



## Research paper

# “There’s nothing here”: Deindustrialization as risk environment for overdose



Katherine McLean\*

The Pennsylvania State University – Greater Allegheny, 4000 University Drive, McKeesport, PA 15131, United States

## ARTICLE INFO

## Article history:

Received 5 November 2015

Received in revised form 7 January 2016

Accepted 8 January 2016

## Keywords:

Risk environment

Overdose

Deindustrialization

Harm reduction

## ABSTRACT

**Background:** Applying the “risk environment” approach proposed by Rhodes (2002, 2009), this study considers the diverse contextual factors contributing to drug overdose in a deindustrialized region of the United States. The Monongahela Valley of Pennsylvania, once a global center of steel production, has suffered a mass exodus of jobs, residents, and businesses since a national manufacturing crisis erupted in the early 1980s; more recently, it has seen a dramatic uptick in accidental drug poisoning deaths. Where recent local and national media attention to overdose has focused on suburban areas and middle class victims, this study concentrates instead on the deteriorating mill city of McKeesport, Pennsylvania.

**Methods:** Eighteen clients of the city’s sole drug treatment facility participated in in-depth interviews concerning their direct experience with accidental overdose. Specifically, participants were asked to describe their own most recent overdose event and/or the last overdose they had personally witnessed. They were also asked to speculate upon the roots of the local overdose epidemic, while venturing possible remedies.

**Results:** In relating their overdose experiences, participants characterized a micro-level risk environment that was hidden behind closed doors, and populated by unprepared, ambivalent overdose “assistants.” Tasked with explaining a geographic concentration of overdose in and around McKeesport, interviewees referenced the hopelessness of the area and its lack of opportunity as driving the use of heroin, with many explicitly suggesting the need for jobs and community reinvestment to reduce fatalities.

**Conclusion:** While state and county efforts to ameliorate overdose mortality have focused upon creating an open market in naloxone, this study suggests the need for interventions that address the poverty and social isolation of opiate users in the post-industrial periphery.

© 2016 Elsevier B.V. All rights reserved.

## Introduction

“In 2013, more Americans died from overdoses than car crashes. This is not new. We’re not just now ‘discovering’ this problem. But we should be saying enough is enough. It’s time we recognize as a nation that for too long, we have had a quiet epidemic on our hands.” (Hilary Clinton, writing in the *New Hampshire Union Leader*, 9/1/15)

At present, there is no shortage of popular attention to the problem of accidental drug overdose in the United States. Since 2007, when heroin-related deaths began to creep upwards, major news outlets nationwide have more than quadrupled their coverage of drug-related mortality; in turn, the public health toll

of illicit drug use has been established as a mainstream political concern (Jones, Gladden, & Bohm, 2015). Contributing a guest column to the conservative newspaper of record in New Hampshire – an electorally-important state experiencing a surge in opiate use – Democrat Hilary Clinton took an unexpected tack for a US presidential hopeful attempting to appeal to a wide ideological audience: beyond identifying drug policy as a primary concern of her campaign, Clinton framed substance use as a medical, not a moral, matter. Departing dramatically from the “get tough” script favored by four decades of political predecessors, Clinton’s editorial went so far as to openly critique the dominant criminal justice approach to drug use (Clinton, 2015).

Far from betraying the radical social justice orientation of its author, this brief piece of electioneering is in keeping with a larger societal consensus around the need to address epidemic drug overdose. Such preoccupation reflects a real crisis, as demonstrated in a decade’s worth of national and state mortality data. As Clinton writes, the increase in overdose deaths is not new, yet contrary to the above excerpt, its public and mass media “discovery” is. While

\* Tel.: +1 412 675 9158.

E-mail address: [kjm47@psu.edu](mailto:kjm47@psu.edu)

accidental overdose is a risk endemic to criminalized drug use, the US Centers for Disease Control have recorded a steady upward trend in overdose fatalities since 1999 (Han, Compton, Jones, & Cai, 2015). In fact, overdose deaths surpassed those resulting from traffic accidents as early as 2008 (United States Department of Health and Human Services, 2013). Mass public concern, however, has only followed the solidification of an ironic epidemiological narrative of the overdose crisis, and revelations around the “surprising” demographics of its victims.

Certain elements of the story are clear. For over a decade, opiate- and opioid-type drugs have been implicated in a rising proportion of overdose deaths – from over 38% in 2004 to just under 52% in 2013 (Drug Enforcement Administration, 2015; National Institute on Drug Abuse, 2015). The initial upswing in mortality largely represents the mounting toll of prescription opioid (PO) ab/use, a trend strongly foretold by the rising availability and normative medical use of such drugs (Kenan, Mack, & Paulozzi, 2012; Paulozzi & Stier, 2010; Warner, Chen, & Makuc, 2009). More recent years’ data suggests the dominant influence of heroin, a drug whose re-found popularity in part derives from attempts to control PO misuse, via prescription drug monitoring programs and targeted raids on “pill mills” (Jones, 2013; Jones et al., 2015). With prescription opioid-related deaths leveling off since 2010, such supply-side interventions appear to have worked, yet public support for the PO crackdown is conflicted by concern for the people and places effected by heroin (Johnson, Paulozzi, Mack, & Herter, 2014). Where previous swells in heroin use were concentrated in major and/or coastal US cities like New York, Baltimore, Chicago, and Los Angeles, the pervasive nature of PO prescribing has arguably democratized the demand for illicit opiates to the country’s smaller, interior cities, suburbs, and rural hinterlands – areas that have not enjoyed a robust or particularly potent supply of heroin in the past (Drug Enforcement Administration, 2015). In southwestern Pennsylvania, and specifically, Allegheny County, where this study is situated, a recent influx of heroin has been denounced as an unprecedented, almost terroristic attack, with commentators focusing not only upon the mass, but also the meaning, of related deaths.

Numbers released by the Allegheny County Medical Examiner (ACME) reveal an obvious cause for alarm: fatal overdoses nearly tripled from 2000 to 2014, from 109 to 307. Where heroin was present in less than 30 percent of cases in 2008, the drug’s share had doubled to 61 percent by 2014, to become by far the most prevalent substance implicated in overdose deaths (OverdoseFree PA, 2015). ACME data demonstrates that victims have remained disproportionately white and male over the course of the epidemic, representing 85% and 77% of fatalities, respectively, in 2014. While noting the aforementioned facts in their coverage, media outlets have zeroed in on users’ class and area of residence, alleging patterns of mortality with a dubious relationship to the data. The “new” heroin users of Allegheny County have been depicted in highly normalized terms, variously described as “soccer moms, business executives, high school kids with money to spend, and people from every walk of life” (Purcell, 2015). Unlike the presumed addicts of past eras (whose status as poor, urban, and otherwise deviant arises in the negative space of these descriptions), the contemporary cohort is located in places not traditionally associated with hard drug use: the “richest neighborhoods in the nicest houses,” and “places we think of as tranquil and bucolic, like suburbs and small rural crossroads” (Conti & Cato, 2014; The Observer-Reporter, 2014).

At best, these anecdotal accounts have a tenuous relationship with official statistics around overdose; at worst, they misrepresent a widespread public health problem that primarily afflicts multiply distressed areas. Case-level mortality data from Allegheny County shows an obvious spatial association between

deadly overdose and poverty, with the highest fatality rates clustered in the region’s deindustrialized communities and Pittsburgh’s inner-city neighborhoods (OverdoseFree PA, 2015). Such places rarely appear in TV and newspaper reportage about the overdose and heroin crisis at large – except as the backdrops to major police raids and drug busts. Specific ire has been reserved for drug sellers, accused not only of spawning an epidemic of overdose, but also spreading the disease of addiction. In the words of the county’s federal prosecutor, U.S. Attorney David Hickton, there is “a bright line distinction between people who have the disease of addiction and people who are the heartless predators who peddle opioids to them” (Quoted in Mayo, 2015). While the risks associated with using opiates of unknown provenance and purity are indisputable, popular accounts have portrayed heroin as a substance of almost supernatural menace; an editorial in the *Pittsburgh Tribune-Review* exhorted readers: “If you are at a party and someone offers heroin to you, leave. It is possible to become an addict the very first time heroin is used” (Purcell, 2015).

On the one hand, media treatments that decline to demonize drug users are laudable in their destigmatization of heroin addiction. On the other hand, such coverage, with its monomaniacal focus upon the drug and its dealers, also consistently ignores the contexts in which overdose risk is generated and experienced. Context may appear irrelevant within a narrative that features “inadvertent addicts” inhabiting idealized places – conventionally successful suburban dwellers whose exposure to opiates seems hardly predictable. This class of victim is denied any established risk factors, a condition that again displaces culpability for addiction and overdose to an inherently dangerous drug, while obscuring a persistent connection between drug-related harm and low socioeconomic status that has been well-established by decades of scholarly studies. Indeed, this paper acknowledges that the bulk of social scientific research on illicit drug use and related problems have focused upon poor, often urban, and overwhelmingly marginalized populations, from Preble and Casey’s classic study of “slum” heroin users in New York City to Bourgois and Schonberg’s photo-ethnography of “righteous dope-fiends” camping beneath a San Francisco freeway (Bourgois & Schonberg, 2009; Preble & Casey, 1969). Yet the links between disadvantage and drug risks are absent from lay coverage of the present overdose epidemic, which insists upon the more spectacular story of unprecedented middle class addiction. By contrast, the geography of overdose in Allegheny County reaffirms the importance of environment in structuring drug-related harm, highlighting at least a basic association between poverty and mortality. Drawing on Rhodes’ (2002, 2009) “risk environments” framework, this paper aims to elucidate the contextual antecedents of drug overdose in McKeesport, Pennsylvania, a deindustrialized city on the margins of Pittsburgh. While serving as local shorthand for a high-crime and “drug-infested” area, McKeesport has been almost entirely absent from local reportage on overdose, despite hosting one of the highest mortality rates in the county.

## Methodology

This study solicited explanations for a local epidemic of overdose from those who have been directly implicated: individuals who have experienced their own and/or witnessed another person’s overdose. It also sought to gauge the relevance of overdose to a wider swath of drug-experienced individuals living in McKeesport, PA, and the Monongahela River Valley at large – an area occupying the eastern flank of America’s decaying Rust Belt. To these ends, surveys and in-depth interviews were conducted among clients of an outpatient substance use treatment center in downtown McKeesport. While this population undoubtedly

Download English Version:

<https://daneshyari.com/en/article/1075027>

Download Persian Version:

<https://daneshyari.com/article/1075027>

[Daneshyari.com](https://daneshyari.com)