International Journal of Drug Policy 71 (2019) 47–55

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Research Paper

The opioid crisis and the infrastructure of social capital

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ARTICLE INFO

Keywords:
Opioid crisis
Social capital
Cultural capital

ABSTRACT

This paper reflects upon ethnographic work carried out in a suburban Massachusetts town that has experienced particularly high rates of opioid mis/use. In open-ended conversations, residents attributed the local opioid crisis to institutional betrayals of various sorts. Building upon the idea that social capital tends to be health-enhancing, this paper traces the decline in the infrastructure of social capital and the associated decline in cultural capital or scripts for making sense out of life's challenges.

Introduction

Scholars and policy-makers have called for closer attention to the social and economic determinants of the opioid crisis (Dasgupta, Beletsky, & Ciccarone, 2018; Nagelhout, Hummel, & de Goeij, 2017). National data show that certain regions and demographic groups are experiencing higher rates of opioid fatalities, and that rates of opioid mis/use trend highest in lower-income and predominantly white communities (Centers for Disease Control, 2017; Keyes, Cerdá, Brady, Havens, & Galea, 2014; Monnatt, 2018) and among men (Center for Behavioral Health Statistics & Quality, 2016).[1] This essay asks how social structural conditions and cultural practices of a community shape understandings of opioid mis/use in that locale. Drawing on ethnographic research that I conducted in 2018 in a Massachusetts town hit hard by the current opioid crisis, this paper focuses on local explanations for substance mis/use – that is, how people in an affected community account for the crisis. In the case of Weymouth, Massachusetts, local narratives point to complex histories of multi-institutional betrayal and loss of social and cultural capital. This paper explores the mechanisms through which the loss of social capital shapes substance mis/use.

Weymouth has experienced and continues to experience particularly high rates of opioid mis/use as measured by per capita admission to treatment facilities, opioid-related hospital discharges, and fatal overdoses. According to data released by the Massachusetts Bureau of Substance Abuse Services and Massachusetts Department of Public Health, in Weymouth (population 56,664) in 2017 there were 49 opioid-related overdose deaths and 933 enrollments in Bureau of Substance Abuse Services treatment programs. In comparison, in 2017 the neighboring towns of Hingham reported 1 opioid-related overdose death (total town population 23,202) and Braintree had 14 opioid-related overdose deaths (total town population 37,223) (Massachusetts Department of Public Health, 2018a,2018b) These data sets are imperfect in that they measure reported problems with opioid use rather than actual opioid use, but they do suggest that there likely is more of an opioid problem in Weymouth than in some surrounding communities.

Located about thirty minutes south of Boston, Weymouth is a suburban town with old homes and newer apartment complexes, highways and green spaces, a large hospital, a smattering of stores, and a history of light industry. The per capita income is $36,174. Weymouth men are most commonly employed in office work, sales, and construction and transportation sectors; Weymouth women are most commonly employed in office work, sales, and education and health care sectors (US Census Bureau, 2017). The large majority of Weymouth's residents are white (89.7%) and the dominant ethnicity is Irish Catholic (US Census Bureau Community Survey 2005–2009). Approximately two-thirds of homes are owner-occupied (Weymouth Housing Production Plan FY 2018-FY2022). As in the rest of Massachusetts, nearly all Weymouth residents have had health care coverage since the passage of the state health care reform law in 2006.

The paths by which the opioid crisis arrived in Weymouth are not unique. Nationally, direct-to-consumer advertising by pharmaceutical companies expanded by leaps and bounds starting in the mid-1980s.

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[1] In Massachusetts, the focus of this paper, the communities hardest hit by the opioid crisis are poor and working class neighborhoods. Zip codes in Barnstable, Lynn, Bondsville, Hyannis, East Wareham and Holyoke are among those with the highest rates of opiate-related hospital discharges. In these communities, annual median household incomes range from $21,905 (Lynn) to $45,875 (Bondsville). Zip codes with the lowest rates of opioid-related hospital discharges are among the wealthiest suburbs – Newton, Chestnut Hill, Medfield, Wellesley, South Hamilton and Lexington where median household incomes range from $108,413 (Chestnut Hill) to $179,655 (Wellesley Hills). (MA Health Policy Commission, 2018).

https://doi.org/10.1016/j.drugpo.2019.05.017

During the 1990s Purdue Pharma touted OxyContin as non-addictive; that was followed by production of increasingly potent formulae. In some parts of the country "pill mills" made these new drugs available to anyone able to pay (Van Zee, 2009). By 2003, 47% of Weymouth teens reported that it was easy to obtain prescription painkillers and 20.9% of Weymouth high school students had used painkillers to get high (Weymouth Health Department, 2004).

In the 2010s, as stories of opioid mis/use in suburban communities were featured in newspapers across the country, federal and state governments began to clamp down on profligate prescribing of pain pills, and pills became more expensive to purchase. Hooked on opiates, some people – particularly young adults – turned from pills to heroin, which had become cheaper and more easily available (Lankenau et al., 2012). Some of the heroin supply was laced with lethal amounts of fentanyl or other chemicals, and in Weymouth, like in many other towns, opioids overdoses and deaths became frighteningly frequent.

That plot line is a national one but in and of itself does not explain why certain communities became more vulnerable to opioid mis/use. In our conversations, Weymouth residents described multi-generational structural and cultural patterns that converged with the easy availability of opioids during the 1990s and 2000s. These patterns, as articulated bit by bit in my conversations with local residents, include the decline of blue collar and union jobs, reduced opportunities for building community in the middle and high schools, the struggles of veterans to access appropriate services and the Catholic Church's cover-up of clergy sexual abuse. All of these explanations evoke what social scientists call social capital; that is, the actual and potential benefits accruing to people who have strong formal and informal social networks comprising obligations and expectations, conduits that facilitate exchanges of information, and norms and sanctions that promote the interests of the group (cf. Bourdieu, 1986; Coleman, 1990). From the outset I wish to make it clear that I am not making a causal argument but rather identifying clusters of phenomena that Weymouth respondents see as coinciding or mutually relevant. Indeed, as much as the lack of social capital may be associated with substance mis/use via disadvantages in terms of jobs and social support, substance mis/use may be associated with alienation from family, jobs and other important social institutions.

Social capital and substance mis/use

Adding to the relatively small literature exploring social capital in relationship to substance mis/use (Ford, Sacra, & Yohros, 2017; Roybal, 2015; Zoorob & Salemi, 2017), this paper makes two main arguments. First, social capital is produced via infrastructures of economic, political and social institutions that, according to Weymouth residents, have declined in importance, relevance and trustworthiness over the past decades. Second, social capital is associated with cultural capital; that is, the repertoire of meaningful scripts that help individuals and communities make sense of life's pain, challenges and tedium. Without meaningful scripts, individuals and communities may be more inclined to misuse mind and mood altering substances in order to manage their pain, disappointments and restlessness.

Looking at how social structures and practices drive incidence of disease and shape how illness is experienced, interpreted and addressed in local settings, anthropologist and psychiatrist Arthur Kleinman posits that, "Acting like a sponge, illness soaks up personal and social significance from the world of the sick person" (1978, p. 31). Substance mis/use, I suggest, functions in much the same way.

In a series of widely cited statistical analyses, Case and Deaton attributed increasing mortality rates among poorly educated whites to "diseases of despair" – drugs, alcohol and suicide, which they associate with "progressively worsening labor market opportunities at the time of entry for whites with low levels of education" (Case & Deaton, 2017, p. 397). While providing important data points, this sort of study cannot trace how economic factors play out on the ground; that is, the mechanisms that lead from economic decline to upsurges in substance mis/use in particular communities (see also McLean, 2016).

The notion of social capital can help flesh out these connections. Sociologists identify the benefits of social capital in terms of social cohesion, help in finding jobs or housing, support with tasks such as managing illness or raising children, and connections that can lead to educational opportunities (Bankston & Zhou, 2002; Putnam, 1995).

A few studies have looked specifically at substance mis/use in terms of social capital. Using quantitative data from the 2000 National Household Survey on Drug Abuse, Ford, Sacra and Yohros found that adolescents in socially disorganized and low social capital neighborhoods report higher rates of prescription drug misuse. Similarly, in a study looking at college drinking, Weitzman and Chen (2005) found that students from colleges with higher levels of social capital reported reduced risks for binge drinking. More recently, Roybal (2015) found that fewer overdose deaths were reported in Arizona, Colorado and New Mexico counties with higher levels of social capital, and that high social capital mediates many of the factors such as unemployment and poverty expected to increase incidence of drug overdose. In the largest study of social capital and overdose rates to date, Zoorob and Salemi (2017) carried out a county-level analysis in which, using available data, they measured social capital in terms of the density of civic organizations, the percentage of adults who voted in elections, response rate to the census, and the number of non-profit organizations in the county. Assessed in these ways, high social capital was associated with lower rates of overdose deaths.

In contrast to the literature looking at associations between social capital and substance abuse, a relatively large body of literature explores broader links between weak social capital and poor health, psychological distress and risky behavior. Researchers speculate that social capital has protective influences on health through improved access to health information, care and support in the case of illness, greater degrees of interpersonal trust, and enhanced collective ability to lobby for health-promoting goods and policies (Cornwell & Waite, 2009; Song, 2011; Uphoff, Pickett, Cabieses, Small, & Wright, 2013; Yamaguchi, 2014; Kawachi, Subramanian, & Kim, 2008; Cattell, 2001; Rocco & Suhrcke, 2012). All of these factors likely are relevant to understanding links between low social capital and substance abuse. However, reliance on existing data sets limits analyses to pre-determined factors and precludes looking closely at social processes and meanings (for interesting exceptions, see Kumar, McNeely, and Latkin, 2016 on complexities of social capital and needle sharing among injection drug users and Pilkington & Sharifullina, 2009 on mutually exploitive social networks among drug using youth in Russia's far north).

Robert Putnam famously (1995) described the decline of social capital in the United States as "bowling alone" and interpreted this decline as a by-product of television-watching and other solitary forms of recreation. Unfortunately, as Skocpol correctly pointed out, Putnam "often speaks of social capital as something that arises or declines in a realm apart from politics and government" (Skocpol, 1996, p. 24). Indeed, social capital as a conceptual tool has been critiqued as vague, overly reliant on individual behavior, and dismissive of structural changes (Bourdieu & Wacquant, 1992).

Addressing that weakness, the current paper focuses on the *infrastructure of social capital*. By the infrastructure of social capital I mean the specific and identifiable social, political and economic institutions that facilitate or impede acquisition of social capital for particular groups of people. In the case of Weymouth, relevant institutions include the companies that control employment opportunities, the military and the Veterans Administration, the Catholic Church, and the school system.

Social capital associated with these institutions conveys both practical and cultural benefits. Drawing upon anthropologist Clifford Geertz's ideas about how cultures create and use ideologies and symbols ("religion") to grapple with the existential fact of human suffering

(Geertz, 1973), I use the concept of cultural capital to refer to available and accessible repertoires of ideas about the self, the community, the world and the cosmos – the cognitive and emotional scripts that people can draw on to make meaning out of life events and to come together with like-minded others to find ways to manage the existential reality that life is always challenging and often difficult.

Cultural capital is inherently intertwined with social capital, and like social capital, cultural capital is associated with institutions. Few people are blessed with the creative impulse that would allow for the autonomous creation of meaning out of nothing. And, like social capital, cultural capital is associated with systems and structures of power, some forms of cultural capital are more or less respected, and access rights to cultural capital may be controlled by institutions such as the Church or schools (Bourdieu, 1986).

Methodology

I selected Weymouth as a fieldwork site because of its high rate of opioid mis/use, its suburban setting (unlike the deindustrialized rust belt towns that often are the highlighted in case studies of the current opioid crisis), and the warm reception in town facilitated by two key informants. One key informant is a long-time resident and community activist who introduced me to young adults, middle aged and older residents. The second informant works in the field of substance mis/use in town and introduced me to law enforcement and public health officials and members of the local opioid task force. Both key informants opened doors for me throughout this project and served as sounding boards as my questions and ideas developed.

I identified potential interviewees via efforts to contact a wide range of institutions, agencies and organizations that have knowledge of diverse sectors of Weymouth society. I explained by phone or email the purpose of the project and arranged meetings at times and places convenient to the particular informant. Using the snowball method, at the end of each interview I asked for suggestions of other people to interview and for help contacting those people. The overwhelming majority of people whom I approached expressed willingness and often eagerness to meet with me and thanked me for my interest in Weymouth.

Throughout 2018 I conducted more than sixty in-depth interviews with women, men, young adults, older residents, teachers, guidance counselors, law enforcement officials, drug treatment personnel, health care providers, local business owners, community activists, religious leaders, town officials, people who grew up in Weymouth and people who moved to Weymouth as adults, bereaved parents, and former opioid users who live or work (and often both) in Weymouth. I also spoke informally with dozens of people I met at local cafes and parks, and I carried out ethnographic observations at a variety of public locations, including shops, restaurants, bars, parks and cafes. This project has been approved by the Suffolk University Institutional Review Board.

In keeping with ethnographic field methods, I finished seeking out new interviewees when (1)I had spoken with key people in each sector or demographic, (2)no additional ideas or perspectives emerged in the interviews, and (3)no additional potential interviewees were suggested (that is; the "snowball" had run its course.) This is in line with the classic approached to "saturation" in qualitative research (Mason, 2010).

The interviews were open-ended, typically beginning with these questions: (1) What do you see as Weymouth's strengths and challenges? (2) Tell me about the opioid crisis in Weymouth from your perspective as a teacher / pastor / parent / etc. (3) In your opinion, why is Weymouth more affected by the opioid crisis than, for example, Braintree (the neighboring town)? In line with the "grounded theory" approach used by sociologists and anthropologists (Glaser & Strauss, 1967), I asked later interviewees to respond to ideas gleaned from earlier interviewees. Interviews typically lasted between 45 minutes and two hours. I recorded notes by hand at each interview, occasionally asking respondents to pause so that I could transcribe comments verbatim. I later entered the notes into the computer.

At the end of the fieldwork phase of the project, I re-read records of all conversations with Weymouth residents and looked for key words and themes repeated by multiple interviewees. I then developed a list of key themes – the problems faced by young adults, economic decline, failures associated with the school system, military service, the Catholic Church, Irish identity and family histories of alcohol mis/use – which I used to code the interviews. While these themes emerged organically from the interviews, the ways in which they are labeled (in particular the terms "social capital" "social institutions" and "cultural capital") and clustered are products of my own analysis.

Findings: Institutional betrayal and the loss of social capital

In our conversations, people in Weymouth shared their perceptions of the underlying causes of the opioid crisis, pointing to a variety of economic and social institutions that they felt had betrayed their community and led to a loss of what I call social capital. Some respondents mused about multiple institutions and others focused solely on their particular areas of concern.

"A blue collar town"

"In Weymouth a lot of it [the substance mis/use problem] is economic. People here don't have a lot of hope." Weymouth educator

When asked to describe Weymouth, residents almost always used the words "blue collar town" as an indicator both of pride in hard work and of the propensity for substance mis/use. As one resident put it, "There's always been a lot of drinking here – it's a blue collar town."

Interviewees pointed out that many men in Weymouth work in construction, as sheet metal workers and pipefitters, occupations associated with high rates of injuries.[2] A long-time union member explained, "In working class communities people get injured on the job [and then are] overprescribed pills. If they don't go to work they don't get paid so they fight through injuries. And then one thing leads to the next and the next."

Although occupational injuries and subsequent use of pain medication made pills accessible, Weymouth residents more often related the current opioid crisis to the "lack of hope for decent [blue collar] jobs," especially for young men. Thus several respondents talked about teenagers getting their start with drug mis/use with "finding" pain pills in the medicine cabinets of their blue collar parents. In other words, the parent may have used and perhaps misused prescription pain medication but for the most part in ways that did not significantly interfere with managing a job and daily life. But the kids (many of whom are now parents themselves) took their drug use up to a whole new level.

In this community where most men worked in the trades throughout the twentieth century, a series of plant closures including the Stetson Shoe Company, the naval base and the Shipyard at the end of the century took a harsh toll.[3] Respondents explain that, "Weymouth has always been a union town." And, "in 2003, 2004, 2005 many boys said that they are going into the union like their fathers. But in 2008 with the recession the jobs ended. As last in they were the first out." By the middle of the second decade of the twenty-first century there has been

[2] As of the 2010 census, 19.5% of civilly employed population in Weymouth worked in jobs involving construction or production of natural resources. A 2018 study by the Massachusetts Department of Public Health found that, "The opioid-related death rate for those employed in construction and extraction occupation was six times the average rate for all Massachusetts workers. Construction and extraction workers accounted for more than 24% of all opioid-related deaths among the working population (n = 4,302)."

[3] Massachusetts manufacturing union density fell from 27% in 1983 to 6% in 2017 (Hirsch & Macpherson, 2018).

some economic recovery, but there continue to be far more applicants to the union training programs than the local trade unions can accept. One local trade union now receives close to ten times as many applicants annually as they can accept into their training program.

Union members can expect better wages and working conditions as well as pensions and access to healthcare services that may not be covered by standard health insurance. Beyond those direct benefits, unions are a significant source of cultural and social capital. Union members are substantially more likely to vote and to volunteer in election campaigns than non-members. They are also more likely than non-members to join voluntary associations (Kerrissey & Schofer, 2013).

In terms of cultural capital, union ideology provides a class-based rather than an individual flaw-based explanation for why people remain stuck in low wage jobs. And in unionized workplaces, when an injustice occurs, employees do not deal with their situation alone: they have a union representative and the collective power of the union to help them stand up to employers. A local union leader reiterated to me the important role of the union in "taking care of our guys."

From working class to working poor

Although unemployment rates are not particularly high at the present time (4% according to the Massachusetts Executive Office of Labor and Workforce Development), Weymouth's current economic landscape is characterized by a transition away from the kinds of secure, unionized, blue collar jobs in which local men express pride in their ability to work hard. Instead, today's jobs tend to be transient, low-status and low pay. A staff member at local social service agencies noted that, "Many of our clients are people who work but don't earn quite enough to manage. Often they are 'working poor' scraping by with a variety of jobs at Wal-Mart, Dunkin Donuts, and other stores that keep them under 40 hours / week."

Interviewees associated the current financial necessity for all adult members of the household to work outside the home with the decline in social capital available to younger families. Middle-aged and older Weymouth residents recall the social cohesion created in neighborhoods where stay-at-home moms could organize activities for the kids – holiday celebrations, block parties, and ball games in the streets in front of houses. These days, in contrast, mothers and fathers alike have to work outside the home, often with no options other than leaving the kids in front of the television or computer screen.

Young adults, in particular, find themselves working strings of part-time shifts in workplaces that have high degrees of employee turnover; in orther words, in jobs where they are unlikely to accumulate social capital. I asked a middle-aged resident to explain what was going on in Weymouth ten or fifteen years ago when the opioid problem escalated. "The job market dried up for young people especially. There was no alternative, nothing else to do. A twenty-two year old living at home, your parents have to buy you a car. How does that work for your self-esteem!"

Educational institutions

"They [young people] don't have a chance to build community." Weymouth educator

Teachers, parents and former students complained that town officials and school administrators "don't know what they're doing." Whether or not that is indeed true (and I spoke with many dedicated and competent town officials and school administrators), it is clear that the sense of the schools letting folks down is widespread in Weymouth. In particular, respondents voiced concern with diminishing opportunities for students to develop the kinds of strong social networks that will help them build successful careers in the future.

Interviewees spoke often and passionately about how the Weymouth schools did not do enough to avert the opioid crisis among the town's young adults. The problem, according to many parents and educators, begins with the budget. In an expression of frustration with low levels of commitment to social institutions, a local member of the clergy lamented that the tax base is not strong and the tax overrides (city-wide votes to increase taxes for a specific purpose, in this case the school system) did not pass, "even though people in town know the schools are underfunded." While parents for the most part praised the skills and dedication of their children's teachers, they decried the low level of per student expenditure.[4]

Educators expressed particular frustration with insufficient funding for early childhood education, noting the environmental deprivation experienced by young children in households where both parents must work multiple jobs in order to make ends meet. In general, according to educators and parent activists, there are low levels of parental involvement in the schools.

Parents and teachers pointed out how attempts to restructure Weymouth's middle schools led to a decline of social cohesion in the community. The current system places all of Weymouth's 5th and 6th graders into one school while the 7th and 8th graders are housed in a former high school building that is far too large for the current study body. Indeed, each time I entered the school I was struck by the empty corridors and the feeling that parts of the building resemble a ghost town. An educator notes, "The large school magnifies kids' feeling disconnected. And, because the school only houses two grades they don't have a chance to build community and then they quickly go to high school."

Vocational education

Until the 1990s Weymouth had two high schools, one of which was vocationally oriented. A comment repeated verbatim by several residents is that "there was a healthy rivalry between the two schools." The "healthy" part of the rivalry, according to interviewees, was that kids and families felt a strong sense of identity and community with their school – a sense that has declined since the merger.

The merger of the two schools resulted in the elimination of the vocationally oriented high school. The loss of a local school that trained students for employment in the trades was one of the issues interviewees raised most frequently in talking about the factors that contributed to the opioid crisis. In the words of one educator, "There used to be two buildings. Then the two tracks – college prep and vocational – were in one building but the voc kids had their own academic classes that were geared to things that are relevant to them – writing cost estimates, ordering building supplies. Then the decision was made that everyone should be able to go to college so the vocational kids have to take the college prep classes – the vocational academic track was closed. [After that] kids in career [vocational] tech who don't keep a certain academic average can't stay in career tech and need to become full time college prep. So basically these kids are set up to fail. …The result is that many kids drop out." Weymouth indeed has a higher rate than the state average of suspending students and of students dropping out of school (Massachusetts Department of Education, 2017).

The assumption that everyone can or should go to college is controversial in a town that prides itself on its blue collar identity. According to one local educator, "The 2004 graduating class struggled the most. That's when the push started of 'every kid must go to college.' They accumulated student loans and then the market crashed. Many students who did start college dropped out and are now saddled with loans that they have little hope of ever being able to clear." In the words of another educator, "In the last few years there is an identity crisis in this town. We want more opportunities for our kids, but who **are** we?"

[4] In 2016, Weymouth's expenditure per pupil was $12,950. In comparison, the average State expenditure was $15,023 per pupil (Massachusetts Department of Education).

A former Weymouth high school student and (now) recovering opioid mis/user explains that the push to college damaged the self-esteem of many of her classmates. "College isn't for everyone but it's like you have to go." The local narrative seemed similar to those regarding work opportunities: Expectations were raised and young people were led to believe that if they work hard life would be good, but for many that didn't happen. Stuck in jobs in the transient, low-wage economic sector, many did not find alternative sources of social or cultural capital.

"Weymouth's sports obsession"

An additional way in which interviewees described betrayal at the hands of educational institutions has to do with what residents describe as "Weymouth's sports obsession." According to one parent, "People here have the perception that everyone is involved in sports. But many kids aren't and they feel like outsiders and losers." Parents and former high school students recall very few options for kids who are not athletically interested or talented. One young adult explained that in her day "you didn't do drama or chorus at Weymouth High if you wanted to fit in." Other young adults told me that they did not even know that there was drama or chorus at the school. Across the age spans, interviewees spoke about the problem of young people with "too much time on their hands" becoming involved in recreational use of drugs of alcohol, which, in some cases, escalates into serious mis/use.

Parents and teachers also decried the prohibitive cost of athletic participation. "There are town athletic clubs and private clubs – all of which the parents pay for. It's a challenge for kids whose parents can't pay or can't drive them to tournaments. There is nothing else for them to do on weekends." In sum, not only do "non sports kids" lack opportunities for building the social connections that are central to accumulating social capital that could be used both in high school and in later life, they also lack opportunities to find and develop hobbies that could them a sense of meaning and purpose (cultural capital.)

Concerns also were raised about the kids who do succeed in sports. Some athletes suffer injuries and are prescribed pain medication, though that was not identified as the real problem in terms of opioid mis/use (cf. Kwan, Bobko, Faulknerd, Donnelly, & Cairney, 2014). Parents and educators described participation in sports as more likely to enhance physical, psychological and social health for most kids. Rather than sports per se, according to a recent graduate, it's more that the star athletes "are the popular kids – the party kids. And their parents let them party, at least partially because the kids are athletes which gives them a high status."

That high status, for most student athletes, ends abruptly after high school graduation. Post high school, the end of participation in team sports may be experienced as socially isolating, particularly for males. Exacerbating matters, as a parent explained, "Many families believe that sports is how their kids will get sports scholarships to college but this is not something that actually happens for most kids." According to a local educator many families spend as much as $10,000 / year for junior leagues and private coaching, thinking this will lead to sports scholarships. But, "Sports scholarships are rare [but] people believe that there are more sports scholarships than there actually are." As a consequence, substantial numbers of students graduate without the social network of a team and without the opportunities provided by a college education.

Hinting at the loss of social and cultural capital experienced by former student athletes, a local law enforcement officer speaking about the opioid crisis noted, "It's like once you're out of sports you're done. Not having anything else to fall back on. Their eggs were all in one basket."

Military service and the Veterans Administration

"People give lip service to 'our heroes' but there's not a lot of concrete policy to back that up." Weymouth town official

The armed forces are a core institution for Weymouth residents, and one that might be expected to serve as a source of social and cultural capital. Weymouth consistently sends higher than average numbers of young people and especially young men to various branches of the military. Military service can be a path out of poverty, an opportunity to develop self-confidence and self-efficacy and a source of shared commitment to the higher value of working for the greater good. But for many Americans, including Weymouth residents, military service also can be associated with pain, trauma, and high rates of exposure to substance mis/use of various sorts (Bennett, Elliott, Golub, Wolfson-Stofko, & Guarino, 2017; Teeters, Lancaster, Brown, & Back, 2017). According to a local healthcare expert, "Where there are vets, there is substance abuse."

In Weymouth, the generations of veterans who served in World War II and the Korean War held onto the social and cultural capital created through shared military experiences by joining fraternal organizations such as the Veterans of Foreign Wars (VFW) and the Elks Club. These bonds provided pragmatic help with job networking as well as the sense of shared history that ameliorated the the horrors of war and the challenges of returning to civilian life.

In the era of the wars in Iraq and Afghanistan, veterans struggle to find good jobs, settle into civilian life and access the funds to buy homes. Unfortunately, as one older resident explained, "Post 9/11 vets don't access services in the traditional way." According to one young Iraq / Afghanistan veteran, "My generation is not involved [in veterans' institutions]. My grandfather left the service and joined VFW and American Legion. But for us you don't know who's a vet anymore. We don't wear a hat or jacket with a decal!"

People in town read and hear news stories about long waits and substandard conditions at Veterans Administration (VA) medical facilities. Vietnam veterans in Weymouth expressed particular anger regarding the VA's long-time denial of the harm caused by Agent Orange and the town of Weymouth's resistance to putting up a Vietnam veterans and Agent Orange memorial. Voicing a common sense of betrayal by the military, one Vietnam veteran blurted out, "I'd kill my kids if they went into the army now. This isn't even our war."

Acknowledging that things have improved recently, veterans expressed particular frustration with the Veterans Administration's mishandling of PTSD, head injuries and chronic pain. Not only has the Veterans Administration failed to provide adequate support for veterans, but as a local business owner observed, "The VA used to give out pills like candy." Whether or not this is a widespread phenomenon, these observations have become part of the local narrative of how the military has let the people of Weymouth down. Instead of providing a script of patriotism and civic duty, military service has come to be seen as a path to PTSD and substance mis/use.

Religion, ethnicity and the Catholic Church scandal

"The church scandal rocked the foundation." formerly Catholic Weymouth resident

In the heavily Catholic town of Weymouth recent revelations of widespread sexual abuse of children by priests[5] were experienced as a

[5] The local newspaper *Patriot Ledger* on Oct. 18, 2018 listed the current whereabouts of Boston-area priests associated with credible accusations of sexual abuse of children. These are the priests with deep Weymouth associations: Gary E. Balcom Immaculate Conception, Weymouth, 1972-78; St. Agatha, Milton, 1978-85. Sick leave 1985. Removed from ministry 1992. Defrocked 1998. Died 2002. Admitted to sex acts with eight or nine boys over 20 years. Former altar boy at Immaculate Conception accused Balcom of molesting him over five-year period; Rev. Gerard V. Dever St. Jerome, Weymouth, 1986-93; St. Ann, Quincy, 1993-97. Died 1997. Accused by eight girls at St. Ann's from 1993-96 of inappropriate touching and talk; Rev. Joseph L. Welsh St. Albert the Great, Weymouth, June - November 1971; St. Joseph, Holbrook, 1971-76; St.

traumatic betrayal leading to a sense of disillusionment with what had been one of the most important sources of social capital: the Church. A local teacher comments, "Everybody knows somebody [who had been abused]." A health care provider noted: "In the Irish Catholic community the priest is the safest person around. If a family has an acting-out teenager, the family would send him to the priest." Sadly, in too many instances priests betrayed that trust. Even more than the abuse itself, however, the cover up by the Church hierarchy and the practice of reassigning credibly accused priests to other parishes were described as a betrayal. Residents particularly criticized how the Church treated victims as adversaries and how the cash pay-offs that the Church gave to victims set up vulnerable young people to become involved in the drug economy.

An interviewee who moved to Weymouth two decades ago recalls that people used to describe where they lived in terms of the Catholic parish to which they belonged. The parish, at that time, was a primary source of social cohesion in town. "In the late nineteenth and early twentieth centuries, the Irish-led American Catholic Church built a virtual parallel society of parishes, parochial schools, hospitals, social service networks, and private charitable organization" (Dezell, 2000, p. 153). In the Boston area, including Weymouth, the Church was intimately tied to the labor unions, especially in the building trades. Priests found jobs for parishioners, intervened with the police when kids got into trouble, mediated family and neighborhood quarrels, provided counseling, arranged for kids to go to Catholic schools, and were present at every major and minor life event. For parishioners, the Catholic Church was integral to "the institutions that had shaped their social and political lives" (Lawler, 2008 p. 95).

According to a member of the local clergy, "People don't go to funerals today in the numbers they did twenty years ago. A lot of folks don't go to church. … There's a lack of interest in church starting among people now in their 50 s. There is institutional anger towards the church because of the bishops' behavior. They don't like institutions in general. They don't trust institutions." The sexual abuse of children and adolescents by priests led to a crisis of meaning for many Catholics. "Because the priest is regarded by Catholics as an *alter Christus*, another Christ, his violation of a child's or adolescent's body is also a violation of a sacred trust and worldview" (Guido, 2008). More broadly, for a community accustomed to turning to the Church at all life transitions from birth to death, the Catholic Church had been the core – and often only – source of ways to understand and grapple with pain and suffering. Thus the Church provided not only social capital but also cultural capital in the form of a road map for moving through stages of life, and a sense of higher purpose.

"We're Irish!"

For many Weymouth residents, identifying as Catholic is inseparable from identifying as Irish. Weymouth today is about half Irish (the other half of the town is a mix of Italian, WASP, and more recent immigrants from South Asia and Brazil). Boasting one of the highest percentages of Irish-descent residents in the United States, even people not of Irish descent see their community as culturally Irish.

While interviewees made frequent reference to being Irish, that identity was never described as associated with social or cultural capital. In Weymouth, as in much of the United States, Irish-Catholic identity is associated with excessive alcohol use. One interviewee now in her forties recalled, "There was a lot of alcohol and alcoholism when we were younger. Yes, we're Irish. Parents, uncles, grandmother – they'd drink, get drunk, have knock-out fist fights." But, residents explained, all of this had to be hidden from neighbors and parish members. According to a local clergy member, "There are many broken, dysfunctional families. It surprises me how everyone thinks "everyone else has their life together, that just 'my' family is messed up.' This sense of being the only one struggling makes it harder for people." Echoing the sense that members of the community have not drawn on existing sources of social capital to address common problems, an educator confided, "Speaking personally – substance abuse in the town has a lot to do with lack of communication, what I call 'Irish sweeping' – sweeping everything under the rug."

According to a health care provider who knows Weymouth well, "Families here cope with trauma with substance abuse." A social service provider elaborated: "There are high rates of domestic violence in this community. It goes hand in hand with alcohol. [A] violent raging alcoholic beats his son and the son eventually becomes violent himself. … There is a lot of domestic violence but people don't call the police as much here because they are working class. … I have seen multiple women, victims of domestic violence, die of overdoses, a kind of hidden domestic violence death." A local substance mis/use expert observed, "There is lots of alcoholism among the grandparents [of our clients] and many opioid users started with alcohol. We very rarely if ever see an addict with no alcoholism or substance abuse in the family tree."

In Weymouth, drinking still is seen as a source of social cohesion as long as the individual continues to work and does not "fall down drunk." The bonds created by drinking, however, are unlikely to translate into meaningful cultural capital. Political activist and theorist Tom Hayden reflected on his Irish identify, "Drinking was the only Irish legacy passed along to me. You drink because you're Irish, I learned, which soon became you're Irish because you drink, an assertion of your heritage" (2001, p. 56). Hayden interprets Irish drinking in terms of oppression and assimilation, much the same way as substance mis/use in indigenous communities has been interpreted as a response to the loss of social and cultural capital (Nutton & Fast, 2015; Whitbeck, Chen, Hoyt, & Adams, 2004). "Alcoholism wasn't simply a personal problem or congenital disease; it was a way to fill a void in my soul that assimilation had caused." (Hayden, 2001, p. 58). This void typically is described in gendered terms. "In Ireland, a boy's first pint has traditionally been a rite of passage – part of a long tradition of convivial male imbibing that became institutionalized in the late nineteenth century, when drinking was a symbol of masculine identity in a defeated society," (Stivers, 1976, p. 122).

The Twelve Step solution

Alcoholics Anonymous (AA) is well known and ostensibly well-respected in Weymouth and I heard numerous references to middle-aged or elderly alcoholic relatives who had been sober for many years due to AA. Twelve Step programs may provide social and cultural capital to people struggling with substance mis/use (see Chen, 2018 on "recovery capital"). Meetings are opportunities for building social support and for networking with people who may be helpful in terms of finding jobs, housing and education. And, through creating a shared identity and repeated recitation of twelve step ideology, participants can acquire a script for explaining life's challenges.

Currently, however, AA frequently is described as one more institution that has let the people of Weymouth down. Interviewees expressed little confidence in Twelve Step programs ability to help drug users, and commented that drug users can be made to feel unwelcome

(*footnote continued*)
Peter, Plymouth, 1976-81; St. Nicholas, Abington, 1997-02. Suspended 2002. Accused of abusing several boys, some at family home in Plymouth, over more than 20 years; John A. Dunn Immaculate Conception, Weymouth, 1960-63; St. Mary of the Assumption, Hull, 1967-73. Laicized in 1973 so he could marry. Accused 1993 of repeatedly fondling boy at St. Mary's in late 1960s along with Rev. Leo V. Dwyer and Rev. Robert E. Barrett, both deceased; Robert V. Meffan Sacred Heart, Weymouth, 1957-68; Our Lady of Good Counsel, Quincy, 1970s; St. Thecla, Pembroke, 1986-93. Placed on leave 1993. Defrocked 2004. Admitted to molesting girls who were considering becoming nuns; Ernest E. Tourigney Immaculate Conception, Weymouth, 1960s. Suspended 1993. Defrocked 2006. Two cousins from Weymouth and a Holliston man accused him of molesting them when they were boys.

at meetings that typically draw alcoholics. The "successful," long-term AA members in town (people who describe themselves as "dry drunks") tend to be middle-aged and older men who work(ed) in "good" blue collar jobs. In other words, these are the men who experienced support from core social and economic institutions: vocational education in high school, jobs that allowed them to purchase homes, and union membership. Even the locations of most AA meetings – local Church basements – represent social capital for that generation of Weymouth men, but not for the younger generation. As one younger respondent noted, "Alcoholics used to join AA, like my father sober for 35 years. But it's not like that with opioids."

To the contrary according to a small business owner in his forties, AA has become part of the path to opioid mis/use for some young people. "In this County [Norfolk] the police are hard on kids, tough on kids who get in trouble with marijuana possession or a driving violation – speeding, driving to endanger. Here a slap on the wrist turns into probation that is guaranteed to be violated. They have to go to AA and programs with drug addicts. And that is their education into the drug system and the criminal system. It's an endless cycle."

While young adults may attend meetings when ordered by the Courts, Twelve Step programs have not been a secure source of social capital for the generation most drawn into the opioid crisis. Twelve Steps ideology acknowledges that people "relapse," but those who are actively using drugs – including medication assisted treatment (methadone and suboxone) are not welcome at meetings. Paradoxically, drug use cuts them off from the community that ostensibly exists in order to provide support to stop using drugs.

While a deeper analysis is beyond the scope of this paper (see Sered and Norton Hawk, 2012 for a detailed discussion of Alcoholics Anonymous and Narcotics Anonymous culture), it may well be that the Twelve Step focus on hard work leading to success and the overall feel of being a religious association do not resonate with the experiences of the generation that came of age during the Great Recession and the era of the clergy abuse scandal.

Discussion: Why the loss of cultural capital matters

Building on earlier studies identifying community-level correlations between low social capital and high rates of opioid mis/use, this paper traces the mechanisms driving that correlation. Etiologies offered by Weymouth residents highlight betrayal by the core economic, municipal, religious and national institutions that could or should have promoted social capital. This multi-faceted loss of social capital was associated with a loss of cultural capital; that is, the available repertoire of ideas and practices that facilitate the ability to make sense out of the world, manage suffering, and imagine and work with like-minded others towards a better future.

Residents spoke about the decline of the blue collar economy and the union networks that used to help young men obtain the good jobs that would allow them to buy homes and support their families. The insecure, shift work that has replaced those jobs does not offer comparable opportunities for amassing social capital as people move from job to job with no sense of mutual obligation on the part of employers or employees.

The decline of "good" blue collar jobs took the cultural scripts of capitalism, hard work and the American Dream off the table for many Weymouth residents. At the same time, the decline of labor unions minimized the availability of scripts identifying corporate policy as a source of suffering and collective action as a source of power.

Residents also spoke about underfunding and poor organizational decisions made by the local school leadership that resulted in reduced opportunities for social cohesion and for building networks that could be carried over into post-high school life. The twin emphases on college and sports were described as "setting our kids up to fail" by multiple teachers, parents and former students. The promise of school – that everyone can go to college and graduate with a good job – proved to be untrue.

Having lost a sense of "who we are" (in the words of a resident cited earlier), no new scripts have replaced the old ones. Young people graduating high school thinking they will get sports scholarships and young people graduating college without being able to land good jobs, may lose faith in the cultural scripts declaring that with hard work anyone can succeed.

Respondents spoke too about the institutionalized betrayal by the Catholic Church that resulted in the demise of a source of social capital that Weymouth residents had been accustomed to accessing in the context of their parishes. That betrayal not only keeps people from participating in formal Church services, it also keeps people away from communal acknowledgments of life-cycle events including funerals and weddings.

More broadly, betrayal by the Church has led to a loss of cultural capital in the form of traditional religious scripts that gave meaning to suffering: The image of the crucified Christ reinforced by a theology teaching that suffering is morally purifying and a cultural notion that people (especially women) who suffer in this world will be rewarded in the world to come.

Finally, respondents spoke about being betrayed by the military institutions that encouraged them to volunteer to fight in wars that turned out to be pointless, at best, and by the Veterans Administration that failed to take proper care of veterans. Weymouth residents expressed anger regarding how the Veterans Administration disputed claims of damage caused by Agent Orange, did a poor job of addressing PTSD and head injuries, handed out pain pills too easily, and allowed excessive waiting lists to build up. Younger veterans in particular expressed a broad sense of social isolation – a lack of the "brothers in arms" culture of their grandfathers.

Betrayal by the Veterans Administration made patriotic scripts – ideas of serving the country and of brotherhood in arms – less appealing. Veterans seemed confused about the purpose of the wars in Iraq and Afghanistan and were more likely to feel that they were damaged goods than war heroes.

As access to varied useful and healthy ways to interpret and manage suffering declines or is blocked, opioids and other pain killing and mood changing substances may come to be seen as the only or the most available means of dealing with pain of all kinds. In the end, many Weymouth residents seemed to be left with two intimately related options for handling pain: substance mis/use and Twelve Step programs, neither of which provides dependable and meaningful social and cultural capital.

In short, the institutional infrastructure that traditionally had allowed Weymouth residents to amass social and cultural capital declined or collapsed, and new institutions and cultural scripts did not develop in their place.

Gender matters

I opened this paper with the observation that opioid mis/use is most prevalent in white, working class communities, and among men. In Weymouth, residents acknowledged but clearly struggled with the realization that drug use had become a "white" problem, that wealthier towns have better resources for dealing with all kinds of challenges, and that the younger generation of men do not have the same privileges as their blue-collar fathers. In Weymouth in 2016 men comprised 65.7% of enrollments in Massachusetts Department of Substance Abuse Services. And in 2017 in Massachusetts, 1160 males and 341 females died of opioid-related causes — nearly a four-fold difference (Massachusetts Department of Public Health, 2018a,2018b).[6]

[6] These numbers are inconsistent with the popular notion that (over)prescription of pain medication by doctors is the most important driver of the epidemic (Makary, Overton, & Wang, 2017). In fact, women are more

Despite these rather dramatic numbers, gender as a category rarely came up in an explicit way in interviews. However, throughout the interviews residents indicated that all of the factors they identify as underlying the current opioid crisis tend to have a greater impact on boys and men than on girls and women.

For example, interviewees talked at length about the loss of blue collar work and decline in union membership, changes that have impacted men more than women. Weymouth women worked and continue to work primarily in the service sector in schools, offices, and health care institutions. Indeed, men and women alike used terms like "the guys" when speaking of the good blue collar jobs that men used to have and the trauma caused by the decline of the blue collar economy.

Similarly, educators spoke about how the school curriculum lets down some students, but when asked, clarified that the schools seem to fail boys more than girl. According to one group of teachers, the push for college has taken more of a toll on boys than on girls; that overall girls have an easier time than boys complying with academic expectations and seem more likely to find their way after high school; and that the "sports obsession" is more harmful to boys who are expected to be athletic than to girls who, according to an educator, "sometimes seem more engaged in school."[7]

Interviewees also pointed out the impact of military service, recognizing that far more Weymouth males than females served in the past and serve now. All of the people involved in veterans services in town are men, and residents make frequent mention of "our boys" military service.

The male gender of priests and bishops was not articulated in comments about how the Catholic Church betrayed the community, though interviewees consistently referred to Church leaders as men. The gender identity of boys as victims of sexual abuse was made explicit in the context of the declining presence of the Church in town. A few women mused that their mothers had warned them as girls never to be alone with a particular priest, or that "everyone knew Father So-and-so had a thing for girls." But it was the abuse of boys that transformed a fairly taken-for-granted problem with specific priests into an institutional crisis resulting in loss of social and cultural capital.

In a similar vein, interviewees described the role of alcohol in Irish culture, explaining that while both women and men drink, men's drinking is ritualized and more likely to cause problems for the whole family. Observations that young men typically are initiated into alcohol use by their fathers as a male-bonding activity and that women are more likely to seek mental health treatment while men are more likely to "act out" are consistent with studies that attribute gender gaps in alcohol and substance mis/use to social constructions of masculinity (Campbell & Hertzberg, 2017) and to higher levels of risk-taking on the part of young men (Zielewski, 2009).

Finally, having noticed that interviewees (including members of the Police Department who have access to demographic data of overdose calls) rarely made spontaneous references to gender disparities in problematic drug use, I asked later respondents their thoughts as to why this was the case. In response, residents explained that the opioid crisis impacts families as a whole and not solely the individual mis/using substances. Some spoke about how a child's substance mis/use affects parents who feel frustration and sorrow as well as shame that neighbors would think there must be something wrong with the family that caused the individual to turn to drugs. Others pointed out that in this blue collar town all family members are likely to chip in and use up their savings in order to pay for repeated stints for an individual in rehab programs. Getting at the family impact from another direction, educators, especially in pre-schools and elementary schools, noted the developmental deficits of children born to mothers with substance abuse disorders as well as the deprivations experienced by children whose fathers are drug users, forcing mothers to work full time and leaving young children with grandparents who may not be up to the task of running around after small children. In short, while residents recognized that the factors underlying the current opioid crisis directly impact men more than women, they also recognize that substance mis/use impacts entire families and not only the individual drug user.

Limitation of the study: romanticizing the past

The goal of these interviews was to listen to local explanations for the opioid crisis – not to uncover the "truth" of how the crisis developed. As a consequence, even if respondents offered observations that are not rooted in "objectively" verifiable facts (such as the claim that opioid mis/use affects men and women equally), the observations were of interest. Looking back at the interviews, I note a fairly common trend of romanticizing the past, especially in terms of job opportunities for men and the social cohesion of neighborhoods. The "good" jobs that Weymouth residents miss were, as many did explain, associated with frequent and severe injuries. Similarly, in the past knowing one's neighbors, according to some respondents, led to covering up family problems such as alcohol mis/use out of fear of gossip or being ostracized. And finally, the image of stable two-parent families of the past in which women could be stay-at-home moms were moderated by shared memories of domestic abuse from which women could not escape due to their financial dependence on husbands.

Final thoughts

The model of social capital that I offer in this paper builds on classic social scientific notions and adds additional levels of analysis. Attention to the infrastructure of social capital shows the benefits accruing from social cohesion as grounded in concrete, dynamic and above all identifiable institutions and policies. In parallel, awareness of cultural capital as inherent in social capital (and the loss of cultural capital as linked to the loss of social capital) proves useful in tracing how substance mis/use and illness "soak up personal and social significance" (Kleinman, 1978, p. 31) from those institutions and policies.

This paper adds to the growing literature on socio-economic correlates to substance mis/use. The use of open-ended ethnographic interviews allowed residents of a community hard-hit by the current opioid crisis to describe how failures of key institutions comprising the infrastructure of social capital impact substance mis/use. Cumulatively, these interviewees explained how economic, educational, social, patriotic and religious institutions betrayed their trust. Whether or not these institutions intentionally or factually betrayed the people of Weymouth is beyond the scope of this paper. What is clear, however, is that the perception of betrayal is associated with the loss of the social and cultural capital that could help members of the community understand and navigate changing and difficult social and economic landscapes.

Acknowledgments

My thanks to the residents of Weymouth and the many local educators, law enforcement, social service and health care professionals who generously shared their experiences and ideas with me. I particularly wish to thank Paul Williams, Substance Abuse Prevention Coordinator, Weymouth; Joan Mikula, Commissioner, Massachusetts Department of Public Health; Louellyn Lambros, activist and advocate; and Alice Arena whose help was invaluable in making Weymouth connections. Thank you, Debra Cash, for coming up with the term "infrastructure of social capital". And thanks to Ellen Prince, Lynn Davidman and Tilbe Altin for help with crafting the project and editing

(*footnote continued*)
likely than men to receive prescription opioids (CDC, 2017).

[7] In 2016-2017, 6.2% of male students at Weymouth High were suspended, compared to only 2.9% of female students (Massachusetts Department of Education).

this paper.

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