how they are understood. Social stigma is an influential part of these disparities within the legal system.

Methamphetamine is a strong example of how the media can exaggerate the dangers associated with particular drug use to create moral panic. Within the context of these exaggerated narratives, however, white supremacy plays the role of protecting white meth users from blame. White meth users face inherently different stigma than black and brown users, portrayed as victims rather than criminals leading to varying perceptions of meth users across races. Attitudes surrounding white users partially generated from media consumption could be a contributing factor to the disadvantage users of color face in legal spheres.

## **Survey Results**

This exploration focuses heavily on attitudes surrounding drugs in general. Due to the substantial influence that public opinion has on not only policy but the stigma surrounding incarceration and drug charges, I surveyed a group of my peers to establish an understanding of



the current opinions in my area. In developing my methods, I chose a survey format with multiple choice answers, expecting it would take less time than short answer responses or interviews, and therefore incentivize more respondents to fill it out. This survey was intended to establish relative personal opinions regarding incarceration and drug use rates within a specific time and focus group. Due to the potentially sensitive content, and to ensure accurate data, the information shared was and remains completely anonymous and respondents received no credit, reward, or compensation for completion. The questions asked were as follows:

1. What is your gender identity?

- ☐ They/Them/Non-Binary
- ☐ She/Her
- ☐ He/Him

2. Which of the following best represents your racial or ethnic heritage? Choose all that apply.

- ☐ Black, Afro-Caribbean, or African American
- ☐ White or Euro-American
- ☐ Latinx or Hispanic American
- ☐ East Asian or Asian American
- ☐ South Asian or Indian American
- ☐ Middle Eastern or Arab American
- ☐ Native American or Alaskan Native
- ☐ Other

3. What age group do you fall into?

- ☐ 16 and under
- ☐ 17 to 25
- ☐ 26 to 30
- ☐ 31 to 35
- ☐ 36 to 40
- ☐ 41-50
- ☐ 51-60
- ☐ 61 +

4. What is your highest level of education?

- ☐ Elementary School
- ☐ Highschool
- ☐ GED
- ☐ Some college
- ☐ Bachelor degree
- ☐ Graduate Degree or higher

5. Where do you get most of your news?

- ☐ Facebook
- ☐ Twitter
- ☐ Popular News Channels (NBC, Fox, CBS)
- ☐ Newspaper Articles (Online or Physical)

☐ I don't care about news

6. In your opinion, do people arrested for illicit drug use deserve incarceration?

- ☐ Yes
- ☐ No

7. In your opinion, which drugs are dangerous enough that their (unprescribed) use should be punished with incarceration?

- ☐ Cocaine
- ☐ "Crack" Cocaine
- ☐ Alcohol
- ☐ Tobacco
- ☐ Khat
- ☐ Marijuana
- ☐ Opium (OxyContin, Vicodin, Heroin, Fentanyl, Morphine)
- ☐ Methamphetamines
- ☐ Adderall or Riddlin
- ☐ Psilocybin ("Magic Mushrooms")
- ☐ LSD
- ☐ None of the Above

8. In your opinion, do you think the drugs prescribed by doctors are vastly different from illicit "street drugs"?

- ☐ Yes, they are very different kinds of drugs
- ☐ No, there is not much difference

9. How often would you say you see news stories covering drug use (involving one or more of the drugs listed above)?

- ☐ Never
- ☐ Maybe Once or Twice
- ☐ Relatively often (some portion your standard news media)
- ☐ All the time (a lot of your standard news media)
- ☐ I don't watch the news

10. If you could describe these news stories in one word, would it be "positive" or "negative" portrayals of these drugs?

- ☐ Positive
- ☐ Negative

#### **Anonymous Reminder**

11. In your opinion/knowledge, in general, do more racial minorities use illicit drugs more than white people?

- ☐ Racial minority groups have more drug use than white groups
- ☐ The level of use is relatively the same across races
- ☐ White people use more drugs than racial minority groups

12. In your opinion/knowledge, was Opium brought into the United States by Chinese immigrants?

- ☐ Yes
- ☐ No (another group/something else)

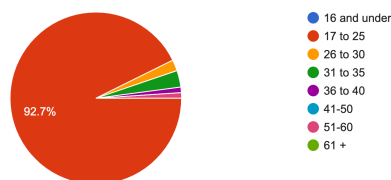
13. Do you consider caffeine to be a "drug"?

- ☐ Yes
- ☐ No

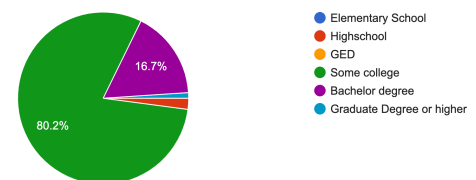
## Sample

Due to my positionality as a student of sociology at a public university, I must first acknowledge that my reach was mainly to other students in sociology fields at the same public university, as I sent out this survey within mine and related sociology courses. I only reached respondents living in the greater area of Seattle, Washington, and most are affiliated with the University of Washington (UW). Of 96 respondents, 89 fell in the “17 to 25” age group. With 92% of respondents in this age group, this survey can only generate conclusive data regarding Seattle residents ages 17 to 25 during the month of February 2021. 80.2% of respondents noted their highest level of education is “some college”, which shows they either started college or are currently still enrolled.

What age group do you fall into?  
96 responses

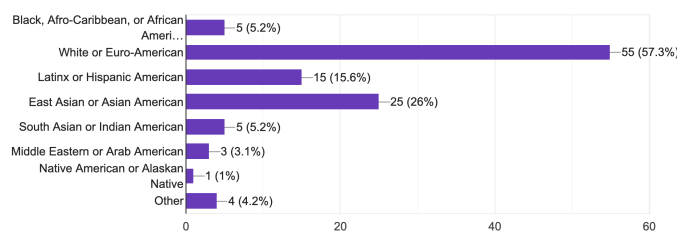


What is your highest level of education?  
96 responses



Further, the majority, 55% of respondents, selected “White or Euro-American” for their racial or ethnic heritage. According to a 2017 study by Data USA, the enrolled student population at UW was “44.1% White, 20.3% Asian, 7.35% Hispanic or Latino, 6.26%, 2.89% Black or African American, 0.477% American Indian or Alaska Native” (“University”). Although my survey only reached 96 participants, and the total UW student population was 46,166 at the time of this study, I reached a group which can be considered somewhat representative of this diversity, because percentages across groups are relatively similar.

Which of the following best represents your racial or ethnic heritage? Choose all that apply.  
96 responses



Finally, 64.6% identify as women, and 35.4% identify as men, with no non-binary respondents. This is not representative of the UW, with 48.1% women, 44.4% men, and little data on non-binary students (“University”). This can be attributed to the higher percentage of women enrolled in areas of sociology and political science (“University”). If a wider reach to the

general US population were available to me, this survey would have more conclusive potential. However, this small population of college students may still show general opinion trends of individuals pursuing higher education, the potential future policy makers and voters of our nation.

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### *Hypothesis*

I was aware I would most likely only be capable of reaching a student population, mainly students who have had at least some education in sociology. Therefore, my hypothesis was that the majority of respondents would have *some* understanding of the subjectivity of law, the forms of racial oppression present in US law, and social stigma, and thus would respond “No” when asked “Do people arrested for illicit drug use deserve incarceration?”. Similarly, my expectation was that most respondents would select “None of the above” when asked “Which drugs are dangerous enough that their (unprescribed) use should be punished with incarceration?”.

I expected that many respondents would select that drugs prescribed by doctors are vastly different from illicit “street drugs”, due to persistent positive stigma attributed when substances are described as “medicine” and negative stigma when described as “drugs”, or as discussed previously, “poison”. My hypothesis was that most people would have only seen “Negative” portrayals of the drugs listed in media stories.

I hypothesized that race would be an important factor in these opinions. This is because members of marginalized groups typically have firsthand experience of the type of stigma attributed to drug users in the US. I expected that more white respondents would favor incarceration, and that the other racial groups such as black respondents would believe drug users do not deserve incarceration. Due to the disproportionate number of black individuals incarcerated for drug crimes, I expected black students would be more likely to view

incarceration for drug crimes as a form of racial domination, and that white students would have less exposure to the racial inequalities drug laws create.

Regardless of race, gender, or education, I expected most respondents to answer “Yes” to Questions 11 through 13. This is because of the impact the media stories I have covered in this paper and more have on public opinion. However, I expected that respondents with “Some College” or higher education levels would respond “No” to these questions in higher volume, because college-level education is typically where students first learn what stereotypes like these are and how they are socially constructed.

I included Question 13 in order to gauge how respondents understood the word “drug”. Caffeine is an addictive, mind altering substance. However, it is completely legal, normalized, and commodified in our society. Therefore, the stigma associated with criminalized drugs is typically not attached to caffeine. I expected participants who responded “No” to Question 8 to respond “Yes” to Question 13. This is because if someone has an understanding that the chemical substances prescribed by doctors are often similar or identical to some which are illegal, I expected them to also understand that caffeine was a “drug” despite how prevalent and accepted it is in the US. With the responses to this question, I also intended to draw comparisons to Khat, which has been often compared to caffeine due to its low potency and relatively similar effects.

*Do people arrested for illicit drug use deserve incarceration?*

The intention of this question was to observe how people understand legal violence. If someone believes that incarceration is inherently violent, they are less likely to believe that it is a fair punishment for non-violent crimes such as personal drug use. I hypothesized that responses to this question may be relatively half “Yes” and half “No”, however, I hoped to be proven

wrong. A general understanding that incarceration may not be the solution to limiting substance abuse is the basis for much drug reform and future strives towards equality in the prison system.

#### *Question 6 Survey Results*

Of 96 respondents, 86 responded “No” to Question 6, with 10 “Yes” responses. This result would indicate we can expect future drug reform if these respondents are to be voting in the next election. Most respondents had some college education or more, thus this result shows that the general understanding amongst college students is that incarceration is not the answer to our drug “problem” in the US. A very interesting result, however, was that some that noted drug users do *not* deserve incarceration, also noted that certain drugs in question 7 *should* be punished through incarceration. The majority of “No”s to Question 6 also answered “None of the above” to Question 7. Of those who didn’t answer “None of the above”, 10 selected that Opium use is dangerous enough to merit incarceration, 1 selected Psilocybin, 2 Alcohol, 1 Cocaine, and 6 “Crack” Cocaine, respectively. It seems counterintuitive that a respondent would answer *both* that they believed drug users should not be incarcerated, and that use of a specific drug merits incarceration.

I attribute this disparate result to the social norms surrounding specific drugs in the US. Though respondents may feel incarceration is not the answer to drug use, they may have also been socialized to fear drugs such as Opium and “Crack”. In our legal system today, there are few alternatives to incarceration when an action is perceived as dangerous. Therefore, my only explanation for this result is that participants may have limited knowledge on the drugs they selected under Question 7, they perceive them as dangerous, or they have little knowledge of other mechanisms to handle this danger.

*Which (unprescribed) drug use should be punished with incarceration?*

This question gauged how respondents understood specific drug dangers. I included the options of Cocaine and “Crack” Cocaine, to see if people thought one was more deserving of incarceration than the other despite their chemical non-difference. Alcohol has been noted the most dangerous drug in the world by top researchers due to the overwhelming amount of alcohol deaths around the globe, however, I expected few respondents to select Alcohol because of how commodified and socially accepted the drug has become. Tobacco is similarly dangerous, despite its normality within society. I included Khat, hypothesizing that no respondents would select it due to its lack of popularity in both modern media and general drug use.

Marijuana has become more widely accepted as more states legalize its use, and therefore I expected few respondents to select it. Opium, however, has been a popular topic of discussion within the last decade. I expected many respondents to select Opium due to the widespread news coverage of heroin and morphine addiction. For the same reason, I hypothesized Methamphetamines would be selected by many respondents. I included Adderall or Riddlin because of its chemical similarity to Methamphetamine and widespread use among college students. I expected more respondents to select Methamphetamine due to their social stigma of being “poison” rather than the “medical” stigma surrounding even illicit use of Adderall. Psilocybin is a schedule one drug, despite its general lack of threat to physical health. Though I have not addressed these narratives, Magic Mushrooms, along with LSD, have been presented in exaggerated media narratives. When we think of psychedelics such as these, stories of individuals jumping off buildings believing they could fly may come to mind.

Finally, I expected that some respondents would answer “None of the above” to this question, especially if they had answered “No” to question 6.

### *Question 7 Survey Results*

69 respondents answered “None of the above” to this question. This result holds implications that more people prefer other forms of social control rather than incarceration to handle drug abuse. 1 respondent chose Psilocybin, 14 selected Opiates, 7 chose “Crack”, and 3 chose Cocaine. As I expected, more respondents chose Opiates than any other drugs, most likely due to the “opiate epidemic” narratives widespread in recent media and governmental information.

More respondents chose “Crack” Cocaine than Cocaine. This is understandable given the harmful narratives of “crack babies” and other harmful results of the drug’s use. However, I was surprised to see that all of those that chose “Crack”, also answered “No” to question 6. I am unsure why those who believe illicit drug use *does not* merit incarceration would also believe that use of “Crack” *does*. This was especially surprising because of the popular discussions of “crack” cocaine, and how it has come to represent the disparities present within drug laws. Additionally, as I expected, zero black respondents chose “Crack” Cocaine. I expect that black individuals are fairly aware that their racial group has been the target of “Crack” laws, and may be aware of the persisting 18:1 ratio between the sentencing of drug use despite the chemical non-difference. However, the results still showed that there are persisting negative attitudes surrounding “Crack” use within college students. It would seem that media narratives surrounding “Crack” are so pervasive they influence even those who do not strongly believe in incarceration as a solution to illicit drug use.

No respondents chose Khat, as I expected. This however, may show that the persisting regulations of khat, for which there is no current licit use in the US, is not shaped by current



public opinion. Rather, Khat policies may be reminiscent of the opinions during the time they were created, and are therefore outdated.

Despite those that did select certain drugs in response to this question, the overarching trend of “None of the above” indicates that many college students may be aware of the cultural nuances of drug perception. The more understanding individuals are of *all* forms of drug use, the more likely they are as voters to demand equitable solutions to the racial disparities created by enforcing certain drug laws differently than others.

#### *Are media narratives surrounding illicit drug use “positive” or “negative”?*

This was a simple question aiming to either confirm or invalidate my generalization that illicit drugs are more often portrayed in a negative light in news media. I hypothesized that the majority of respondents would note their perception of media portrayals of illicit drugs was generally “negative”.

#### *Question 10 Survey Results*

Confirming my hypothesis, all but 2 of the 96 respondents selected “Negative” in response to question 10. This is supportive of the conclusion of this paper, yet uncondusive to drug policy reform efforts. As proven in this paper, media narratives carry legitimate potential to influence public opinion and policy. If there is not a shift towards more realistic and humanizing portrayals of *all* drug users regardless of race, there is less possibility that other forms of information may work to majorly change public opinion.

### *Do more racial minorities use illicit drugs more than white people?*

This question aimed to understand how people view disproportionate incarceration rates, in regards to legitimacy. If someone believes that the prison population is a fair representation of how many Americans use drugs, and the prison population predominantly consists of racial minorities, it would then stand to reason that racial minorities use illicit drugs at higher rates than white people. This is not true, and drug use is relatively consistent across racial groups if not found in higher rates in white populations for certain substances. As I have touched on, “research shows that blacks comprise 62.7 percent and whites 36.7 percent of all drug offenders admitted to state prison, even though federal surveys [...] show clearly that this racial disparity bears scant relation to racial differences in drug offending” (“United States”). If someone understands this racial bias present in the incarceration system, they would generally not agree that racial minorities have higher rates of drug use.

### *Question 11 Survey Results*

Unfortunately, there was a technological glitch in the survey for this question alone, and the answers of 4 respondents are unavailable. Of the 92 collected responses, 12 people believe that racial minorities use illicit drugs more than white populations. 63 believe the rates of use are relatively the same across racial and ethnic groups, and 17 believe white people use illicit drugs more frequently. Of those who believe racial minorities make up more users, 3 noted that they “don’t care about news”. This is higher than I expected, with only 6 total other respondents noting that in the survey. I expected those who watch more news to be more influenced by media narratives, and therefore believe the stereotype of the drug user of color. This may be explained by the shift in popular media our country has experienced in recent years. In 2021, more news

stories cover racial disparities, and there is a wider variety of news channels and platforms to choose from than in earlier years. Therefore, those who do not pay attention to news media may *actually* be less inclined to understand racial bias within incarceration today.

The majority of white respondents answered “the level of use is relatively the same across races”. The implications of this result may be that white students are more educated about the inequality of incarceration rates for drug crimes than would be expected for a privileged population. As I hypothesized, the majority of respondents answering that “white people use more drugs” were not white. 6 of the 17 that selected this answer were white, with the others identifying as black, east asian, or latinx. I believed fewer white respondents might be inclined to believe that others of their racial group use illicit drugs at high rates, because of potential exposure to media narratives focusing on racial minorities.

### *Who Brought Opium into the United States?*

As previously discussed, early narratives surrounding opiate use focused mainly on Chinese immigrants, and portrayed the ethnic groups as both morally deviant, and responsible for widespread addiction. These narratives have shaped racial stereotypes we see today. I included Question 12 to get a sense of the general understanding of Opium’s origins in the US. While opium was more popular in China prior to its rise in the US, Chinese immigrants are not the historical actors to blame when it comes to this international addiction. In 1800, “The British Levant Company purchased nearly half of all of the opium coming out of Smyrna, Turkey strictly for importation to Europe and the United States” (“Opium Throughout”). “Americans employed the good offices of the British Levant Company” because there was no American trade

agreement with the Sublime Porte yet (Downs, 421). American merchants went in search of Opium because of the high price they could charge for it if smuggled into China properly.

A German scientist, Friedrich Setuerner, discovered Opium's active ingredient in 1803, "dissolving it in acid then neutralizing it with ammonia", creating morphines ("Opium Throughout"). Multiple smugglers from Boston continued to attempt to make a profit from smuggling opium, until 1816, when one became extremely successful. Though Opium imports were outlawed in China, John Jacob Astor, a German immigrant, made millions selling "hundreds of thousands of pounds of opium between 1816 and 1825" (Blakemore). "A relatively small gratuity persuaded Chinese officials to look the other way when opium cargoes entered" the ports (Downs, 424). Astor is said to be America's first multimillionaire, and his wealth was majorly generated through drug smuggling.

Many historical studies of the Opium trade place the blame heavily on British and American merchants for supporting opiate addiction in China. "As the number of piculs (equal to 133 pounds) of imported opium increased, so did the number of Chinese opium addicts" (Mark, 51). On top of the public health repercussions of facilitating an epidemic in China, Astor "continued to bring the drug into the port of New York" (Tchen 2001). In fact, "the April 29, 1825 issue of the *New-York Gazette and General Advertiser* carried a paid advertisement offering three cases of Turkish opium for sale" (Tchen 2001). This was completely legal under US law through the tariff act of 1860. "From that year until the opium exclusion act became effective on April 1, 1909, they were legally imported into the United States over 4,000,000 lbs" (Mark, 51).

Though "the first drug laws in the U.S., which regulated opium smoking in an effort to control Chinese immigrants" appeared to be in response to an epidemic brought in by Chinese users, there is much more to this story (Daniels, 2). It is actually more accurate to say that

American investments in the opiate epidemic persistent in China throughout the 19th century led to an influx of opium in the United States. Though opium dens were more commonly found in areas populated with Chinese immigrants, imports of the drug were largely a result of the greed of American and British merchants. I expected, however, that the respondents would have little knowledge of this history and rather rely on general stereotypes to form their opinions surrounding opium.

### *Question 12 Survey Results*

Of 96 respondents, only 11 answered “Yes” when asked if Opium was brought into the US by Chinese immigrants. This result was surprising, because of the pervasive stereotype of an opium-smoking Chinese immigrant present throughout the drug’s history. The implications of these results are that more of the population is aware that Chinese immigrants are not and were not the group to blame for introducing opium to the US population. As previously noted, however, this must be analyzed understanding the audience this survey reached. All but one of these 11 “Yes”s came from a person 17 to 25 years of age, which is inconclusive because this age group made up 92.7% of respondents. There was one “Yes” respondent whose highest level of education was high school. This was the education level I expected to answer “Yes” to this question, as drug policy history is rarely covered in high school curriculums. However, the rest of the respondents either had some college experience or had a bachelor degree. Answers to this question were not what I hypothesized, but potentially have implications for changing views surrounding drug stereotypes.

### *Is Caffeine a “Drug”?*

This question was intended to gauge how respondents perceive drugs. If a respondent based their opinions surrounding drugs on the current laws in the US, they would most likely answer “No” to this question due to its legal and popular status. Those who selected “Yes”, I expected to have a deeper understanding of what “drugs” actually are and that their related stigma and policy is subjective.

Khat and coffee both originate in the South Western Ethiopian province, Kaffa. Khat has been compared to coffee because, “the naturally occurring chemical compounds in its leaves trigger the release of dopamine, serotonin and noradrenaline. This makes users feel more alert and attentive, but also suppresses the appetite” (Grant). These effects are very similar to what one might describe they feel after drinking a cup of coffee. An exploration of the drug’s history shows that it was more the association with Somalis, rather than the effects of the drug, which led to its regulation. Therefore, we can imagine how Khat would have been received and commodified in the US if brought in by Euro-Americans, like coffee. We may imagine Starbucks selling khat infused drinks or chocolate covered khat plants at local supermarkets. Respondents who said they perceive caffeine to be a “drug” are more likely to understand this comparison and thus may support deregulation of the substance.

### *Question 13 Survey Results*

38 respondents answered “No” to this question and 58 answered “Yes”. I hypothesized that there would be a higher percentage of “No”s due to the positive stigma surrounding coffee. The implications of these results are that the majority of college students understand how subjective the term “drug” is. As I hypothesized, more of the respondents who answered “No” to

Question 13 responded “Yes” to Question 8: *Are the drugs prescribed by doctors vastly different from illicit “street drugs”?* Of the 38 that did not agree caffeine was a “drug”, 22 believed prescribed drugs are very different from street drugs, and 16 believed there is not much difference. This is, however, too thin a margin to draw implications from. Similarly, of the 58 “Yes” respondents to Question 13, 32 answered “Yes” to Question 8 and 26 answered “No”. This was a surprising finding, as I expected those who understood caffeine to be a drug may also understand the chemical similarities between prescriptions and illicit drugs, such as the case of opium prescriptions. More respondents who believe caffeine to be a drug also believe that prescribed and illicit drugs are vastly different. In conclusion, there is little correlation between the understanding of caffeine as a “drug” and a general understanding that many “street drugs” have chemical parallels within the medical world.

## Conclusion

The racial inequality which has played a major part in the history of drug policy makes legal penalties for drug use a source of racial violence. Media and government information has the power to create moral panics surrounding drugs and their associated racial groups, reinforcing stereotypes about the racial groups they portray. The DEA's understanding of khat changed drastically, and affected policy, after narratives of dangerous black and brown users circulated the public media. Thus, the racial stereotypes towards those who physically presented as part of the related ethnic group confounded with the new criminalization of the substance, leaving black and brown users in a disadvantaged position both socially and legally. Though Opium was largely brought into the US – and China – by Americans, Chinese immigrants faced negative racial stereotypes depicting them as the evil pushers of this increasingly popular drug. White supremacy and gender stereotypes were an important part of the construction of this image of Asian American users. As a result, new opium laws disguised as efforts toward public safety targeted Opium dens, cultural and social hubs for Chinese immigrants, rather than white individuals purchasing the drug *legally*.

Opium and Methamphetamine are both examples of when drug policy has been crafted extremely differently when addictive substances are associated with white users. Modern day opiate restrictions are disproportionately lenient to policy responses to drugs with lower death rates. White methamphetamine and opium users experience white privilege within their criminalized status as drug users, and are presented as victims of an epidemic rather than evil pushers. Media coverage of methamphetamine is an example of exaggerated drug dangers present in the media which conflict current scientific evidence, creating moral panics surrounding the drug. The exaggerated danger of “meth mouth” and victimized status of white



meth users can, in part, be attributed to the pervasiveness of white supremacy within popular narratives.

The 2021 survey of Seattle-based college students and faculty showed promise for the changing perception of drugs. Within the surveyed group, more respondents showed opinions conducive to drug reform and decriminalization than not. Additionally, the majority of respondents confirmed that the general depictions they see of drugs in the media are negative ones. Due to the mass influence of the news media on public opinion, this outcome means legal measures to support drug users of color rather than criminalize them must come hand in hand with a shift in the media. There are limited foreseeable solutions to this problem, because media companies famously focus on stories they know will capture audiences rather than valuing their effect on equality. However, the trend of the survey shows that the US may be shifting towards a new view on drugs, one that may be more receptive to positive drug-related media stories.

The drugs outlined in this paper are only three historical examples of this process of racialization, stigmatization, and subsequent criminalization of substances. Understanding how racism has played a key role in shaping opinions surrounding drug policy is necessary for individuals to make decisions regarding drug reform. The disproportionate number of people of color in our prison systems reflect the consequences of drug policy built upon targeting specific racial and ethnic groups. With drug reform on the ballot in 2020, few states saw decriminalization of illicit drugs. My hope is that in future years, more voters are educated about the unfair advantage white Americans have had over marginalized racial groups throughout all of US legal history. White American groups, seen as victims rather than perpetrators due to socially perceived superiority, have not faced the full violence of the legal system when it comes to drug crimes. People of color are arrested, charged, and incarcerated in wildly disproportionate rates

for drug crimes and crime at large. I urge readers to consider the privileges they may have experienced in their lifetime, and how the inequalities perpetrated by the criminal punishment system through drug policy may expose necessary change in legal policy. With more widespread understanding of racial stereotypes and narratives, US citizens will have the potential to view drug policy in a more nuanced light, hopefully recognizing that drug policy has been a form of racial oppression, and will continue to be until voters demand more equitable solutions.

Finally, the news media is an important part of cultural knowledge. In exploring khat, opium, and methamphetamine, there are numerous racialized media narratives which have come to affect how Americans perceive racial groups and drug use. The prevalence of white supremacist rhetoric in the news stories I have presented are problematic. I propose that, similarly to how racial bias training has become more popular amongst police force reform discussions, spreading knowledge of the potential for bias and power over opinion news media has is vital within media companies. Those creating news stories and government information alike must take the responsibility which comes with their social influence.

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