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Citation Details

Eichenlaub, J. D., & Nasher, E. (2021). Thematic Content Analysis of Newspaper Coverage of the Causes of the Opioid Crisis. *Journal of Sociology*, 13, 2.

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Thematic Content Analysis of Newspaper Coverage of the Causes of the Opioid Crisis

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This article was published in the following Scient Open Access Journal:

Open Access Journal of Sociology

Received January 21, 2021; Accepted February 3, 2021; Published February 08, 2021

Introduction

"This nation pioneered modern life. Now epic numbers of Americans are killing themselves with opioids to escape it" [1]. According to the CDC, In 2017 alone, 47,600 people died from opioid-related overdoses [2]. The current opioid epidemic has developed in three distinct waves. Initially there was a sharp rise in opioid overdoses after doctors began prescribing drugs such as Oxycontin, which they were assured by pharmaceutical companies were less addictive than traditional opiates. The second wave began around 2010, when a rapid increase in deaths from heroin use was documented. When efforts were made to curtail opioid prescriptions, opioid-dependent patients that were taken off prescription painkillers turned to street drugs. Consequently, deaths from heroin overdoses increased by 262% from 2003 to 2013. The third, and current wave of the opioid epidemic began around 2013, typified by a dramatic increase in use and overdose deaths from synthetic opioids such as Fentanyl. For example, 20,000 people died from Fentanyl alone in 2016 (Liu 2016). As early as the 1990's, areas of the nation such as the rust belt, Appalachia, the deindustrialized northeast and other locales began to see a dramatic increase in opiate use and overdose. The number of opioid-related deaths increased from 2,015 in 2000, to 20,101 in 2015, a 400% increase [3]. Ohio and Pennsylvania typify the rustbelt and have had some of the highest overdose rates for the past 15 years. West Virginia is typical of Appalachia, while Massachusetts is representative of the deindustrialized northeast. Each of these 3 regions and states have all had the 4 highest rates of opioid overdose for the last ten years [4].

The main narrative surrounding the opioid crisis centers around big pharma culpability, and while they certainly do share a great deal of the responsibility for this epidemic, there are also other forces at work. The cultural critic and Harvard scholar Chris Hedges (2018) in his book *America: The Farewell Tour*, envisions macro-level trends such as globalization, deindustrialization, and rising inequality as root causes which created conditions that fostered the epidemic. Other scholars agree with Hedges, and add increasing lack of upward mobility, crumbling infrastructure, and widening structural inequalities of various types. Many of the areas most affected by this trend are examined in several studies (McGillis 2015; Dasgupta, Beletsky, and Ciccarone 2018; Flaherty et al 2018; Stopkat et al 2017; Pendyal 2018). Many ailing communities have come to be termed, the "left-behind America". In left-behind America we see small towns, rural blight, and small manufacturing cities that are decaying and losing populations to the coasts. Those that remain in failing communities are left with little to no chance of a decent job or education (Wuthnow 2018). In sum, the many areas which typify the states covered in this research are places of despair, vulnerable to one epidemic or another.

Capitalism in its modern form has come together in a perfect trifecta to create the opioid epidemic. The greed-driven capitalism of big pharma, the globalization which hollowed out America's industrial cities along with its middle class, and neoliberalism's commodification of everything, have transformed chronic pain patient's needs into a stream of revenue for the drug companies who seem to have little regard for the consequences of their actions. The systemic and ideological underpinnings of current capitalism have failed humanity in many ways, and one of the worst examples may be the opioid crisis. Therefore, it is important to study how the causes of the epidemic are framed in newspapers, specifically in the states most affected by the epidemic. This

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research aims to explore what the most frequent causes for the crisis reported in the news are, as well as how those causes are framed. Perhaps, most importantly, this research also aims to find out what causes are not reported on.

Literature Review

The Opioid Crisis

The opioid crisis is a widespread scourge of addiction facing the United States. Heroin, morphine, and other 'natural' opiates have been around for centuries. What separates the current crisis are three things, the first being location, with formerly prosperous areas of the nation suffering the most as a result of globalization. Secondly, the crisis is framed as affecting mostly white people when, in truth, minority communities have faced opioid problems for decades, as well as disproportionate blame in fueling the trend, as well as less help with combatting the crisis [5]. Finally, geography and economic status cause a predisposition to opioid abuse. The opioid crisis has affected the Midwest, the rust belt, New England, Appalachia, and rural areas far more than other parts of the nation. In addition to location, a report for the US Department of Health and Human Services finds:

Poverty, unemployment rates, and the employment-to-population ratio are highly correlated with the prevalence of prescription opioids and with substance use measures. On average, counties with worse economic prospects are more likely to have higher rates of opioid prescriptions, opioid-related hospitalizations, and drug overdose deaths (Ghertner and Lincoln 2018).

This quote from a respected governmental agency, clearly demonstrates that inequality, poverty, and location play key roles in where, and who, becomes afflicted with the effects of the opioid crisis.

Big Pharma and the Opioid Crisis

Big pharma is an all-encompassing term that describes the central piece of the pharmaceutical industrial complex (PIC), the drug companies that develop, market, and distribute medications. Big pharma has contributed to the current opioid crisis in many all-too-familiar ways.

The current wave of the opioid crisis was preceded by a second wave in which huge pharmaceutical concerns marketed drugs that they knew were more addictive than they admitted to [6]. In particular the drug company Purdue, developed *Oxycontin* for pain relief, claiming to physicians, whom they courted, that the drug was far less addictive than traditional opioids. Sales of *Oxycontin* and its cousins soared throughout the 1990's and early 2000's [7]. As a result of the deceptive marketing to physicians, *Oxycontin* and other opioids were prescribed in large quantities, and with less scrutiny by medical personnel [7]. Patients were often given large numbers of the pills, and all too easily became addicted. Once addicted people began to show signs of what is known as "drug-seeking-behavior" they were no longer given prescriptions for the pills (Hawkins, Smeeks, and Hamel 2008). Once patients are addicted and can no longer obtain the drugs legally, they then turn toward illicit means of staving off the horrible symptoms of opioid withdrawals. Many addicts turn to Heroin or other illicit street drugs [8].

As a consequence of opioid addiction, so called "pill-mills" began to appear in areas most effected by opioids: namely the rust belt, Appalachia and the de-industrialized northeast [9]. A "pill-mill" can be characterized as a medical clinic which is set up primarily for the purpose of providing a physician likely to write prescriptions for large quantities of opioids in return for a cash fee. The welfare of the patients in these "medical" facilities is not the primary concern, the operation exists to create a cash windfall for the unscrupulous doctors who act as a "legal" supplier to those addicted to opioids [10]. As a result of pill mill operations it soon became apparent that areas hardest hit by the opioid crisis saw the scope of the problem expand, and overdose deaths began to skyrocket [11].

Finally, public officials began to trace the problem of the opioid crisis back to its roots, in the over prescription of opioids by doctors who were misled by large pharmaceutical companies [12]. In the course of researching big pharma's role by states attorney generals, it was found that at times, close to 700,000 pills of *Oxycontin* would be shipped month after month to counties with populations of under 10,000 people [3]. Investigations turned up clear evidence that drug companies like Purdue, Pfizer, Merck and other companies were fully aware that *Oxycontin* and its relatives were far more addictive than they admitted, the companies were also guilty of turning a blind-eye towards clinics that ordered huge quantities of pills, neglecting to due diligence, as per industry standards [13]. As a result of investigations many counties, cities, and even states began suing drug makers like Purdue. Drug makers often settled out of court for what appears to be huge sums of money, and some member of upper management have even been convicted of fraud and sentenced to jail [14]. As a result of the crackdown on pill mills, the third wave of the opioid epidemic began around 2015, with the introduction of *Fentanyl* smuggled into the US from south of the border or parts of Asia [15]. *Fentanyl* is 1000 times stronger than *Oxycontin* and has led to a great number of overdose deaths when unsuspecting addicts ingest the drug unwittingly [16]. The opioid crisis is a tragic chapter in this nation's history with regards to drugs, be they legal or illegal.

Capitalism and the Opioid Crisis

There are many tropes concerning the causes of the opioid crisis, but most assuredly, some form of capitalism is squarely at the center. Neoliberalism is an ideology in which 'everything' becomes commodified, while the dictates of the market are thought to be the most efficient and democratic tool for deciding courses of action. Neoliberalism as an ideology began in earnest in the late 1970's and has risen in strength ever since [17]. This is a form of capitalism where people are transformed into a variable in an algorithm, and are expendable, up to the point where the negative externalities of a firm's actions brings either legal or public sanctions [18]. In keeping with the marketing culture endemic of neoliberalism, Melina Sherman (2017) contends that pharmaceutical companies engage in the worst kind of neoliberal capitalism. In Sherman's work she examines how big pharma simply looked at people as 'numbers' that they could market and sell their knowingly addictive products to.

Globalization is another form of modern capitalism that led to rapid deindustrialization in areas of the country hardest hit by the opioid epidemic. Globalism began in the mid to late 1970's as

previously closed-off or struggling parts of the world caught up with America in terms of manufacturing and opened up to trade. It was no longer necessary to bow to unions or pay a “living” wage to employees at factories, as cheap and exploitable labor was available overseas [19]. In the 1990’s globalism ramped up with the opening of China and the passage of NAFTA. Many companies began the process of ‘off-shoring’ their production of goods for a higher profit margin. In the process of off-shoring, many factories were shuttered and entire towns and cities which relied on companies like General Motors or other heavy manufacturers dried up and became former shells of their past selves [20]. Globalism is the direct antecedent to deindustrialization and its all too painful consequences.

Neoliberal global capitalism and deindustrialization in states such as Ohio, Pennsylvania, Massachusetts, and West Virginia have wreaked havoc upon the middle and lower classes, and have, to a great extent, created conditions which led to the opioid crisis [21]. The wholesale hollowing out of America’s industrial infrastructure left thousands of people under-employed and barely able to keep their heads above water. The people of Appalachia, the rust-belt, and the deindustrialized northeast live in areas with decaying infrastructure, blight, a vanishing tax-base, and little hope for an upwardly mobile future [22]. It is not surprising that in dire and seemingly hopeless times a certain portion of the population would turn to drugs, either accidentally at first or purposefully.

Data and Methods

This research aims to explore the reportage of the causes of the opioid crisis in the 3 major areas of the nation most devastated by the epidemic. Using applied qualitative thematic content analysis (Guest 2012), I employ a general inductive research strategy, in an effort to identify themes in news coverage which speak to what causes are talked about, the frequency, and perhaps most saliently for this work, what causes are given such little treatment, so as to be ignored altogether.

Newspaper content is examined from four states: Ohio, Massachusetts, West Virginia and Pennsylvania, from 2013-2019. These four states were all in the top five of overdose deaths from opioids in the same years [23]. These four states also represent the regions of America most affected by the crisis: the rustbelt, Appalachia and the de-industrialized northeast. The year 2013 to 2019 are significant, as 2013 marks the beginning of the third-wave of the opioid crisis, characterized by use and overdose deaths from synthetic opioids such as fentanyl [3].

We included local, rather than national newspapers, to explore how people in affected areas interpreted the cause of this crisis. In sum, we examined and garnered multiple frames from 79 different news articles. The total sample yielded data from 14 separate newspapers, from within each of the four states, (see appendix 1). There were 26 articles from West Virginia, 26 from Ohio, 17 pieces from Massachusetts, and 17 from Pennsylvania. Utilizing the LexisNexis news data base, the following search terms were utilized: “cause of the opioid crisis/epidemic”, “source of the opioid crisis/epidemic” and “root of the opioid crisis/epidemic”. Many other phrases were used to obtain articles that dealt with the causes of the crisis. For example, the term “reason”, “basis”, “beginning” and “foundation of the crisis/epidemic” were employed. These key words and phrases, amongst several

others, frustratingly yielded no results. There is surprisingly little coverage of the root causes of the crisis, which in and of itself is a note-worthy finding. Our search yielded 79 total news stories in and amongst the 4 states. 10 articles were excluded on the grounds that the “cause [s]” dealt with something other than the overall opioid epidemic, resulting in 79 newspaper articles. The publication name, year and author of the pieces were all collected and catalogued. See appendix 1.

Employing the general inductive method, five major themes/frames of the cause of the opioid crisis were classified employing ATLAS.ti software. As a note, multiple frames were at times present within the same newspaper article. The five frames are: 1) the pharmaceutical industrial complex (which includes anything from the actual producer, ex. Purdue, to the distributors, to the so called ‘pill-mills which dispensed the drugs. 2) Street drugs; included illegal pills, heroin, fentanyl etc. 3) Immigrants; this consisted of immigrants being blamed for drug dealing and smuggling. 4) Failures of the medical community; this code deals with overprescribing by doctors or treating pain in a manner which led to over prescription. 5) The final category includes all other reasons which were mentioned either only once or very rarely. This category contained frames as varied as ‘sin’, to conspiracy theories. The fifth and final category also include the only four articles out of 79 (5.06% of the sample), that mention the economy, inequality, deindustrialization, or even hint at capitalism, neoliberalism, or globalization and its effects on creating the epidemic.

This research has several limitations. The time frame for the sample may be too small, only six years. Although, this span does represent the third, and current wave of the opioid crisis. Additionally, the number of states might need to be expanded. Kentucky, Rhode Island, and Michigan, to name just a few, all have similar problems to the four states sampled in the present research [23]. The search terms themselves may need to be enlarged in order to catch all the nuance of the way in which causes of the crisis are dealt with in newspaper coverage. The present study only looked at newspaper articles, while TV, radio or internet news may differ significantly.

The study is transferable only to the four states from which samples were taken. Although news coverage elsewhere is likely remarkably similar, one cannot simply assume that the framing and analysis will be the same. The study is also only relevant to newspaper coverage, other forms of media, as mentioned above, may cover the topic in a different manner.

“A Conspiracy to “Unlawfully Increase Sales, Revenues and Profits”. The Pharmaceutical Industrial Complex and the Opioid Crisis

By far the most ubiquitous narrative surrounding the cause of the opioid crisis, as well as the largest sample in this study, is big pharma engaging in illegal behavior, distribution, and marketing Oxycontin as well as other painkillers to boost their profits.

Big pharma and its machinations surrounding the opioid crisis are the most often reported cause. The way big pharma is framed center around several complementary aspects of how the industry conducted itself concerning opioids. In an article from the *Pittsburgh Post-Gazette*, the journalists frame the issue by focusing on four key aspects of what the industry engaged in:

“allegations that the companies created a public nuisance; violated the state’s unfair trade practices and consumer protection laws; engaged in a conspiracy to “unlawfully increase sales, revenues and profits” unjustly enrich themselves and committed gross negligence”

(Silver 2018).

This excerpt from the PPG uses language like, if not nearly identical to, many of the samples that fall into the category of PIC. Much of the sample includes stories regarding municipalities, counties and cities suing big pharma in one regard or another, regarding misleading marketing, gross negligence, willful disregard for medical pharmaceutical standards, and unfair trade practices.

Consequently, the newspaper excerpt employs frames that characterize that these companies’ behavior should be regarded as a “public nuisance”. The use of “public nuisance” frames these companies’ behavior as just that, running counter to the public good. A vital public resource, the pharmaceutical industry is framed as behaving badly, violating social norms, as a common criminal might. The framing transforms the pharmaceutical industry from a branch of medicine, which helps people, into an entity that has created a chaotic and unwieldy situation in society.

In addition, a textual analysis, at the word level, lends itself to understanding this frame of reporting. This sample further lists the ways in which big pharma “violated” the norms of capitalism. The industry is said to have “engaged in a conspiracy”, to gain an economic advantage and make themselves rich, at the cost of the communities they served. The term “conspiracy” co-opts everyday language in a way that can be read as furthering a hegemonic stance. “.

The pharmaceutical industry is an important part of the medical community. The industry works closely with doctors to help people recover from illness, fight disease, and relieve people’s pain. As such, the industry held a formerly trusted position in society [24]. The framing and agenda setting inherent in this article equivocates the PIC’s actions with that of the tobacco industry, who knowingly engaged in false advertising of a potentially dangerous product, little different than what big pharma actions.

Specific allegations of company’s behavior to enrich themselves is another common issue which the media reports on. The industry is often cited for falsely marketing the addictive power of Oxycontin and other pain killers to increase profits. In this quote from the Lowell Sun we can see how the paper treats big pharma for this aspect of its behavior:

“Purdue Pharma introduces and heavily marketed Oxycontin as an extended release version of Oxycodone for chronic pain management, claiming it was safer than immediate-release narcotic pain relievers. Ten years later Purdue and three other top officials would plead guilty to criminal misbranding, with fines of 600 million over false claims that downplayed its addictive nature” (Murphy 2017).

In this quote we are told the exact company to blame, Purdue pharma. The company can no longer hide behind the generic label of big pharma. Purdue Pharma was guilty of appealing to the medical community’s desire to have the best of both worlds:

effective pain management without the risks. This excerpt reports that “top officials” plead guilty and the company paid 600 million dollars in fines, in what amounts to a slap on the wrist. Purdue has annual revenue of over 500 million dollars, and the company is worth an estimated 31 billion (Purdue 2019). Framing such as this, solidifies the company, and for that matter, by association, the industry as a whole’s guilt. By reporting Purdue’s guilt, this frame creates a heuristic that the rest of the pharmaceutical industry is corrupt as well, because most of, if not all, news reported about the pharmaceutical industry surrounds the opioid crisis, this becomes the most easily accessible ideation of big pharma.

Additionally, paying a fine read as a slap on the wrist, which is an illustration of how large industries face extraordinarily little consequences for illegal and reprehensible behavior. Here we witness a huge industry that criminally caused this crisis, that is ruining and ending the lives of thousands of people, and all they receive, is what amounts to them, to be a parking ticket, a part of the calculus of doing business. This passage frames big pharma as just another huge industry that can freely operate as they please, in the name of profit, with little or no real consequences.

Finally, we encounter government officials stepping in and ‘officially’ blaming big pharma. In Dayton a Ohio, a city ravaged by the opioid epidemic, this quote from the mayor illustrates how public leaders are addressing the issue; “we believe the drug companies made this mess, and it is time they stopped passing the buck” (Pittman 2018). In clear, plain, everyday language, the mayor, a respected city official that people look to, in times of turmoil, such as this, is squarely coming right out and stating that it is big pharma who is to blame for Dayton’s problems. When public officials speak out against a huge industry like this, it lends an air of official credence to the assertion of blame. People tend to put trust in what civil servants at this level have to say, and if they speak in plain everyday terms like this quote exemplifies, they are communicating that they are a part of the common man or woman, they are mad, and that they are going to fight back. “passing the buck” is a good line which explicates in a plain but effective way, that big pharma made this mess, and now that they have profited from it, they want no part of their responsibility.

The frame of blaming big pharma critiques aspects of neoliberal capitalism. Big pharma is framed as a monolithic entity, who took advantage of people in search of profit. This frame also puts a face to the responsible party. It is of note that in none of the articles mentioning big pharma, was capitalism as a larger entity, talked about at all. It would seem reasonable that reporters could draw comparisons between the greed of Purdue, and the greed of a General Motors (with their off shoring of production), both of which have caused devastating harm to the regions in this study.

Finally, why larger, overall critiques of capitalism are omitted is only speculation, and is in no way supported by the evidence in this research. In the words of the literary critic Frederic Jameson (1990), when asked why he thought zombie movies were so popular, he quipped; “It is easier to imagine the end of the world, than the end of capitalism”. It may be that even the newspapers feel trapped in a capitalist system, and rather than critique its macro-structures, they find it easier, and more palatable for themselves and the public to digest villainizing one industry, who is but a part of the larger whole of neoliberal capitalism.

Pain as the Fifth Vital Sign; Failures of the Medical Community

Newspaper coverage of the causes of the opioid epidemic often report on the various ways in which the medical community failed. Critiques of how the medical community manages and conceptualized pain is seen as troublesome. The Dayton Daily News reports that the entire medical communities' ideation of "pain as the fifth vital sign" was a mistake that often led to over-prescription of opioids (Drehle 2018). When a person goes to the emergency room, they are asked to rate their pain on a scale of 1 to 10. Patients gradually learned that if they simply said "ten or above" that they would be given pain medication as a protocol (Mularski et al. 2009). This data places seeds of doubt concerning the medical community's efficacy as an institution that helps people and serves the overall good. Do doctors really know what they are doing if they have built-in protocols on treatment of patients that is making or helping people become drug addicts? This raises doubts as to the credibility of an institution whose stated goal is to do no harm.

Claims of the addictiveness level of Oxycontin from big pharma were all too common amongst the medical community. The Dayton Daily News writes:

"Despite centuries of hard-won knowledge, pharmaceutical companies and prescribing physicians were allowed to make opioids such as Percocet and Oxycontin widely available as treatments not just for acute pain, but for chronic discomfort. Their fantasy of a benign long-term opioid is the root of the epidemic. Nearly 80% of Heroin users report that prescription pain relievers were their gateway drugs" (Frolik 2017).

This rhetoric confers blame on the medical community for ignoring one of the major tenets of science: if something is too good to be true, it usually is. In this case the addictiveness of Oxycontin was seemingly not questioned by the medical community as it should have been, especially as evidence poured in showing that patients were becoming addicted. The terms 'fantasy' and 'benign' illustrate the medical community framed as naïve in accepting big pharma's claims. In this case science should have won out over the desire of a so called benign, non-addictive medical pill that was an easy fix for patients with pain.

Another failure of the medical community is policing itself. So-called 'pill-mills' cropped up in many of the states most affected by the opioid crisis. A pill-mill is a less than ethical pain clinic where, for a fee, a doctor will write prescriptions for copious amounts of painkillers. Pill mills are often blamed for the crisis in newspaper coverage. In the Charleston Gazette, it is not uncommon to see the following types of language; "rogue doctors who profited who wrote illegal prescriptions for painkillers at sham clinics" (Le 2017). The use of the term 'rogue' connotes someone who plays by their own rules or flaunts the conventions of society. A rogue doctor also frames these physicians as 'profiteers', someone who has turned their scientific knowledge towards evil, in this case trading money for pills. Doctors take a Hippocratic oath to do no harm, and by distributing pills to people whom they know full-well are addicts, certainly does cause harm.

Additionally, "Sham clinics" is associated with pill mills when examining this frame. A sham is a con, a trick or something masquerading as something else. In this case, a drug-den is dressed-up as a medical clinic, where people ostensibly go to

get help, not pay a doctor money for pain pills. Teun Van Dijk's (2006) [25] work would see this as an example of a lexical style that implies a negative evaluation of the medical community. There is a subtext with pill mill coverage that the medical community should have done much more to police itself. Where were the oversight boards who failed to notice small pain clinics in rural Appalachia distributing hundreds of thousands of pills to communities who had maybe 15,000 total residents?

Pill mill rhetoric and failures of the medical community lay the blame, or part of it, with one of the most trusted social institutions in the land. People put a great deal of belief in the medical community, they have faith that the institution only wishes to help, and that it strictly polices itself.

Finally, this frame paints the medical community as fallible and even possibly corrupt, the language used, such as rogue and sham are common in this frame of origins. Newspapers create an image of the overall medical community as somewhat sinister. A pill mill is ostensibly an illicit form of capitalism. Trading one's prescription writing abilities for money is little different than employing bogus marketing. In this case the pill-mill practitioners are one step closer to the public. They are in the very communities affected, making them worse, not hidden away in a corporate boardroom in a big city, hundreds of miles away

"Blame on Bay State Cities with Heavy Immigrant populations". The Illegal Immigrant Narrative

One of the infrequent, but important narratives of the cause of the opioid crisis in this study is that of accusing illegal immigrants for making the epidemic worse. Illegal immigrants are singled out for supplying illicit street drugs, such as Fentanyl and Heroin, which have fueled addiction and overdose deaths. A narrative of blaming the "other" for fueling the epidemic is in keeping with the media paradigm of agenda setting, as outlined by [26,27] as well as [28].

This type of newspaper article functions to draw a correlation between immigrants and opioids. By reporting the governors rant on a radio program, newspapers are setting an agenda that illegal immigrants are a scapegoat for the cause of opioid problems. This is especially salient when hearing a public official as important as a governor draw a conclusion that illegal immigrants have helped create and foster the crisis. As governor Chris Sununu of New Hampshire put it on the Boston Herald radio program as reported by the *Lowell Sun*:

"So, you have undocumented drug dealers that are dealing drugs, they are getting arrested, given bail by these judges... they're jumping bail, getting a new ID and they're back in that same home dealing drugs a week later." (Murphy 2017).

Governor Sununu's rhetoric is classic "othering". This public officials' words on a radio program speak to the presumably "non-whites" who are creating and making the crisis worse. The semiotics of what Sununu is saying are quite clear, while he may say "illegal immigrants", which might in regular parlance, be a generic term for an undocumented person from anywhere, it is clearly coded language for Latinx (presumably Mexican) immigrants. This type of speech functions to misdirect the public's attention from larger, systemic issues which created the crisis initially. Blaming so called "illegal immigrants" which are tangible, and one can presumably see, is much easier than dealing with uncomfortable truths about capitalism.

Employing Teun van Dijk's (2016), discourse structure we can clearly see how Governor Chris Sununu's comment ticks two boxes within this framework. Initially we can look at how the governor uses rhetorical figures, in the form of hyperbolic statements of negative actions of these so-called "undocumented drug dealers". Sununu explains that they are "jumping bail" and back in the same drug dens a week later". The term jumping bail seems to be a semiotic Freudian slip. Illegal Latin/Mexican immigrants are very often termed to be "jumping the border". In this case Sununu calls attention that it is the "other" who jump the border and bail, laying blame for a portion of the crisis at their feet.

In addition, Governor Sununu's comments also employs a negative lexical style when referring to "illegal immigrants." The sequence of words, "undocumented drug dealers, dealing these drugs" is very loaded with inuendo and quite clearly lays the blame on illegal immigrants, the explicitness with which Sununu places blame is in keeping with Norman Fairclough's (1989) [29] idea of no longer using "official" language that a governor 'should' employ. Sununu uses everyday language, and in doing so gives him the status of an observer on the ground, at the scene. State officials speak differently, often in coded, or obfuscating language. Here, Sununu does none of that, its as if he is at a bar, just talking amongst the common folk. The problem is that he is not a part of the common folk. Sununu is part of a class of people who have the power to communicate on a mass scale. By using this coded language, Sununu is announcing that, "we as the state, know it's illegal immigrants doing the drug dealing and causing problems."

By employing agenda setting that blames illegal immigrants for the cause and continuance of the opioid epidemic, newspapers are contributing to a discourse of scapegoating. The illegal forms of capitalism that drug dealers engage in resembles almost exactly how current capitalism functions. Framing the issue in this manner brings vulgar ire at illegal drug dealers, while more 'civilized' discourse of outrage is paid to big pharma.

"Those addicted turned to Heroin". Street Drugs and the Opioid Crisis.

The press in the four states studied mention several times the role street drugs play in the opioid epidemic. In much of the coverage a similar narrative unfolds. A hard-working, honest, law-abiding person is prescribed opioids for an injury or work-related malady, and becomes addicted, Once the person is hooked, and eventually cut-off from the pills by their physician, they turn to the streets in to stave off the symptoms of opiate withdrawals.

The story of Sean from Charleston West Virginia is quite common in this trope of coverage:

" Sean was a high school star athlete; he got good grades and was planning on going to college. Sean injured himself playing football but after school found a decent job in construction. After Sean broke his arm on the job site, he received pain pills. Sean became addicted, and when the doctors would no longer give him anymore, in the throes of withdrawal, he turned to street drugs like heroin or black-market pills" (Facemire, 2016).

These personal interest stories, such as Sean's, serve several functions. This type of coverage frames the issue in terms of a narrative in which people can relate to, and illustrates that this epidemic has affected, not just the near-do-wells, but the kid next

door, the high school star athlete, the prom queen. It is street drugs which are to blame for the "Sean's" of this epidemic, not failures of capitalism, such as deindustrialization, or widening inequality, that produce a sense of hopelessness and powerlessness, which opioids numb away. If illegal drugs were not around, presumably Sean and those like him would have 'toughed-out' the terrific withdrawal symptoms of opioids and presumably gone back to leading productive lives.

In West Virginia, a hotbed of the crisis, tales of people turning to street drugs are common. The Charleston Gazette-Mail reports; "when the federal government started cracking down on opioid prescriptions, those addicted turned to street-drugs" (Setty 2018). There are many stories such as these which frame the issue as one of illegality and illicitness. This frame allows people to put a face on the cause of the epidemic. It is the sinister drug dealer lurking in the shadows who has hooked your son, sister, aunt, father; not larger systemic failures like neoliberal global capitalism, which have wreaked havoc on the poor and underclass of what has come to be termed "left behind America".

"Other" Narratives

The main purpose of this paper was to explore what was being covered concerning the cause of the opioid crisis and what was *not*. In fact, only 5% of the sample talked about capitalism's ill effects in any manner, and when they did, the subject was given short shrift. The fact that neoliberal, global capitalism, and its many negative externalities, especially for those in the lower rungs of society, is ignored or obfuscated, seems to indicate reproduction of capitalist hegemony by newspapers, by controlling the dominant narrative surrounding the opioid crisis. Capitalism, in the form of big pharma, alongside the ideological state apparatus [30], are wittingly or unwittingly employing their hegemonic power of communication to shape the narrative around almost anything, other than the larger structures of capitalism itself, as a cause for the opioid crisis.

By far the least mentioned cause of the crisis from our sample is inequality and poverty, only 4 news stories out of 79 (5%), that were sampled, mentioned this trope. This frame holds that due to deindustrialization, the shrinking or complete disappearance of the middle class, rising inequality, large portions of the populations in major areas of the rustbelt, Appalachia and the deindustrialized northeast are suffering the drawn-out consequences of losing 'living-wage jobs.' Many people in these blighted areas live in poverty, and struggle to make ends meet, and see little hope for a future. An aging population is also mentioned, but since neither piece explains how these senior citizens contribute to the crisis, we are left to wonder what effect they have.

As mentioned above, only four news stories dealt with the narrative at all, and they both did so in a noticeably short and concise manner, without going into too much detail or context. A good example comes from the Lowell Sun, the newspaper reports:

" America has been the richest and most powerful country in the world for a century now, but today we face serious problems of inequality, an aging population, a shrinking middle class, crumbling infrastructure, burgeoning public debt, and an opioid crisis of our own" (Smith 2017).

Although inequality is a prime contributor to the opioid crisis [31], this article does not link them causally. Unfortunately, this

article and the other few examples of the fiscal narrative do not explain what they mean by inequality, or how it effects their area, or relate to the opioid crisis. Do they mean inequality in income? opportunity? Education? As mentioned in the quote crumbling infrastructure, more than likely references the regions roads, bridges, and general blight, that needs to be cleaned up and modernized.

Discussion and Conclusion

Analysis of newspaper coverage that deals with the purported causes of the opioid epidemic demonstrates a clear pattern of emergent themes. This research displays how framing and agenda setting, function to obscure and obfuscate the larger, and perhaps more fundamental causes of the opioid epidemic, especially in the four states studied. Additionally, we employ theoretical concepts of media to examine how hegemonic neoliberal capitalism functions to ensure its ideology is not only dominant, but rarely questioned.

The aim of this article was not only to explore how the causes of the crises are framed and covered by newspapers, but more importantly what causes of the crisis were left out, either completely, or that received such little coverage as to be nearly ignored altogether. We conclude that causes that deal with the problems neoliberal and global capitalism cause, such as deindustrialization, inequality, out-sourcing of jobs, and complete abandonment of communities once propped-up by industry, are the root cause of the problem. Hegemonic capitalism, via state ideological apparatuses, that in this case include both the press, as well as state and local government attorneys general, disseminate news stories that, while truthful, avoid dealing with larger scale issues that helped create this crisis (Althusser 2014). State and local governments engage in the act of suing various pharmaceutical companies and levying fines, which amount to that of a speeding ticket, to an industry which in 2017 alone had a sales revenue around 577 billion dollars, demonstrates their complicity with hegemonic capitalist structures. (Government Accountability Office 2017). The State and local municipalities are complicit because they do not seriously cause damage to these companies or send a message that this type of neoliberal capitalism is harmful. What these lawsuits communicate, effectively, is that state and local government are a part of the larger capitalist system, and in effect, they will do what is needed to ensure that larger structures of capitalism are not questioned. By keeping the public docile with lawsuits, which are merely symbolic, and engender almost no act of true justice, neoliberal capitalism is shielded from blame.

It appears clear that a narrative of placing the blame on big pharma and the medical community emerged from this research. While big pharma is one of the obvious causes of the crisis, there are at least two other agents equally if not more to blame. First, the deindustrialization of these areas and neoliberal global economics have created ghost towns out of once thriving communities. Second, inequality, in the form of wages. Income for the middle class and lower has been stagnant to decreasing for the past 40 years (Morrison 2017). In areas like the rust belt and Appalachia, what existed was a tragedy waiting to happen. Deindustrialized and former coal mining areas witness inequality and loss of living wages, what appears next are diseases of despair, like depression and anxiety. When conditions do not get any better, but only appear to get worse, people will

tend to self-medicate [32]. If it wasn't pills from big pharma it would have been something else; epidemic alcoholism, crack or even methamphetamines [33-37].

Employing research from the stress process model and neighborhood effects literature, we can see how marginalized and run-down communities, as well as overworked people, which typifies these areas, are more prone to depression and mental health problems [32]. These health problems from community stressors often lead to drug or alcohol use, in this case many turned to opioids, which big pharma was all too willing to supply. It is not surprising that because many feels stuck and powerless, in a place and situation which is depressing and dire, that a drug which makes all your problems disappear would seem so appealing. According to Sir Angus Deaton, a Laureate of the Nobel Prize in Economic Sciences, a Senior Scholar and the Dwight D. Eisenhower Professor of Economics and International Affairs Emeritus, opioid deaths and addiction are 'diseases and deaths of despair' (Deaton, Angus Sir, 2017). Economic insecurity, inequality, isolation and lack of access to opportunities create a ripe environment for the opioid crisis to flourish [38-42].

If places plagued by the opioid epidemic are going to recover and become thriving locales again, simply focusing narrowly on big pharma will not fix the problem. The issue at hand runs to deep, and functions at a macro-level. Suing big pharma is not going to bring industry or coal mining back. As we have seen in other areas of the nation, even when some industry does return, they do not pay a living wage which once boosted many American's into the middle class where they could live with dignity. Places like Dayton, Ohio or Lowell, Massachusetts need to come to terms with the institution of capitalism as it is currently practiced, a system where it is always profits over people, short term gain over long-term big-picture issues [42-44].

A recent article by the National Institute on Drug abuse sums up the situation quite succinctly:

"Blame for the opioid crisis now claiming 91 lives every day is often placed on the supply side: over prescription of opioid pain relievers and the influx of cheap, high-quality heroin and powerful synthetics like fentanyl, which undoubtedly have played a major role. But we cannot hope to abate the evolving crisis without also addressing the lost hope and opportunities that have intensified the demand for drugs among those who have faced loss of jobs and homes due to economic downturns. Reversing the opioid crisis and preventing future drug crises of this scope will require addressing the economic disparities, housing instability, poor education quality, and lack of access to quality health care (including evidence-based treatment) that currently plague many of America's disadvantaged individuals, families, and communities". (NIDA 2017).

By focusing and framing the narrative of the causes of the crisis narrowly on one sector of capitalism, the larger picture is ignored. People in these states should be justifiably mad at an economic system in which they formerly trusted, that has turned them into negative externalities, and ultimately expendable, in the zeal for greed and profit. By repeatedly reporting that big pharma is to blame, the narrative is focused on one or two rotten apples in the pharmaceutical industry, whereas it is the manner in which capitalism has been practiced for the better part of the past forty years that is to blame. If there is to be any hope for healing these

'broken' parts of America, a coming to terms with the macro-level problems that current capitalism has wrought is essential.

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