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# Role of the media in promoting the dehumanization of people who use drugs

Daniel Roy Sadek Habib <sup>a,b</sup>, Salvatore Giorgi <sup>a</sup>, and Brenda Curtis <sup>a</sup>

<sup>a</sup>Technology and Translational Research Unit, National Institute on Drug Abuse Intramural Research Program, Baltimore, MD, USA; <sup>b</sup>School of Medicine, Vanderbilt University, Nashville, TN, USA

## ABSTRACT

Dehumanization, the perception or treatment of people as subhuman, has been recognized as “endemic” in medicine and contributes to the stigmatization of people who use illegal drugs, in particular. As a result of dehumanization, people who use drugs are subject to systematically biased policies, long-lasting stigma, and suboptimal healthcare. One major contributor to the public opinion of drugs and people who use them is the media, whose coverage of these topics consistently uses negative imagery and language. This narrative review of the literature and American media on the dehumanization of illegal drugs and the people who use them provides a perspective on the components of dehumanization in each case and explores the consequences of dehumanization on health, law, and society. Drawing from language and images from American news outlets, anti-drug campaigns, and academic research, we recommend a shift away from the disingenuous trope of people who use drugs as poor, uneducated, and most likely of color. To this end, positive media portrayals and the humanization of people who use drugs can help form a common identity, engender empathy, and ultimately improve health outcomes.

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Dehumanization; media; stigma; substance use; War on Drugs

## Introduction

Stigma is conceptualized by Link and Phelan (1, p. 367) as “elements of labeling, stereotyping, separation, status loss, and discrimination co-occur[ing] in a power situation that allows the components of stigma to unfold”. Closely related to stigma, dehumanization is the perception or treatment of people as subhuman (2) and includes negative evaluations of the outgroup, moral disgust, denial of agency, and comparisons of outgroup members to nonhuman entities like vermin (2–4). Most often related to ethnicity and race, dehumanization delineates an outgroup and exaggerates intergroup differences (2,5). Such attitudes have real-world effects on the populations designated as outgroups. Several studies have found such effects in medicine, where dehumanization has been recognized as an “endemic” (6). The dehumanization of people suffering from obesity (7), disability (2), psychiatric diagnoses (8), and substance use disorders (SUDs) has led to poorer healthcare delivery (9), help-seeking (10), and health outcomes (11).

American media coverage of people who use drugs (PWUD) has been particularly wrought with dehumanizing imagery and language (12). This was especially true during the period in American history from 1971 to the early 21st century known as the War on Drugs, of which Reinerman (13) identified seven components: at first, some

truth existed about problems with mind-altering substances. Some truth existed about problems with mind-altering substances. Mass media amplified drug problems to increase sales. Political elites deflected attention from systemic issues for which they would otherwise need to assume responsibility and instead took a strong, moral stance against drugs without risking political support. Professional interest groups leveraged their specialization, authority, and legitimacy to define the drug problem and thus its solution while obtaining resources to do so. Cultural, socioeconomic, political, or racial conflict created the necessary context to portray a group of people who use drugs as a threat. Political elites then linked drug use to a group of people who were already deemed untrustworthy, threatening, and dangerous. Finally, the group was scapegoated for preexisting societal problems to explain how the problems arose. Individuals who used illegal drugs were often portrayed as being of color, poor, and uneducated despite not being supported by national statistics (13,14). Drug-related stories evoke stereotypical portrayals to increase viewership and ad revenue (10,13), thereby influencing “knee jerk’ drug crackdowns and punitive responses” (15). In addition to negative health consequences for PWUD, dehumanization has larger societal implications, including harsher punishments for individual drug offenders (4) and lower support for nondiscriminatory drug laws (16).

From referring to PWUD as “zombies” to “crack heads” and “[w]hite trash” (17,18), media portrayals of PWUD have exhibited patterns of dehumanization that we aim to bring to attention and ultimately help reverse. Most studies have focused on legislation (12) or media portrayal of a single substance (19) while we aim to elucidate a common pattern of media dehumanization and its consequences across several substances. We perform a narrative review using movies, newspapers, anti-drug advertisements, and research from the 20<sup>th</sup> century to today about opioids, cocaine, amphetamines, cannabis, and designer drugs. For each substance, we point out a pattern of media dehumanization across racial and socioeconomic lines, despite often equal rates of use across these lines (13,14,20). The key findings are summarized in Table 1.

## Opioids

The portrayal of opioids was divided along lines of perceived legality. Individuals who used “legal” prescription opioids that initially were provided by healthcare experts, were portrayed as white people who developed an addiction and became “largely blameless victims of their own biology” (19). In contrast, individuals who used “illegal” heroin were often portrayed as poor Black and Hispanic people living in cities who lack human emotion (16,19). According to an interview with a Harper’s Magazine writer, President Nixon’s domestic policy chief Johns Ehrlichman explained that Nixon’s administration saw Black people as “enemies,” associated Black

people with heroin, and criminalized heroin heavily to disrupt Black communities and attack Black people “night after night on the evening news” despite knowing that the administration was “lying about the drugs” (21). Blame was deflected away from people who use prescription drugs but assigned to people who use heroin. When covering opioid use, the media showcased overdose deaths in white communities and arrest rates in Black and Hispanic communities (19). Netherland and Hansen succinctly capture this disparity by stating,

The media’s omission of personal histories of urban blacks and Latinos who use drugs or struggle with addiction has a dehumanizing effect ... [M]edia accounts of white drug use go out of their way to humanize the person using drugs, to explain how he or she defies the stereotype of a drug user, and then to describe the potential that the individual tragically lost (19, p. 8)

These stories’ negative evaluations fuel stigma, blame, and support for punitive government policies (22). Despite similar rates of opioid use by race/ethnicity, media portrayals that did not reflect the actual statistics helped drive the disproportionate imprisonment of Black and Hispanic people for opioid use over white people (20). Only with growing research on addiction as a neurological disease (23) did opioid use begin to be portrayed more positively and shift toward medicalization: this transition mirrored a shift in the public perception of opioid use afflicting poor urban Black and Hispanic people to any member of mainstream society (19).

**Table 1.** Summary of key findings.

Drug Type	Key Points
General	<ul style="list-style-type: none"> <li>• Media dehumanization of people who use drugs elicits real consequences such as poorer help-seeking, quality of care, and health outcomes.</li> <li>• Dehumanization has been used as a political tool to forgo responsibility for systemic issues while scapegoating marginalized groups.</li> </ul>
Opioids	<ul style="list-style-type: none"> <li>• Media portraying white victims of prescription opioid addiction versus blameworthy Black people who use heroin</li> <li>• Media showcasing personalized stories of tragic overdoses among white people versus depersonalized opioid-related arrests</li> <li>• Disproportionate rates of Black and Hispanic imprisonment for opioid use</li> </ul>
Cocaine	<ul style="list-style-type: none"> <li>• Media portraying rich white people using powder cocaine versus poor, urban Black people using crack cocaine</li> <li>• Mandatory minimum sentencing limit for crack cocaine made 20 times higher than for powder cocaine despite similar psychoactive properties</li> <li>• Disproportionate rates of Black and Hispanic imprisonment for cocaine use and particularly crack cocaine use</li> <li>• Dr. Ira Chasnoff’s research on pregnant women who use cocaine unintentionally catalyzed media to misattribute the “crack baby” label to Black newborns.</li> <li>• Series of U.S. Sentencing Commission reports renounced stereotypes about crack cocaine use.</li> </ul>
Amphetamines	<ul style="list-style-type: none"> <li>• Media depicting educated white people using cognitive-enhancing amphetamines versus poor “white trash” using methamphetamine of a “lesser breed”</li> <li>• “Meth zombie” and “meth mouth” portrayals despite contrary research</li> <li>• Dehumanizing Faces of Meth anti-drug media campaign proven ineffective</li> </ul>
Cannabis	<ul style="list-style-type: none"> <li>• Media attributing violence and psychosis to cannabis use after cannabis was introduced by people immigrating from Mexico despite contrary evidence</li> <li>• Media reframing of cannabis as a “hippie” or “dropout” drug deflating personalities in tandem with the Nixon administration leveraging this negative sentiment as a weapon against the anti-Vietnam war movement</li> <li>• Recent humanization of people who use cannabis in line with increasing support for legalization</li> </ul>
Designer Drugs	<ul style="list-style-type: none"> <li>• Media popularizing zombie imagery and loss of self-control</li> <li>• Differences in the extent of dehumanization based on type of designer drug (e.g., MDMA versus bath salts)</li> </ul>

## Cocaine

Media coverage of cocaine use followed a similar trajectory as opioid coverage. Newspapers and movies like *The Wolf of Wall Street* depicted powder cocaine as a glamorous drug for white high-income earners (24) but portrayed crack cocaine as the poor, urban Black equivalent (25). Even though the methods for using each were comparable, pleasant names for powder cocaine like “snow” and “white rock” contrasted with harsh names for crack cocaine like “black rock” and “gravel” (26). While powder cocaine was broadly portrayed as “relatively harmless,” crack cocaine was deemed “ruinous” (18).

People who used crack cocaine were dehumanized more so than people who used powder cocaine. The sub-human label of a “crack head” relegated an individual to the “lowest of status positions of drug subcultures” — a “loser” who lost control over one’s drug use (18). Crack cocaine was associated with dehumanizing portrayals such as Black people birthing “crack babies:” since even animals take care of their children, this trope reflected moral disgust relating to Black mothering skills (12,27). However, the consequences of being a “crack baby” were blown out of proportion, as stated by Dr. Ira Chasnoff whose research on pregnant women who use cocaine and experience birth complications unintentionally contributed to the crack baby narrative (28). Nevertheless, white mothers who used opioids were portrayed as victims (Figure 1), while the same sympathy was not extended to Black mothers who used crack cocaine (29–31). Despite his intention to shed light on the true life of poor urban Black PWUD, the photographer of the photo of the Black mother and child, for instance, was accused of not telling the full story by overlooking the “white aspect of drug addiction” (32).

Like for opioids, media reporting on cocaine use as a predominantly Black phenomenon contrasted with

actual data. From 1979 to 1997, the percentage of people who reported cocaine use in the past month differed by less than 1.2% points between Black and white people (33). However, dehumanizing and threatening portrayals contributed to harsh legal crackdowns: crack cocaine elicited mandatory minimum sentencing for 5 grams compared to powder cocaine’s mandatory minimum for 100 grams (34). Consequently, people who used crack cocaine were disproportionately convicted and served more prison time for the same amount of drug possession (34). Despite more white people using crack cocaine than Black people, over 90% of people federally prosecuted for crack cocaine use were Black according to the U.S. Sentencing Commission (14,35). Of the people still in federal prison between 1994 and 2012, only 12.6% and 4.2% of powder and crack cocaine federal offenders respectively were (non-Hispanic) white while 32.3% and 88.1% of powder and crack cocaine federal offenders respectively were Black (36). Indeed, sensationalist, racist media depictions contributed to Black people being disproportionately targeted for cocaine use, especially crack cocaine use.

Despite crack cocaine being portrayed as having strong addictive properties (37,38), the potency and psychoactive effects of crack cocaine were found to be similar to those of powder cocaine. Similar to the current position held by the National Institute on Drug Abuse (39), Hatsukami and Fischman (40) concluded that individuals who have a cocaine use disorder and “who are incarcerated for the sale or possession of cocaine are better served by treatment than prison” (40). Indeed, a series of U.S. Sentencing Commission reports renounced stereotypes perpetuated by the media-induced scare by stating that no studies have shown crack cocaine to render people more prone to committing violent crimes compared to powder cocaine (14,41–43).



**Figure 1.** Media coverage of white mothers who use opioids (29) versus Black mothers who use crack cocaine (31).

## Amphetamines

There is a divide between portrayals of cognitive-enhancing amphetamines (e.g., Ritalin or Adderall) and methamphetamine. Amphetamines in the mid-20th century were thought to enable speedy achievement for middle-class white Americans – keeping soldiers alert, children focused, and housewives energized and thin (44). By 1991, amphetamines became the second most misused drug among young adults in the U.S. behind cannabis (45). Maintaining this trend, millennial college students, described by the New York Times Magazine as “Generation Adderall” (46), misuse “smart pills” due to the misconception that the pills will improve grades for anyone rather than treat cognitive deficits (47). The media seem to “condone” the use of cognitive-enhancing stimulants (47) as research has shown that 95% of newspaper articles described a benefit and only 58% provided risks (48). Describing the stark contrast between the social construction of problems caused by amphetamines and drugs associated with Black people, Professor Teneille Brown states,

[P]rivileged, white, college students are considered to have maximum levels of agency and emotionality. They are thus granted the status of full humans, similar to those who were tricked into being addicted to prescription pain medication, but unlike those lesser humans who willingly became addicted to crack cocaine (12, p. 2)

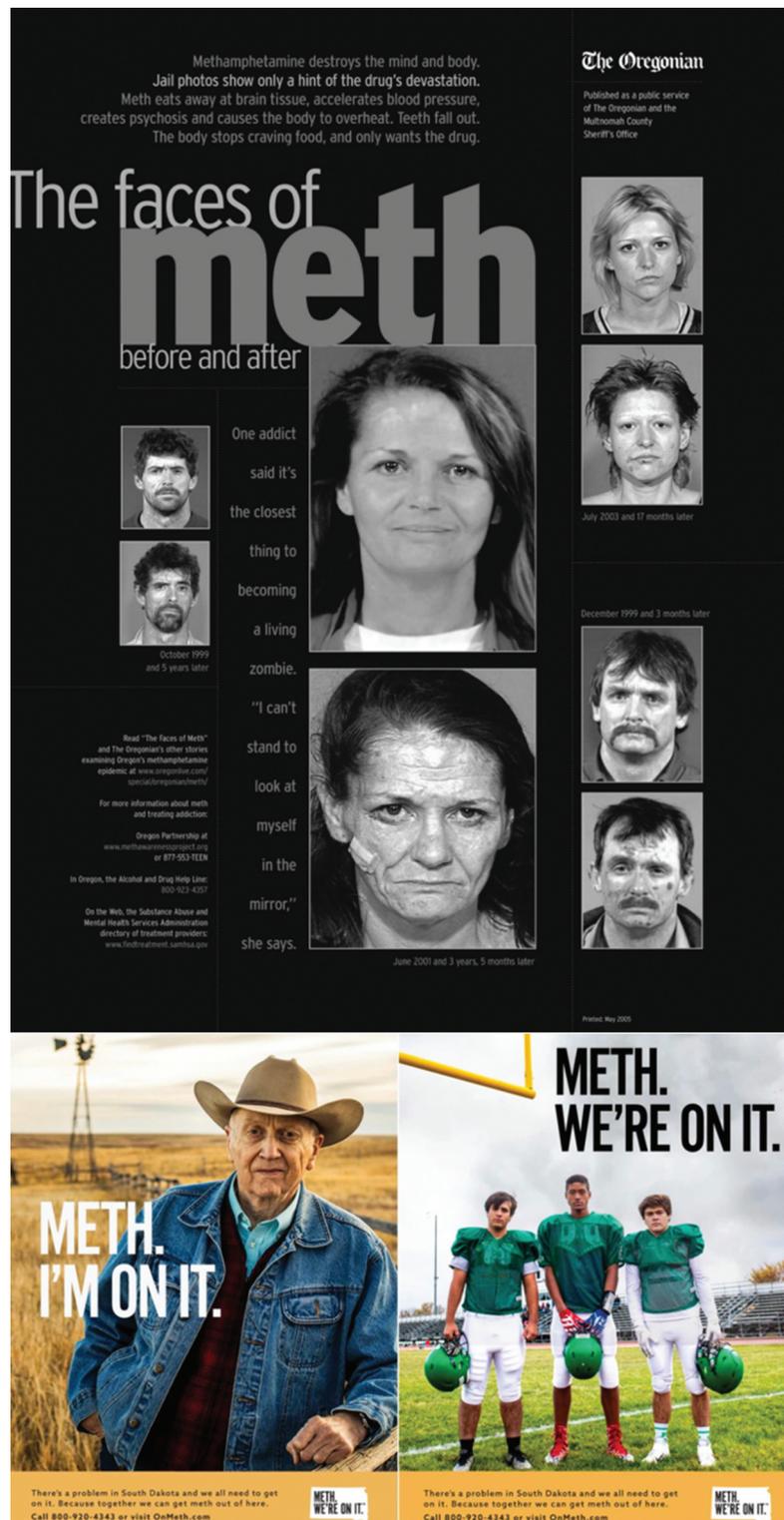
On the other hand, methamphetamine use was depicted negatively even before being declared “drug public enemy number one” in the U.S (49). Known as “speed freak[s]” and “tweaker[s]” (50), people who use methamphetamine were depicted as threats to themselves and denied agency (51). They were objectified as “[w]hite trash” living at “the bottom of the [w]hite racial-economic spectrum” in impoverished rural communities (51). Despite the whiteness label garnering more sympathy and not being as linked to violence (51), someone who uses methamphetamine fell out of line with white expectations of productivity and rationality but instead constituted a “criminal and inferior” member of a “lesser breed” (52) — an “Other who threatens the supposed purity of hegemonic whiteness and white social position” (53).

Subhuman portrayals of people who use methamphetamine pervaded the media and were leveraged to prevent use (53). The “meth zombie” with mutilated flesh and decaying teeth or “meth mouth” was common in popular culture despite studies discrediting these exaggerated clinical presentations (17,51,54). Aiming at students, campaigns represented young people who

use meth as zombie-like criminals (17,55), and sheriff departments displayed exaggerated before and after mugshots of people with histories of methamphetamine use known as the “Faces of Meth” (53,56). However, research has shown that anti-drug media campaigns relying on dehumanizing, worst-case scenarios to elicit moral disgust fall short in engaging people who use meth to seek treatment while some recent media campaigns have centered around honest portrayals and humanizing content (17,57–60). For example, the Faces of Meth – dramatic, unrelatable depictions about “dysfunctional users”—failed to encourage people who use meth to seek treatment because the portrayals made them believe that they were not in as bad of shape as the PWUD portrayed in the campaigns (17). Unlike the Faces of Meth (Figure 2a), the South Dakota OnMeth campaign (Figure 2b) showed how an average-looking person with a relatable backstory can suffer from methamphetamine addiction to encourage people from all walks of life to seek help albeit with pushback stating that the ads might increase methamphetamine acceptability (17,59,61,62).

## Cannabis

Despite garnering little attention before 1936, the first commissioner of the Federal Bureau of Narcotics Harry Anslinger promoted a shift in public opinion against cannabis use by perpetuating dramatized stories about cannabis use contributing to violent crimes and causing psychosis (63–65). *Reefer Madness* was an anti-drug film (Figure 3) that portrayed cannabis use as a “menace” worse than opium or heroin (66,67). In addition, cannabis was called “marihuana” to perpetuate the narrative that the drug was foreign and of dangerous Mexican origin (66). This sensationalist media reporting has recently been challenged due to data speaking toward low cannabis use among people immigrating from Mexico (68). Cannabis was used again to dehumanize individuals during the Vietnam War, portrayed as rebellious “hippies” and dropouts ruined by cannabis use (13,69–71). As such, the trope of cannabis inciting violence was replaced by news articles claiming that cannabis deflates people’s personalities and makes people more robotic (72). Like in the case of heroin, according to the Harper’s Magazine report, Nixon’s administration associated “hippies” with cannabis and heavily criminalized cannabis use to justify the arrests and vilification of antiwar leaders by the media since the administration could not criminalize anti-war sentiment (21). Negative content on cannabis use continued in the media until around



**Figure 2.** Portrayals of people who use methamphetamine by (a) Faces of Meth (17) and (b) OnMeth.Com (61).

the 1990s when cannabis began gaining wider support for legalization (66,73,74).

### Designer drugs

Recent designer drugs that caused moral panics were synthetic cathinones (i.e., bath salts) in 2010, MDMA

(i.e., ecstasy or Molly) in 2013, and synthetic cannabinoids to the present day (75). Designer drugs have been disparaged for debasing humanity by offering an escape from reality (52). Designer drugs were linked to metaphors of remorseless, violent, and terrifying freaks; like methamphetamine, another synthetic drug called phenylcyclidine (PCP or "horse tranquilizer") was associated

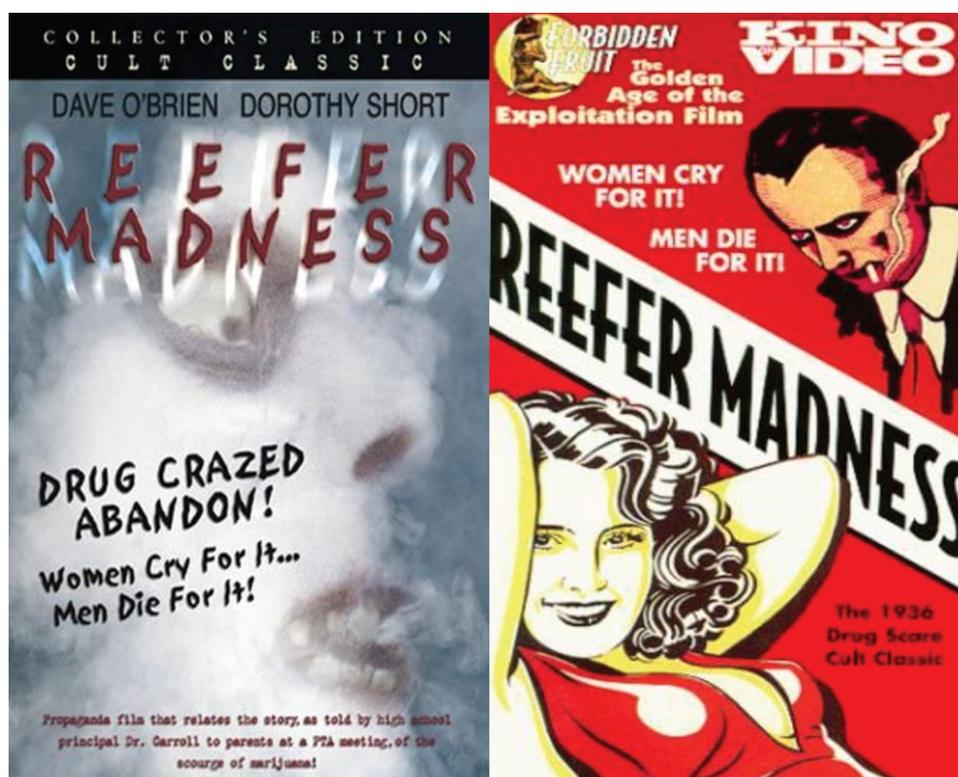


Figure 3. Imagery associated with cannabis use in the 1936 film *Reeper Madness* (67).

with zombie imagery (52). Frankenstein imagery was particularly potent based on the idea of scientific experimentation creating monsters rather than improving humanity (52). Empirical studies later evaluated people who use ecstasy negatively, arguing that ecstasy use is linked to crime and breaks down people's high self-control to induce aggressiveness (76,77). Stories about monsters using drugs who go berserk and commit extreme acts of violence faced little challenge due to the "near-total chemical illiteracy of legislators and media personnel" (52).

Recently, alleged benefits of novel designer drugs have spread faster than evidence-based harms, but this so-called "honeymoon period" seems to be ending for synthetic cannabinoids and bath salts (45). Johnston et al. (45) found that synthetic cannabinoid use decreased from 11.3% to 3.7% of high school seniors between 2012 and 2017, but upticks in certain states are still being declared "zombie" outbreaks (78). Flakka, a second-generation bath salt, is similarly called a "zombie" or "cannibal" drug due to the strange and violent actions described in popular news stories about people who were incorrectly believed to have bath salts in their system (79,80). Interestingly, Palamar (80) found that people at nightclubs use Molly instead of bath salts claiming that they are not zombies or cannibals and Molly is safer; they also unknowingly use bath salts,

for example, in impure Molly, so drug purity testing might be an effective harm reduction strategy (80). Similar to how people who use meth choose to do so alone due to stigma, according to Elliot et al. (81), people who use bath salts face a similar dilemma between perceived social status and safety.

## Discussion

America has been at war with drugs and the people who use them. Often, scientists have insufficiently challenged and have even given rise to the popularization of myths and stereotypes. Media workers lack expertise on drug use, and sensationalist stories sell. This has led the media to run with dehumanizing stories without asking the hard questions. Consequently, people who use drugs have been portrayed as one of the "least warm and competent groups" and thus denied humanity (82).

Dehumanization and stigma are significantly correlated (83). The U.S. government's review of the literature has found stigmatizing anti-drug scare tactics ineffective (84). It remains difficult to view previously stigmatized groups as real people and reconstruct social ties with them (85). Stigmatized individuals are excluded from effective treatment and are subject to human rights abuses (86), which leads to healthcare avoidance (11). Stigma is associated with higher psychiatric morbidity (87) and treatment

dropout (88) as well as lower medication adherence (89), quality of life (90), and belief in recovery (91). Dehumanization is also linked to objectification, support for harsher punishments, acceptance of discrimination, and lower recognition of suffering (5).

Empathetically connecting with others requires rehumanization: the recategorization of outcasts as fellow humans, appreciation for the same capacities of mind such as thought and emotion, and attribution of warmth and competence (82). Humanizing people with behavioral health conditions improves health outcomes, such as through increased help-seeking (92). Moreover, positive media portrayals can help engender positive evaluations, empathy, and a common identity (16,93,94). In Australia, for instance, the Mindframe for Alcohol and Other Drugs project developed guidelines and training for media professionals to achieve these goals by responsibly portraying PWUD, which could help inform the approach taken in the United States (95). There is little definitive evidence about a shift in American portrayals of most drug use. However, the media is portraying cannabis use more positively (96), and responsibility for opioid use disorder has shifted more toward opioid suppliers and Big Pharma (12). Although the direct detriment of stigmatizing media portrayal such as lower help-seeking has been established in some cases (17,57,60), this remains an area for future research.

## Conclusion

The recurrent dehumanization of people who use drugs has typically been racially and socioeconomically motivated. Dehumanization contributes to stigma and worse treatment of people who use drugs in healthcare and society. Shifting media away from dehumanizing people who suffer from addiction is an obvious first step to rehumanization and better health outcomes. Future research should refine the detection of dehumanizing language and demonstrate the improvement in treatment-seeking and healthcare delivery as stigmatizing barriers are mitigated.

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## ORCID

Daniel Roy Sadek Habib  <http://orcid.org/0000-0003-0504-9076>

Salvatore Giorgi  <http://orcid.org/0000-0001-7381-6295>

Brenda Curtis  <http://orcid.org/0000-0002-2511-3322>

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