

Grievable lives? Death by opioid overdose in Australian newspaper coverage

Abstract

Opioid overdose deaths are increasing in Australia and around the world. Despite this, measures aimed at reducing these deaths such as safe injecting facilities and take-home naloxone continue to face obstacles to uptake. The reasons for this are manifold, but a key contributor is public discourse on opioid consumption and overdose. In this article we explore this public discourse using Judith Butler's work on 'grievable lives'. The article analyses mainstream newspaper coverage of opioid overdose in Australia to map key articulations of overdose and to consider how public understandings of overdose are shaped. It then goes on to consider ways these understandings might be reshaped, looking at what have been called overdose 'anti-memorials' and a new website *Livesofsubstance.org*. In concluding we argue that until the lives of opioid consumers come to be considered grievable, the measures known to reduce overdose deaths may struggle to find public support.

Grievable lives? Death by opioid overdose in Australian newspaper coverage

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Introduction

In the middle of 2017 a proposal put forward by one of Australia's inner city councils attracted extensive news coverage and, if that coverage is to be believed, significant community outrage. One article sets the tone with its headline: "Monumentally stupid": Richmond locals furious at planned overdose memorial' (Houston, *The Age* 2017). Melbourne's Yarra City Council, we read, has proposed placing a memorial to mark the deaths by opioid overdose of scores of local residents. Critics of the initiative are many, we are told, and these include the Victims of Crime Commissioner, Greg Davies, and a 'spokesman' from the Department of Justice. According to Davies (as reported in the article):

A monument honouring people doing something illegal and incredibly stupid could serve as a rallying point for others considering doing the same thing.

A local business owner is further reported as asking,

Why are we building a monument for people who have committed what is a crime and died from their own stupidity?

Much could be said about these quotations, but perhaps most striking is the logical trajectory both construct – death by one's own stupidity. Looking at the article as a whole, also notable is the almost exclusive focus on critical voices, given the piece is published in one of Australia's respected news publications, *The Age*. The article raises important questions about news coverage of fatal opioid overdose, and Australia's response to it. How, why and to whom does death by overdose occur? What kind of death warrants grief and memorialisation? What makes a proper life; a life worth preserving or mourning? How should overdose be understood and tackled? In this article we consider these questions.

Deaths by accidental opioid overdose are increasing in Australia and around the world. Fatal opioid overdose is preventable via access to safe injecting facilities, take-home naloxone and other measures, yet support for these measures remains limited and patchy. Why is this the case? In this article we aim to address this issue by looking at a key contributor to overdose public awareness and, by implication, to responses to it: opioid overdose-related media coverage. Identifying a lack of attention paid to the lives of those lost to overdose, we use the recent theoretical scholarship of Judith Butler, whose work on 'frames of war' and 'grievable lives' offers much for developing a conceptual basis for understanding the meaning of opioid overdose and responses to it (Butler, 2016 [2009]). We begin with a review of the social science literature on public perceptions of opioid consumers and opioid overdose, which highlights the centrality of stigma to experiences of opioid consumption, and of a metaphorical language of the monstrous in depictions of opioid consumers. Following this review we present the theoretical concepts on which our analysis will draw, and the methods by which the data were collected. The analysis then follows. Here we explore

Australian media coverage of opioid overdose via newspaper articles to document and examine some of the widely circulating ideas and assumptions informing public perceptions of the lives of opioid consumers and overdose. We identify particular ‘political teleologies’ of overdose that shape how it is reported, how affected individuals are portrayed, and the kinds of responses and solutions given coverage. After this analysis we briefly consider important efforts currently underway to reshape public perceptions, looking in particular at overdose ‘anti-memorials’ and the approach of a new website *Livesofsubstance.org*. In concluding we consider how such initiatives might contribute to awareness of the ‘grievability’ of the lives of opioid consumers, thereby creating new openness to life-saving measures such as safe injecting facilities and take-home naloxone. In doing so, we highlight the role of drug prohibition regimes in overdose deaths, and we argue that, in Australia and elsewhere, unless and until the lives of opioid consumers come to be considered grievable – as real lives ‘not yet lost’ – the measures able to save lives may continue to be neglected.

Background

The consumption of opioids, heroin in particular, has long been symbolically associated with criminality and moral decay (Fraser & Moore, 2011; Seddon, 2010). Assumptions and stereotypes – about opioids and opioid consumers – help shape policy and service provision and contribute to stigma (Fraser & Moore, 2011; Keane, 2002; Lancaster, et al., 2015). The stigma encountered by people who consume drugs emerges in many different settings, including the workplace, general healthcare, harm reduction services such as needle exchanges in pharmacies, and interactions with police (Fraser, et al., 2017; Lloyd, 2013; Van Boekel, Brouwers, Van Weeghel, & Garretsen, 2013). Drug consumption via injecting is especially stigmatised, particularly for marginalised populations such as those experiencing homelessness (Boeri, 2004; Radcliffe & Stevens, 2008). People who inject opioids are often automatically dismissed as ‘addicts’, and those labelled in this way are pathologised. Stigmatising discourses of addiction operate in a range of contexts. As Keane observed in 2005, ‘[a]ddiction [...] is described in the globalizing shorthand of news reports, popular psychology, and politicians’ speeches as a meaningless life of degradation’ (2005, p.91). This stigma shapes and reflects broader perceptions that those who consume drugs are less deserving of social and community support including quality health care (van Boekel et al., 2013; Tindal, Cook & Foster, 2010). As such their opportunities and resources are circumscribed by fear, pathologisation and legal constraints. Indeed, as is well known, Australian law criminalises the consumption of opioids outside the context of authorised medical intervention and treatment. It is within this politically charged and legally

circumscribed context that responses to overdose, and indeed overdoses themselves, occur (Fraser & Moore, 2011; Moore & Dietze, 2005).

The last decade has seen worldwide increases in the use of heroin and pharmaceutical opioids (EMCDDA, 2016; Jones, Logan, Gladden & Bohm, 2015). In Australia, increases have also been identified in the prescription and use of pharmaceutical opioids – both in opioid pharmacotherapy treatment for ‘dependence’ and in the general population (AIHW, 2017; Larance et al., 2017). Opioids offer benefits but are also associated with a significant risk of overdose. In Australian studies, 41 per cent of people who inject drugs report experience of non-fatal overdose (Stafford & Breen, 2016).¹ Moreover, the number of accidental deaths due to opioids among people aged 15-54 years has steadily increased, from 374 in 2005 to an estimated 689 among people aged 15-54 years in 2015. Of these, 68 per cent in 2013 were attributed to pharmaceutical opioids (Roxburgh & Breen, 2017). Overdose is also a risk for people receiving methadone for opioid pharmacotherapy treatment (Strang, 2015; CDC, 2012) or prescribed opioids for pain (Blanch, Pearson & Haber, 2014; Coe & Walsh, 2015). A similar trend of high and increasing rates of opioid overdose deaths was recorded in Australia almost two decades ago. For example, in the year 2000, close to 360 people in Victoria died from a heroin-related overdose (Dietze, Fry, Rumbold & Gerostamoulos, 2001). These overdose rates prompted a range of responses, many of which continue to this day. The primary response was the implementation of education and training activities to teach heroin consumers how to avoid, recognise and respond to opioid overdose (calling an ambulance, placing the person in the ‘recovery position’ and performing ‘rescue breathing’).

In 1992, researchers in the UK argued that the opioid antagonist drug naloxone should be made available to non-medically trained individuals, especially people who inject opioids who may witness opioid overdose (Strang & Farrell, 1992). Take-home naloxone programs now operate in many jurisdictions throughout the world (Clark, Wilder & Winstanley, 2014; McDonald, Campbell & Strang, 2017) and since mid-2018, programs of various scales have been operating in all but three Australian jurisdictions (Dwyer, Olsen, et al. 2018). Despite these developments, as with other measures able to reduce overdose, access to take-home naloxone remains limited and knowledge of its availability among people who consume opioids remains patchy (Dietze et al. 2018). Notably, Australia also has only one operating safe injecting facility, located in the city of Sydney (established in 2001) and a two-year trial of a facility in Melbourne was approved in 2017 but is yet to begin serving the community². The Melbourne safe injecting facility trial is extremely controversial despite the success of the Sydney facility. Why are measures able to reduce overdose deaths not more widely

supported and taken up? This article considers this issue from the perspective of public perceptions of opioid consumption and overdose. The negative assumptions about opioid consumption noted above provoke consideration of the place of public perceptions and stigma in the status of responses to opioid overdose. This article begins to explore in more detail this issue, looking at a key forum in which ideas about opioid consumption and overdose circulate: the news media.

Literature review

As already noted, substance addiction is heavily stigmatised. Significantly, stigma is identified as an obstacle for accessing drug treatment and harm reduction services, with some service users feeling that engagement with treatment works to publicly label them (Radcliffe & Stevens, 2008). Recent research indicates that negative public opinion and stigma are seen by people working in drug policy and service provision as key impediments to the establishment of pragmatic alcohol and other drug policy and more positive health interventions (Fraser, valentine & Seear, 2016). Common stigmatising discourses, such as those circulating around the figure of the 'junkie', position those who inject drugs as having no legitimate 'social roles' or place in society (Boeri, 2004; Fraser, et al., 2017). In this context, it is important to explore how the lives of those who may benefit from overdose prevention measures are socially constituted and understood.

Given illicit opioid consumption is heavily stigmatised, it is unsurprising to find it represented in stigmatising ways in the media. Research indicates that harms and dangers are exaggerated and those affected are depicted as losers and a danger to a healthy society (Cape, 2003; Taylor, 2008). According to Hickman (2002), the media focus on the bodies of drug users, presenting them with hollow cheeks, dark rimmed eyes and wasted limbs, in a pattern that works to create external 'evidence' of their corrupt internal condition. This persistent emphasis on the compromised abject body of the addict in popular culture (Huggins, 2006) also finds expression in scientific research on addictions (Keane, 2002). The body of the addict is positioned within the realm of the monstrous and presented as a threat to others. Indeed, media portrayals of 'drug-related crime' often present individuals who commit acts of violence while affected by certain drugs as monsters or crazed 'zombies' (Fraser, 2008; Guntsche, 2013; Linnemann & Wall, 2013; Linnemann, Wall & Green, 2014). Such accounts frame them as an uncontrollable danger to others.

The pervasive image of the drug user as an abject zombie-like creature is important for our analysis. Discussing popular representations of 'crack heads', Draus and Roddy (2016) argue that mobilisations of the image of the zombie work to position such people as 'drug-

obsessed automatons in an endless search for more drugs, oblivious to their [...] physical health, much less the welfare of others' (p. 73). In Fraser's 2008 analysis of media representations of methadone treatment, the figure of the 'werewolf' emerges through the repeated use of the metaphor of the 'silver bullet'. Fraser cites Otten's (1986) analysis of the werewolf to point to two key images associated with the creatures – as wily, bestial devourers and as pitiable outcasts.

Importantly, anti-drug campaigns often present those said to be experiencing addiction not as individuals with personal biographies situated within complex cultural milieus but as a mindless and faceless mass (Linnemann & Wall, 2013). Such accounts support a perspective in which the lives of people who consume drugs are invalid, disposable and, in turn, potentially ungrievable (see also Linnemann & Wall, 2013). Recent US scholarship on media coverage of the deaths of people who consume opioids emphasises the influence of race and class on these dynamics (McLean, 2017; Netherland & Hansen, 2016). McLean (2017) argues that representations of urban African-American overdose deaths extend little sympathy while white people living outside urban areas are presented as 'unexpected' opioid consumers and their deaths receive more attention. Similarly, Netherland and Hansen (2016) argue media coverage of white prescription opioid consumption is extensive, with the issue presented as a 'surprising' tragedy caused by 'dirty doctors' with irresponsible prescription practices. By contrast, they observe, the deaths of black and Latino heroin consumers garner little media attention. While the demographics of Australian opioid consumption are different from those found in the US, this scholarship nonetheless points to the importance of analysing the political ramifications of media reporting on overdose. How are the deaths of people who consume opioids presented in Australian media? Little scholarly literature exists on this issue. In this article we aim to contribute to this area, exploring the presentation of death by opioid overdose in newspaper reports, and considering the implications of these representations for broader perceptions of overdose and related responses.

Approach

To conduct our analysis we draw on the work of Judith Butler, in particular her theorisation of war and her notion of 'grievable lives' (2016 [2009]). Speaking of deaths in war in a book partly aiming to address the Arab-Israeli conflict, Butler posits two conceptual dimensions for consideration, the epistemological and the ontological. Focusing on the former – the epistemological – she argues that:

the frames through which we apprehend or, indeed, fail to apprehend the lives of others as lost or injured (lose-able or injurable) are politically saturated. They are

themselves operations of power. They do not unilaterally decide the conditions of appearance but their aim is nevertheless to delimit the sphere of appearance itself. (2016 [2009]: 1)

In this passage Butler draws our attention to the intrinsically political knowledge-making processes that frame some lives as not visibly or perceptibly real and therefore not 'lose-able' or 'injurably'. While the context for Butler's book is seemingly far removed from that of the topic of this article, useful connections and parallels can nonetheless be drawn. Here the figure of the zombie comes especially forcefully to mind, depicting as it does a creature whose status as a volitional living being is ambiguous, and whose ambiguity produces horror. In relation to the latter dimension – the ontological – she asks a fundamental question for her project:

What is a life? The 'being' of life is itself constituted through selective means; as a result, we cannot refer to this 'being' outside of the operations of power, and we must make more precise the specific mechanisms of power through which life is produced.

This answer is as relevant for our topic as for hers (indeed if one were to consider overdose deaths in the context of measures linked to prohibition and the international 'war' on drugs, the links between Butler's project and ours would become even clearer). In conducting our analysis we ask both how the lives of drug users are presented in public discourse (as depicted in the news media) and in turn, how these media, themselves co-produced within and through networks of power, constitute the particular ontology of life for drug users.

Method

As noted, this article is based on an analysis of Australian newspaper coverage of overdose deaths. The data were collected via searches undertaken on the 24th of March and the 28th of June, 2017, using the Factiva database.³ The searches, conducted by a research assistant with assistance from the first author, were limited to three news outlets, *The Sydney Morning Herald*, *The Age* and *The Australian*. These outlets were chosen as key widely circulating respected news publications in Australia regularly recognised in Australia's national journalism awards, the Walkley Awards. In the first search step, conducted on March 24th, the key term used was 'heroin overdose' and the date parameter set was 'In the last five years', that is, 2012 to 2017 (80 results, 21 selected for dataset). Both the research assistant and first author read the results produced in the first search step, and this material was used along with researcher knowledge about media language on drug use in Australia to identify further relevant search terms. These were then applied in the second search step. In the second search step (June 28th) the key terms used were 'drug overdose' AND 'death' (130 results, 31 selected for dataset); and 'fatal' AND 'drug overdose' (19 results, 5 selected for dataset). Again, the date parameter was 'In the last five years'. Finally, specific searches

on all terms were run to align the collection periods between step one and step two (exact date ranges were specified in the search form). Articles were excluded if they referenced overdose only peripherally, centred on celebrities who had experienced or died from overdose, or were duplicates from previous searches. Articles focusing on celebrities were generally excluded because this coverage differs significantly from that of non-famous or 'ordinary' members of the public, whose lives are the focus of our analysis. A small number of articles that addressed fatal opioid overdoses by public figures were, however, included when they also covered overdose more broadly – for example, one article on heroin that had been mixed with fentanyl, causing deaths in Sydney, also referred to the death of pop musician Prince. Articles discussing murders committed by overdose were excluded, as were articles that noted drug overdose incidents in the course of focusing on other issues such as organised crime or the Cardinal George Pell sexual abuse case. Opinion pieces written by campaigners or public figures engaging with drug law reform debates were excluded, both because opinion pieces do not function in the media in the same way that news reporting does, that is, as fundamentally or ideally factual and objective, and because of minimal coverage of the issues under consideration here. Some articles in which drug policy was discussed in relation to overdose risk, for example pieces discussing the opioid antidote medicine naloxone, safe injecting rooms or the shifting demographics of opioid consumers, were included. Lastly, articles addressing overdose as a result of legitimate legal prescription were excluded because our analysis focuses on the public status of illicit drug use.

The resulting dataset (n=47) was analysed thematically, based on the key questions this article asks and the literature reviewed above. This analysis was conducted by the first author. Informed by research on the stigmatisation of illicit drug consumption, particularly opioids, the analysis asked how the lives of those who stand to benefit most from the measures described above such as safe injecting facilities and take-home naloxone – people who consume illicitly acquired opioids – are presented in newspaper coverage of overdose death. In answering this question, the analysis posed the following more specific questions: what are the overt and implicit explanatory devices and rhetorics to which readers are exposed in the construction of overdose narratives? Are measures able to respond to overdose and save lives given attention, and if so how? The articles were read closely and a record of overall approach and narrative in each was made (for example, does the text read as a drama, a cautionary tale, a story of redemption, is it chronological or does it bring together contemporaneous events?). In examining the content, we drew on Butler's work to ask how and why and to whom death by overdose occurs in these items, what kind of death warrants grief and memorialisation, or indeed prevention, and what makes a proper life. In

the process, notes were made on specific analytical points such as the amount of personalising detail provided on the overdose victims, the way in which the impact of their deaths on others is described, and the metaphors mobilised in creating the accounts. The results of this analysis are presented below.

Analysis

The analysis is divided into three main parts, focusing on three key elements found in the dataset. In the first two sections we map what we call ‘political teleologies’ of overdose, and analyse the relationships evident in them between drug use, death and other forces. Here we use the term ‘teleology’ to refer to ways of accounting for events that ascribe their causes to the purposes the events serve. Theologically the term refers to the doctrine of design or purpose in the material world (See *OED*, 1999, p. 1378). As we will see below, many articles implicitly constitute teleologies of overdose. By reporting select information about the victims, by focusing on particular events, and by using certain metaphors, important politically saturated teleologies of overdose are built. As we will argue, these present overdose as the natural result of the dangers of drugs and the personal problems and characters of those affected. In the third section, the subjects of loss are identified and analysed. Here we ask, whose is the loss of overdose death, and what this means about whose lives matter.

To whom does death by overdose happen?

As noted in the methods section, this analysis is based on articles published in *The Age*, *Sydney Morning Herald* and *Australian* between 2012 and 2017. The first observation to be made about the newspaper coverage of opioid overdose is that it operates largely in a vacuum of detail about the persons who have died. In none of the news items about individuals who have died that we analysed are more than two or three biographical details included, beyond those directly related to the death. For example, in May 2012, an article entitled ‘Parents feel agony of needle and damage done’ (Hannon, *The Age*, 2012) reported on the death of ‘Daniel’. We read that Daniel was 22 when he died, and that while his parents

were not blind to his bouts of low self-esteem and anxiety [...they] believed he was building the foundations for a happy, successful life. A bachelor of fine arts from the University of New South Wales was proof.

Who was Daniel? He was 22, had a bachelor’s degree, and suffered from low self-esteem and anxiety. Beyond these few details, we learn nothing. What are the implications of this absence of detail about the lives of those who have died from opioid overdose? In Daniel’s

case, we encounter someone apparently in need of redemption, but who was ultimately denied the chance to redeem himself:

Mrs Smith said, 'He battled so hard, he was so brave — and he was coming good.

He just needed more time.'

Daniel, we are told, was in heroin's 'grip' and while he had periods of abstinence, he ultimately 'relapsed', and this led to his death. Broadly speaking, the article leans towards the value of harm reduction approaches to drug use, since Daniel's mother speaks highly of the need to keep people like her son alive so that they can get better. There is much with which to sympathise in this account, and certainly it is some distance from the images of zombies and other monsters often found in coverage of opioid consumers. At the same time, it is important to observe that, in setting up the particular facts it does, and in leaving out all others, the story builds a very specific, narrow, account of why Daniel's death occurred, framing the drug (the 'damage' caused by the 'needle'), along with his mental health, as the causes of his death. This, we would argue, is a political teleology of fatal overdose worth querying since it tends to imply that overdose was, if not inevitable, the predictable outcome of Daniel's actions and character. In this way Daniel's life is presented as somehow marked, and implies that his loss is somehow within the natural order of things.

Another article raises this issue even more starkly. In a 2014 piece published in the *Sydney Morning Herald* entitled 'Prisons for women are 'awash' in illicit drugs' (Olding, *SMH*, 2014) we read of 'mother-of-three Tracy Brannigan' who died from a heroin overdose in a New South Wales (NSW) women's prison. As the article puts it,

Brannigan, a career criminal and long-term drug addict, had previously overdosed three times in prison, yet freely obtained drugs, which are often thrown over the back fence of the semi-rural prison near Windsor, the inquest heard.

This description, along with the headline under which it appears, about which more will be said in the next section, performs a significant amount of work in framing drug use and death by overdose via a particular politically saturated teleology. The victim, Tracy Brannigan, was, we learn, a 'career criminal' as well as an 'addict'. Tracy's was a life defined by and devoted to crime and drug consumption. While we also learn she is a mother of three children, we find out nothing further about her children or her life with them. It seems the salient issues for her fate are her criminal patterns and her status as an 'addict'. She has overdosed before while in custody, yet continued, in a tellingly chosen expression, to 'freely' access drugs. In this respect this account echoes commonsense notions of overdose as fundamentally the effect of drug consumption, addiction, and the criminality of consumers.

The article goes on to give some prominence to critical comments made by a prisoners' advocate who is quoted as saying the event 'should serve as a watershed moment that exposes the "callous indifference" of correctional services and staggering drug abuse within prisons'. The context for Tracy's overdose is poignantly illuminated here, yet in the following sentences, this context and its role in the event are presented in a rather different way:

Officers at Dillwynia Correctional Centre had placed Brannigan, 41, on 'sanctions' for her continual drug use, yet were unable to stop her having a 'drug party' in a high-needs cell that she shared with another known drug user, the inquest heard on Tuesday.

As above, the circumstances surrounding Tracy's death are characterised in terms of freedom – despite sanctions she proves ungovernable, is, in effect, still too free.

Notably, while the article makes clear that questions have been raised about the role of prison personnel who failed to notice Tracy's intoxication, and of the facility in its 'duty of care', the opening lead paragraph, which posits the article's key narrative, ignores this important and presumably newsworthy angle. Instead it says:

Women's prisons in NSW are awash with illicit drugs that are fuelling 'drug parties' and fatal overdoses, an inquest has revealed.

Here, the women in question are incarcerated, and we must assume they experience the many serious deprivations incarceration entails⁴. Yet they take drugs merely to 'party' (a term that suggests trivial motives), and this partying is simply the effect of drug availability. So too, we are told, is overdose. In short, an incarcerated career criminal and addict enjoyed too much freedom in a system somehow 'awash' with drugs, and therefore died.

The story later goes on to document calls for investigation of the prison system, which it is said improperly 'allowed' Tracy to access drugs, and failed to supervise her closely enough. These are no doubt important criticisms to air. Yet the tone struck in recounting these criticisms returns us to the opening paragraphs: Tracy's unstoppable addicted agency engineered her death while the prison merely looked away. As such this account reconfirms a familiar political teleology rather like that constructed around the death of Daniel. Drugs fuel overdose, but those affected somehow have within them the seeds of their own destruction. Only at the close of this quite lengthy article do we learn that,

Outside the court, Brannigan's mother, Sandra Kelly, and her daughter's partner, Carlos D'Amico, said they were devastated by her death...

Finally we learn a little more about Tracy and her family, and are given access to a different perspective on her death. The focus now is not on criminality and partying but on devastation. This insight into another dimension of these events is important, but the way in

which the article is structured, and the narrative unfolds, should not be overlooked.

Traditional news reporting style presents the most important information first, with less important material arranged in a hierarchy of decreasing significance. As such, the order in which material is presented tells us much about the publication's perceptions of newsworthiness as well as the likely exposure to readers particular elements will receive. As White (1997) explained, citing Van Dijk (1988):

...the promoting or demoting of information within news reports is one mechanism by which the author actively construes certain information, that presented at the earlier position, as having greater significance.

In both these stories, information about the overdose victim is extremely limited. This paucity of detail is widespread even in lengthy articles. The implications of this silence are significant. Erased from the narrative, the person is reduced to a signifier of a particular teleology of death by overdose, effectively obscuring the range of contributing factors, and in some cases side-tracking or deferring consideration of measures to avoid these outcomes, such as safe injecting facilities, and naloxone distribution in prisons, both of which have been advocated by experts but are for the most part absent in Australia. (While the article analysed above on the death of Daniel does mention supervised injecting facilities in a direct quote taken from his mother, this appears only in the second last of the article's 12 paragraphs.) Overall, the logic presented runs as follows: drugs are dangerous: they can lead to death, especially among those imperfect souls touched by mental illness, trauma or deprivation. Such interpretations of events are unsurprising in that they occupy a central place in public understandings of drug use and as such inform news reporting as much as they do other domains. This does not mean it is impossible to adopt a questioning or critical approach to overdose deaths, however. A report produced by advocacy group Justice Action in response to Tracy Brannigan's death (Justice Action, no date) points with some acuity to the assumptions informing the events surrounding the report – in particular the events of the coronial inquest itself:

[Tracy] was described as a 'career criminal' who 'swapped sex for drugs'. Not only was this disrespectful to the deceased and her family, it was also an attempt to illustrate Tracy's life as a life worth little value and subsequently, that her death was no loss.

These observations echo our own concerns about the media coverage and its implications, as well as the concerns implicit in the more abstract account Judith Butler gives in her discussion of the politics of life. As she puts the issue (noted earlier), 'the frames through which we apprehend or, indeed, fail to apprehend the lives of others as lost or injured (lose-able or injurable) are politically saturated. They are themselves operations of power'. (2016 [2009]: 1)

How and why does death by overdose occur?

As we have argued, the way in which victims of overdose are presented in news reporting reflects and reproduces a particular account of how and why overdose deaths occur. By reducing complex lives to a few select details, a totalising logic reliant upon the agency of the drug and the vulnerability of the victim is composed. In this section, we examine a further dimension of this process of composition by considering the metaphorical language used in the news stories we collected. As we will argue, the frequent use of natural disaster metaphors helps constitute overdose again as ungovernable: as beyond the remit of governmental processes. Here, alongside accounts that point to the power of the drug and the vulnerability of drug using subjects, are presented accounts that treat fatal overdoses as naturally occurring phenomena.

Our first example of this construction can be found in a 2016 *Sydney Morning Herald* piece (Olding, *SMH*, 2016), which quotes the coroner dealing with a series of overdoses as follows:

As State Coroner, I deal with hundreds of deaths each year and it is part of my role to make recommendations that can save lives...In this instance, there is an urgency to bring this spate of drug-related deaths to the attention of the public prior to any inquest being held.

Here a cluster of overdose deaths is described as a 'spate' – in other words, a river in flood. The same language appears in other related news items, such as in the summary description of a 2017 *Age* (Bucci & Preiss) article:

A coroner has recommended the Victorian government trial a supervised injecting room in north Richmond, amid an unprecedented spate of heroin overdoses.

In this case the natural disaster signified as a river bursting its banks can be tackled and potentially avoided with the introduction of better infrastructure: a supervised injecting room. While this coverage of proposed structural measures is a welcome modifier of the fatalism implied by metaphors of natural disaster, it is important to consider whether these metaphors work at some level to undermine such proposals.

In a different example – an article (Bucci, the *Age*, 2016) covering the death of a woman in Melbourne – the area in which the overdose occurred is described as the 'epicentre' of risk:

Coroner Jacqui Hawkins, who has suppressed Ms A's name, heard during the inquest that deaths from heroin overdoses had reached levels not seen since the late 1990s, and that North Richmond was at the epicentre.

Via the geological term 'epicentre', overdose events or clusters are figured as earthquakes. In a further example of this use of natural disaster metaphors, another (Priess, the *Age*, 2017) article reports statements that describe the increasing availability of certain illicit drugs as 'a rising tide':

Ms Warr now works at Cohealth in Collingwood. She says support workers are dealing with a rising tide of dangerous drugs. 'The risk of overdosing from heroin and dying is as high as it's ever been,' she says.

In all these examples, overdose death is figured as a natural disaster, the implication being that the event is instigated by forces outside human control, part of the ungovernable and chaotic operations of the natural world, beyond the politics of drug prohibition and ideas of addiction. Notably, the example presented in the previous section, in which Tracy Brannigan's death while incarcerated is discussed, also used similar language in that it refers to a prison 'awash' with drugs that 'flow' in unchecked. Such terms are clichés of drug reporting; they appear constantly (as can be confirmed by Googling 'awash with drugs' for example), creating a familiar vocabulary and tone that warrants scrutiny. We argue these metaphors construct a political teleology of overdose as apolitical: the natural result of the courting of risk rather than of specific policies, laws and social conditions.

While such metaphors were common, others also figure in some pieces, and these can be read as offering rather different although equally questionable political teleologies of overdose. One worth mentioning here is that of the drug 'scourge' (Bucci & Priess, 2017):

According to the coroner's findings, there were 172 heroin overdose deaths in 2015 in Victoria, which is the 'greatest annual frequency' since the height of the heroin scourge in the late 1990s.

What is a 'scourge'? The *Oxford English Dictionary* tells us its historical meaning is a kind of whip used for punishment. A very common and longstanding metaphor in public discourse on drug use, the historical baggage of the scourge may not be obvious to all but it points to a lingering logic of punishment that informs this coverage, and raises the question of who is being punished and for what. Those who toy with danger and end up addicted and risking death? By taking the use of these terms seriously, we begin to see how casual, unscrutinised meaning connections are made – that is, by the offhand use of culturally laden clichés that hint at, and reinforce, the assumptions common to the discourse as a whole.

Whose loss is overdose?

In the final analytical section of this article we explore the accounts newspaper coverage provides of the loss associated with fatal overdose. Here our concern is to track the logic by which loss is composed. Whose loss is death by overdose? What kind of loss is this, and to

what ends is the loss of death by overdose turned? As Judith Butler explains in *Frames of War* (2009, p. 3):

The epistemological capacity to apprehend a life is partially dependent upon that life being produced according to norms that qualify it as a life or, indeed, as part of a life. When we consider the loss of life associated with accidental overdose, the framing of whose, and what kind of, loss this death constitutes warrants consideration in light of the norms that apply to the apprehension of life. As we have already noted, media coverage of illicit consumption of opioid drugs such as heroin tends to pose this consumption as illegitimate or invalid, and the lives associated with it as tainted, incomplete or evacuated of meaning and value. Where lives are conceived in this normative way, a question arises as to how their significance is apprehended. Is death by overdose to be understood as a tragedy for the victim – a life cruelly cut short – as would be expected in death by misadventure or accident? The data analysed here suggest not, if we are to consider the example accounts given of ‘Daniel’ and Tracy Brannigan. Instead, the emphasis appears to be placed overwhelmingly on the loss suffered by others, namely family members.

This question of what kind of loss death by overdose is can be asked in other ways too. In one of the articles cited above (Bucci, *The Age*, 2016), we also read that:

Ms A overdosed in a Hungry Jack's toilet in North Richmond. A needle and a spoon were beside her.

That Sunday lunchtime, on May 29, was the end of a decade-long battle with heroin addiction.

She was a 34-year-old mother.

On Wednesday, her death took on new meaning. It became the subject of a coronial inquest into whether a supervised heroin injecting room in the Victoria Street area would reduce the incidence of fatal overdoses.

Another example of the political teleology of what, given a supervised injecting facility in the suburb cited would likely not have been a death (van Beek, Kimber, Dakin, & Gilmour, 2004), this article also illustrates the tendency to narrate death by overdose as primarily in terms of others: other issues, and other (though few) people, overwhelmingly immediate family. In this extract Ms A's death travels in meaning from a somewhat inevitable defeat by ‘addiction’ to a test case for a new policy measure. While the latter initiative, now approved, is undoubtedly a positive one, of concern is the absence of a discourse in which Ms A's life

is apprehended as intrinsically valuable, and the main loss as her own. As with Tracy Brannigan, Ms A's status as a mother is one of few details presented about her. As others have argued, motherhood and drug use are widely considered antithetical, and women who are labelled drug-using mothers are reserved a place among the most vilified of people (Ettore, 1992; Fraser & valentine, 2008). Here, Ms A's death is given significance beyond the feelings of her direct relatives by becoming a test case for the campaign in favour of the establishment of a supervised injecting facility.

As in this item about the death of Ms A, another piece presents association with a particular campaign as a key part of the meaning of a death by overdose.

In a brief moment alone between the tender words and tears, Cherie Short tips her head back and looks up towards the heavens. Ahhh. The sigh slips out. A year ago, to the day, her 26-year-old son, Aaron, died of a drug overdose...

And yet here she is on this milestone greeting the mostly strangers she's rallied to try and prevent more deaths like her boy's...

The forum, held in an event centre in Melbourne's west to mark International Overdose Awareness Day on Wednesday, is a *part memorial, part battle cry*.
[emphasis added]

Importantly, this piece is more complicated than the previous one in that it incorporates more information about the deceased, presenting him in heroic terms as a campaigner for the needs of heroin users. Beside his mother, we are told, is a photo of Aaron 'full of hope. He is marching with his girlfriend...at a rally against stigma towards people with drug addictions.' He dreamt 'of fixing the gaps in the system'. His mother is also depicted as a campaigner, reported as saying that 'overdose is preventable' and that this is her motivation for responding publicly to her son's death. Yet similarities remain. Aaron battled 'underlying depression', and the main loss constructed in the article remains clearly that of parents rather than of the deceased himself. Overall, these deaths are significant not because of the injustice of life denied the deceased, but because of the suffering they cause those left behind, and because they can be mobilised for political change. Here we can ask incidentally to what purposes a death must be turned to become reportable as news (and, in any meaningful sense, publicly grievable).

Making 'lives' lose-able

Of course, the references to tragic deaths in the campaigns noted above are necessarily important to arguing for improvements in societal responses to overdose risk. We do not dispute this. Our questions focus instead on the scope such coverage allows for presenting victims as fully human and their deaths as tragic losses in their own right, for the victims' own sakes. More could be expected not only of newspaper coverage of overdose deaths but of societal perceptions of and responses to overdose in general. How might this need be tackled? As noted at the outset, the literature shows public representations of drug users tend to posit a liminal state in which those affected are not fully alive, or not fully human. Our analysis of newspaper coverage of accidental death by overdose shows a similar pattern in that it tends to anonymise victims and treat their deaths as part and parcel of their flawed, half-lived lives. Where death occurs, its significance is in the pain it causes immediate family and the role it can play in political change. Is it possible to alter public discourse on overdose to overcome its fatalistic tendencies and its political teleologies that treat death by overdose as always already happening to people who consume opioids, to instead see such deaths as fundamentally a tragedy for those denied life? Is it possible, in other words, to foster recognition of these lives as fully lost, as fully grievable? Such questions have not been lost on campaigners for affected communities. Organised by drug user advocates, community workers and heroin consumers themselves, overdose memorials have emerged over the last two decades, aiming to raise awareness of overdose and, importantly, to acknowledge and commemorate the lives of those who have died. Through the late 1990s, drug user organisations, such as VIVAIDS in Victoria, held small-scale memorial events. In 2001, a Melbourne-based annual overdose memorial event was initiated on the 31st August. This event has since evolved, with the input of many groups, into the *International Overdose Awareness Day* (www.overdoseday.com/about-us/history/).

Usually associated with conservative narratives of national identity and war, memorialisation practices have been appropriated by activists and artists via the notion of 'anti-memorials'⁵, which memorialise the loss and affirm the life of people often ignored in traditional memorialisation approaches (Fitzgerald, 2015; Malins, 2004; Ware, 2008, see also Malins, 2016). During the early years of the US HIV epidemic, for example, activists established the AIDS Memorial Quilt as a way of publically giving voice to the grief surrounding HIV/AIDS (Capozzola, 2002; Power, 2009). Alongside events such as *International Overdose Awareness Day*, these strategies explicitly counteract the tendency to dismiss people who consume drugs as an unidentifiable mass, as found in the 'zombie' discourse explored above.

Political interventions aiming to create change of this kind are also underway in the space that aims to illuminate the lives and rich experiences of people who use drugs who have not died. One example of this work can be found in a project undertaken by the lead author of this article, who was chief investigator of a recently completed project that produced a public website entitled Livesofsubstance.org. This interview-based project aimed to produce a public resource presenting the personal stories of people who identify as experiencing an alcohol or other drug addiction, dependence or habit, and to use their accounts to also present key themes relevant to the lives and experiences of the project's participants: issues such as stigma, health and well-being, contact with the criminal justice system and so on (Fraser et al. 2017; Moore et al. 2017; Pienaar et al. 2017). Overall, the aim was to intervene in existing discourses of addiction, which overwhelmingly present lives affected by it in singular terms as pathological, disorganised, harmful and tainted. In doing so the project produced new biographical narratives drawing attention to the humanity of those affected and their rightful place within the ordinary spaces of the living. These narratives allow recognition of the ways in which addiction is indivisible from other social and political issues, such as marginalisation, poverty, violence, isolation, stigma and institutional neglect. Overall, the website provides insights that can challenge the narrow political teleologies of overdose that treat it as the logical effect of individual flaws and deadly drugs, and works to enact lives valid on their own terms – lives that would be grievable were they lost.

Conclusions

In this article we have attempted to shed light on some of the elements contributing to public discourse on opioid overdose in Australia. Our focus has been on newspaper coverage of overdose deaths, and the political teleologies that create and reproduce ideas about the causes of overdose and its impact. In doing this we offer our insights as also potentially relevant to other national settings. We have argued that in the dataset we collected (newspaper coverage produced by respected Australian news outlets), death by overdose emerges as a logical consequence of drug use and of individual psychological distress. Both these accounts ignore the key role played by important factors that render opioid dose monitoring difficult if not impossible (in particular, the criminalisation of drug use), and lack of community services and supports, such as safe injecting facilities, that would readily avert such deaths. While some of the coverage does refer to these measures, and some comments within these pieces call for them directly, the impact of these calls is frequently undermined, we argue, by the accompanying naturalising discourses of overdose noted above, and by the structure of the articles, which often place these key points in the latter passages of the articles, thereby reducing likelihood that they will be read, and implying their relative insignificance.

In making these observations we aim to do as Judith Butler has suggested, which is to 'make more precise the specific mechanisms of power through which life is produced'. In the discursive constructions of overdose analysed here, the lives of opioid consumers are produced as not quite legitimate, not quite sustainable. They exist under a kind of erasure produced by the notion that to consume opioids is to render oneself incompletely human: not fully conscious, and at risk of death due to the bare pharmacology of the drug.

In all these observations it is necessary to continue to foreground the role of prohibitionist regimes of drug control in Australia and elsewhere in both the event of death by overdose and responses to it. We are, it is tempting to note, at 'war', although with what exactly remains debatable. In much prohibitionist discourse the putative enemy is drugs, but critics are at pains to expose people who use drugs as the targets instead. To return again to Judith Butler's work, we can argue that 'under contemporary conditions of war', what she calls our shared condition of 'precariousness' leads not to:

reciprocal recognition, but to a specific exploitation of targeted populations, of lives that are not quite lives cast as 'destructible' and 'ungrievable'...they are cast as threats to human life as we know it rather than as living populations in need of protection... the loss of such populations is deemed necessary to protect the lives of 'the living.' (2016 [2009]: 31)

While the last point Butler makes here might appear extreme, we are bound to acknowledge that this is precisely how prohibitionist regimes in which support services remain minimal operate. Drug prohibition is posed as a way to protect 'the living' even as it places at great risk the lives of others – those adjudged already lost. As the examples we present in the final section of this article show, efforts are underway to correct the misrepresentation of the lives of drug users as unlose-able and ungrievable. These measures are necessary but many more are urgently needed.

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¹ A recent review found, worldwide, an average lifetime prevalence of overdose experience of 46 per cent among people who inject drugs (Martins, Sampson, Cerda & Galea, 2015). This same review estimated an average of 73 per cent of heroin consumers had witnessed an overdose (Martins et al., 2015). Overdose is also a risk for people receiving methadone treatment (Strang, 2015; CDC, 2012) or prescribed opioids for pain (Blanch, Pearson & Haber, 2014; Coe & Walsh, 2015). The worldwide increases in opioid consumption correspond with worldwide increases in rates of heroin and pharmaceutical opioid overdose (EMCDDA, 2016; Rudd, Aleshire, Zibbell & Gladden, 2016).

² Victorian Health Department announcement can be viewed at: <https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/injecting-room>

³ The five-year search period was chosen to create a manageable and relevant period of coverage immediately preceding our analysis. The two search dates specified were the result of researcher availability and did not impact on data collection outcomes.

⁴ A report produced by Justice Action documenting some of the conditions faced by Tracy and other women at the prison offers a range of insights into the context in which the prisoners consume drugs. (no date, www.justiceaction.org.au/images/tracybranactnpl100914.pdf)

⁵ For detailed discussion of anti-memorials and counter-monuments and their relationship to traditional memorials and the politics of national memory see Young (1997).