

**“Hope for Every Addicted American”  
The Personal War on Drugs**

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**ABSTRACT**

Why is the United States reconsidering its approach to drug policy? The most commonly cited factors are the untenable costs of mass incarceration and the failure of the War on Drugs. I argue that this common narrative is missing some decisive elements. First, the typical drug addict in popular discourse has shifted from what I term the “marginalized threatening addict” to the “normalized sympathetic addict.” This change is driven by the current opioid epidemic and concern over its most privileged “victims.” Second, advocates are using the discourses of addiction disease and recovery to lobby for policy reforms that govern addicts according to their “status” in recovery. Recovery is supposed to be equally available to all addicts, but I argue that its individualizing and privatizing logic obscures continued disparities in access and outcomes. I conclude that reform has made it on to the political agenda because recovery defines the political crises of the opioid epidemic, the failure of the War on Drugs, and mass incarceration in terms of disease – attributing the injustices of U.S. drug policy to prejudice against addiction rather than a constellation of institutional racism, sexism, classism, and nativism – and offers a personal rather than political solution in the “hope” of recovery.

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## INTRODUCTION

There is a growing consensus in the United States that domestic drug policy reform is needed. Bipartisan agreement on this issue is usually attributed to the untenable cost of mass incarceration, the need for more effective public responses to drug use, and a decline in the crime rate since the 1990's (Apuzzo, 2014; Desilver, 2014). Social justice advocates add that racially biased enforcement and disparate impacts on low-income communities demand an end to the Drug War (DPA, 2015a; Gottschalk, 2007; Subramanian & Delaney, 2014). I do not dispute that economic considerations are often motivating lawmakers' support for reform, nor that it is an ethical imperative to end mass incarceration. But I do argue that both of these analyses are missing key factors that have created a political environment amenable to reform.

First, the figurative drug addict in public discourse has shifted from what I term the "marginalized threatening addict" (MT) to the "normalized sympathetic addict" (NS), a change driven by the contemporary opioid epidemic<sup>1</sup> and public focus on its most privileged "victims." Second, advocates and experts are deploying the discourses<sup>2</sup> of addiction disease and recovery to raise awareness that recovery is possible and to agitate for reform. As a result, the tone of political discourse has shifted from a "tough on crime" approach to a "balanced, compassionate, and humane" approach that prioritizes treatment over incarceration (ONDCP, 2013b, p. 1). Successful reforms at the state and federal level include expanding access to the opioid overdose antidote naloxone and Medication-

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<sup>1</sup> "Opioid" describes drugs derived directly from the opium poppy (traditional "opiates" e.g. heroin), semisynthetic, modified opiates (e.g. oxycodone), and synthetic drugs which have neurochemical effects similar to opiates (e.g. methadone) (Hernandez and Nelson 2010).

<sup>2</sup> I use the term "discourse" to describe the associative meanings, evaluations of truth, classifications, rules, requirements, and prohibitions of language specific to an area of knowledge, as well as the reciprocal relationship between language and practices in the private, public, professional, and political realms (Arribas-Ayllon & Walkerdine, 2008; Foucault, 1981).

Assisted Treatment (MAT) for opioid dependence, removing or reducing mandatory minimum sentences, expanding Alternatives to Incarceration (ATIs), and requiring insurance coverage for addiction treatment through the Affordable Care Act (ACA). The first part of my analysis examines the discourses of the opioid epidemic, the NS, addiction disease, and recovery, and identifies their role in supporting these reforms.

The second part of my analysis investigates the political implications of these discourses, arguing that their ethopolitical and advanced liberal logics have created novel modes of governing<sup>3</sup> addicts through their “status” in recovery. In the past, the NS and the MT were governed dichotomously with treatment for the former and incarceration or death for the latter (Acker, 2002; Hickman, 2000). Today, the discourse of addiction disease and liberal legal norms require that all addicts be offered an equal opportunity to recover. In turn, the discourse of recovery provides new identities – the addict who is recovering, potentially recovering, or refusing to recover – according to which addicts are more justly governed. In this framework, the addict is described as freely choosing to accept or reject recovery, obscuring highly unequal access to treatment and recovery resources and continued biases in law enforcement. Here, I build upon Tiger’s analysis of Drug Treatment Courts (DTCs). Tiger finds that by describing addiction in medical terms, DTC supporters claim an expanded role for the courts in addiction treatment and obscure racial disparities in the application of drug laws (Tiger, 2013, 2015). I extend this analysis beyond DTCs to a variety of policy reforms, and illustrate how recovery’s individualizing and privatizing logic generates new methods of governing addicts according to their “free” choices, justifies coercive tactics, and legitimizes the expansion

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<sup>3</sup> I use the terms “govern” and “government” throughout in a broad sense, as in, “modes of action, more or less considered or calculated...to structure the possible field of action of others,” wherein the subject of government is, to some degree, free to act within that structure of possibility (Foucault, 1982, p. 790).

of the carceral state (Gottschalk, 2007). I conclude that reform has made it on to the political agenda because recovery defines the political crises of the opioid epidemic, the failure of the War on Drugs, and mass incarceration in terms of disease – attributing the injustices of U.S. drug policy to prejudice against addiction rather than a constellation of institutional racism, sexism, classism, and nativism – and offers a personal rather than political solution in the “hope” of recovery.

In the following section I position my contribution within the several disciplines upon which I build, and define key concepts. I then analyze the discourses of the opioid epidemic, the NS figure, addiction disease, and the policy changes these discourses have supported. In the fourth section I consider the discourse of addiction recovery and how it is being deployed in support of additional reforms. The fifth section is dedicated to examining new methods of governing addicts through recovery and considering their political implications. I conclude by reflecting on the broader implications of my analysis.

## **APPROACH**

Drug epidemics and actual or perceived demographic changes among people who use drugs have demonstrated effects on the discourses about drug addiction and public policy (Acker, 2002; Campbell, 2000; Cooper, 2004; Courtwright, 1982; Hickman, 2007; Musto, 1987). Dual conceptions of the drug addict operating in tandem – one sympathetic for the dominant class, one menacing for the underclasses – and these figures’ alternating prominence in public and professional discourses is linked to changes in drug policy emphasizing either treatment or incarceration (Ibid). Currently, there is a public narrative

connecting the opioid epidemic and its effects on privileged social groups with demands for policy reform (Godfrey, 2014; Seelye, 2015b; R. Young & Hobson, 2015), but to date there has been limited academic study of this phenomenon (Neill, 2014). This article begins to address this gap in the literature by analyzing a resurgence of the NS figure in public discourse in the 21<sup>st</sup> century, identifying how this figure is being strategically deployed to advance policy reform.

There is also an extensive “critical addiction studies” literature (Reinarman & Granfield, 2015, p. 15) that examines state efforts to govern unwieldy subjects by identifying them as drug addicts and applying specific techniques of government in order to manage the threat they pose to the prevailing political order (Bourgeois, 2000; Bunton, 2001; Donohue & Moore, 2009; O’Malley & Valverde, 2004; Reith, 2004; Sedgwick, 1993; Valverde, 1998; Vrecko, 2010). In fact, there are several critical inquiries examining contemporary drug policies, the drug addict identity, and projects of government that take a similar approach to the one I employ here (Campbell, 2000; Hansen & Roberts, 2012; Kaye, 2013; Dawn Moore, 2007, 2011); but none have investigated the impact of the current opioid epidemic on policy change and governing strategies. I also use a Foucauldian framework that is distinct from the approach taken by most of my colleagues. I find Nikolas Rose’s concepts of ethopolitical governmentality<sup>4</sup>

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<sup>4</sup> Rose’s concept of ethopolitics is a mode of governmentality where the capacities of the population are managed through “sentiments, beliefs, and values; by acting on [the] ethics” of the subject (Rose, 2007, p. 27). “Techniques of the self,” including self-reflexive evaluations of oneself and one’s actions in order to reach personal goals, are aligned with governmental objectives for the orderly reproduction of the social and political order (Rose, 1999, p. 11). This should not be misconstrued as totalitarian mind control or false consciousness, but rather as an alignment of the goals of self and government by “bringing the varied ambitions of political, scientific, philanthropic, and professional authorities into alignment with the ideals and aspirations of individuals, with the selves each of us want to be” (Rose, 1999, p. 217).

and advanced liberal political rationality<sup>5</sup> most useful for understanding contemporary governmental logics (Rose, 1996, 1999, 2007) and discerning how they shape the discourses about drug addiction and the identities assigned to addicts (Dawn Moore, 2007). In particular, the concept of ethopolitics provides insight into how recovery governs addicts by appealing to their personal ethics, a method often overlooked when using a traditional conception of biopower. Ethopolitics also makes clear how the recovering addict identity can be employed both as a method of governing problematic subjects as well as a paradigm for political organizing (Rose, 2007).

As for terminology, I use the term “drug addict” as it is the most widely used term to describe a person whose drug use exceeds social acceptability.<sup>6</sup> I am precise in noting when other terms are used – such as “substance use disorder” – and note patterns of use. The definition of “recovery” is contentious, but the definition provided by the Office of National Drug Control Policy (ONDCP) encompasses the most common elements in popular usage:

Recovery is a process of change and growth through which people with substance use disorders stop using, and reestablish friendships and family ties, build positive social networks, and become productive and responsible citizens. It is characterized by health, wellness, a sense of purpose, and

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<sup>5</sup> Advanced liberal political rationality is an intensified version of traditional liberalism and its constant economic interrogation of governmental practices. The state, rather than providing for or directly intervening in the lives of the individuals who constitute society, is charged with “create[ing] freedom and those capable of inhabiting it” (Rose, 1999, p. xxiii); or shaping subjects who can be “govern[ed] at a distance” as autonomous and responsible consumers (Rose, 1996, p. 43). In an ethopolitical context, this involves shaping the available options of consumer “lifestyles” by regulating the experts with whom subjects must consult as they make “free,” self-expressive choices (Rose, 1999).

<sup>6</sup> While the Diagnostic and Statistical Manual V (DSM-5) has changed the diagnostic terminology to “substance use disorders” of varying levels of severity (SAMHSA, 2014), the National Institute on Drug Abuse (NIDA) still uses the term addiction, which they consider equivalent to the DSM’s definition (NIDA, 2014, p. 5), and in my analysis I found the most commonly used terms remain “addict” and “addiction.” NIDA currently defines addiction as: “a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long-lasting, and can lead to the harmful behaviors seen in people who abuse drugs” (Ibid). In this model social and environmental circumstances are acknowledged as contributing but not determining factors.

productive involvement with family and community. Recovery can occur at the individual, family, and community levels (ONDCP, n.d.-d).

My objective is not to determine whether or not drug addiction or recovery are “real,” but rather to consider the personae constructed by these terms, the network of experts and interventions targeting them, and the political work they accomplish. The process by which individuals and groups are claiming addict and recovering addict identities, and the political and social implications of those claims, are just as important as how these identities are imposed upon individuals for purposes of government. Thus my aim is to investigate the multidirectional dynamics of control and resistance made possible by these shifting identities, without assuming that such “games of truth” operate only in the interests of hegemonic power (Foucault, 1997, p. 296).

Finally, my findings are based on a critical discourse analysis<sup>7</sup> of the political, biomedical, psychological, legal, and public health discourses used by the media, policy makers, experts, and advocates to describe the nature of drug addiction, the typical drug addict, effective treatments, the practices of recovery, and appropriate policies. I analyzed materials regarding addiction and drug policy spanning from 2000-2015, with a focus on those related to the opioid epidemic.<sup>8</sup>

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<sup>7</sup> My approach to discourse analysis examines both what discourses allow, require, and make possible, and what they preclude, render invisible, and make incomprehensible. I follow Campbell’s approach to critical policy analysis, examining policy as a “discursive practice” that has “material effects that shape the experience and interpretation of addiction” (Campbell, 2000, p. 6).

<sup>8</sup> Sources include: a sampling of national and local media coverage of the opioid epidemic specifically and drug policy reform broadly since 2000; mentions of the opioid epidemic and other drug policies in the Congressional Record; materials produced by government agencies including ONDCP, the Department of Justice (DOJ), and the Department of Health and Human Services (HHS), including the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), and NIDA; and resources from advocacy groups including the Drug Policy Alliance (DPA), the Legal Action Center, Faces and Voices of Recovery (FAVOR), and the FED UP! Coalition. Research materials are available upon request from the author.

## **THE OPIOID EPIDEMIC, THE NORMALIZED SYMPATHETIC ADDICT, AND POLICY REFORM**

According to the Centers for Disease Control and Prevention (CDC), “[t]he United States is in the midst of a prescription painkiller overdose epidemic” (CDC, 2015b). First declared an epidemic in 2011 (CDC, 2011), experts and the media characterize it as “the worst drug epidemic in [U.S.] history” (Sifferlin, 2015). Its origins are traced back to a movement in the medical profession to more aggressively treat chronic pain,<sup>9</sup> which eventually led to a four-fold increase in the number of opioid pain relievers prescribed between 1999 and 2013 (CDC, 2015g).<sup>10</sup> In response, regulatory controls on doctors and pharmacists restricted access to pills since the late 2000s, which have led to sharply rising rates of heroin use and related deaths in the last several years (CDC, 2015a; Jones, Logan, Gladden, & Bohm, 2015). Beyond its immense scope, what makes the current epidemic distinctive<sup>11</sup> is public focus on its effects among privileged socioeconomic and racial groups typically thought to be insulated from “hard” drug use and associated problems. Although CDC data shows that people who are poor, white, male, and live in rural areas are the most likely to die from opioid overdoses (CDC, 2015e, 2015f), much of the public dialogue has focused on rising rates of opioid use and overdose among middle-class, suburban whites, particularly young people (Achenbach, 2014; Seelye, 2015b). Based on my analysis of the discourses of the opioid epidemic and drug policy reform, I make three initial claims. First, that the opioid epidemic has been

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<sup>9</sup> For an examination of the boom in opioid prescriptions in the U.S., its connection to the opioid epidemic, and policy responses, see (Bell & Salmon, 2009; Hansen & Roberts, 2012; Kolodny et al., 2015).

<sup>10</sup> During that same period, opioid-related overdose deaths also quadrupled, killing 16,000 people in 2013, surpassing car crashes as the leading cause of injury death in the U.S (CDC, 2015e, 2015g).

<sup>11</sup> Since the crack epidemic of the late 1980’s, which served as the pretense for escalating the War on Drugs, there have been several other drug epidemics including ecstasy (MDMA) in the 1990’s and methamphetamine in the 2000’s (Chitwood, Murphy, & Rosenbaum, 2009). But the opioid epidemic has had far greater effects on public awareness, concern for the NS, and drug policy than these other epidemics.



critical in redirecting public attention from the MT to the NS, and second, that the NS figure with the disease of addiction is regularly referenced in support of drug policy reforms. Finally, I illustrate how these reforms continue to reproduce the disparities they are supposed to be rectifying.

The MT is the “typical” figurative drug addict, most often identified as part of an intersectionally subjugated social group (Crenshaw, 1991), including the poor and working-class, immigrants, people of color, women, gender nonconforming people, and sexual minorities. Throughout U.S. history, the MT has been manufactured by associating the use of a particular drug with a marginalized group – most often distinguished by race – and then criminalizing that drug in order to repress that group, blame them for the country’s problems, and alleviate white anxiety (Musto, 1987; Zerai & Banks, 2002). When prescription opioid abuse was identified as a growing problem in the early 2000’s, it was initially dismissed as “hillbilly heroin” (Tough, 2001) – a phenomena relegated to rural, poor, predominantly white communities in Appalachia and the Rust Belt. Media attention was limited to a few local news articles published in Maine and Ohio, and the main concern was the criminal, sometimes violent activity of these addicts (Mishra, 2001; Ordway, 2000; Whelan & Asbridge, 2013). In response, states and the federal government attempted to reign in “pill mills” and “doctor shopping,” particularly among Medicaid recipients, through Prescription Drug Monitoring Programs (ONDCP, 2011a; S. Young, 2011). But by the mid-2010’s, particularly as rates of heroin use and overdose rose, lawmakers and the mainstream media began warning of the epidemic’s spread into white, middle-class America (Potter, 2014; Wood, 2014). Heroin, “once almost exclusively an urban problem” had exceeded its typical bounds –

“spreading to small towns and suburbs” (Volkow, 2014, p. 9) – triggering a shift in the figurative addict in the public discourse from the MT to the NS.

The NS is described as being akin to the ideal political subject and the dominant social group, and its invocation is designed to elicit a compassionate response. The prototypical NS is a middle-class, educated, cisgender, heterosexual, white man with secure immigration status, and they suffer from a disease from which they can recover. Women with similar privilege can be characterized as NSs, though they are usually treated more harshly as failures of proper womanhood and motherhood (Campbell, 2000; Seelye, 2013). The NS of the opioid epidemic is described as constituting “the new face of heroin” (Carroll, 2014) and as a “citizen who would not ordinarily be associated with the term addiction” (Levin (MI), 2000, p. S9113). Such descriptions are only comprehensible because the assumed MT figure – a racialized, gendered, sexualized, classed, and legal Other – can be quickly summoned in the public imaginary. The binary is invoked every time legislators, experts, and advocates claim that “addiction does not discriminate” (ASAM, 2014, p. 1; Bradley, 2012, p. 86; Lynch (MA), 2012b, p. H5532). When “victims” who have “fall[en] into the grips of addiction” (Portman (OH), 2014, p. S5701) are depicted as people with race and class privilege, their opposite is silently – or at times, explicitly – invoked as the typical “junkie” (Holley, 2015). Though the NS is the central discursive figure of the opioid epidemic, the MT is the ever-present contrasting character that makes the sympathetic figure both possible and necessary. The juxtaposition of the NS and the MT has provided eye-catching headlines for the media, and has forced the opioid epidemic and drug policy reform onto the political agenda.

Constructed in this way, the epidemic demands political attention precisely because it defies the “typical” pattern of drug use, threatening white upper-class hegemony.

The most common narrative of the NS is a “drug addiction [that] often begins in our medicine cabinets, rather than on the streets” (Udall (NM), 2014, p. 1). They are exposed to opioids through legitimately prescribed pain relievers, often for an injury, which triggers dependence and eventually addiction in the patient (Clinton (NY), 2002; Kluger, 2010; Mavromatis, 2010). Also, with pain relievers so readily available nationwide,<sup>12</sup> they are often left unattended in suburban homes and easily accessible for naïve teenagers looking for a free high (Bradley, 2012; ONDCP, 2011b). These experimental users rarely understand just how addictive opioids are, and are quickly hooked (Fitz, 2015). Excruciating withdrawal eventually drives the NS to seek drugs on the street and some transition to heroin, leading “people who would never have dreamed of shooting up, like suburban moms and middle-class professionals” to intravenously injecting opioids (Calabresi, 2015). Sometimes the NS is described as having a genetic or psychological predisposition for addiction, but they can also be otherwise “normal” people, whose physiological dependence on opioids “turns [them]...into desperate people suddenly facing life-or-death struggles” (Mack (CA), 2012, p. 22). The discourse of addiction as a brain disease developed through repeated drug use is central to understanding how an otherwise “normal” person can succumb to addiction and why they need treatment to repair their brains and reclaim their lives.

The discourse of addiction as a disease characterizes the addict as having a medical illness rather than someone with a moral failing. They need “evidence-based”

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<sup>12</sup> According to the CDC, “Health care providers wrote 259 million prescriptions for painkillers in 2012, enough for every American adult to have a bottle of pills” (CDC, 2015c).

medical treatment (NIDA, 2014, p. 25) to address the “underlying brain disease” from which they suffer (Leshner, 1997, p. 46). Experts attempt to normalize addiction by comparing it to other chronic illnesses such as heart disease or diabetes (Chen, 2014; Lupkin, 2013); yet it is unlike other diseases in that it undermines the addict’s ability to make rational decisions, compelling them to consume drugs “despite catastrophic consequences” (Volkow, 2010, p. 4). Fortunately, with proper motivation, addicts can be effectively treated and can recover from their disease.

Medical experts and treatment specialists have characterized addiction as a type of disease for at least a century, particularly for the NS. But the modern conception of addiction as a brain disease has gained popularity among policymakers and the public only in the last several decades (Courtwright, 2015; Leshner, 1997; McGinty, Goldman, Pescosolido, & Barry, 2015). The current epidemic in particular has given this model greater political traction because opioids are one of the few drugs for which there are readily available and effective medications to treat dependence and overdose (Kucinich (OH), 2010; McLellan, 2010; NIDA, 2014). The brain disease concept is echoed by all the major federal agencies tasked with studying and treating drug use and enforcing drug laws, as well as virtually all mainstream research, treatment, and advocacy organizations. The current definition seemingly eradicates the NS/MT binary, as all addicts are described as having a disease and needing treatment. The critical identifying factor is whether or not the addict is willing to recover.

Consistent with previous studies, I find that actual and perceived changes in the drug using population and a transformation in the understanding of addiction have had demonstrable effects on drug policy. In this case, public focus on the effects of the opioid

epidemic and the NS figure, as well as the greater credibility of the disease model of addiction, have provided the ideological underpinnings for recent reforms. In addition, politically powerful groups – primarily suburban, middle- and upper-class whites – affected by the epidemic have pressed their representatives in government to address the epidemic. When discussing the epidemic in Congress, lawmakers often cite their constituents’ struggles with addiction and demands for a policy response as leading them to take action (Lynch (MA), 2012b; Rogers (KY), 2012; Schakowsky (IL), 2015). Part of that response is correcting “misperceptions” that all addicts are MTs – that addiction is only “an inner city problem” – a misunderstanding that stands in the way of “find[ing] a real solution” to the epidemic (Lynch (MA), 2012a, pp. 29–30), particularly for their privileged constituents. The cumulative effects of focus on the NS, addiction disease, and political pressure are evident in recent policy reforms.

First, federal and state policies expanding access to the opioid overdose antidote naloxone are predicated on the assumption that the lives of addicts are valuable (Bureau of Justice Assistance, 2014; DOJ, 2014; DPA, 2015b). “Drug Czar” Michael Botticelli has even declared that “every life is worth saving” when defending naloxone policies from detractors (DeMio, 2015). The ONDCP, politicians, medical experts, and law enforcement have voiced support for naloxone access along similar lines and praised its role as a point of contact for treatment referral (Burgess (TX), 2015; Harris, 2015; L’Esperance, 2014). Despite Botticelli’s egalitarian rhetoric, a recent CDC study found that “naloxone was most likely to be administered to women, people between the ages of 20 and 29, and people living in suburban areas,” and that rates of naloxone use in rural areas are not keeping pace with higher rates of overdose in those areas (CDC, 2015d).

This suggests that, even addiction is described as a disease and the addict's life as valuable enough to save, the lives of some addicts continue to be valued more than others and are therefore more likely to benefit from access to naloxone.

Second, policies expanding access to MAT – specifically buprenorphine – are supported by the discourse of addiction as a disease. MAT is praised by medical experts, government agencies, and the media as an evidence-based, medical treatment for opioid addiction that saves lives and enhances public health and safety (Harris, 2015; HHS, 2015). MAT can even restore addicts' proper brain functioning and support their recovery by eliminating cravings for opioids (Volkow, 2014). Though buprenorphine is now readily available in some suburban areas, it is still inaccessible for many, particularly the uninsured and those living in rural areas (Beeler, 2014; Ollove, 2013; Tonko (NY), 2015). This reflects the fact that legislation approving buprenorphine effectively created a bifurcated treatment system for opioid dependence (Jaffe & O'Keeffe, 2003).<sup>13</sup> The first system of tightly regulated methadone clinics developed in the 1960's-70's persists, primarily serving poor, minority, urban, often intravenous heroin users who are monitored skeptically because they are expected to abuse their medication (Acker, 2002; Murphy (PA), 2015). In contrast, buprenorphine is available in a more loosely regulated, private system that is integrated into general medicine and overwhelmingly serves middle-class, white, opioid painkiller users (Hansen & Roberts, 2012; Hansen & Skinner, 2012). Those seeking to expand access to buprenorphine often cite stories of NSs who tragically died when they could not access or were forced to stop taking their medication (Cherkis, 2015; Givens & Glorioso, 2014). The loss of these

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<sup>13</sup> The Drug Addiction Treatment Act of 2000 (DATA 2000) officially approved buprenorphine for prescription in private doctor's offices, and DATA 2005 raised the limit on buprenorphine patients for physician group practices (Brown (OH), 2005, p. H6679).

valuable lives are mourned and used as a rallying cry for further reforms, which in turn often benefit those who resemble the NS.

The model of addiction as a disease has also informed the most significant drug policy reforms in the last twenty years, the removal or reduction of mandatory minimum sentences at the state and federal level (ACLU, n.d.; Holder, 2013; Subramanian & Delaney, 2014). These reforms have typically been viewed as a racial justice issue because of the clear racial bias in the application of drug laws (DPA, 2015a, p. 1). But in debates at the state level, the most frequently cited factors in favor of sentencing reform were reducing the costs of incarceration and drug offenders needing treatment to address their disease (Lofgren, 2011). Attorney General Holder, when announcing federal sentencing changes in 2013, said that of the people incarcerated for drug-related crimes, “many have substance use disorders” and the aim of policy should be “deterrence and rehabilitation” rather than “severe prison terms” for those individuals (Holder, 2013). However, changes in sentencing laws do not address the persistent biases in policing and legal practices that cause people of color to continue to be disproportionately “stopped, searched, arrested, convicted, [and] harshly sentenced” for drug violations (DPA, 2015a, p. 1). Disparate patterns of policing, conviction, sentencing, and incarceration therefore remain a countervailing force against these consequential reforms.

A final set of reforms is the expansion of ATIs, particularly DTCs and treatment diversion programs. ATIs are praised for redirecting “nonviolent offenders” out of the legal system, addressing the person’s underlying “substance use disorder” through treatment, supporting recovery, reducing recidivism, and being more cost-effective than incarceration (Holder, 2013; Leahy (VT), 2014; NADCP, n.d.; ONDCP, 2014a; Portman

(OH), 2014). However, ATIs and particularly DTCs are often critiqued for “cherry picking” low-level, first-time offenders who are already less likely to recidivate (DPA, 2011; Tiger, 2015). They are also usually characterized as an NS and as being caught in the legal system as a result of their disease (Carroll, 2014). Accordingly, access to DTCs is disparate by race. Reportedly 60% of DTC participants are white (Szalavitz, 2015), despite the fact that African Americans and Latinos are disproportionately arrested and constitute more than half of those imprisoned for drug offenses nationwide (DPA, 2015a). Successful “graduation” rates also favor those with race and class privilege, and those who fail often face longer prison terms than they would otherwise (Szalavitz, 2015; Tiger, 2013).

In sum, the opioid epidemic has established the NS as the preeminent figure in public discourse about addiction. This figure has helped cultivate the political will to embrace the discourse of addiction disease, institute policies that aim to save addicts’ lives, and offer addicts treatment rather than incarceration. However, addicts who most closely resemble the NS are more likely to benefit from these reforms.

## **RECOVERY ADVOCACY, THE RECOVERING ADDICT, AND POLICY REFORM**

In addition to the broad ideological effects the NS of the opioid epidemic has had on policy, the discourses of addiction disease and recovery are also being purposefully used to support campaigns for policy reform. Advocates, both inside and outside the state, are using these discourses to organize an addiction recovery movement,



destigmatize addiction, encourage addicts to seek treatment, and advocate for policies to make treatment more accessible.

Similar to the conception of addiction as a disease, the conception of addiction recovery has a long history originating in the treatment industry and primarily crafted to serve the NS. Contemporary recovery discourse has proliferated in the public conversation and is legitimated by medical experts who claim that the addict needs a specific blend of medical, behavioral, and therapeutic treatment to recover (ASAM, 2014). According to the current definition, recovery from an addiction requires more than just ending drug use. It requires that the addict begin a life-long, self-directed but expert-counseled restructuring of their social and emotional life in order to reclaim their willpower and resume their rightful social, political, and economic roles (ONDCP, 2011b, 2014a, 2014d). The state should neither limit treatment options nor endorse any type of treatment; instead, there should be a range of options available from which the addict must choose (Jordan (OH), 2010; ONDCP, 2010). One of the key elements of the discourse of recovery is the “hope for every addicted American” that it offers (ONDCP, 2010, p. 35). The hope for redemption for the addict and a return to normalcy for their family and community has been particularly important in the opioid epidemic. Experts have repeatedly assured the public that it is possible for opioid addicts to resume “vibrant and productive” lives as they recover, that they are not doomed to a life of crime and a tragic death (Chen, 2014; Kolodny, 2014; McLellan, 2010; Westreich, 2015, p. 47).

Clouding the promise of hope in recovery is the stigma associated with addiction, which often prevents the addict from recognizing that they have a problem and discourages them from seeking treatment (ONDCP, 2014d). ONDCP advocates for

replacing the terms “substance abuser” and “addict” which “evoke less sympathy” with medicalized terms such as “substance use disorder” and “disease” which “reduc[e] the stigma” associated with substance use (Ibid, 2). They have also determined that “the misperception that a substance use disorder is a personal moral failing rather than a brain disease is a major obstacle to drug policy reform” (Ibid, 19); and leading medical associations and elected officials agree that reducing stigma is critical to improving treatment and enacting policy reform (Harris, 2015; Kennedy (RI), 2010; Kirschner, Ginsburg, & Sulmasy, 2014). To combat stigma, ONDCP is “spreading the promise of recovery across the Nation” by promoting the stories of people who identify as being in recovery (ONDCP, 2014b, p. 3). This novel approach<sup>14</sup> is designed to support recovering addicts, encourage addicts who are not yet recovering to seek treatment, and challenge prejudice against people with addictions (Ibid). For ONDCP this is not just rhetoric. The newest “Drug Czar” Michael Botticelli identifies publicly as being in recovery and he directly connects his openness about recovery with efforts to change policy and public opinion (Botticelli, 2015a). Botticelli is the ultimate recovering NS. He has been in “long-term recovery from a substance use disorder” for over 26 years and is a white, well-educated man who has dedicated his professional life to promoting recovery and changing drug policy to support his fellow addicts (ONDCP, n.d.-b). While it is notable that Botticelli also identifies publicly as a gay man – not the typical NS – he retains a valued identity as a homonormative subject (Puar, 2007). In fact, Botticelli compares the stigma faced by those with “substance use disorders” to that experienced by LGBT-identified people, and suggests “the substance-abuse field should take cues from the gay

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<sup>14</sup> In 2009 ONDCP founded “the first-ever Recovery branch” under its Office of Demand Reduction to “support the 23.5 million Americans in recovery” (ONDCP, n.d.-c).

rights movement” by raising their constituents’ public visibility to change public opinion (Schwarz, 2015). Botticelli’s appointment signals a sea change at the ONDCP. He eschews the title “Drug Czar,” saying it “connotes this old ‘war on drugs’ focus to the work that we do” which “has been all wrong” (Pelley, 2015). He instead describes his job as spreading the message “That there's help. That there's hope. That there is treatment available” (Ibid).

This sentiment is reflected in ONDCP’s official materials. The 2014 National Drug Control Strategy is championed as a collection of policies that “signal a paradigm shift toward a 21<sup>st</sup> century drug policy that treats addiction as a disease, not a crime” (ONDCP, 2014c). This new approach seeks to “restor[e] balance to U.S. drug-control efforts by coordinating an unprecedented government-wide public health and public safety approach” that avoids the extremes of either the War on Drugs or legalization (ONDCP, n.d.-a). Lawmakers have similarly voiced support for a “multi-pronged approach” to drug policy including “law enforcement, treatment, education, and research” (Rogers (KY), 2012, p. 12), and there is a general consensus, including among the Drug Enforcement Administration and District Attorneys, that the U.S. “can’t arrest our way out of this crisis” (Grassley (IA), 2014, p. 2) or address it through law enforcement alone (Associated Press, 2015; Coffin, 2014, p. 3; Rannazzisi, 2014, p. 4). Instead, the goal of drug policy should be to help addicts achieve “complete recovery to a substance-free life” through treatment, and more addicts will seek treatment before incarceration becomes necessary if they see the “courage, determination, and conviction” of successfully recovering addicts who are “truly heroes” in the fight against addiction (Tonko (NY), 2015, p. 22).

Of course, this strategy is only effective if there are people willing to identify publicly as being in recovery. “Patient advocacy groups” common among other medical conditions, have not been a consistent political force in the addiction field until recently (Bertram, Blachman, Sharpe, & Andreas, 1996; O’Keeffe, 2010, p. 16). One of the most prominent groups politicizing the discourse of addiction recovery is Faces and Voices of Recovery (FAVOR). FAVOR describes themselves as activating a burgeoning “grass roots social justice movement” of “courageous addiction recovery advocates [who] have come out of the shadows” (ManyFaces1Voice.org, n.d.), including the “20 million Americans” in recovery and another “23 million...who have yet to recover” (FAVOR, 2011a, p. 1). FAVOR calls on their constituents in “long-term recovery” – their poll-tested, preferred terminology – to speak publicly about their experience in order to break down stigma and advocate for policy change (FAVOR, 2013, p. 1). They also produce empirical research demonstrating that people in long-term recovery go on to “lead full, productive, and healthy lives,” and use this evidence to support claims to political, social, and healthcare rights for their constituents (Laudet, 2013, p. 9).

Two recent policies guaranteeing a right to healthcare for addicts are the 2008 Mental Health Parity and Addiction Equity Act and the ACA. HHS has described the ACA as “one of the largest expansions of mental health and substance use disorder coverage in a generation” (Beronio, Po, Skopec, & Glied, 2013, p. 1), and ONDCP celebrates it for “end[ing] discrimination against people with substance use disorders” (ONDCP, 2013a, p. 2). ONDCP claims their role overseeing the implementation of these policies is a key part of their work to remove barriers to treatment and destigmatize addiction, namely by ensuring that insurance companies first provide coverage for

addiction treatment, and second that it is on par with other medical care (ONDCP, 2012). However, disparities in access persist even as the ACA is implemented, particularly for racial minorities and the poor, and especially in states that did not expand Medicaid (Evans, 2015). Media reports also suggest that rules to enforce parity provisions have not been written, allowing limits on MAT by private insurers and some Medicaid programs to persist (Ollove, 2013). The result is that people with low incomes continue to be disproportionately denied access to effective treatment.

To conclude the first portion of my analysis, I have demonstrated that the discourses popularized by the opioid epidemic and its central figure, the NS, have provided the ideological basis for recent policy reforms and have inspired significant changes in political discourse. In addition, the discourse of recovery has been strategically deployed to pressure state actors to make policy changes that prioritize treating addicts over punishing them. I also established that these policy changes – though described as available to all addicts – most often benefit individuals identified as NSs rather than MTs.

## **THE POLITICS OF RECOVERY GOVERNANCE**

In this second portion of my analysis I consider how addicts are governed through the discourse of recovery and the political implications of this new mode of government. Generally, problematic subjects are identified as deviating from the norm and thereby posing a threat to the rest of the population. In this case, addiction and recovery discourse identifies addicts as failing advanced liberal subjects because their use of drugs over the pursuit of social norms such as health, happiness, employment, and sociality constitutes a

“disease of the will” (Valverde, 1998). The compulsion to freedom in advanced liberal society and the “insufficiently free” will of the drug addict (Sedgwick, 1993, p. 137) deems them problematic subjects who must be reformed or banished. For these failing subjects, the ethopolitical discourse of recovery provides a set of “techniques of the self” through which they are taught how to be autonomous, responsible, choice-making individuals whose personally tailored lifestyles align with ideas about appropriate government from a distance. Scientific knowledge about addiction suggests that expert treatment is necessary for successful recovery, and contemporary norms of equality and non-discrimination require that all addicts be offered equal access to treatment. This framework eliminates explicitly dichotomous treatment for NSs and MTs; instead, all addicts are governed according to their “status” in recovery – recovering, potentially recovering, or refusing to recover.

While some addicts can be successfully governed through the ethical and normative appeals of recovery alone, others are more resistant. The addict’s disease is known to manifest in criminalized behavior, be concealed by denial, and carry a high risk of relapse. The potentially recovering addict sometimes needs the “incentive” of looming incarceration or other disciplinary interventions to keep them motivated in treatment. Therefore, policy interventions with recovery as their goal must blend a range of governmental tactics to help the potentially recovering addict access the treatment they want, or force them into treatment that experts decide they need (Campbell, 2000; Donohue & Moore, 2009; Dawn Moore, 2011; Tiger, 2015). Whether consensual or forced, treatment is provided for the addict’s benefit – so that they might recover and be a “normal” subject again. According to advanced liberal logic, addicts are victimized by

their disease when it hijacks their brain, robbing them of their agency. Authoritarian interventions are charitably offered to “save” the addict from this less-than-human state. In response, the potentially recovering addict is expected to accept the diagnosis they are assigned and to submit completely to treatment. The paradox of choice for the potentially recovering addict is that they allegedly cannot choose to stop using drugs on their own, but they can choose to submit to treatment. Once they have made the right choice, they are taught how to change their thoughts and behaviors so that, over time, they can manage their disease with less-invasive expert guidance and again make appropriate choices in other areas of their lives.

To ensure the addict makes the right choice, they are subject to an escalating series of governmental interventions. First, the potentially recovering addict is offered an “opportunity” to engage in the ethopolitical process of recovery in a therapeutic or medical setting, under the guidance of expert pastoral care, and motivated by the regulatory norm of the successfully recovering addict. Whether this “opportunity” is offered at all depends upon the addicts’ perceived identity and how they arrive at treatment, such as through self-admission or a doctor’s referral, or as the result of an overdose, an intervention, or an arrest; as well as their personal history including their criminal record, past treatment attempts, and whether they are prescribed MAT, what kind, and for how long. Those unmoved by or deemed incapable of these self-directed techniques are subject to punitive disciplinary power in the legal system to deter drug use and compel participation in treatment. A series of sanctions and incentives are offered to the addict in a restrictive setting, such as an ATI. They can choose to comply with these directives or defy them. If threats of further penalties do not lead to compliance, the

sovereign power to take life through incarceration or death<sup>15</sup> are reserved as the ultimate punishment for those who refuse to recover. Throughout this process, punishment is framed as a therapeutic tool appropriate for treating the addicts' disease (Tiger, 2013) and legitimated by the addict's "freedom" to accept or reject charitably offered treatment. Thus, according to recovery logic, "good" drug policies are state-supported, expert-directed interventions that blend medical and therapeutic treatment with criminal sanctions to ensure that addicts internalize the ethopolitical practices of recovery, and to punish those who refuse.

The political implications of the discourse and policies of recovery are two-fold. An optimistic reading suggests these policies could begin unraveling the entrenched, dichotomous treatment of MTs and NSs. They can provide some addicts who would otherwise be institutionalized, sterilized, incarcerated, or killed, with access to resources and treatment they may find beneficial. The discourse of recovery also presents a rare opportunity for someone with a stigmatized identity to disassociate from it and assume a normalized identity. For a group that has been categorically demonized for being the antithesis of the ideal subject, claiming advanced liberal subjectivity through recovery may be an effective strategy for advancing addicts' social and political autonomy (David Moore & Fraser, 2006). In fact, many people embrace the addict and recovering addict identities, despite the fact that the practices accompanying these identities reproduce the system of government that identified them as problematic subjects in the first place (Kaye, 2013). This is precisely how the ethopolitics of recovery operates. Addicts are offered the benefits of a normalized identity, and as they pursue that valuable identity, their actions align with the goals of advanced liberal government, thereby reproducing

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<sup>15</sup> Sovereign power may take life outright or allow for a "slow death" (Berlant, 2007).



the status quo. But rather than assume that this process is simply a unidirectional project of governance, I take seriously the possibility that drug policies can relieve suffering even as they reproduce sociopolitical hierarchies (Bourgois, 2000), and that the identities through which people are governed can be used for both compliance and resistance (Dawn Moore, 2007). In so doing, I find that the discourse of recovery is also humanizing and can reduce social isolation for people who use drugs. Policies that make naloxone, MAT, and health care available to more people or that divert them out of the legal system can minimize the harms caused by drug prohibition. For these reasons, virtually all advocacy groups agree that recent reforms are a significant improvement over the War on Drugs approach (DPA, 2011). Policy has also been opened to new voices and demands, which are proving to be politically consequential. Self-identified recovering addicts, such as those affiliated with FAVOR, are using the discourse and identity of recovery as political tools. When addicts engage in recovery, they are expected to become biological citizens, that is, a subject whose biology is a source of identity and their health is a source of right and responsibility (Rose, 2007). The obligation to “*become* political” as a biological citizen makes it possible for addicts to organize and perhaps build a movement based upon the recovering addict identity (Levenson, Williams, & Thorne, 2016; Seelye, 2015a). As recovery advocates make claims to biological rights and attempt to consolidate their political power, they can demand further reforms that value the lives of people who use drugs, reduce stigma, and make treatment more available and effective. Such reforms would serve their constituents but could also benefit those who are affected by drug policy but do not identify with recovery or addiction.

While recovery discourse introduces the personal experiences of drug users into the public discourse in a meaningful way, it also limits what can be said about drug use. Experts still control the “known facts” about addiction (Campbell, 2000, p. 14) and can exclude accounts that do not conform to the narrative of personal degradation in addiction and redemption through recovery. Recovery discourse also precludes any understanding of drug use other than addiction and disease. Those who have used drugs and did not become addicted – the vast majority of all people who ever use drugs – are rarely included in the public discourse, as are those who have stopped or changed their drug use without treatment. Socioeconomic inequalities that contribute to drug exposure are ignored (Bertram et al., 1996), as well as other reasons why people might use drugs, such as for pleasure, recreation, or physical or psychological benefits. More damningly, recovering addicts are most often depicted as NSs – white, well-educated individuals from middle-class neighborhoods and “good” families who defy traditional stereotypes about addiction. This is true of the majority of recovering addicts’ stories promoted by government agencies, the media, and advocacy groups (Botticelli, 2015b; Carroll, 2014; FAVOR, n.d.-b). These recovering NSs are relatable and their success stories are often juxtaposed next to those of equally relatable NSs who died because of faulty policy, driving home the point that the next victim “could be your kid” and that the need for reform is dire (Pannell, 2014; Rojas, 2015).

With these limitations in mind, a more critical reading of recovery discourse suggests it can be used to justify cruel coercive practices, legitimize continued disparities in the legal system, and rewrite the history of U.S. drug policy. First, recovery discourse claims that forcing the addict into treatment by threatening them with criminal charges or

the loss of their home or their children is a humane alternative to incarceration. For example, a law passed in Tennessee in 2014 allows a person who has given birth to a baby that tests positive for drugs to be charged with assault, with the caveat that they can avoid the charges if they enroll in a treatment program (Boucher & Gonzalez, 2015).<sup>16</sup> Health care providers have condemned the law for pushing pregnant people away from prenatal care out of fear of prosecution, but proponents claim criminalization is beneficial, saying:

I think the women we have charged would say the law was helpful to them. Was it a hard time in their life? Yes. But...did it lead to better things for them and their children? Ultimately, I think they'd have to agree to that, too (Boucher & Gonzalez, 2015).

Recovery and addiction discourse is often praised by its advocates for evoking sympathy and humanizing addicts (Desmon & Morrow, 2014; McGinty et al., 2015). But as the Tennessee law shows, they also have a propensity to justify legal manipulation and forced treatment, undermining these potential benefits (Reinarman & Granfield, 2015; Tiger, 2013; Valverde, 1998).

Second, systemic biases in the structure and implementation of drug policy persists, despite rhetoric promising a “more equitable” approach (ONDCP, 2014d, p. 79). New policies and reform efforts provide addicts resembling the NS with disproportionate access to less invasive interventions that include treatment, while addicts resembling the MT are more likely to be subject to punitive sanctions and surveillance. These disparities continue in part because recovery discourse makes possible a new binary of recovering addicts and addicts who refuse to recover. Just as the NS of the opioid epidemic is

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<sup>16</sup> The law was passed in response to a surge in Neonatal Abstinence Syndrome (NAS) in the state, which has been rising nationwide (ONDCP, 2014d, p. 78). NAS is the term assigned to a range of symptoms experienced by some newborns exposed to opioids (Clark & Patrick, 2015).

contrasted with the often unnamed MT, so too is the recovering addict often described in relief to its opposite figure – the addict who refuses to recover. For example, FAVOR at times distinguishes between individuals based on “recovery status” and what political and social rights they each deserve (FAVOR, n.d.-a, 2011b). ONDCP likewise criticizes laws that “make no distinction between the person who continues to use drugs and the person who is on the pathway to recovery” and advocates for an “exemption of recovering people” from some legal sanctions (ONDCP, 2010, p. 44). While both organizations claim to be working on behalf of all addicts, they often champion the recovering addict in contrast to their Other. The recovering addict is celebrated as a courageous individual whose success in recovery qualifies them for social reintegration, while the addict who refuses to recover is a true “anticitizen” (Rose, 2007, p. 242).<sup>17</sup> By this logic, addicts are excluded from society not because the law discriminates against addicts as a class, or against subclasses of addicts, but because individual “anticitizen” addicts have rejected the opportunity to learn how to govern themselves, disqualifying them from social inclusion (Ibid). This distinction based on an allegedly free choice blames individual addicts for failing to recover, while obscuring the uneven distribution of recovery resources and the structural barriers preventing marginalized people from accessing those resources (Cherkis, 2015). The case of the Tennessee law further demonstrates this point. The stated intention of the law was to motivate people charged under the law to enter treatment (Gonzalez, 2014b). However the law did not provide additional funding for treatment centers to accept pregnant or parenting persons, a chronically underserved group (Gonzalez, 2014a). Thus policymakers appeared knowledgeable about addiction

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<sup>17</sup> According to Rose, anticitizens are indecent subjects who “lack all the self-governing capacities that are at the heart of civilized moral agency” and must be expelled to protect society from their corrupting influence (Rose, 2000, 2007).

and motivated by compassion, while in practice, the law subjects predominantly low-income pregnant persons to invasive surveillance and criminal sanctions.

More broadly, recovery discourse supports the state's refusal to provide security and ensure health equitably. It supports the advanced liberal narrative that failure to thrive in society is the result of individual failure to make appropriate choices by framing the addict's problem as personal rather than political. Recovery discourse also provides false hope that ending drug use will necessarily improve the addict's life circumstances, ignoring the many other factors that contribute to social, economic, and political dislocation. Even marginalized individuals that succeed in recovery may continue to be excluded from sharing equitably in the benefits of mainstream society because of their other stigmatized identities (Hickman, 2000), a fact that recovery discourse ignores.

Finally, claims that there is an ongoing "revolution" in drug policy (Gardner, 2012) is not supported by the evidence. The overall approach of U.S. drug policy – as measured by federal funding for supply- versus demand-reduction measures – has changed only marginally in the last fifteen years, continuing to slightly favor law enforcement over treatment and prevention (ONDCP, 2015, p. 21). Why might political discourse be so out of step with the policy reality? It is possible that discourse is leading policy change, and that over the next several years more thorough reforms will follow. It is also possible that the narrative of a fundamentally new approach to drug policy allows policymakers to acknowledge that the War on Drugs has failed without actually admitting defeat, and to claim that new rhetoric, pilot programs, and slight funding changes will finally lead to victory. Recovery discourse condemns the War on Drugs for favoring incarceration over treatment and treating addicts as criminals rather than people with a disease. But it does

not condemn the Drug War's prominent role in the systematic incarceration, disenfranchisement, and destruction of marginalized communities by targeting primarily young, low-income, urban, black and brown men (Alexander, 2012). Addiction is allegedly indiscriminate to race, gender, sexuality, class, geographic area, or country-of-origin. Yet those employing the discourse of recovery rarely attempt to explain why the marginalized are disproportionately entrapped by punitive drug policies (FAVOR, 2011b). In fact, the grammar of recovery discourse largely precludes the question by attributing the injustices of the War on Drugs to prejudiced ideas about addiction rather than to institutional racism, sexism, classism, and nativism manifested in drug policy. Policies that divert people charged with drug offenses out of the legal system and into treatment only apply to those with the disease of addiction. As drug policy is increasingly framed as a matter of providing treatment and incentivizing recovery, prisoners of the Drug War who cannot or will not make a claim to an addict identity are rendered invisible. They are left to languish with the anticitizens.

Therefore, I conclude that the U.S. is reconsidering its approach to drug policy because the individualizing and privatizing discourse of recovery rewrites the discriminatory history of U.S. drug policy and recasts contemporary policies as uniformly "progressive," ignoring persistent disparities. Modest reforms diverting first-time, nonviolent offenders from the worst aspects of the legal system placate privileged groups demanding a response to the opioid epidemic. Lawmakers also score political points for supporting policies that aim to save the lives of addicts, appearing compassionate and enlightened about recovery. Invoking the NS also provides lawmakers with political cover to support more extensive reforms that modestly reduce mass incarceration. At the

same time, marginalized classes are more efficiently controlled through an expanded carceral apparatus, suppressing demands from below to more thoroughly reform the legal system. In sum, recovery discourse has made possible a novel method of carrying out the Drug War by shaping new marginalized identities targeted for social exclusion. While popular and political discourses about U.S. drug policy suggest the country's approach has changed dramatically, recent reforms have made only modest improvements, and primarily provide the veneer of a more enlightened approach to a sustained complex of criminalizing, discriminatory policies. Thus the new direction in U.S. domestic drug policy represents a discursive break with – but a practical continuation of – the cruelty of the War on Drugs.

## **CONCLUSION**

The opioid epidemic and the NS figure have altered the discourses about drug addiction in the U.S. in the 21<sup>st</sup> century, bringing addiction as a disease and addiction recovery into mainstream policy and practice. I have demonstrated that these changes have contributed to official disavowals of the War on Drugs and policy reforms at the state and federal level. These policies have recovery as their aim, and govern addicts not by their identities as NSs or MTs but as addicts who are recovering, potentially recovering, or refusing to recover. By emphasizing individual choice and responsibility, and couching reform in terms of disease rather than racial or economic justice, the policies and discourses of recovery allow the state to more efficiently govern deviance “at a distance” and to continue to manage marginalized classes through drug policy.

Investigating how problematic subjects are governed can provide insight into how prevailing modes of governmentality and political rationality function (Dawn Moore, 2007; Rose, 2007). In this case, I have identified one set of conditions under which the advanced liberal state will intervene – or enable experts to intervene – in its subjects’ lives. I have indicated characteristics of appropriate policy according to these logics, described the range of governmental strategies these policies employ, and examined both promising and ominous political implications. These findings have broad practical implications as the 2016 presidential candidates promise to address the opioid epidemic and expand upon recent reforms (Arlotta, 2015; Seitz-Wald & Koenig, 2016) and criminal and drug policy reform bills pend in Congress (Barron-Lopez, 2016; Samuels & McCaffrey, 2015). For those using the discourses of addiction disease and recovery to support these policies, I hope this analysis will lead to critical reflection on how their discursive tropes reinforce stereotypes about addicts and undermine larger struggles for a more just legal system. For my academic colleagues, it suggests further serious engagement with these discourses, examining how they can profess equality but perpetuate injustice under the sign of promising hope for all.



## REFERENCES

- Achenbach, J. (2014, February 7). Philip Seymour Hoffman's death points to broader opioid drug epidemic. *The Washington Post*. Retrieved from [http://www.washingtonpost.com/national/health-science/philip-seymour-hoffman-heroin-death-points-to-broader-opioid-drug-epidemic/2014/02/07/42dbbc5a-8e61-11e3-b46a-5a3d0d2130da\\_story.html](http://www.washingtonpost.com/national/health-science/philip-seymour-hoffman-heroin-death-points-to-broader-opioid-drug-epidemic/2014/02/07/42dbbc5a-8e61-11e3-b46a-5a3d0d2130da_story.html)
- Acker, C. J. (2002). *Creating the American Junkie: Addiction research in the classic era of narcotic control*. Baltimore, MD: JHU Press.
- ACLU. (n.d.). Fair Sentencing Act. Retrieved July 27, 2015, from <https://www.aclu.org/node/17576>
- Alexander, M. (2012). *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (Revised edition). New York: New Press.
- Apuzzo, M. (2014, March 13). Holder Endorses Proposal to Reduce Drug Sentences in Latest Sign of Shift. *The New York Times*. Retrieved from <http://www.nytimes.com/2014/03/14/us/politics/holder-endorses-proposal-to-reduce-drug-sentences.html>
- Arlotta, C. (2015, December 20). Democratic Presidential Candidates Offer No New Policy Initiatives to Address Opioid Epidemic. *Forbes*. Retrieved from <http://www.forbes.com/sites/cjarlotta/2015/12/20/democratic-presidential-candidates-offer-no-new-policy-initiatives-to-address-opioid-epidemic/#2715e4857a0b53b8f4475496>
- Arribas-Ayllon, M., & Walkerdine, V. (2008). Foucauldian Discourse Analysis. In *The Sage handbook of qualitative research in psychology* (pp. 91–108).
- ASAM. (2014, July 31). Opioid Epidemic Recommendations to HHS Secretary Burwell. Retrieved from [http://www.asam.org/docs/default-source/advocacy/letters-and-comments/opioid-epidemic-recommendations\\_secy-burwell\\_2014-07-31.pdf](http://www.asam.org/docs/default-source/advocacy/letters-and-comments/opioid-epidemic-recommendations_secy-burwell_2014-07-31.pdf)
- Associated Press. (2015, April 20). Low-level Chicago drug offenders to get treatment, not jail. MyWebTimes.com. Retrieved from [http://www.mywebtimes.com/news/illinois/low-level-chicago-drug-offenders-to-get-treatment-not-jail/article\\_b379e220-69f0-52d7-8aa3-af765ebea217.html](http://www.mywebtimes.com/news/illinois/low-level-chicago-drug-offenders-to-get-treatment-not-jail/article_b379e220-69f0-52d7-8aa3-af765ebea217.html)
- Barron-Lopez, L. (2016, January 12). Criminal Justice Reform May Be The One Thing Congress Can Get Done In Obama's Last Year. *The Huffington Post*. Retrieved from [http://www.huffingtonpost.com/entry/congress-criminal-justice-reform\\_us\\_56956994e4b05b3245dacf3](http://www.huffingtonpost.com/entry/congress-criminal-justice-reform_us_56956994e4b05b3245dacf3)
- Beeler, C. (2014, October 30). Bringing Legal Suboxone to Rural Corners of a Region in Crisis. *The Pulse*. WHY-FM. Retrieved from <http://www.newsworks.org/index.php/local/the-pulse/74459-bringing-legal-suboxone-to-rural-corners-of-a-region-in-crisis>
- Bell, K., & Salmon, A. (2009). Pain, physical dependence and pseudoaddiction: Redefining addiction for “nice” people? *International Journal of Drug Policy*, 20(2), 170–178. <http://doi.org/10.1016/j.drugpo.2008.06.002>
- Berlant, L. (2007). Slow Death (Sovereignty, Obesity, Lateral Agency). *Critical Inquiry*, 33(4), 754–780. <http://doi.org/10.1086/521568>
- Beronio, K., Po, R., Skopec, L., & Glied, S. (2013). *Affordable Care Act Will Expand Mental Health and Substance Use Disorder Benefits and Parity Protections for*

- 62 Million Americans* (Assistant Secretary for Planning and Evaluation (ASPE) Brief). Washington, DC: United States Department of Health and Human Services. Retrieved from [http://aspe.hhs.gov/health/reports/2013/mental/rb\\_mental.pdf](http://aspe.hhs.gov/health/reports/2013/mental/rb_mental.pdf)
- Bertram, E., Blachman, M., Sharpe, K., & Andreas, P. (Eds.). (1996). *Drug War Politics: the Price of Denial*. Berkeley: University of California Press.
- Botticelli, M. (2015a, February 9). The Work Before Us: A Message from Michael Botticelli [Government]. Retrieved from <https://www.whitehouse.gov/blog/2015/02/09/work-us-message-michael-botticelli>
- Botticelli, M. (2015b, May 27). How Drug Courts Make the Case for Alternatives to Incarceration [Government]. Retrieved from <https://www.whitehouse.gov/blog/2015/05/27/how-drug-courts-make-case-alternatives-incarceration>
- Boucher, D., & Gonzalez, T. (2015, April 14). Prosecutors argue controversial law helps drug-addicted moms. *The Tennessean*. Retrieved from <http://www.tennessean.com/story/news/crime/2015/04/13/prosecutors-argue-controversial-law-helps-drug-addicted-moms/25705273/>
- Bourgois, P. (2000). Disciplining addictions: the bio-politics of methadone and heroin in the United States. *Culture, Medicine and Psychiatry*, 24(2), 165–195.
- Bradley, C. T. Prescription Drug Abuse Epidemic in America, Pub. L. No. Serial No. 112-95 § Subcommittee on Crime, Terrorism, and Homeland Security (2012). Washington: U.S. Government Printing Office. Retrieved from [http://judiciary.house.gov/\\_files/hearings/printers/112th/112-95\\_73212.PDF](http://judiciary.house.gov/_files/hearings/printers/112th/112-95_73212.PDF)
- Brown (OH), R. S. (2005, July 27). Drug Addiction Treatment Expansion Act. *House Congressional Record*, pp. H6679–H6681. Washington, DC.
- Bunton, R. (2001). Knowledge, embodiment and neo-liberal drug policy. *Contemporary Drug Problems*, 28, 221–243.
- Bureau of Justice Assistance. (2014). Law Enforcement Naloxone Toolkit [Government]. Retrieved May 13, 2015, from <https://www.bjatraining.org/tools/naloxone/Naloxone%2BBackground>
- Burgess (TX), R. M. Combating the Opioid Abuse Epidemic: Professional and Academic Perspectives, Pub. L. No. HIF113.020 § Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce (2015). Washington, DC: York Stenographic Services, Inc. Retrieved from <http://docs.house.gov/meetings/IF/IF02/20150423/103367/HHRG-114-IF02-Transcript-20150423.pdf>
- Calabresi, M. (2015, June 4). Why America Can't Kick Its Painkiller Problem. *TIME*. Retrieved from <http://time.com/3908648/why-america-cant-kick-its-painkiller-problem/>
- Campbell, N. (2000). *Using Women: Gender, Drug Policy, and Social Justice*. New York: Routledge.
- Carroll, Li. (2014, April 8). Hooked: A teacher's addiction and the new face of heroin. *NBC TODAY*. Retrieved from <http://www.today.com/health/hooked-teachers-addiction-new-face-heroin-2D79496263>

- CDC. (2011, November 1). Vital Signs: Prescription painkiller overdoses at epidemic levels [Government]. Retrieved May 31, 2015, from [http://www.cdc.gov/media/releases/2011/p1101\\_flu\\_pain\\_killer\\_overdose.html](http://www.cdc.gov/media/releases/2011/p1101_flu_pain_killer_overdose.html)
- CDC. (2015a, January 12). 2013 Drug Overdose Mortality Data Announced [Government]. Retrieved May 11, 2015, from <http://www.cdc.gov/media/releases/2015/p0114-drug-overdose.html>
- CDC. (2015b, April 3). Prescription Drug Overdose [Government]. Retrieved May 11, 2015, from <http://www.cdc.gov/drugoverdose/index.html>
- CDC. (2015c, April 13). Prescribing Data [Government]. Retrieved January 13, 2016, from <http://www.cdc.gov/drugoverdose/data/prescribing.html>
- CDC. (2015d, April 24). Expanding Naloxone use could reduce drug overdose deaths and save lives [Government]. Retrieved May 12, 2015, from <http://www.cdc.gov/media/releases/2015/p0424-naloxone.html>
- CDC. (2015e, April 30). Prescription Drug Overdose Data [Government]. Retrieved May 11, 2015, from <http://www.cdc.gov/drugoverdose/data/overdose.html>
- CDC. (2015f, May 5). Risk Factors for Prescription Painkiller Abuse and Overdose [Government]. Retrieved August 10, 2015, from <http://www.cdc.gov/drugoverdose/epidemic/riskfactors.html>
- CDC. (2015g, August 21). Data Overview [Government]. Retrieved September 1, 2015, from <http://www.cdc.gov/drugoverdose/data/index.html>
- Chen, H. Community Solutions to Breaking the Cycle of Heroin & Opioid Addiction, § Senate Committee on the Judiciary (2014). Rutland, VT: Prepared Statement. Retrieved from <http://www.judiciary.senate.gov/download/03-17-14-chen-testimony>
- Cherkis, J. (2015, January 28). Dying To Be Free. *Huffington Post*. Retrieved from <http://projects.huffingtonpost.com/dying-to-be-free-heroin-treatment#chapter-three>
- Chitwood, D. D., Murphy, S., & Rosenbaum, M. (2009). Reflections on the Meaning of Drug Epidemics. *Journal of Drug Issues*, 39(1), 29–39. <http://doi.org/10.1177/002204260903900104>
- Clark, K., & Patrick, S. W. (2015, May 4). Congress should act on treatment for drug-dependent newborns. *The Boston Globe*. Retrieved from <http://www.bostonglobe.com/opinion/2015/05/04/congress-should-act-treatment-for-drug-addicted-newborns/wIw6uCen0h5xx5HPmaj52J/story.html>
- Clinton (NY), H. Oxycontin: Balancing Risks and Benefits, Pub. L. No. 77-770 § Committee on Health, Education, Labor, and Pensions (2002). Washington, DC: U.S. Government Printing Office.
- Coffin, T. Community Solutions to Breaking the Cycle of Heroin and Opioid Addiction, § Senate Judiciary Committee (2014). Rutland, VT: Prepared Statement. Retrieved from <http://www.judiciary.senate.gov/download/03-17-14-coffin-testimony>
- Cooper, H. (2004). Medical theories of opiate addiction's aetiology and their relationship to addicts' perceived social position in the United States: an historical analysis. *International Journal of Drug Policy*, 15(5-6), 435–445. <http://doi.org/10.1016/j.drugpo.2004.05.006>

- Courtwright, D. (1982). *Dark Paradise: Opiate Addiction in America before 1940*. Cambridge, MA: Harvard University Press.
- Courtwright, D. (2015). The NIDA Brain Disease Paradigm. In R. Granfield & C. Reinarman (Eds.), *Expanding Addiction: Critical Essays* (pp. 62–69). New York, NY: Routledge.
- Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241–1299.
- DeMio, T. (2015, April 9). Anti-drug czar: “Every life is worth saving.” *Cincinnati Inquirer*. Retrieved from <http://www.cincinnati.com/story/news/politics/beatng-heroin/2015/04/09/us-drug-czar-botticelli-senator-mitch-mcconnell-northern-kentucky-heroin-epidemic/25536451/>
- Desilver, D. (2014). *Feds may be rethinking the drug war, but states have been leading the way*. Pew Research Center. Retrieved from <http://www.pewresearch.org/fact-tank/2014/04/02/feds-may-be-rethinking-the-drug-war-but-states-have-been-leading-the-way/>
- Desmon, S., & Morrow, S. (2014, October 1). Drug addiction viewed more negatively than mental illness, Johns Hopkins study shows. Retrieved from <http://hub.jhu.edu/2014/10/01/drug-addiction-stigma>
- DOJ. (2014, July 31). Attorney General Holder Announces Plans for Federal Law Enforcement Personnel to Begin Carrying Naloxone [Government]. Retrieved May 13, 2015, from <http://www.justice.gov/opa/pr/attorney-general-holder-announces-plans-federal-law-enforcement-personnel-begin-carrying>
- Donohue, E., & Moore, D. (2009). When is an offender not an offender?: Power, the client and shifting penal subjectivities. *Punishment & Society*, 11(3), 319–336. <http://doi.org/10.1177/1462474509334174>
- DPA. (2011). *Drug Courts Are Not the Answer: Toward a Health-Centered Approach to Drug Use*. New York: Drug Policy Alliance. Retrieved from [http://www.drugpolicy.org/sites/default/files/Drug%20Courts%20Are%20Not%20the%20Answer\\_Final2.pdf](http://www.drugpolicy.org/sites/default/files/Drug%20Courts%20Are%20Not%20the%20Answer_Final2.pdf)
- DPA. (2015a). *The Drug War, Mass Incarceration, and Race* (Fact Sheet). New York: Drug Policy Alliance. Retrieved from [http://www.drugpolicy.org/sites/default/files/DPA\\_Fact\\_Sheet\\_Drug\\_War\\_Mass\\_Incarceration\\_and\\_Race\\_June2015.pdf](http://www.drugpolicy.org/sites/default/files/DPA_Fact_Sheet_Drug_War_Mass_Incarceration_and_Race_June2015.pdf)
- DPA. (2015b, June 23). Federal Lawmakers Introducing Overdose Prevention Bill to Combat Heroin and Opioid Overdose Crisis [Nonprofit]. Retrieved August 23, 2015, from <http://www.drugpolicy.org/news/2015/06/federal-lawmakers-introducing-overdose-prevention-bill-combat-heroin-and-opioid-overdos>
- Evans, M. (2015, July 14). Disparities persist despite coverage gains: CDC. *Modern Healthcare*. Retrieved from <http://www.modernhealthcare.com/article/20150714/NEWS/150719959>
- FAVOR. (2011a). Faces and Voices of Recovery 2011 – 2014 Strategic Plan. Faces and Voices of Recovery. Retrieved from [http://www.facesandvoicesofrecovery.org/sites/default/files/2011-2014\\_Strategic\\_Plan\\_0.pdf](http://www.facesandvoicesofrecovery.org/sites/default/files/2011-2014_Strategic_Plan_0.pdf)
- FAVOR. (2011b, October 4). Policy Position Paper on Discrimination. Faces and Voices of Recovery. Retrieved from

- [http://www.facesandvoicesofrecovery.org/sites/default/files/10.24.11\\_Discrimination\\_Policy\\_Position\\_Paper.pdf](http://www.facesandvoicesofrecovery.org/sites/default/files/10.24.11_Discrimination_Policy_Position_Paper.pdf)
- FAVOR. (2013, March). Recovery Messaging for Young People in Recovery. Faces and Voices of Recovery. Retrieved from [http://www.facesandvoicesofrecovery.org/sites/default/files/Recovery\\_Messaging\\_for\\_Young\\_People.pdf](http://www.facesandvoicesofrecovery.org/sites/default/files/Recovery_Messaging_for_Young_People.pdf)
- FAVOR. (n.d.-a). Recovery Bill of Rights. Faces and Voices of Recovery. Retrieved from [http://www.facesandvoicesofrecovery.org/sites/default/files/RBOR\\_legal.pdf](http://www.facesandvoicesofrecovery.org/sites/default/files/RBOR_legal.pdf)
- FAVOR. (n.d.-b). Recovery Stories [Nonprofit]. Retrieved September 25, 2015, from <http://www.facesandvoicesofrecovery.org/action/stories>
- Fitz, V. Examining the Growing Problems of Prescription Drug and Heroin Abuse: State and Local Perspectives, Pub. L. No. HIF085.020 § Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce (2015). Washington, DC: York Stenographic Services, Inc. Retrieved from <http://docs.house.gov/meetings/IF/IF02/20150326/103254/HHRG-114-IF02-Wstate-FitzV-20150326.pdf>
- Foucault, M. (1981). The Order of Discourse. In R. Young (Ed.), I. McLeod (Trans.), *Untying the Text: A Post-Structuralist Reader* (pp. 51–78). New York: Routledge & Kegan Paul.
- Foucault, M. (1982). The Subject and Power. *Critical Inquiry*, 8(4), 777–795.
- Foucault, M. (1997). *Ethics: Subjectivity and Truth*. (P. Rabinow, Ed., R. Hurley, Trans.) (Vol. One). New York: New Press.
- Gardner, A. (2012, April 17). White House Drug Policy Shifts Strategy. *HealthDay*. Retrieved from <http://health.usnews.com/health-news/news/articles/2012/04/17/white-house-drug-policy-shifts--strategy>
- Givens, A., & Glorioso, C. (2014, September 1). Father Faults Judge for Son's Heroin Overdose. *NBC 4 New York*. Retrieved from <http://www.nbcnewyork.com/news/local/Methadone-Judge-Rule-Father-Blame-Lepolszki-Son-Overdose-Heroin-Addict-Ruling-I-Team-Investigation-273213211.html>
- Godfrey, W. (2014, October 28). Harm Reduction 2014: Bigger, Bolder and Hungry for More. Retrieved from <http://www.substance.com/harm-reduction-2014-bigger-bolder-and-hungry-for-more/14758/>
- Gonzalez, T. (2014a, March 25). Bill touts criminal penalties for prenatal drug use. *The Tennessean*. Retrieved from <http://www.tennessean.com/story/news/politics/2014/03/24/pregnant-drug-users-face-arrest-tn-proposal/6843269/>
- Gonzalez, T. (2014b, April 30). Tennessee will criminalize moms who use drugs while pregnant. *The Tennessean*. Retrieved from <http://www.tennessean.com/story/news/politics/2014/04/29/tn-will-criminalize-moms-using-drugs-pregnant/8473333/>
- Gottschalk, M. (2007). Dollars, Sense, and Penal Reform: Social Movements and the Future of the Carceral State. *Social Research*, 74(2), 669–694.
- Grassley (IA), S. C. America's Addiction to Opioids: Heroin and Prescription Drug Abuse, § Caucus on International Narcotics Control (2014). Washington, DC:

- Prepared Statement. Retrieved from <http://www.drugcaucus.senate.gov/sites/default/files/Grassley%20Opening%20Statement-heroin.pdf>
- Hansen, H., & Roberts, S. (2012). Two Tiers of Biomedicalization: Methadone, Buprenorphine, and the Racial Politics of Addiction Treatment. In J. Netherland (Ed.), *Critical Perspectives on Addiction* (Vol. 14, pp. 79–102). Bingley, UK: Emerald Group Publishing Limited.
- Hansen, H., & Skinner, M. E. (2012). From White Bullets to Black Markets and Greened Medicine: the Neuroeconomics and Neuroracial Politics of Opioid Pharmaceuticals. *Annals of Anthropological Practice*, 36(1), 167–182.
- Harris, P. Combating the Opioid Abuse Epidemic: Professional and Academic Perspectives, § Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce (2015). Washington, DC: Prepared Statement. Retrieved from <http://docs.house.gov/meetings/IF/IF02/20150423/103367/HHRG-114-IF02-Wstate-HarrisP-20150423.pdf>
- HHS. (2015). *Opioid Abuse in the U.S. and HHS Actions to Address Opioid-Drug Related Overdoses and Deaths* (Assistant Secretary for Planning and Evaluation (ASPE) Brief). Department of Health and Human Services. Retrieved from <http://aspe.hhs.gov/pdf-report/opioid-abuse-us-and-hhs-actions-address-opioid-drug-related-overdoses-and-deaths>
- Hickman, T. (2000). Drugs and Race in American Culture: Orientalism in the Turn-of-the-Century Discourse of Narcotic Addiction. *American Studies*, 41(1), 71–91.
- Hickman, T. (2007). *The Secret Leprosy of Modern Days: Narcotic Addiction and Cultural Crisis in the United States, 1870-1920*. Amherst, MA: University of Massachusetts Press.
- Holder, A. G. E. (2013, September 19). Attorney General Eric Holder Delivers Remarks at the Congressional Black Caucus Foundation Criminal Justice Issues Forum [Government]. Retrieved August 23, 2015, from <http://www.justice.gov/opa/speech/attorney-general-eric-holder-delivers-remarks-congressional-black-caucus-foundation>
- Holley, P. (2015, April 22). Why this father didn't hide his daughter's heroin overdose in her obituary. *Washington Post*. Retrieved from <https://www.washingtonpost.com/news/morning-mix/wp/2015/04/22/why-this-father-didnt-hide-his-daughters-heroin-overdose-in-her-obituary/>
- Jaffe, J. H., & O'Keeffe, C. (2003). From morphine clinics to buprenorphine: regulating opioid agonist treatment of addiction in the United States. *Drug and Alcohol Dependence*, 70(2), S3–S11. [http://doi.org/10.1016/S0376-8716\(03\)00055-3](http://doi.org/10.1016/S0376-8716(03)00055-3)
- Jones, C., Logan, J., Gladden, M., & Bohm, M. (2015). *Vital Signs: Demographic and Substance Use Trends Among Heroin Users — United States, 2002–2013* (Morbidity and Mortality Weekly Report No. Vol. 64) (pp. 719–725). Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/mmwr/pdf/wk/mm6426.pdf>
- Jordan (OH), R. J. Treating Addiction as a Disease: The Promise of Medication-Assisted Recovery, Pub. L. No. Serial No. 111-140 § Subcommittee on Domestic Policy of the Committee on Oversight and Government Reform (2010). Washington, DC:

- U.S. Government Printing Office. Retrieved from <http://www.gpo.gov/fdsys/pkg/CHRG-111hhr65132/html/CHRG-111hhr65132.htm>
- Kaye, K. (2013). Rehabilitating the “drugs lifestyle”: Criminal justice, social control, and the cultivation of agency. *Ethnography*, *14*(2), 207–232. <http://doi.org/10.1177/1466138112457311>
- Kennedy (RI), R. P. Treating Addiction as a Disease: The Promise of Medication-Assisted Recovery, Pub. L. No. Serial No. 111-140 § Subcommittee on Domestic Policy of the Committee on Oversight and Government Reform (2010). Washington, DC: U.S. Government Printing Office. Retrieved from <http://www.gpo.gov/fdsys/pkg/CHRG-111hhr65132/html/CHRG-111hhr65132.htm>
- Kirschner, N., Ginsburg, J., & Sulmasy, L. S. (2014). Prescription Drug Abuse: Executive Summary of a Policy Position Paper From the American College of Physicians. *Annals of Internal Medicine*, *160*(3), 198–200. <http://doi.org/10.7326/M13-2209>
- Kluger, J. (2010, September 13). The New Drug Crisis: Addiction by Prescription. *TIME*. Retrieved from <http://content.time.com/time/magazine/article/0,9171,2015763-3,00.html>
- Kolodny, A. America’s Addiction to Opioids: Heroin and Prescription Drug Abuse, § Caucus on International Narcotics Control (2014). Washington, DC: Prepared Statement. Retrieved from <http://www.drugcaucus.senate.gov/sites/default/files/Kolodny%20Testimony.pdf>
- Kolodny, A., Courtwright, D. T., Hwang, C. S., Kreiner, P., Eadie, J. L., Clark, T. W., & Alexander, G. C. (2015). The Prescription Opioid and Heroin Crisis: A Public Health Approach to an Epidemic of Addiction. *Annual Review of Public Health*, *36*(1), 559–574. <http://doi.org/10.1146/annurev-publhealth-031914-122957>
- Kucinich (OH), R. D. Treating Addiction as a Disease: The Promise of Medication-Assisted Recovery, Pub. L. No. Serial No. 111-140 § Subcommittee on Domestic Policy of the Committee on Oversight and Government Reform (2010). Washington, DC: U.S. Government Printing Office. Retrieved from <http://www.gpo.gov/fdsys/pkg/CHRG-111hhr65132/html/CHRG-111hhr65132.htm>
- Laudet, A. (2013). *Life In Recovery: Report on the Survey Findings*. Faces and Voices of Recovery. Retrieved from [http://www.facesandvoicesofrecovery.org/sites/default/files/resources/Life\\_in\\_Recovery\\_Survey3.pdf](http://www.facesandvoicesofrecovery.org/sites/default/files/resources/Life_in_Recovery_Survey3.pdf)
- Leahy (VT), S. P. Community Solutions to Breaking the Cycle of Heroin and Opioid Addiction, § Senate Judiciary Committee (2014). Rutland, VT: Prepared Statement. Retrieved from <http://www.judiciary.senate.gov/download/03-17-14-leahy-statement>
- Leshner, A. (1997). Addiction is a brain disease, and it matters. *Science*, *278*(5335), 45–47.
- L’Esperance, C. T. Community Solutions to Breaking the Cycle of Heroin and Opioid Addiction, § Senate Judiciary Committee (2014). Rutland, VT: Prepared

- Statement. Retrieved from <http://www.judiciary.senate.gov/download/03-17-14-lesperance-testimony>
- Levenson, J., Williams, G., & Thorne, G. (2016, January 8). Courting the addiction recovery vote. *The Hill Congress Blog*. Retrieved from <http://thehill.com/blogs/congress-blog/presidential-campaign/265159-courting-the-addiction-recovery-vote>
- Levin (MI), S. C. (2000, September 22). Children's Health Act of 2000. *Senate Congressional Record*, pp. S9094–S9116. Washington, DC.
- Lofgren, A. (2011). A Sign of Things to Come? Drug Policy Reforms in Arizona, California, and New York. *New York University Journal of Legislation and Public Policy*, 14, 773–804.
- Lupkin, S. (2013, July 20). Cory Monteith's Death Shows Rehab Alone Won't Cure Addiction. *ABC News, Good Morning America*. Retrieved from <http://abcnews.go.com/Health/cory-monteiths-deathreminder-rehab-cure/story?id=19717777>
- Lynch (MA), R. S. Prescription Drug Abuse Epidemic in America, Pub. L. No. Serial No. 112-95 § Committee on the Judiciary, Subcommittee on Crime, Terrorism, and Homeland Security (2012). Washington, DC: U.S. Government Printing Office. Retrieved from [http://judiciary.house.gov/\\_files/hearings/printers/112th/112-95\\_73212.PDF](http://judiciary.house.gov/_files/hearings/printers/112th/112-95_73212.PDF)
- Lynch (MA), R. S. (2012b, August 1). Prescription Drug Abuse In America. *House Congressional Record*, p. H5532. Washington, DC.
- Mack (CA), R. B. Prescription Drug Abuse Epidemic in America, Pub. L. No. Serial No. 112-95 § Committee on the Judiciary, Subcommittee on Crime, Terrorism, and Homeland Security (2012). Washington, DC: U.S. Government Printing Office. Retrieved from [http://judiciary.house.gov/\\_files/hearings/printers/112th/112-95\\_73212.PDF](http://judiciary.house.gov/_files/hearings/printers/112th/112-95_73212.PDF)
- ManyFaces1Voice.org. (n.d.). About [Nonprofit]. Retrieved November 24, 2014, from <http://manyfaces1voice.org/about-manyfaces1voice-campaign.php>
- Mavromatis, M. Treating Addiction as a Disease: The Promise of Medication-Assisted Recovery, Pub. L. No. Serial No. 111-140 § Subcommittee on Domestic Policy of the Committee on Oversight and Government Reform (2010). Washington, DC: U.S. Government Printing Office. Retrieved from <http://www.gpo.gov/fdsys/pkg/CHRG-111hhr65132/html/CHRG-111hhr65132.htm>
- McGinty, E. E., Goldman, H. H., Pescosolido, B., & Barry, C. L. (2015). Portraying mental illness and drug addiction as treatable health conditions: Effects of a randomized experiment on stigma and discrimination. *Social Science & Medicine*, 126, 73–85. <http://doi.org/10.1016/j.socscimed.2014.12.010>
- McLellan, T. Treating Addiction as a Disease: The Promise of Medication-Assisted Recovery, Pub. L. No. Serial No. 111-140 § Subcommittee on Domestic Policy of the Committee on Oversight and Government Reform (2010). Washington, DC: U.S. Government Printing Office. Retrieved from <http://www.gpo.gov/fdsys/pkg/CHRG-111hhr65132/html/CHRG-111hhr65132.htm>



- Mishra, R. (2001, March 23). Painkiller Tears Through Maine. *The Boston Globe*. Retrieved from <http://www.mapinc.org/drugnews/v01/n516/a03.html>
- Moore, D. (2007). *Criminal Artefacts: Governing Drugs and Users*. Vancouver, BC: UBC Press.
- Moore, D. (2011). The benevolent watch: Therapeutic surveillance in drug treatment court. *Theoretical Criminology*, 15(3), 255–268. <http://doi.org/10.1177/1362480610396649>
- Moore, D., & Fraser, S. (2006). Putting at risk what we know: Reflecting on the drug-using subject in harm reduction and its political implications. *Social Science & Medicine*, 62(12), 3035–3047. <http://doi.org/10.1016/j.socscimed.2005.11.067>
- Murphy (PA), R. T. Combating the Opioid Abuse Epidemic: Professional and Academic Perspectives, Pub. L. No. HIF113.020 § Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce (2015). Washington, DC: York Stenographic Services, Inc. Retrieved from <http://docs.house.gov/meetings/IF/IF02/20150423/103367/HHRG-114-IF02-Transcript-20150423.pdf>
- Musto, D. (1987). *The American Disease: Origins of Narcotic Control* (Expanded Edition). Oxford: Oxford University Press.
- NADCP. (n.d.). About NADCP. Retrieved July 27, 2015, from <http://www.nadcp.org/learn/about-nadcp>
- Neill, K. A. (2014). Tough on Drugs: Law and Order Dominance and the Neglect of Public Health in U.S. Drug Policy: Tough on Drugs. *World Medical & Health Policy*, 6(4), 375–394. <http://doi.org/10.1002/wmh3.123>
- NIDA. (2014). *Drugs, Brains, and Behavior: the Science of Addiction* (No. NIH Pub. No. 14-5605). National Institute on Drug Abuse. Retrieved from [https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/soa\\_2014.pdf](https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/soa_2014.pdf)
- O’Keefe, C. Treating Addiction as a Disease: The Promise of Medication-Assisted Recovery, Pub. L. No. Serial No. 111-140 § Subcommittee on Domestic Policy of the Committee on Oversight and Government Reform (2010). Washington, DC: U.S. Government Printing Office. Retrieved from <http://www.gpo.gov/fdsys/pkg/CHRG-111hhr65132/html/CHRG-111hhr65132.htm>
- Ollove, M. (2013, July 16). Painkiller addicts hit Medicaid limits. *USA Today*. Retrieved from <http://www.usatoday.com/story/news/nation/2013/07/16/stateline-medicaid-painkiller-addicts/2520609/>
- O’Malley, P., & Valverde, M. (2004). Pleasure, Freedom and Drugs: The Uses of “Pleasure” in Liberal Governance of Drug and Alcohol Consumption. *Sociology*, 38(1), 25–42. <http://doi.org/10.1177/0038038504039359>
- ONDCP. (2010). *The National Drug Control Strategy 2010*. Washington, DC: Office of National Drug Control Policy. Retrieved from [https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/ndcs2010\\_0.pdf](https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/ndcs2010_0.pdf)
- ONDCP. (2011a). *Epidemic: Responding to America’s Prescription Drug Abuse Crisis*. Washington, DC: Office of National Drug Control Policy. Retrieved from [https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/rx\\_abuse\\_plan.pdf](https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/rx_abuse_plan.pdf)

- ONDCP. (2011b). *The National Drug Control Strategy 2011*. Washington, DC: Office of National Drug Control Policy. Retrieved from <https://www.whitehouse.gov/sites/default/files/ondcp/ndcs2011.pdf>
- ONDCP. (2012, June 11). Fact Sheet: Lifting the Stigma of Addiction [Government]. Retrieved May 15, 2015, from <https://www.whitehouse.gov/ondcp/ondcp-fact-sheets/lifting-stigma-of-addiction>
- ONDCP. (2013a). *Fact Sheet: A 21st Century Drug Policy* (Fact Sheet). Washington, DC: Office of National Drug Control Policy. Retrieved from [https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/2013\\_strategy\\_fact\\_sheet.pdf](https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/2013_strategy_fact_sheet.pdf)
- ONDCP. (2013b). *The National Drug Control Strategy 2013*. Washington, DC: Office of National Drug Control Policy. Retrieved from [https://www.whitehouse.gov/sites/default/files/ndcs\\_2013.pdf](https://www.whitehouse.gov/sites/default/files/ndcs_2013.pdf)
- ONDCP. (2014a). A drug policy for the 21st century [Government]. Retrieved May 15, 2015, from <https://www.whitehouse.gov/ondcp/drugpolicyreform#the-science>
- ONDCP. (2014b). *Fact Sheet: The National Drug Control Strategy, A 21st Century Approach to Drug Policy* (Fact Sheet). Washington, DC: Office of National Drug Control Policy. Retrieved from [https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/2014\\_strategy\\_fact\\_sheet.pdf](https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/2014_strategy_fact_sheet.pdf)
- ONDCP. (2014c). *Introduction: 2014 National Drug Control Strategy* [YouTube]. Washington, DC. Retrieved from <https://www.youtube.com/watch?v=Eeidr4fMb9w>
- ONDCP. (2014d). *The National Drug Control Strategy 2014*. Washington, DC: Office of National Drug Control Policy. Retrieved from [https://www.whitehouse.gov/sites/default/files/ndcs\\_2014.pdf](https://www.whitehouse.gov/sites/default/files/ndcs_2014.pdf)
- ONDCP. (2015). *FY 2016 Budget and Performance Summary: Companion to the National Drug Control Strategy*. Washington, DC: Office of National Drug Control Policy. Retrieved from [https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/fy\\_2016\\_budget\\_summary.pdf](https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/fy_2016_budget_summary.pdf)
- ONDCP. (n.d.-a). About ONDCP. Retrieved May 15, 2015, from <https://www.whitehouse.gov/ondcp/about>
- ONDCP. (n.d.-b). Michael Botticelli [Government]. Retrieved May 13, 2015, from <https://www.whitehouse.gov/ondcp/botticelli-bio>
- ONDCP. (n.d.-c). Our Record of Reform [Government]. Retrieved August 23, 2015, from <https://www.whitehouse.gov/ondcp/ondcp-fact-sheets/our-record-of-reform>
- ONDCP. (n.d.-d). Recovery [Government]. Retrieved April 4, 2015, from <https://www.whitehouse.gov/ondcp/recovery>
- Ordway, R. (2000, April 6). Narcotics abuse on rise: Pharmaceutical drug fraud, misuse worry officials. *Bangor Daily News*. Maine. Retrieved from <https://archive.bangordailynews.com/2000/04/06/narcotics-abuse-on-rise-pharmaceutical-drug-fraud-misuse-worry-officials/>
- Pannell, I. (2014, March 21). The horrific toll of America's heroin "epidemic." *BBC News*. Chicago. Retrieved from <http://www.bbc.com/news/magazine-26672422>

- Pelley, S. (2015, December 13). A New Direction on Drugs. *60 Minutes*. CBS. Retrieved from <http://www.cbsnews.com/news/60-minutes-a-new-direction-on-drugs/>
- Portman (OH), S. R. (2014, September 17). Statements on Introduced Bills and Joint Resolutions. *Senate Congressional Record*, pp. S5701–S5702. Washington, DC.
- Potter, M. (2014, September 4). How Heroin Flows Over the Border and Into Suburbia. *NBC*. Retrieved from <http://www.nbcnews.com/storyline/americas-heroin-epidemic/how-heroin-flows-over-border-suburbia-n196911>
- Puar, J. K. (2007). *Terrorist Assemblages: Homonationalism in Queer Times*. Durham, NC: Duke University Press.
- Rannazzisi, J. Examining the Growing Problems of Prescription Drug and Heroin Abuse, § Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce (2014). Washington, DC: Prepared Statement. Retrieved from <http://docs.house.gov/meetings/IF/IF02/20140429/102161/HHRG-113-IF02-Wstate-RannazzisiJ-20140429.pdf>
- Reinarman, C., & Granfield, R. (2015). Addiction is Not Just a Brain Disease. In *Expanding Addiction: Critical Essays* (pp. 1–21). New York: Routledge.
- Reith, G. (2004). Consumption and its discontents: addiction, identity and the problems of freedom. *The British Journal of Sociology*, 55(2), 283–300. <http://doi.org/10.1111/j.1468-4446.2004.00019.x>
- Rogers (KY), R. H. Prescription Drug Abuse Epidemic in America, Pub. L. No. Serial No. 112-95 § Subcommittee on Crime, Terrorism, and Homeland Security of the Committee on the Judiciary (2012). Washington, DC: U.S. Government Printing Office. Retrieved from [http://judiciary.house.gov/\\_files/hearings/printers/112th/112-95\\_73212.PDF](http://judiciary.house.gov/_files/hearings/printers/112th/112-95_73212.PDF)
- Rojas, C. (2015, March 22). After losing three family members to drug addiction, Lawrence woman hopes to raise awareness, money. *NJ.com*. Lawrence, NJ. Retrieved from [http://www.nj.com/mercer/index.ssf/2015/03/after\\_losing\\_three\\_family\\_members\\_to\\_drug\\_addictio.html](http://www.nj.com/mercer/index.ssf/2015/03/after_losing_three_family_members_to_drug_addictio.html)
- Rose, N. (1996). Governing “Advanced” Liberal Democracies. In *Foucault and Political Reason* (pp. 37–64). London: GBR: Taylor & Francis Group.
- Rose, N. (1999). *Governing the Soul: the Shaping of the Private Self*. London; New York: Free Association Books.
- Rose, N. (2000). Government and Control. *British Journal of Criminology*, 40.2, 321–339.
- Rose, N. (2007). *Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century*. Princeton: Princeton University Press.
- SAMHSA. (2014, October 10). Substance Use Disorders [Government]. Retrieved May 11, 2015, from <http://www.samhsa.gov/disorders/substance-use>
- Samuels, P. N., & McCaffrey, U. S. A. G. B. (2015, April 4). Bill would fund drug-addiction fight. Retrieved from <http://thehill.com/blogs/congress-blog/healthcare/234504-bill-would-fund-drug-addiction-fight>
- Schakowsky (IL), R. J. Combating the Opioid Abuse Epidemic: Professional and Academic Perspectives, Pub. L. No. HIF113.020 § Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce (2015). Washington, DC: York Stenographic Services, Inc. Retrieved from

- <http://docs.house.gov/meetings/IF/IF02/20150423/103367/HHRG-114-IF02-Transcript-20150423.pdf>
- Schwarz, A. (2015, April 25). Michael Botticelli Is a Drug Czar Who Knows Addiction Firsthand. *The New York Times*, p. A18.
- Sedgwick, E. K. (1993). Epidemics of the Will. In *Tendencies* (pp. 130–142). Durham, NC: Duke University Press.
- Seelye, K. Q. (2013, July 18). Heroin in New England, More Abundant and Deadly. *The New York Times*. Retrieved from [http://www.nytimes.com/2013/07/19/us/heroin-in-new-england-more-abundant-and-deadly.html?pagewanted=all&\\_r=1](http://www.nytimes.com/2013/07/19/us/heroin-in-new-england-more-abundant-and-deadly.html?pagewanted=all&_r=1)
- Seelye, K. Q. (2015a, July 11). Obituaries Shed Euphemisms to Chronicle Toll of Heroin. *The New York Times*. Retrieved from [http://mobile.nytimes.com/2015/07/12/us/obituaries-shed-euphemisms-to-confront-heroin-toll.html?referrer=&\\_r=0](http://mobile.nytimes.com/2015/07/12/us/obituaries-shed-euphemisms-to-confront-heroin-toll.html?referrer=&_r=0)
- Seelye, K. Q. (2015b, October 30). In Heroin Crisis, White Families Seek Gentler War on Drugs. *The New York Times*. Retrieved from <http://www.nytimes.com/2015/10/31/us/heroin-war-on-drugs-parents.html>
- Seitz-Wald, A., & Koenig, K. (2016, January 5). Candidates Get Personal While Discussing Drug Addiction. *NBC News*. Retrieved from <http://www.nbcnews.com/politics/politics-news/candidates-get-personal-while-discussing-drug-addiction-n490961>
- Sifferlin, A. (2015, March 4). Heroin-Related Deaths Have Quadrupled in America. *TIME*. Retrieved from <http://time.com/3730128/heroin-deaths-painkillers/>
- Subramanian, R., & Delaney, R. (2014). *Playbook for Change? States Reconsider Mandatory Minimum Sentences*. New York, NY: Vera Institute of Justice. Retrieved from <http://www.vera.org/sites/default/files/resources/downloads/mandatory-sentences-policy-report-v3.pdf>
- Szalavitz, M. (2015, May 18). How America Overdosed on Drug Courts. *Pacific Standard Magazine*. Retrieved from <http://www.psmag.com/politics-and-law/how-america-overdosed-on-drug-courts>
- Tiger, R. (2013). *Judging Addicts: Drug Courts and Coercion in the Justice System*. New York: New York University Press.
- Tiger, R. (2015). Drug Courts and the Logic of Coerced Treatment. In R. Granfield & C. Reinarman (Eds.), *Expanding Addiction: Critical Essays* (pp. 187–195). New York: Routledge.
- Tonko (NY), R. P. Combating the Opioid Abuse Epidemic: Professional and Academic Perspectives, Pub. L. No. HIF113.020 § Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce (2015). Washington, DC: York Stenographic Services, Inc. Retrieved from <http://docs.house.gov/meetings/IF/IF02/20150423/103367/HHRG-114-IF02-Transcript-20150423.pdf>
- Tough, P. (2001, July 29). The Alchemy of OxyContin. *The New York Times Magazine*. Retrieved from <http://www.nytimes.com/2001/07/29/magazine/the-alchemy-of-oxycontin.html>
- Udall (NM), S. T. America's Addiction to Opioids: Heroin and Prescription Drug Abuse, § Caucus on International Narcotics Control (2014). Washington, DC: Prepared

- Statement. Retrieved from  
<http://www.drugcaucus.senate.gov/sites/default/files/Statement%20of%20Senator%20Tom%20Udall.pdf>
- Valverde, M. (1998). *Diseases of the Will: Alcohol and the Dilemmas of Freedom*. Massachusetts: Cambridge University Press.
- Volkow, N. Treating Addiction as a Disease: The Promise of Medication-Assisted Recovery, Pub. L. No. Serial No. 111-140 § Subcommittee on Domestic Policy of the Committee on Oversight and Government Reform (2010). Washington, DC: U.S. Government Printing Office. Retrieved from  
<http://www.gpo.gov/fdsys/pkg/CHRG-111hhr65132/html/CHRG-111hhr65132.htm>
- Volkow, N. Examining the Growing Problems of Prescription Drug and Heroin Abuse, § Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce (2014). Washington, DC: Prepared Statement. Retrieved from  
<http://docs.house.gov/meetings/IF/IF02/20140429/102161/HHRG-113-IF02-Wstate-VolkowN-20140429.pdf>
- Vrecko, S. (2010). Birth of a Brain Disease: Science, the State and Addiction Neuropolitics. *History of the Human Sciences*, 23(4), 52–67.  
<http://doi.org/10.1177/0952695110371598>
- Westreich, L. Combating the Opioid Abuse Epidemic: Professional and Academic Perspectives, Pub. L. No. HIF113.020 § Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce (2015). Washington, DC: York Stenographic Services, Inc. Retrieved from  
<http://docs.house.gov/meetings/IF/IF02/20150423/103367/HHRG-114-IF02-Transcript-20150423.pdf>
- Whelan, E., & Asbridge, M. (2013). The OxyContin Crisis: Problematisation and Responsibilisation Strategies in Addiction, Pain, and General Medicine Journals. *International Journal of Drug Policy*, 24(5), 402–411.  
<http://doi.org/10.1016/j.drugpo.2013.01.007>
- Wood, G. (2014, April 19). Drug Dealers Aren't to Blame for the Heroin Boom. Doctors Are. *New Republic*. Retrieved from  
<http://www.newrepublic.com/article/116922/what-makes-heroin-crisis-different-doctor-prescribed-pills>
- Young, R., & Hobson, J. (2015, September 11). Race, Class And The Response To Today's Heroin Epidemic. *Here and Now*. New Hampshire: New Hampshire Public Radio. Retrieved from <http://nhpr.org/post/race-class-and-response-todays-heroin-epidemic>
- Young, S. (2011, April 19). White House launches effort to combat soaring prescription drug abuse. *CNN.com*. Retrieved from  
<http://www.cnn.com/2011/HEALTH/04/19/drug.abuse/>
- Zerai, A., & Banks, R. (2002). *Dehumanizing Discourse, Anti-Drug Law, and Policy in America*. Burlington, VT: Ashgate Publishing Company.