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**Representing, Disseminating, and Debating
Controversial Bioethical Issues in Popularised Discourse**

Edited by Giuseppe De Riso, Roxanne Barbara Doerr
and Giuliana Garzone



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Representation of Knowledge about Opioid Addiction between Criminalization and Medicalization¹

Abstract: The debate on opioid addiction has become increasingly topical, especially in the United States of America. This study sets out to investigate the representation of opioid abuse in American newspapers with a view to identifying whether it is mainly framed within a criminal-legal or a health-medical paradigm. To this aim, an ad hoc corpus consisting of newspaper articles was collected over a two-year period (Oct 2016-Oct 2018) and analysed adopting a hybrid methodological toolkit comprising of Critical Discourse Analysis as well as Corpus Linguistics. Results indicate that the American newspaper discourse on opioid use primarily adopts a medicalization framework of the issue, which represents people suffering from addiction as ‘sick’ and therefore not accountable for their condition. Such an approach thus contributes to lifting the stigma from substance users and typically attributes much prominence to the members of the medical community, considered as the legitimate agents of control of the situation. However, the analysis reveals that a medicalization frame, although prevailing in the press, is merging with a legal-criminal one, as police officers and not doctors are portrayed as the legitimate and desirable agents of institutional intervention to tackle the crisis.

Keywords: *medicalization, newspaper discourse, opioid discourse*

1. Introduction

Drug-related emergencies have characterized the last century’s history of the United States of America.² The country has been repeatedly and arguably unsuccessfully waging wars on drugs³ while the common perception of the spread and harmfulness of the phenomenon has been heightened during periodic panics over ‘epidemics’.⁴ Since the 1960s, with the introduction of extended measurement and official statistics to report on psychoactive substance abuse in the U.S., it has been possible to observe that data about the incidence of drug consumption does not always match fluctuations in public alarms. U.S. drug policies thus seem to have been shaped not by actual increases in deaths but rather by intensified fears of ‘epidemics’. The latter appear to be fuelled by key social actors such as public officials, the media, and the research community.⁵

At times, even American Presidents have publicly expressed concern, thus drawing their citizens’

¹ This chapter contributes to a national research project on “Knowledge Dissemination across Media in English: Continuity and Change in Discourse Strategies, Ideologies, and Epistemologies” supported by the Italian Ministry of Education (COFIN grant No. 2015TJ8ZAS_002).

² Amie L. Nielsen, “Americans’ Attitudes toward Drug-Related Issues from 1975-2006: The Roles of Period and Cohort Effects”, *Journal of Drug Issues*, 40.2, 461-493.

³ David. Courtright, *Dark Paradise: Opiate Addiction in America before 1940* (Cambridge: Harvard U.P., 1982).

⁴ Dale D. Chitwood et al., “Reflections on the Meaning of Drug Epidemics”, *Journal of Drug Issues*, 39 (2009), 29-39.

⁵ *Ibid.*

attention to the issue.⁶ One of such notorious occasions was in 1971, when President Richard B. Nixon declared drug addiction to be ‘public enemy number one’, as well as ‘the most serious threat this nation ever faced’. Much more recently President Donald J. Trump defined the rising numbers of overdose deaths “a national emergency”.⁷ The types of drug associated with the ‘epidemics’ evoked by these two presidents, however, are not the same. Scholars have realized that “the attachment of the term ‘epidemic’ to individual drugs has uniquely linked substances to specific decades”.⁸ While Nixon was addressing the problems of heroin-related crime and victims, Trump alerted his citizens to the spread of opioid overdose deaths. The opioid ‘epidemic’ is arguably more virulent than preceding epidemics such as, for example, the ecstasy epidemic in the 1990s and the methamphetamine epidemic in the 2000s.⁹ Developed over the last thirty years, the current opioid crisis was first declared an epidemic in 2011. Opioid overdose rates have quadrupled between 2002 and 2013, surpassing overdose deaths from heroin and cocaine¹⁰ and becoming the leading cause of injury death in the U.S. Besides these impressive mortality rates, another factor which has been identified as making the opioid emergency so unlike previous drug-related epidemics is the remarkable impact it has had on the white segment of the population, which had so far been less affected by drug addiction problems than other ethnic groups, especially African Americans and Hispanics. Rampant opioid abuse among white young adults is probably linked to the fact that “prescription opioids are more readily prescribed to White, middle-class, paying patients”.¹¹ In socioeconomic terms, however, the opioid crisis does not appear to be dramatically different from previous drug emergencies: data indicate that the most likely to die from opioid overdoses are still poor, male and living in rural areas.¹² However, media coverage and drug-related policy discourses have given prominence to “rising rates of opioid use and overdose among middle-class, suburban white people, particularly young people”.¹³

This has been argued to have produced a shift in the public perception of the ‘addict’ figure, formerly associated with that of the criminal and now evoking more feelings of sympathy and compassion¹⁴ (the social perception of opiate addiction arguably depends on who is addicted). In the same way, drug policies seem to have been affected: starting from the assumption that those who suffer from opioid addiction are suffering from a disease, policy makers no longer consider punitive treatment as the only option, but they are embracing more moderate, often medicalized ways of

⁶ James E. Hawdon, “The Role of Presidential Rhetoric in the Creation of a Moral Panic: Reagan, Bush, and the War on Drugs”, *Deviant Behaviour: An Interdisciplinary Journal*, 22.5 (2001), 419-445.

⁷ Julie Hirschfeld Davis, “Trump Declares Opioid Crisis a ‘Health Emergency’ but Requests No Funds”, *The New York Times* (October 26th 2017).

⁸ Ivi, 30.

⁹ Elizabeth Stone, “Is There ‘Hope for Every Addicted American’? The New U.S. War on Drugs”, *Social Sciences*, 7.1.3. (2017), www.mdpi.com.

¹⁰ Nora D. Volkow et al., “Medication-assisted Therapies: Tackling the Opioid-Overdose Epidemic”, *New England Journal Of Medicine*, 370 (2014), 2063-2066.

¹¹ David E. Smith, “Medicalizing the Opioid Epidemic in the U.S. in the Era of Health Care Reform”, *Journal of Psychoactive Drugs*, 49, 95-101.

¹² “Today’s Heroin Epidemic: Centers for Disease Control and Prevention”, *Center for Disease and Control Prevention* (2015), www.cdc.gov.

¹³ Elizabeth Stone, “Is There ‘Hope for Every Addicted American’”.

¹⁴ Julie Nederland Julie and Helena B. Hansen, “The War on Drugs That Wasn’t: Wasted Whiteness, ‘Dirty Doctors’, and Race in Media Coverage of Prescription Opioid Misuse”, *Culture, Medicine and Psychiatry*, 40.4 (2016), 664-686.

tackling the drug issue. This has led some to claim that in the current drug epidemic a medicalization frame has been increasingly replacing the previous criminalization frame of the addiction problem. This slow shift from one framing to the other could be clearly linked to a wider political agenda aimed at privileging the members of certain economic classes (such as the high and middle classes) and ethnic groups (namely, white people), as suggested by those who maintain that a “gentler war on drugs” is being waged under the Trump administration.¹⁵

In this context, this chapter sets out to investigate the media representation and framing of opioid abuse in the period leading up to and immediately following President Trump’s defining the opioid crisis ‘a national emergency’.

2. Background: Opioid Addiction between Criminalization and Medicalization

In their 1980 seminal work on medicalization, Conrad and Schneider point out that not only is labelling a certain behaviour as deviant “a product of a political process of decision making”,¹⁶ but also that “decisions concerning what is the proper deviance ‘designation’ and who is the proper ‘agent of control’ are political questions decided frequently through political contest”.¹⁷ The scholars propose three main frames which have historically been employed with reference to deviance, i.e. deviance as sin (no longer very popular), deviance as crime and deviance as sickness. The latter designation arguably triggers a process of medicalization, allotting medical jurisdiction to phenomena that were previously handled through a non-medical framework.

As regards opioid use, Conrad and Schneider notice that in past times it was not considered much of a problem (opiates being important ingredients in many medicines), so the labelling of opioids consumption as a deviance does indeed represent a political and ideological choice. As regards its framing, they identify a tension between the legal-crime and the medical-sickness paradigms, which has led, over time, to shifting designations and correspondingly shifting drug policies.

When opiate addiction is framed as a criminal, moral failure (e.g. under the Reagan administration which embraced a “Zero Tolerance Policy”, ZTP),¹⁸ an abstinence approach is typically advocated for, failing which legal persecution is used as a deterrent. A criminal frame of opioid emergencies promotes a punitive response to drug consumption, foregrounds fears of violent threats – mostly connected to illicit endeavours aimed at getting hold of the drug – and promotes users’ isolation through imprisonment. Moreover, when this kind of framing of the issue prevails, the role of medical institutions and doctors is assigned a marginal position and their activities are strictly monitored as lawmakers and public officials are singled out as the rightful agents of control. As noted above, whenever addiction especially concerns disenfranchised groups, the legal-crime paradigm is likely to be dominant.

Conversely, when opioid misuse mainly involves or appears to involve more powerful segments of the population, then it is usually framed as a medical issue (as, for example, during the Nixon

¹⁵ Kirsten West Savali, “Gentler War on Drugs’ for Whites Is a ‘Smack’ in Black America’s Face”, *The Root* (August, 11th 2015), web.archive.org.

¹⁶ Peter Conrad and Joseph W. Schneider, *Deviance and Medicalization: From Badness to Sickness* (St. Louis: Mosby, 1980), 22.

¹⁷ Ivi, 26, emphasis in the original.

¹⁸ Hawdon, “The Role of Presidential Rhetoric in the Creation of a Moral Panic”.

administration and its initial massive adoption of methadone maintenance): “[h]igh prevalence of deviance among the middle class ... increases the likelihood of medicalization and medical sanctions”.¹⁹ When the medicalization framework prevails, addiction is decoupled from simple drug use or abuse, with the result that these phenomena are stripped of any social or cultural ties. Under this perspective, disease is perceived as an individualized issue that can be tackled through treatment. Misusers are thus not depicted as responsible for their situation because, unlike in a criminal framing, their condition does not stem from a choice. As a consequence, part of the stigma of addiction is arguably removed and addicted people are possibly less ostracized. Against this backdrop, members of medical profession can act as “mediators of stigma and marginalization of addicted people”.²⁰ By and large, it may be stated that a medicalization frame of opioid emergencies attributes considerable power to doctors and physicians, medical institutions and pharmaceutical companies. The activities of the former are much less monitored than when a criminal frame predominates, as they are considered as the proper agents of control.

To conclude, recent sociological research²¹ seems to suggest that, a few decades after Conrad and Schneider’s initial work was published, the representation of opioid is still characterized by a discursive negotiation between the ‘opioid addiction as crime’ and ‘opioid addiction as sickness’ frames.

3. Materials and Research Design

The purpose of this study is to analyse hegemonic media discourse concerning the opioid crisis by examining the ways in which the latter is represented in newspaper articles with the aim of identifying whether it is the criminal or the medicalization frame that prevails under the first few years of the Trump administration.²² Newspapers communication was selected as the focus of the investigation since the way in which media discursively construct drug-related crises is arguably as crucial as the objective conditions of the crises themselves. Not all critical situations are considered deserving of public attention, which means that only those which are deemed ‘newsworthy’ are actually turned into pieces of news. As a consequence, media representing something as a social issue has important repercussions: not only will the public become more aware of it but this will, in turn, accord it more priority on the political or institutional agendas.²³ Moreover, by underscoring certain aspects of a problematic situation and neglecting others, the media influence the way people and policy makers identify the causes and possible responses to it. Among the various kinds of frames that can affect

¹⁹ Conrad and Schneider, *Deviance and Medicalization: From Badness to Sickness*, 142.

²⁰ Sonia Mendoza et al., “Shifting Blame: Buprenorphine Prescribers, Addiction Treatment, and Prescription Monitoring in Middle-Class America”, *Transcult Psychiatry*, 53.4 (2016), 465-487, 480.

²¹ See for example Cindy Brooks Dollar, “Criminalization and Drug ‘Wars’ or Medicalization and Health ‘Epidemics’: How Race, Class, and Neoliberal Politics Influence Drug Laws”, *Criminal Criminology: Online First Articles* (2018), link.springer.com.

²² McGinty et al., 2016 carried out a research on U.S. news media framing of opioid abuse in the years 1998-2012 and found out that, in spite of experts’ defining the issue a health issue, news media coverage promoted a criminalization framing of it. Emma E. McGinty et al., “Criminal Activity or Treatable Health Condition? News Media Framing of Opioid Analgesic Abuse in the United States, 1998-2012”, *Psychiatric Services*, 67.4 (2012), 405-411.

²³ See Maxwell McCombs, “Agenda Setting Function of Mass Media”, *Public Relations Review*, 3.4 (1977), 89-95; Maxwell McCombs and Donald L. Shaw, “The Evolution of Agenda-Setting Research: Twenty-five Years in the Marketplace of Ideas”, *Journal of Communication*, 43 (1993), 58-67.

public attitudes, casual frames have an impact on how society attaches responsibility for and considers the desired solutions to a problem.²⁴ The way in which the media depict the social groups involved in the emergency – especially those who are attributed the power to provide definitions of the issue and those who are portrayed as being affected by it – also plays a crucial role in orienting public opinion so that certain policies are perceived as more effective than others to tackle the situation.

Owing to the number of actors involved in the opioid epidemic (i.e. government agencies, medical professionals, pharmaceutical companies, public health institutions, and health service researchers), the newspaper portrayal of the opioid crisis is a case in point. Given the complexity of the issue and the multiple ways in which it can be discursively constructed and ‘labelled’, the selection of a specific type of source identified as authoritative (e.g. politicians, physicians, police officers...) can provide a certain framing and strengthen a particular narrative of the problem.²⁵ As already mentioned, the medicalization and the criminalization frames have been alternately prevailing in North American political and media communication.

In this context, the analysis aims to identify the most common linguistic and rhetorical tools utilized by journalists in order to represent the opioid emergency as well as discursively construe opioid addiction as a criminal behaviour or as a medical condition. Drawing on the notion that discourse is a form of social action which both frames and is framed by social practice,²⁶ this study adopts a critical discourse-analytical methodological framework. Critical discourse analysis or CDA is typically selected in research that explores the connections between media communication and the ideological presuppositions underlying hegemonic discourse.²⁷ In the case at hand, CDA may be efficiently used to investigate the way in which newspapers disseminate opioid discourse as this tool will arguably provide a sound description of the power relations and socio-political assumptions guiding journalists’ choice of the medicalization or criminalization frames (or of a combination of them). The methodological contribution of Corpus Linguistics (or CL) is also relied upon as it offers a more rigorous outline of the main discursive and linguistic strategies adopted by newspapers when tackling the opioid addiction issue. The support provided by CL applications (such as word frequency lists) to a qualitative approach has been recognized to partly overcome the limitations inherent in the utilization of CDA or CL alone²⁸ and to activate a ‘useful synergy’.²⁹ This hybrid methodological toolkit is applied in this study to an *ad hoc* corpus consisting of 8,415 newspaper articles (corresponding to 5,825,310 word tokens) including the word ‘opioid’ in the title and published in the United States of America between October, 1st 2016 and October, 1st 2018. The corpus was collected using the *LexisNexis* database and analysed with the support of the linguistic software *Wordsmith*

²⁴ See Shanto Iyengar, “Framing Responsibility for Political Issues: The Case of Poverty”, *Political Behaviour*, 12 (1990), 19-40; Shanto Iyengar, “Framing Responsibility for Political Issues”, *Annals of the American Academy of Political and Social Science*, 546 (1996), 59-70.

²⁵ Dietram A. Scheufele, “Framing as a Theory of Media Effects”, *Journal of Communication* (1999), 103-122.

²⁶ Norman Fairclough, *Analysing Discourse: Text Analysis for Social Research* (London: Routledge, 2003).

²⁷ Norman Fairclough and Ruth Wodak, “Critical Discourse Analysis”, van Dijk Teun, ed., *Discourse as Social Interaction: Discourse Studies. A Multidisciplinary Introduction*, vol. 2 (London: Sage Publications, 1997), 258-284.

²⁸ Gerlinde Hardt-Mautner, “‘Only Connect’: Critical Discourse Analysis and Corpus Linguistics (University of Lancaster, 1995), ucrel.lancs.ac.uk.

²⁹ Paul Baker et al., “A Useful Methodological Synergy? Combining Critical Discourse Analysis and Corpus Linguistics to Examine Discourses of the Refugees and Asylum Seekers in the UK Press”, *Discourse and Society*, 19.3 (2008), 273-306.

Tools 7.0.³⁰ It is comprised of texts belonging to a variety of genres (i.e. news stories, editorials, and blogs) and published newspapers with different political affiliations as this is expected to provide a more representative sample of contents offering a more detailed panorama of the North American media opioid discourse.

4. The Medicalization of Opioid Addiction

A preliminary quantitative look at the corpus reveals that, although the periods of publication of the articles collected are equally distributed before and after Trump’s declaring the opioid crisis ‘a public-health emergency’, the number of texts published after the US President’s speech is higher than that of those published before. This may indicate that newspaper discourse has been affected by Trump’s words which have, rather expectedly, attracted media attention to the issue. However, the difference in percentages is not so dramatic (56% vs. 43%). The event of Trump’s defining the opioid crisis ‘a public-health emergency’ is thus to be considered as embedded in a media context which had already been foregrounding the issue, possibly on the basis on its ‘negativity’ and the large amount of people involved (which corresponds to the ‘amplitude’ value of Galtung and Ruge’s newsworthiness model).³¹ However, since the President provides a medicalization framing of the issue (his declaration being a framing act itself), it is possible to hypothesize that this will be the prevailing framing of newspapers as well.

As mentioned above, the automatic interrogation of the corpus can be useful in order to verify this hypothesis. The first step in the analysis is represented by the identification of the most frequently occurring lemmas with the aim of singling out the distinctive features and the most frequently occurring topics of the corpus, so as to obtain a preliminary insight into the newspaper discourse on the opioid crisis. Attribution to semantic domains was operated by checking the lemmas against specialized dictionaries (medical and legal).³²

As can be observed by Table 1, a significant part (i.e. 18%) of the top hundred words belongs to the semantic domain of health-medicine, thus suggesting that the medicalization framing is indeed the one adopted by U.S. newspapers.

	Word list		...	...	...
			65	PAIN	0,18
N	Word	%	66	CRISIS	0,17
...	....	.....	67	EPIDEMIC	0,17
11	SAID	0,86	68	WHEN	0,17
12	ON	0,70	69	USE	0,16

³⁰ Mike Scott, *WordSmith Tools, 7.0* (2016), www.lexically.net.

³¹ Johan Galtung et al., “The Structure of Foreign News: The Presentation of the Congo, Cuba and Cyprus Crises in Four Foreign Newspapers”, Jeremy Tunstall, ed., *Media Sociology: A Reader* (Chicago: University of Illinois Press, 1970), 259-298.

³² More specifically, the “Medical Dictionary”, medical-dictionary.thefreedictionary.com and the “Legal Dictionary” pages of *The Free Dictionary* by Farlex were consulted, <https://legal-dictionary.thefreedictionary.com>.

13	WITH	0,65	70	UP	0,16
14	<i>OPIOID</i>	0,63	71	<i>HEROIN</i>	0,16
....	....	...	72	THERE	0,16
20	HE	0,46	73	IT'S	0,16
21	<i>DRUG</i>	0,46	74	<i>DEATHS</i>	0,15
30	THEY	0,34	75	YOU	0,15
...
32	WHO	0,33	79	<i>PATIENTS</i>	0,15
33	WE	0,33	80	OUT	0,14
34	NOT	0,32	81	THEM	0,14
35	OR	0,31	82	<i>MEDICAL</i>	0,14
36	PEOPLE	0,31	83	AFTER	0,14
37	<i>HEALTH</i>	0,30	84	WHAT	0,14
38	I	0,28	85	<i>PRESCRIPTIO N</i>	0,14
39	ALL	0,27	86	THOSE	0,14
40	HIS	0,26	87	SO	0,14
41	<i>ADDICTION</i>	0,26	88	FIRST	0,13
42	THEIR	0,26	89	PUBLIC	0,13
43	WILL	0,25	90	GET	0,13
44	SHE	0,25	91	HELP	0,13
45	STATE	0,25	92	YEARS	0,13
46	ABOUT	0,25	93	ITS	0,13
47	<i>OPIOIDS</i>	0,24	94	<i>ABUSE</i>	0,13
48	<i>TREATMENT</i>	0,23	95	PERCENT	0,13
49	CAN	0,23	96	<i>CARE</i>	0,13
50	NEW	0,22	97	LAST	0,13
51	COUNTY	0,21	98	NEWS	0,12
....	....	...	99	LIKE	0,12
56	<i>OVERDOSE</i>	0,20	100	ACCORDING	0,12
57	<i>DRUGS</i>	0,19			

Table 1: Selection of top 100 lemmas (Frequency Wordlist)

On the other hand, within the 100 most often recurring lemmas there are no items exclusively relating to the legal-crime paradigm, and only two (‘police’ and ‘officials’) appear within the first 200. It can thus be legitimately inferred that newspapers frame the opioid crisis predominantly as a health-medical issue.³³ However, it is important to stress that 50% of the words belonging to the medical domain and ranking in the first 100 positions can also be found in the specialized legal dictionary, which may suggest that an overlapping of the two paradigms is taking place. This hypothesis is explored in paragraph 6, whereas the remainder of this one is devoted to the analysis of the items belonging to health-medical domain.

Rather predictably, the most often recurring lemma of this semantic domain is ‘opioid’, which is used in the news articles both as the head of noun phrases as well as a pre-modifier.³⁴ The top five clusters in which this term appears on the left (‘opioid crisis’, ‘opioid epidemic’, ‘opioid addiction’, ‘opioid overdose’, ‘opioid abuse’) also suggest that the main approach to the problem is medical.³⁵ Percentage frequencies indicate the American press defines the opioid issue as an addiction issue and not, for example, a pain issue (opioid medications being prescribed as a remedy for chronic pain).³⁶

As already pointed out, drug addiction has been repeatedly criminalized in the course of the numerous ‘wars of drugs’ the U.S. has waged over the last decades. However, this does not seem to be the case with newspaper coverage of the initial period of the Trump administration: the top clusters containing ‘addiction’ as a pre-modifier seem to suggest that American journalists establish an equation between being addicted and being sick.

	Concordance Cluster List		
N	Cluster	Freq.	MI score³⁷
2	ADDICTION TREATMENT	1190	5,72
6	ADDICTION CRISIS	296	4,47
10	ADDICTION MEDICINE	194	5,29
11	ADDICTION RECOVERY	182	5,54
12	ADDICTION SERVICES	179	4,94
13	ADDICTION EPIDEMIC	166	3,77
35	ADDICTION SPECIALIST	76	6,40
36	ADDICTION PROBLEM	74	4,10
37	ADDICTION ISSUES	70	19,18
38	ADDICTION PREVENTION	61	3,97

³³ It is to be noted that the domains of ‘public emergency’ and ‘institutions’ are also to be found at the top of the frequency wordlist, but they are not as extended as the health/medical one.

³⁴ It is worth mentioning that, in spite of its possible relevance in the legal-criminal framing, the lemma ‘opioid’ only appears in the Medical Dictionary (and is not to be found in the Legal one).

³⁵ It is to be noted that a pre-modifier establishes a link between the word itself and the item it pre-modifies which is both strong and difficult to challenge as the two are processed as a single whole.

³⁶ ‘Pain’ also ranks among the collocates, but with a limited frequency of occurrence.

³⁷ The MI score provides the Mutual Information score, i.e. the value of a statistical measure between the search term and the collocate. This value assesses the strength of the link between the search term and the collocate, so it is displayed in the Collocate List of the Wordsmith Tools software. However, in order to provide more visual clarity, in this study the MI score information is displayed besides the frequency information.

39	ADDICTION EXPERTS	61	17,31
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Table 2: Top clusters containing ‘addiction’ as a pre-modifier (Concordance)

The link between addiction and illness can also be observed in the concordance lines of ‘addiction is’, 27% of which represent intensive relational processes³⁸ attributing the quality of being sick to the status of being addicted. More specifically, addiction is equated to chronic illness and to a kind of mental illness, as indicated by the following examples:

1. Baker said she wants people to understand drug *addiction is a disease* that can grip anyone at anytime. It grabbed hold of her only child and destroyed her. (*Star-News*, 13/1/2017)
2. “Treatment needs to be a much higher priority because *addiction is an illness of the mind*. Opioids change your brain chemistry. So we have to understand that for people to overcome their addiction they have to be treated as patients.” (*North Carolina Lawyers Weekly*, 6/1/2017)
3. *Addiction is a complex illness*, with biological and psychological components. Medication pacifies the addicted brain’s receptors that produce cravings and rewards, while psychosocial rehabilitation helps the wounded, traumatized individual manage his or her depression and illness. Together, they produce the best outcome. (*Arizona Capitol Times*, 19/10/2017)[emphasis mine]

What emerges from these examples is that the adoption of a medicalization frame to the opioid addiction generates a narrative that drastically reduces accountability. In the last two excerpts, the text producers (North Carolina Attorney General Josh Stein whose words are quoted in (2) and Dr. Saul Perea, the integrated care medical director of non-profit organization Terros Health who wrote the opinion piece (3) is drawn from) heavily rely on scientific data to persuade their audience of the passive status of people with an opioid addiction: the latter simply fall ill through no fault of their own. This is even more evident in example (1), where addiction performs the function of Actor in two material processes (‘it grabbed hold’, ‘it destroyed’) whereas the addicted girl only occupies the role of the Goal of the clause.

The list of the main transitive verbs collocating with ‘opioid addiction’ (‘treat’, ‘fight’, ‘combat’, ‘curb’, ‘prevent’) contains items that largely belong to war and fight metaphors, so they naturally belong to the ‘war on drugs’ discourse. However, the most often recurring collocation is ‘treat’, which indicates that North American newspapers represent medical treatment as the primary way of handling addiction. It is also to be stressed that war and fight metaphors are also largely used in the health/medicine domain with reference to illness management and cure, which may further attest to the adoption of a medicalization frame in the newspaper coverage of the opioid crisis:

4. Georgia this week received \$29.3 million *to treat opioid addiction*, intended to fund medication-assisted treatments as well as mental health services combined with substance use treatment. (*The Atlanta Journal-Constitution*, 22/9/2018)
5. FDA Commissioner Scott Gottlieb proposed Wednesday an expansion of long-term (and perhaps even lifetime) access to drugs that *treat opioid addiction*, such as methadone or buprenorphine. (*The Washington Post*, 27/10/2017)
6. The centerpiece of Gov. Larry Hogan's new plan *to combat opioid addiction* and Maryland's epidemic of overdoses is a recognition that treatment for those who are incarcerated is one of the crucial missing links

³⁸ Michael A. K. Halliday, *An Introduction to Functional Grammar* (London: Edward Arnold, 1985).

in the state's efforts. (*The Baltimore Sun*, 5/2/2018)

7. The Brown Medical Association held a panel to discuss how to better train doctors and medical professionals to *prevent opioid addiction* and treat those suffering from the epidemic Thursday night at the Alpert Medical School. (*The Brown Daily Herald: Brown University*, 9/2/2018).[emphasis mine]

These excerpts arguably reinforce the notion that, if addiction is a manifestation of an underlying sickness, its origins are individual and not societal, and therefore not really worth investigating. In fact, the most frequently occurring transitive verbs collocating with ‘opioid addiction’ all seem to focus on the effects of addiction rather than on its causes, thus suggesting that the U.S. press is almost exclusively concerned with the possible strategies to deal with the emergency. In discursive terms, spotlighting the consequences of addiction rather than what may produce it makes it difficult for the reading public to pinpoint the responsibilities for the causes. In other words, there is hardly any reference to those who may be held responsible for the situation. On the contrary, as examples (4)-(7) demonstrate, groups and institutions responsible for tackling the effects of opioid addiction are mentioned in the newspapers (cf. footnote (5)) and are represented as elaborating strategies to tackle it, even though the main action performed in the corpus (as suggested by the significant occurrence of the lexical verb ‘to say’; see Table 1) is talking and discussing the issue.

5. The Voices of Experts

Both the close reading and the data extracted from the word frequency lists of the newspaper articles collected for the study seem to indicate that the preferred discourse mode adopted by American journalists when writing about the opioid problem is that of the reported event where reported speech (specifically statements and reactions) is attributed more space and importance than reported facts.³⁹ Verbal processes therefore dominate the coverage of the crisis. Specifically, the verb ‘to say’ represents the first content word in the frequency wordlist and even has a higher incidence in the corpus than the term ‘opioid’. The most often recurring clusters where it appears (e.g. ‘in a statement’, ‘in an interview’, ‘a news release’, ‘a news conference’ etc.) reveal that many of the news stories report on public declarations provided during formal speech events.

Those whose words are broadcast belong to a variety of categories: they may be politicians, attorneys, doctors, academicians, police officers, people suffering from addiction (or people related to them), spokespeople of pharmaceutical or health insurance companies and so on and so forth:

8. A *Marine Corps veteran*, Leinenkugel said that while media coverage focuses on the VA's shortcomings, Wisconsin's Congressional leadership on veterans issues" are the high point" in the country. (*Wisconsin State Journal*, 24/11/2017)
9. "The programs that frighten people, that shock, that intimidate -those do not work," said Janet Welsh, *an assistant professor at Penn State, who runs the Prevention Center in the College of Health and Human Development*. (*Pittsburgh Post Gazette*, 1/4/2018)
10. "We are resilient, we are proud, and we are hardworking," says William Ihlenfeld, *former US attorney for the Northern District of West Virginia*. (*The Washington Post*, 22/5/2017).
11. Sen. Ben Watson, *a Savannah Republican and internal medicine doctor*, voted against the bill. He said he supported the desire to deal with opioid misuse. (*The Atlanta Journal-Constitution*, 11/2/2017) [emphasis mine]

³⁹ Patrick Charaudeau, *Le Discours d'information médiatique: La construction du miroir social* (Paris: Nathan, 1997), 168.

mine]

Example (11) was selected as representative of journalists' widespread tendency to selected interviewees belonging to overlapping categories. In the corpus considered in this study, it was frequently observed that those whose words are reported simultaneously wear different 'hats'. It is to be noted that these experts are almost always represented as single individuals rather than as a class (what van Leeuwen calls 'singular specification').⁴⁰ Typically, the Sayer is identified by name, surname, title, and professional qualification, thus suggesting journalists' possible wish to single out and cite specific authorities and not to refer to their collective professional group. However, professional qualification plays a meaningful role, as:

[p]rofessional characteristics (position, place of work, academic degree, profession, membership of a political party) are based on power as authority and prestige and portray the speaker as a person competent in the questions discussed. Professional characteristics possess a much bigger argumentative value than personal ones, and are used much more frequently [in the press].⁴¹

The high occurrence of names and titles followed by a *verbum dicendi* is combined in the newspaper articles with the colligation 'he said/says': the referents of the third person pronoun are extremely varied (with a slight, unsurprising preference for the President) which reinforces the idea that a multitude of experts coming from heterogeneous backgrounds are mentioned in the text. This contributes to making the text what Moirand defines a 'plurilogal intertext' (multi-voiced intertext)⁴² consisting of the opinions of different speech communities called upon by the author. It is possible to hypothesize that the complexity of the opioid issue as well as its political, legal, and social implications leave newspaper journalists in a state of *insecurité discursive* (discursive insecurity)⁴³ which they try and compensate by incorporating the numerous voices involved in the situation in their texts. This allows them to dramatize the conflict⁴⁴ and to explain the social stakes of the issue: their role seems to slip "towards that of the 'mobiliser'",⁴⁵ more in keeping with newspaper opioid discourse which sees different speech communities (political, legal, medical etc.) as both vital contributors and preferred audiences.

Although a medicalization framing of the opioid issue prevails in the newspaper articles, the sources identified as authoritative in the text belong to diverse professional and power groups: whereas one might expect the reported words of the members of the medical community to be given prominence in the articles, the results of this analysis do not corroborate this hypothesis. Consequently, the presence of such heterogeneous expert voices may be a sign that the health-medical

⁴⁰ Theun Van Leeuwen, "The Representation of Social Actors", Carmen-Rosa Caldas-Coulthard and Malcolm Coulthard, eds., *Texts and Practice* (London: Routledge, 1996), 32-70, 46.

⁴¹ Alla V. Smirnova, "Reported Speech as an Element of Argumentative Newspaper Discourse", *Discourse & Communication*, 3.1 (2009), 79-103, 86.

⁴² Sophie Moirand, "Communication and Cognitive Dimensions of Discourse on Science in the French Media", *Discourse Studies*, 5.2 (2003), 175-206, 179.

⁴³ Ivi, 197.

⁴⁴ Helena Calsamiglia and Carmen Lopez Ferrero, "Role and Position of Scientific Voices: Reported Speech in the Media", *Discourse Studies*, 5.2 (2003), 147-173, 169.

⁴⁵ Moirand, "Communication and Cognitive Dimensions of Discourse on Science in the French Media", 197.

and the criminal-legal frameworks are not to be intended as mutually exclusive; although in the American press coverage of the opioid crisis the medicalization framework arguably prevails, it may be possible to hypothesise a merger between the latter and the criminalization framework. Such a hypothesis had already emerged as a result of the analysis of the most frequent lemmas of the corpus. The attribution of the latter to the semantic domains of medicine and crime suggests that the two paradigms may be possibly overlapping (cf. §4). An investigation of the discursive representation of the main social and professional groups involved in the opioid issue may thus be helpful in order to verify whether this is the case.

6. Addicted People, Doctors, and Police

By and large, animated subjects are not at the top of the frequency wordlist (Table 1), with the result that it is not easy to identify who is considered responsible for the current situation. Single citizens (referred to as ‘people’ and, rather significantly, as ‘patients’) are normally represented as passive subjects or victims. In the press coverage of the opioid crisis, ‘people’ mainly collocates with figures indicating huge quantities and expressions belonging to the semantic domain of addiction and death. In other words, when journalists write about people, they typically provide statistical data on the number of citizens involved in the addiction issue and on the many deaths provoked by opioid overdose.

Concordance Cluster List		
N	Cluster	Freq.
1	PEOPLE WHO ARE	471
2	PEOPLE IN THE	389
3	PEOPLE WHO HAVE	316
4	PEOPLE DIED FROM	241
5	PEOPLE DIED OF	230
6	PEOPLE ARE DYING	115
7	PEOPLE ADDICTED TO	108
8	PEOPLE WHO DIED	102
9	PEOPLE WHO USE	99
10	PEOPLE HAVE DIED	97
11	PEOPLE IN RECOVERY	91
12	PEOPLE DIED IN	83
13	PEOPLE WHO NEED	80
14	PEOPLE SUFFERING FROM	79
15	PEOPLE WHO WERE	73
16	PEOPLE WITH OPIOID	68
17	PEOPLE A DAY	67
18	PEOPLE STRUGGLING WITH	65

Table 3: Top clusters containing ‘people’ as search word (Concordance)

The first category to be attributed action is that of doctors, who, however, are not mentioned by

journalists very frequently (‘doctors’ only appears in the 126th position of the Frequency Wordlist). This is a rather unexpected result, especially in light of the fact that medicalization frames usually attribute significant importance to the medical profession. The analysis of the contexts where this lemma occurs may provide insight into why that is the case. First, it is important to point out that ‘doctors’ is often used in combination with lexical verbs such as ‘to (over)prescribe’ and similar ones, thus suggesting that doctors’ prescription practices may be partially responsible for opioid abuse:

12. It also proposed making naloxone, the antidote for opioid overdoses, more widely available, along with a requirement that *doctors prescribe* it when they order the use of high-risk opioids (*The Washington Post*, 26/10/2017).
13. The legislation also mandates that doctors double-check state databases for patients at risk, and the state will check for *doctors who oversubscribe* (*Salt Lake Tribune*, 16/03/2018).
14. For years, the opioid crisis was described as one of negligence. In this narrative, *doctors overprescribed* pills that shouldn’t have gone to patients and pharmaceutical companies overzealously promoted medications while playing down the risks (*Salt Lake Tribune*, 19/2/2017). [emphasis mine].

As emerges from the examples above, doctors’ prescription behaviours are represented as strictly associated with the outbreak of the epidemics and finding ways to regulate them is essential in order to tackle the addiction issue. This hypothesis is further corroborated by the frequent use of deontic modals to refer to what doctors should, must, need to do, etc.:

15. *Doctors need* to change the way they treat underlying issues like mental health and pain, but legislating restrictions on prescribing opioids is not necessarily the right answer, Cleveland said, and could negatively impact those with real pain management needs. (*Dayton Daily News (Ohio)*, 18/02/2018)
16. When opioids are used, he said, *doctors should* prescribe the lowest effective dose for the shortest amount of time. (*The Atlanta Journal-Constitution*, 7/12/2017). [emphasis mine]

It therefore seems possible to state that doctors are the most frequently mentioned professional category in the newspapers and the one who is attributed a certain degree of action, but their freedom is portrayed as problematic. Interestingly, the term ‘doctors’ does not always appear alone but it is often to be found in the collocation ‘doctors and + other (professional) group’ (12% of occurrences). ‘Doctors and patients’ is the most statistically significant of such collocations; when doctors and patients are linked together, they are typically discursively constructed as the victims of the misleading practices of pharmaceutical companies, whose references in the articles examined have significantly low occurrences:

17. The study will also fuel concerns that the *opioid marketing* misled *doctors and patients* on risks and benefits. (*Star Tribune*, 8/3/2018)
18. *Pharmaceutical companies* have denied allegations of *misleading doctors and patients* and said they want to help address the crisis. (*St. Paul Pioneer Press*, 26/4/2018)
19. Lawmakers, law enforcement and other leaders across the state have accused *drug manufacturers* of *misleading doctors and patients* about the safety of using opioids to treat acute and ongoing pain. (*St. Paul Pioneer Press*, 26/4/2018). [emphasis mine]

To sum up, the figure of the doctor is given an ambivalent status in the U.S. press coverage of the opioid crisis: on the one hand (and rather paradoxically), this kind of professionals are depicted as

actively contributing to the spread of the epidemics. On the other, when they are grouped with their patients, they are portrayed as blameless preys of the marketing strategies of drug manufacturers, whose interests are obviously at stake but who are rarely mentioned in the articles.

The other professional group to be attributed action in the corpus is that of police officers. Significantly, the word ‘police’ has the same frequency percentage of “doctors” (although a slightly lower raw occurrence). Differently from the latter category, however, the discursive representation of the police is not as controversial. As the following examples indicate, the police is considered as the legitimate and desirable agent of institutional intervention to tackle the crisis:

20. *Police arrested* suspected key players in drug operations and dealers who could be traced to drugs that caused overdose deaths (*Tribune Review* 31/12/2017)
21. Easton *police arrested* an alleged dealer and four others during a Feb. 21 sting, while Bethlehem *police raided* a South Side home Feb. 15 where a suspect set up an elaborate surveillance system to warn him if police approached. (*The Morning Call*, 20/5/2018)
22. In August 2016, though, Hampton *police arrested* him for careless driving while using unprescribed Xanax. He tried rehab, but on the following New Year's Day, his family found him dead on his bedroom floor, from an overdose of heroin and fentanyl. (*Pittsburgh Post-Gazette* 25/3/2018) [emphasis mine].

This possibly suggests that, in spite of mainly adopting a medicalization framing for the opioid issue, American journalists still establish a strong link between drug abuse and criminal activities. Whereas in a medicalization framing of the addiction issue one would expect doctors to be represented as agents of control and identified as possible solvers of the problem, what happens in the press coverage of the opioid epidemic instead is that the police is deemed responsible for tackling with the emergency, as suggested by the contexts of the expression ‘law enforcement’:

23. Two Northland *law enforcement* coalitions are joining forces to combat opioid sales and other serious crimes across the region (*Duluth News-Tribune (Minnesota)*, 17/2/2017)
24. Maryland has been fighting this rise in drug addiction for years, and coordinated efforts between state and federal *law enforcement* agencies continue to limit the importation of these drugs into our state. (*Washington Post*, 26/2/2017)

However, it is to be noted that police officers are not only depicted as dealing with crime, but very often they are portrayed as performing activities similar to those a doctor would perform:

25. All St. Louis city police officers to begin carrying drug that can stop overdose deaths. (headline; *Saint Louis Post-Dispatch (Missouri)*, 4/8/2017).
26. The nation's opioid epidemic is changing the way law enforcement does its job, with police officers acting as drug counselors and medical workers and shifting from law-and-order tactics to approaches more akin to social work. (*Dayton Daily News (Ohio)*, 19/3/2017)
27. A police officer administered two units of Narcan before the Bismarck Fire Department and Metro Area Ambulance arrived, administering a third dose of Narcan which revived the man, who reportedly admitted to using heroin. (*The Bismarck Tribune*, 7/11/2017)

As a consequence, it is possible to affirm that both the role of doctors and that of the police may be undergoing a process of discursive redefinition: whereas doctors typically represent a key figure in a health-medical frame, in the articles selected for this analysis they are mainly inscribed in a legal

framework and possibly, to some extent, even criminalized. At the same time, police officers seem to be assigned tasks dealing with both the potential criminal activities of people suffering from addiction as well as with their health.

These results seem to confirm the hypothesis that the medicalization and criminalization paradigm are not irreconcilable, but are currently merging in the words of American journalists.

7. Discussion and Conclusion

The results of this study seem to partially diverge from preceding ones such as McGinty *et al.* 2016 which ascertained the prevalence of the legal-criminal framing in the American newspaper coverage of the opioid crisis. This analysis has been carried out on more recent texts and arguably demonstrates that over the last couple of years newspaper discourse on opioid abuse has mainly shifted from a criminal framing to a medicalization one.⁴⁶ This may be due to a number of reasons: first, it may be the product of an ever increasing demand for the press to use a language which does not attach stigma to substance users⁴⁷ and which *de facto* steers towards the health-medical paradigm.

In addition, criticism has been levied against the government for conducting a ‘gentler’ war on drugs when it comes to opioid abuse due to the fact that the epidemic seems to mainly affect white and middle-class people.⁴⁸ Whereas this has as yet to be verified, the preference for medicalization framing over the criminal one could be linked to the wider political agenda: political powers’ adoption of a medical framework combined with media’s reproduction of the latter may exert the effect of attributing less responsibility to drug users and lifting part of the stigma which is typically attached to them; if a health-medical approach is taken, people suffering from addiction are seen as ‘sick’ and therefore not accountable for their condition.

However, whereas medicalization may prevail over criminalization in the American press, the analysis has possibly revealed that these two apparently contradictory paradigms are indeed reconciled and seem to be merging in the coverage of the opioid epidemic. This merger may be caused by the fact that, especially in certain American states, the treatment and the punishment systems are intertwined. Moreover, some scholars argue that medicalization and criminalization coexist as the former is habitually adopted in relation to white and middle-class people whereas disenfranchised groups are typically criminalized.⁴⁹

Another possible, additional reason may have to do with the fact that the shifting from a criminal framing to a medicalization framing is still ongoing in the press and in the public perception at large.

The merging of the medicalization and criminalization framing seems particularly apparent in the discursive representation of doctors and police officers. Doctors may be expected to be depicted the main agents of control within a health-medical approach to the opioid issue, but the analysis has shown that this is not the case. Moreover, they are often described within a legal framework rather

⁴⁶ Seklir *et al.*, conducted a more narrow-scope study on the Northern California newspaper coverage of the opioid epidemics and obtained similar results (Lilian Seklir *et al.*, “The Opioid Epidemic in the News: Findings from an Analysis of Northern California Coverage”, *Berkeley Media Studies Group* (2016), www.phi.org/resource).

⁴⁷ Alexandra B. Collins *et al.*, “Harnessing the Language of Overdose Prevention to Advance Evidence-based Responses to the Opioid Crisis”, *International Journal of Drug Policy*, 55 (2018), 77-79.

⁴⁸ Cindy Brooks Dollar, “Criminalization and Drug ‘Wars’ or Medicalization and Health ‘Epidemics’”.

⁴⁹ Rebecca Tiger, “Race, Class, and the Framing of Drug Epidemics”, *Contexts*, 16.4 (2017), 46-51, 50.

than a medical one. As mentioned above, their prescribing practices are often portrayed as potentially connected with the causes of the epidemics and should be monitored and legally restricted. On the other hand, the police, which typically play a crucial role in a criminal framing, are attributed responsibility and legitimacy in dealing with the opioid issue, which is therefore represented as to be solved through medical and coercive police measures at the same time. To further blur the divide between criminalization and medicalization, police officers are often depicted as performing tasks aimed to restore the health or, in extreme cases, even to keep alive drug abusers, thus appearing more similar to doctors.

The analysis of the future press coverage of the opioid epidemic may be useful to reveal whether the merging of the criminal and the medical paradigms is something which will characterize opioid discourse for a long time or whether the current combination of these two approaches this study has arguably identified is only a temporary sign of a shift in framing. It is hoped that future newspaper articles on the topic will place an emphasis not only to the possible ways of tackling the effects of widespread opioid addiction or the professional categories involved in such an enterprise, but possibly also to the causes of such a problem which, at the moment, do not appear to be properly investigated.