Commentary

The Work of ‘Crisis’ in the ‘Opioid Crisis’

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This commentary is an edited version of discussant comments to the Executive Session panel ‘Anthropological Interventions in the US Opioid Crisis’ organized by Jennifer Carroll at the 117th Annual Meeting of the American Anthropological Association, San Diego, CA, November 14-18, 2018. [The program can be accessed here.](#)

With some trepidation, I want to propose a thought experiment—an experiment that has no intention of circumventing the injustices, suffering, and degradations that anthropologists of opioids work to document. It is an experiment that instead means to bore down into the very terms we use to critically engage U.S. opioids, inviting us to wonder together what lines of analysis, what modes of representation these terms constrain as well as enliven. The enlivening is obvious, as the papers in this panel shed light on how people who ingest, distribute, and witness the effects of opioids: from those who live and sometimes die by them, to those who comment upon those lives and deaths, sometimes with a shocking lack of nuance, sympathy, and humanity.

Even with all this important work in mind, I confess from the start that there is *one term* in particular that concerns me, makes me uneasy; a term adopted by many anthropologists studying opioids; a term that so often serves as the primary, sometimes even *indispensable*, qualifier in the public discourse about U.S. opioids that it seems impossible to speak responsibly without it. Like so many others—as anthropologists drawn together by concerns about opioids—we have collectively declared that a *crisis* is at hand.

Crisis: a largely unquestioned way of naming and seeing opioids and the people, places, and things that they serve, soothe, and so often ravage. Opioid crisis: devoid of poetic value, it still almost rolls off the tongue. From countless headlines, to

articles in medical journals, to Presidential Commissions we find this semantic ease, this fluency of drug-plus-alarming qualifier. It may be one of the surprisingly few things that 'the crack *epidemic*' of the late 20th century and 'the opioid *crisis*' of the early 21st have in common as folk and expert analytics, a point to which I will later return, with Helena Hansen's excellent research specifically in mind.

National Opioid Crisis Community Summit, Aberdeen Proving Ground, MD, December 11, 2018. US Army Photos by Sean Kief. [Original image can be accessed here.](#)

Now certainly, given the ethnographic work of the authors gathered here and the equally gruesome story that public statistics tell about the rising death toll due to overdose, 'crisis' seems a very appropriate moniker. After all, a *crisis*—colloquially—is much more than a *problem*. A *crisis* requires more action, if not also more thought and attention, from those who engage it. I want to propose that *crisis* also requires that our thought and action be *faster*, *more immediate*. Indeed, crisis—in its current usage in Anglophone US—seems to have hung onto its Greek origins: *kri-sis*, to decide. No time for deliberation, crisis tells us. Though totally disorienting, as if it comes out of nowhere, crisis nevertheless demands: do now, think later. This or that. Right or wrong. Yes or no.

Crisis is a not just a way of naming some phenomenon, but a way of assigning a kind of temporality to that phenomenon. And while there is much to say about the way that crisis manages time and historicity, here I want to underscore my

sense that crisis projects *urgency*, which is precisely why I hesitated to offer a thought experiment today in the first place, fearing it would strike some as irresponsibly tentative and irresolute. In this sense, crisis guards against experiment. It tells us that even if there are no good answers at the ready, something must be done here and now, there is no time to waste. And, in imposing a sense of urgency, crisis eagerly exploits the stubborn antinomy of theory and action, making the former seem even more 'out of touch' than ever.

To be sure, *crisis* is also way of naming a problem which suggests that established conceptual apparatus is ill-equipped to make sense of what is going on and offer adequate answers and solutions. And precisely because it exposes the limits of intelligibility, crisis has been taken as the starting point of so many philosophical projects, which arguably have the luxury of ignoring the urgency crisis demands on the ground, and which take crisis as the ground of critique. But, as Janet Roitman brilliantly argues, crisis has become *ontologized* in the meantime. We have too often forgotten, to quote Roitman, that 'crisis is not a condition to be observed, it is an observation that produces meaning' (Roitman 2013, 39).

Once we recognize crisis as a way of seeing rather than a self-evident state of affairs, we are set to begin our experiment, asking: when we think of opioids in terms of crisis, what do we foreclose and inspire? What does 'crisis' do to our attempts to ethnographically represent the widespread if patterned use of opioids? And what other terms might we experiment with?

What if we used the term 'opioid problem,' an idea I floated before, with the caveat that it just doesn't seem a strong enough qualifier. A 'problem,' however, effectively begs work toward solution, and in ways that allow for deliberation, debate, exploration, experimentation. 'Crisis' cleaves just this kind of reengagement of theory and practice in its insistence to *decide* and to do it now. How about 'the opioid symptom'? This might allow us to more effectively direct attention to the fraught politics of pharmaceuticals, the dense fields of human suffering, the moral paradoxes, divisions and failures, and infrastructural collapse that the anthropologists gathered here clearly believe opioids index.

As I understand it, Roitman is, just like her book's title, *anti-crisis* in large part because she believes that crisis functions as a 'non-place' that obviates anthropological attempts to ethnographically *situate* what we study. She worries, in other words, that 'crisis' staves off precisely the kind of critical engagements we are best equipped to undertake. This begs the question what other term might reverse the idea that the opioid phenomenon has no identifiable locus, no traceable trajectory?

How about terms that have been coupled with drugs in our recent past? What about *epidemic*? Recall that in the 1980s and 90s, we did not speak of a 'crack crisis' in the United States. Instead, the public worried over a 'crack epidemic'—with

a particularly revealing focus on the supposed ravages of one particular form of cocaine (the one affordable and attainable by black urbanites) on fetal and childhood development, claims that have been largely debunked (Chavkin 2001). This change in nomenclature from epidemic to crisis to describe opioids should give us some pause, especially given the medical connotations of epidemic, which are arguably far more relevant to the typical travels of opioids through pharmaceutical companies and doctors' offices than to a drug that is generally produced on household stoves.

So why do we find ourselves in a crisis rather than an epidemic when it comes to opioids? Helena Hansen's panel paper gives us some very good guidance here, in their exploration of how opiates have been whitened, whitewashed, and therefore deracialized in the stubborn cultural insistence that white is not a race, but a standard that should never be violated (see also Netherland and Hansen 2016, 2017). Let us add to this whitening project the choice of the term 'crisis' rather than the arguably more proximate 'epidemic.' Epidemic—is from the Greek *epidemios*—meaning: *upon the people*. Epidemic is a way of figuring a problem relative to *population* rather than historical situation. And as we all surely remember when it came to crack cocaine, we were repeatedly told that the problem was with a kind of person, and not the kind that sits comfortably in diners with American flags waving, after taking in baseball games (ibid.). Whereas the portraiture of opioids commonly features an innocent white heartland disrupted by crisis that seems to come from nowhere, the representational economy of crack implicated a population that was already publicly imagined to be plague/plagued by any number of pathologies and social problems.

Indeed, if crisis lodges itself in time, epidemic points to and ensnares a people. Accordingly, the solutions epidemic tends to suggest include quarantine, sterilization, mass incarceration, immigration restrictions, and other forms of population control—types of solutions Americans sadly tolerate when it comes to black and brown people, but ones almost inconceivable when it comes to white ones.

And so, we might wonder together what would lines of inquiry might we gain by reviving the term epidemic and applying it, with adequate care and without the necessary suggestion of the solutions I just mentioned, to US opioids. Could this be a chance to *racialize whiteness*—to make whiteness visible as Hansen puts it—a project that could have a myriad of positive effects, well beyond the distribution and use of opioids? And might 'opioid epidemic'—with its indexical insistence on categories of people—revive a *class analysis*, so stubbornly missing from the American imagination of social problems?

I don't have an answer, but I want us to experiment; I think it is worth it. And while we are at it, why not experiment with what we are qualifying

Why is this an *opioid* crisis and not something else? If we insist on crisis, why not: A prescription crisis? A pharma crisis? A poverty crisis? A white crisis? At the very least, we should remember the ways that particular drugs at specific historical junctures—in what we often retrospectively cast as drug panics—have been assigned agency, as if they simply trample the wills of users. This tends to focus attention on regulation or elimination of drugs, while obscuring their social life and ecologies which we as anthropologists are so well equipped to document.

In conclusion, I want to underscore what I hope is already obvious: this is not simply a semantic exercise. As I often tell my masters students, who are training to become clinicians, social service administrators, and policy makers: how we frame a problem—or some kind of phenomenon as a *particular kind* of problem—is of fundamental importance to how that problem is going to be understood, worked upon and treated in the world. To be a good practitioner is to be a sophisticated rhetorician, to know the history and anticipate the effects of the terminology one uses.

These students also come to understand that to be effective interventionists is to experiment, in the pragmatist sense of the word. Just like anthropologists, who have learned to ask what lines of analysis are opened and foreclosed by particular analytical terms, the various professionals who interact with opioids and their users need to keep questions alive and open, so that they may figure out what to do next based on what just happened as the result of their previous acts.

This, I dare say, suggests that we may have to forgo the urgency, the demand to decide and to act immediately, that comes with crisis, even when a definitive solution is so far from hand. Devoted to ongoing reflection and action, experiments such as those I have in mind abandon the fantasy of definite solutions—a hard thing to do when faced with so much decline and social suffering (see also, Carr 2015). But I fear there is no naloxone for the social life of opioids, or an antidote that—if delivered fast enough—will wipe away the myriad tragedies to which these papers point.

And so, those of us who care must continue to experiment. For anthropologists, this means continuing to experiment with research strategies and modes of representation, to track the effects of what we write and what we say, the terms of our analysis.

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