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"A Deadly Game of Russian Roulette": Exploring the Framing of The Opioid Crisis in Canadian News Media

Lorna Ferguson, *The University of Western Ontario*

Supervisor: Huey, Laura, *The University of Western Ontario*
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ABSTRACT

The purpose of this study is to investigate the framing of the opioid crisis in Canadian news media. Using a 'frame analysis' approach (Entman 1993), the following questions are addressed: (1) How has the opioid crisis been framed in recent Canadian news articles?; (2) How often (frequency) are each of the frames documented in recent Canadian news articles?; and (3) What is the dominant frame? To answer these questions, this study draws on the results of a content analysis of 314 news articles published between January 2018 to December 2018. Data collected through systematic searches of the Canadian Major Dailies database is analyzed qualitatively through direct content analysis and the counting of frequencies. Findings from this study depart from previous research by suggesting a redefining of solutions to the opioid crisis, as well as depicting a more empathetic view of this drug crisis and the individuals involved in it.

SUMMARY FOR LAY AUDIENCE

The purpose of this study is to investigate the framing of the opioid crisis in Canadian news media. Using a 'frame analysis' approach, the following questions are addressed: (1) How has the opioid crisis been framed in recent Canadian news articles?; (2) How often (frequency) are each of the frames documented in recent Canadian news articles?; and (3) What is the dominant frame? To answer these questions, this study draws on the results of a content analysis of 314 news articles published between January 2018 to December 2018. Results revealed that the leading policy choices depart from previous research on drug crises due to the promotion of harm reduction and treatment as the preferred solutions instead of criminalization. Additionally, public health framing frequently occurs, advancing the notion that treatment, services, education and training, and a health care model are the best ways, in combination with harm reduction approaches, to combat this crisis. Lastly, the overall tone is empathetic and softer, which is reflected in the policy responses. This content analysis revealed that, when compared to past drug epidemics, the opioid crisis has been framed as an entirely different type of crisis.

Keywords: *the opioid crisis, frame analysis, framing, drugs, news media, opioids*

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CHAPTER 1: INTRODUCTION

Rates of opioid-related harms have been rapidly increasing in Canada over the past two decades. In 2018, the Canadian Institute for Health Information (CIHI) revealed a significant increase in fatal opioid-related poisonings across all provinces/territories, age groups, genders, and metropolitan areas in Canada. Specifically, an average of 17 Canadians were hospitalized daily due to opioid poisonings, with the national hospitalization rate for this type of poisoning increasing by approximately 53% over the last decade (CIHI 2018a). As well, there were around 12,000 apparent opioid-related deaths between January 2016 to December 2018, of which around 4,500 were in 2018, showing that rates have remained high and have increased by approximately 30% since 2016 (Public Health Agency of Canada 2019; CIHI 2018a). Further, increases in opioid use and abuse have contributed to an estimated tripling of blood-borne infections, such as hepatitis B and C (Gostin, Hodge, and Noe 2017). Such figures on opioid-related harms have prompted news media, government officials, and public health to state that there is a crisis occurring in Canada[1].

The Canadian Public Health Association (2016) attributes the rise in opioid-related harms to an interaction between the over-prescription of opioids, the widespread availability and cheaper costs of illegal opioids, and the introduction of more potent opioids (i.e., carfentanil) in street-level drug markets. The opioid crisis is a complex, multifaceted issue that intersects with several variables, including mental health, age, gender, location, socioeconomic status (SES), and race and ethnicity (Morin, Eibl, and Franklyn 2017). For example, over 50% of individuals with Opioid Use Disorder (OUD) – defined as a dependence on opioids and opioid medications – were also diagnosed with a mental health disorder in 2008, and it is suggested that this statistic has drastically increased in recent years (Astals, Domingo-Salvany, and Buenaventura 2008; Vashishtha, Mittal,

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[1] For examples, see Bailey (2018); CIHI (2018a); CIHI (2018b); CMHA (2018); CPHA (2018); Cole (2018c); Davies and Rankin (2018); and/or Public Health Agency of Canada (2019).

and Werb 2017). These multiple influences and the complex nature of this crisis exacerbates the challenges associated with, as well as increases the difficulty in, providing appropriate solutions. Current approaches to managing this crisis are under-supported and lack progress, impacting their ability to reduce the death toll and other related harms or largely prevent the harms from occurring and increasing. Supervised injection sites are one such approach, which are health-focused locations where people can use drugs while being under the care of medical professionals who aid in reversing opioid overdoses, leading to a reduction in opioid-related deaths and preventing the spread of diseases associated with drug use by distributing clean needles and other supplies (City of Vancouver 2018). However, the funding available for this harm reduction approach is minimal, and the support given is inconsistent (Dooling and Rachlis 2010; Wood, Tyndall, Montaner, and Kerr 2006; Morin et al. 2017). As a result, it has not been widely implemented across Canada, despite it having the potential to impact the opioid crisis positively (Gordon 2018).

Morin et al. (2017) note that the perception of appropriate solutions to address the crisis in the eyes of the government, law enforcement, the general public, medicine, pharmacology, community programs, media, public health, and health policy are often incompatible. For example, supervised injection sites, the previously discussed harm reduction approach, is hotly debated, with some government officials opposing them and halting their implementation (Gee 2018) and various law enforcement officials advocating for enforcement approaches instead (Graham 2008), whereas certain health professionals are proponents of them and discuss their effectiveness, demand, and need (Bambang 2018). Lastly, discrepancies between research and policy decisions concerning solutions are apparent (Morin et al. 2017), likely because there is a lack of consistent data collection and reporting at provincial/territorial and national levels (Canadian Public Health Association 2016). In short, there is a lack of evidence-based, effective solutions.

Due to the varying perspectives regarding solutions, aligning viewpoints and public opinions with evidence-based research is needed for the successful development and implementation of policies and programs. News media are one source contributing to discrepant views and tactics as they provide regular examinations of social and drug-related issues for the public and policymakers to develop an understanding of. Research in Sociology notes that media are viewed as agents of socialization that convey normative standards and are a principal agent from which Canadians obtain information (Orsini 2017). As a result, media representations have important implications, such as effects on opinion formation and the level of public support for policy measures and change, particularly in emotionally charged societal issues such as drug crises (Entman 1989; Iyengar and Kinder 1985; Nielsen and Bonn 2008). Notably, when media either knowingly or unknowingly disseminate false, manipulated, sensationalized information or harmful stereotypes about drug crises, drug use, and drug users, – which many studies have reported occurring (e.g., McCaw, McGlade, and McElnay 2014; Dunne 2017) – the public's perception and policy-makers' responses may be ill-fitting, inappropriate, and (or) ineffective (Orsini 2017).

Within the health sciences literature, it is recognized that the "framing of ideas and practices can have profound effects by influencing individual and group behaviour, clinical and public health practices, and societal responses to health problems" (Aronowitz 2008: 2). Social Science studies note that the framing of drug epidemics is the "social construction" of the crisis, where a complete account of the social patterning of the crisis and health outcomes is formed because of the recognition, definition, naming, and categorization of the crisis (Orsini 2015). The ability of news media to frame drug crises, influencing their social construction and the subsequent discourse and solutions, highlights the power news media can have. Despite their potential influence, to date there is very little known in sociological research about how news media have

framed the opioid crisis in a Canadian context, likely due to it being a relatively new health problem (McGinty, Kennedy-Hendricks, Baller, Niederdeppe, Gollust, and Barry 2016). Entman (1993: 57) notes that "the major task of determining textual meaning should be to identify and describe frames; content analysis informed by a theory of framing would avoid treating all negative or positive terms or utterances as equally salient and influential." Accordingly, the present study attempts to provide a better understanding of how the opioid crisis has been presented in public discourse by exploring the way it is framed through a direct content analysis of recent Canadian news media.

Through an analysis of news articles published within a one-year period (January 2018 to December 2018), I will begin to explore the framing of the opioid crisis in Canadian news media to reveal the narratives influencing public and policymakers' perceptions, discussions, opinions, and choices by connecting the data to frame analysis theory (framing). This study is critical for examining discourses surrounding the opioid crisis and how news media coverage can influence public and policymakers' attitudes in impactful ways. To do so, I address the following research questions:

1. How has the opioid crisis been framed in recent Canadian news articles?
2. How often (frequency) are each of the frames documented in recent Canadian news articles?
3. What is the dominant frame?

In the pages that follow, I explore the current research on the framing of drugs and illicit[2] drug use, specifically within and by news media. Chapter 2 reviews historical drug narratives. It is critical to understand the previous discourses produced by the media, as they have been shown

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[2] It is important to note that the term 'illegal' is regarded as something that is against laws or rules, whereas 'illicit' commonly refers to something that is illegal but is also against societal norms and/or is morally wrong. The terms 'illicit' and 'illegal' are used interchangeably throughout news articles and some literature, which means that they are used interchangeably throughout this thesis.

to impact current perceptions of health, politics, policies, and public attitudes. Thus, illegal drug and drug use discourses are placed in a historical context. Further, this section investigates the relevant literature on the influence of media framing to make sense of how framing by the news media may affect various aspects of society. The media framing of drugs is then examined in pursuance of understanding how news media specifically frames illicit drug use and drugs and what the impact of these narratives may be. Chapter 3 discusses the current research context regarding opioids and the opioid crisis. This section provides a detailed explanation of what opioids versus opiates are to impart the topic of study. Chapter 4 outlines the specific procedures used to investigate the research questions and the ways in which the data was qualitatively collected and analyzed. Specifically, it explains how this content analysis examined 314 articles published between January 2018 to December 2018 in Canadian news media. The content within these articles is sorted according to the frame elements supplied by frame analysis theory, and frames are established through coding. Chapter 5 discusses the results of this content analysis and addresses the findings of the above research questions in detail. Finally, Chapter 6 details the findings comprehensively by relating them to the literature and theoretical framework, and provides concluding remarks, implications, and limitations. This study is intended to not only generate a greater understanding of the framing of the opioid crisis in current Canadian news media and its potential influence on various aspects of society, but also to help facilitate better perceptions and pragmatic discourse on drugs and drug use to assist with promoting an evolution in drug policies and public and policymakers' opinions.

CHAPTER 2: LITERATURE REVIEW

2.1. Historical Media Narratives of Drugs

News media narratives on social problems are influential in shaping ideas about health, politics, policies, and public attitudes. Beginning with the criminalization of opium in Canada and the United States (U.S.) in the early 1900s, numerous studies have revealed how claims-makers and narratives in the news media have influenced and constructed a series of drug crises (e.g., Goode and Ben-Yhuda 1994; Musto 1999; Reinarman 2005; Boyd 2013; McGinty et al. 2016). Historical studies note that the criminalization of drug use in Canada began with the enactment of *The Opium Act* in 1908, the first federal drug legislation outside of alcohol prohibition (Boyd 2013). This is important to note as the rhetoric and ideologies present during the alcohol prohibition period — i.e., alcohol dependency is a moral failing and an indication of weakness — created and led to anti-drug narratives, discourses, and campaigns (Boyd 2010; Orsini 2017). *The Opium Act* was enacted to regulate smoking opium, which was primarily linked to Chinese men by the media; thus, influencing early law enforcement initiatives to focus on Chinese Canadians, confining illegal drug use to a very small portion of the Canadian population (Boyd 2013). As such, "*The Opium Act* was also shaped by race, class and gender fears" (ibid.: 2). For example, print media disseminated sensational narratives about Chinese men in opium dens preying on White women and coercing them into opium addiction (Orsini 2017). These narratives established a precedent in the framing and criminalization of drugs and drug use, leading to the enactment of ill-advised (i.e., based on the above sensationalized misinformation) drug laws (Alexander 2010). Thus, historical media narratives of drugs and drug users in Canada can be traced to the media coverage beginning in the early 20th century, which was dominated by anti-drug messages that demeaned drug users and invoked strong public concern (Helmer 1975; Bellis 1981; Orsini 2017).

Despite drug criminality being propagated as a new social problem, no public drug treatment provisions were created to respond to the issue. As a result, for individuals who used newly criminalized drugs, law enforcement played a significant role (Boyd 2013). The media also had a strong influence on the public's association of illicit drug use with racialized groups and in supporting the enactment of new laws during this time period (Becker 1963; Goode and Ben-Yehuda 1994). Therefore, news media have influenced the shaping of Canadian drug narratives from the start of Canada's history with drug-related issues.

Beginning with the opium crisis, news media reportage surrounding illicit drug use and drug users has often been questioned due to a lack of regulation of their content produced and lack of evidence-based claims. This has been found to influence the construction of 'drug scares' – where news media condemn a specific drug as a new social problem and publishes sensationalized coverage to garner attention, interest, and raise fear (Dasgupta, Mandl and Brownstein 2009). Resultantly, anti-drug narratives "become a part of a 'discourse of fear' promoted by the media" (ibid.: 190). The media have also been frequently accused of collaboratively constructing a series of drug crises, where media repeatedly and cyclically creates conditions for "moral panics" regarding drug use and produces media "hypes" (Swalve and DeFoster 2016: 104). In short, historical media narratives propagate ideas about illicit drug use, drug users, morality, criminality, law enforcement, and punishment that are reinforced in other drug crises (Boyd and Carter 2010). This suggests that the implications from past drug crises affect many spheres in society, such as policies enacted, showing that historical drug narratives may play a significant role in future drug crises.

Research on news media narratives has found that most drug crises are reported "episodically" — the omission of social context leading to the neglecting of structural forces in

perceptions of social problems — rather than "thematically," which contributes to the individualization of drug problems (Iyengar 1991; Orsini 2017), where the individual is expected to take full responsibility for their situation and are penalized harshly because the problem is perceived to be a personal failure instead of influenced by structural and institutional factors (Beck and Beck-Gernsheim 2001). For example, the use of stigmatizing language in the news media coverage of the opium crisis (i.e., Chinese men *preying* on white women) influenced depictions of stereotypical notions of drug users; thus, presenting individuals who are involved in this crisis as outsiders and as the problem. This indicates that historical media narratives have failed to contextualize drug crises. Therefore, news media reportage can act as instruments of oppression. A more recent example of this is from the 1980s, when the association of crack cocaine with the African American population altered the social context of crack cocaine use (Orcutt and Turner 1993; Sirin 2011; Reinarman and Duskin 1992). The use of cocaine became popular during the 1970s among the wealthier populations; however, as crack cocaine was produced in the 1980s with a lower cost, it spread widely throughout inner-city areas (Dunlap, Golub, and Johnson 2006; Dunne 2017). Resultantly, the drug scare surrounding crack cocaine use was focused on African Americans residing in these inner-city areas (Sirin 2011; Reinarman and Duskin 1992). News media disseminated sensational reports documenting African Americans as subhuman and crack cocaine as being an addictive 'demon' drug that led to violence and criminality, meaning that those associated with it should be punished more harshly (Dunlap et al. 2006). The notion disseminated that this drug transformed African American individuals into dangerous criminals was proliferated.

These individuals were stereotyped in the media with narratives such as "black crack whores," "black crack dealers," and "black crack babies," thereby promoting negative racial stereotypes about impoverished inner-city residents (Alexander 2010: 5). Those involved in this

epidemic were also targeted as public enemies and were labelled as "loathsome disease carriers," "indestructible roaches," and "plague-carrying vermin" (Black 2007: 187). Public fear grew into hysteria as the media further fueled this as a racialized problem by reporting on African American women as "crack whores," who were said to "selfishly" produce "innocent and malnourished crack babies" who were thought of as permanently damaged and a threat to the order of society (ibid.: 187; Dunlap et al. 2006). The panic following the 'crack baby' narrative resulted in harsher legislation aimed at punishing African American mothers by incarcerating them during and after pregnancy, as well as removing their children. These narratives contributed to the U.S. having the highest incarceration rates in the world, with African American individuals being six times more likely to serve time due to incarceration laws and the influence of law enforcement practices (Alexander 2010). According to Dunne (2017: 29), "the coverage [of the crack cocaine crisis] displayed a substantial pattern of racial stereotyping and 'media myths' that both perpetuated false stigmas and heightened public fear." Therefore, drug crises in the past have been racialized.

Orsini (2017: 192) notes that "contrary to these representations, it was questionable to what extent [African Americans] were even using [crack] cocaine" and that there was no evidence crack cocaine caused, or lead to, criminal activity. Due to the high incarceration rates of African Americans during the crack era, oppression was perpetuated through stigmatization, stereotyping, legal segregation, and voting laws, which contributed to the removal of their political and social power (Musto 1987). Multiple studies on the crack era and African American individuals have noted that the persistence of poverty across the life course of those demonized in the news media was the underlying mechanism for the widespread use of crack cocaine. Instead of the crack cocaine crisis being presented as a racialized problem, researchers argue that the news media should have discussed the severely distressed conditions of many African American families

stemming from structural challenges in poor inner-city areas and the concentration of poverty as mechanisms contributing to the crack cocaine epidemic (i.e., Iyengar 1991; Black 2007; Dunlap et al. 2008). As found during the opium crisis, the media coverage of the crack cocaine crisis was reported episodically, failing to present a complete and representative account, contributing to the marginalization of a specific racial group in society.

The framing of the crack cocaine crisis occurred in subsequent media representations of illicit drug use and drug users, as well as in the rhetoric occurring throughout the public and in policy legislation. As a result, drug laws have been enacted and enforced inequitably such that racialized groups are incarcerated more frequently and receive harsher penalties than non-racialized groups in society (Chermak 1997; Alexander 2010; Sirin 2011). Historical news media narratives, therefore, perpetuate "othering," whereby "practices of marginalization based on apparent differences, often race or ethnicity" (Haines-Saah, Johnson, Repta, Ostry, Young, Shoveller, Sawatzky, Greaves, and Ratner 2014: 5) position a particular group as problematic. The simplification of these complex issues by ignoring the massive societal implications interplaying was evident during, and following, the crack cocaine crisis, perpetuating the individualization of the problem (Dunne 2017). This is important to note as the historical narratives of drugs are recycled in future occurring epidemics; thus, these must be studied to understand what mechanisms are interplaying in the opioid crisis (i.e., is racial stereotyping present?). Narratives that demonize drug use and drug users' obscure public discourse and leave out important information that could help allay fears and stigmas associated with drugs and broaden potential treatment and policy options. Additionally, the process of "othering," as well as the false ideologies related to drugs, perpetuates an "illusion of difference" between drug users and non-users (Levine and Reinerman 2010: 807). In short, this reductionist approach of linking drugs to problematic behaviours and

addiction is a narrow and simplistic model that fails to capture the lived-experiences of the various individuals and their involvement with drugs (Seear and Fraser 2010). The promotion of certain ideas and the marginalization of others have persisted in the media's framing of drugs historically, suppressing knowledge that would facilitate a more thorough understanding of drug use and drug-related issues, and perpetuating oppression and inequalities (Orsini 2017).

2.2. The Influence of Media Framing

In this paper, I build on the existing literature through employing a frame analysis approach to examine recent discourse surrounding the opioid crisis in Canadian news media. First put forth by Erving Goffman in 1974, frame analysis theory ('framing') is defined as "to select some aspects of a perceived reality and make them more salient in a communicating text" (Entman 1993: 52). The concepts of selection and salience suggest that framing is a mechanism through which particular themes, topics, or narratives related issues, events, or phenomena are highlighted while others are minimized, altering meanings, opinions, and choices (Shih, Wijaya, and Brossard 2008). As well, according to Schulenberg and Chenier (2014: 267), "the meaning of an event is embedded in the frame," highlighting that examining the framing is a mechanism for understanding the issue or event itself. Thus, the media, through framing, "limit or define the story's meaning and thereby shape people's interpretation of [a] story" (An and Gower 2009: 108).

Frame analysis theory suggests that how an issue, event, or phenomenon is presented to an audience influences their opinions, discourses, and preferred solutions. For example, one way this occurs is through the use of frames by the media, which can be thought of as macro-constructs – a dominant point of view generated by journalists and other communicators to resonate with "existing underlying schemas among their audience" (Scheufele and Tewksbury 2007: 12; Ardèvol-Abreu 2015) – to reduce the complexity of the issue or event and adapt it to the needs and

constraints of the media and the audiences, as well as the interpretive schemas. Once these macro-constructs are in the minds of individuals, the frames become micro-constructs that allow audiences to use the received information to form their own impressions and images of phenomenon (Ardèvol-Abreu 2015). Research has shown that the news media play a prominent role in social problems, especially in crisis communication, and as a result, media hold considerable power in setting the context, parameters of discussion, defining the problem, and providing the essential means to discuss and formulate choices on the issues at hand (Pan and Kosicki 1993; Reese 2016; Orsini 2015; Orsini 2017). Previous literature notes that when the news media focuses on specific topics and issues as opposed to others, it can influence the public's opinion on what is important and in need of a response. This is commonly known as agenda-setting (McGinty et al. 2016).

Media framing, therefore, influences many aspects of society, indicating that it can shape public discourse surrounding health and social issues, as well as guiding public and policy-makers decisions on formal and informal regulations. A common criticism of frame analysis research is a lack of clear conceptualization of 'frame;' however, scholars counter this by arguing that the diversity of approaches to framing, through multiple disciplines and theoretical models, is possibly the only way to properly understand a phenomenon as complex as the effects of the media (D'Angelo 2002; Reese 2007; Ardèvol-Abreu 2015). Indeed, numerous studies have also noted that analyzing the coverage of news media is an established method for understanding drug crises, the discourse surrounding them, and potential solutions to the problem (e.g., McGinty et al. 2017; ibid.). Frame analysis is therefore suitable for studying the influence of news media on the opioid crisis.

Entman (1993) has documented four aspects of framing: (1) *problem definition* — the determination of what the issue is with the involvement of cultural values; (2) *causal attribution* — interpreting and identifying the factors creating and influencing the problem; (3) *moral evaluation* — where the factors creating and influencing the problem are assessed, which involves their effects, risks, and benefits; and lastly, (4) *treatment recommendation* — the offering and justification of treatments and solutions to the problem, including a prediction of their effectiveness. These four functions are said to determine what people notice and how they understand the problem, as well as what their preferred solutions are (ibid.). Framing thereby follows the process of highlighting the event as a problem, identifying the source of the problem, offering moral judgements, and then commending solutions. This process is a documented pattern of framing in literature.

Existing scholarship has identified five common frames that are used by the news media to influence the audience when reporting on a social problem. The *attribution of responsibility* frame is noted to be the most common. This frame occurs when the news media designates responsibility for the occurrence of or solution for an issue, problem, or event (An and Gower 2009). Schulenberg and Chenier (2014) note that this frame typically perpetuates the attribution of blame onto the individual, the individualization of the problem, rather than discussing societal responsibility; thus, it commonly involves episodic coverage. The *economic consequences* frame "contextualizes an event, problem, or issue in relation to financial consequences for an individual, groups, organizations, or countries" (ibid.: 268). This was found to be the second most frequently occurring frame in media coverage of crises (An and Gower 2009). The economic consequences frame focuses on the effects of the social problem on organizations and consumers, leading to preferred solutions that are of economic benefit. Existing literature notes that this frame is often

used to make an issue relevant to their audience as the economic impact of an event has important news value for many spheres in society (Valkenburg, Semetko, and de Vreese 1999; An and Gower 2009). The *conflict* frame echoes disputes or disagreements between countries, institutions, groups, or individuals (Cappella and Jamieson 1997; Schulenberg and Chenier 2014). This frame can influence an increase or decrease in support for certain policies (Schuck et al. 2015) and increase or decrease in trust for politicians and organizations through critiques, attacks, and (or) the juxtaposition of positions (Bartholome, Lecheler, and de Vreese 2017). Valkenburg et al. (1999) note that the conflict frame centers the audience's main concern to be around winning or losing – i.e., having their preferred solution implemented as winning – and is not about developing appropriate and effective policies or solutions. Conflict frames in online news media are shown to produce lower levels of interventionism and higher levels of personal attacks (Bartholome et al. 2017), indicating that this frame lacks a call to action and influences ineffective debating and discourses that may not necessarily lead to decision-making and solutions. The *human interest* frame presents emotional information through a lens which humanizes the problem, issue, or event by showcasing individual stories (Valkenburg et al. 1999; Schulenger and Chenier 2014). This frame influences the sensationalization and dramatization of narratives in news media to capture and retain the audience's interest. However, it has been documented that negative attitudes toward crises stem from this frame as it can trigger mistrust, cynicism, distractions, and emotional responses (Valkenburg et al. 1999; An and Gower 2009). Specifically, emotional responses are linked to the attributing of blame and responsibility (An and Gower 2009), signifying that the human interest frame may influence emotional, ill-advised decisions, preferred solutions, and responses to crises. Lastly, the *morality* frame contextualizes the social problem, issue, or event regarding "morals, social prescriptions, and religious tenets" (ibid.: 108). This frame may influence

people's moral judgement towards the parties involved in the crisis, like organizations or law enforcement, which can play a role in the formation of contrary opinions, perceptions, and impressions and may influence potentially adverse behavioural reactions toward them.

Health literature has found that if the news media often frame a health issue (i.e., drug crises) without expert advice, relying instead on misleading and inaccurate information for decision-making purposes, it "could potentially have a serious negative impact on the individual user and on public health in general" (McCaw et al. 2014: 2). As well, Aronowitz (2008: 4) notes that, when discussing the social patterning of health, patterns of framing can have "a 'real' effect on individual and collective ideas about what works and where future investments should be made," emphasizing that the framing by news media influences the handling and framing of social problems in the future, as well as in-the-moment decisions and discourses. However, according to Shih et al. (2008), health scholars have paid very little attention to the media framing of health-related issues and epidemics. Therefore, the framing of health issues in news media is an underdeveloped topic that requires more focus, given its influence.

Framing by news media have also been found to normalize and perpetuate the use of 'stigmatizing language,' which is a dialogue that advances particular notions of deviance among the public (Altheide and DeVriese 2007). Stemming from this language, the stereotyping of actors and social players is produced depending on how the issue is framed. This is problematic as, after dominant discourses are broadly accepted and normalized, they are known to become 'self-perpetuating,' meaning that their power and pervasiveness become discursively rooted into institutions, structures and individual interactions in society (Aronowitz 2008; Bright, Marsh, Smith, and Bishop 2008: 136). Dominant discourses can reproduce inequality as they serve to regulate thought and emotion, as well as identify and maintain boundaries (Altheide 2003).

Consequently, power is exerted in the selection and framing of events in the media (Beckett 1994). Agenda-setting is a vital instrument of this power as it enables political actors to influence the public (McCombs and Shaw 1972). Entman (2007) discusses that agenda-setting allows for three things to happen: highlighting the causes of the problems, moral judgements, and the promotion of favoured policies. According to this role, news media are successful in telling readers *what* to think about, as well as in telling readers *how* to think (ibid.). Hence, throughout existing literature, there is a strong relationship between news media framing of societal issues and readers' impressions of the importance of them.

2.3. Media Framing of Drugs

News media have been found to frequently utilize two frames when reporting on illicit drug use and drug users: criminal justice and public health (Orsini 2017). A criminal justice frame involves punitive narratives and excludes themes of treatment, health care, programming, and education, which would be present in a public health frame (Altheide and Schneider 2013). In a study on the news media framing of opioid analgesic abuse in the U.S. by McGinty et al. (2016), it was shown that 64% of news media stories in the U.S. mentioned law enforcement as the solution to the opioid crisis, whereas 41% of news media noted some type of prevention-oriented approach as an answer to the issue, and only 3% stated that expanding substance use treatments should be the primary solution. Due to this, McGinty says that the absence of 'public health problem' and 'treatable health condition' framing makes it difficult to "garner public and policymaker's support for expanding evidence-based substance use disorder treatment in the [U.S.]" (Brooks 2015). However, McGinty et al. (2016) also note that there has been a promising shift over time from law enforcement-focused solutions toward prevention-oriented solutions, prompting the need for more

research in a Canadian context to develop an understanding of what their news media propagates and to determine if there are changes in preferred solutions occurring.

The news media framing of drugs has been found to support a "single-minded reliance on punitive approaches to the illegal drug problem" (Jernigan and Dorfmann 1996: 193), indicating that the presentation of drug stories contributes to the lack of consideration for systematic issues contributing to drug crises. Studies note that drug narratives in recent years also contain rhetoric that propagates prohibition ideologies and portrays drugs as a threat to the order of society, a danger to children, a personal failing, an invasive force, and a drain on the public health system (i.e., Alexandrescu 2014; Orsini 2015; McGinty et al. 2016; Orsini 2017). That is, drug narratives that were documented in historical studies of the news media framing exist in recent literature. For example, the deviant and criminal drug user narrative is noted to occur in past studies on media framing. McGinty et al. (2016: 409) found that "[drug] abusers were more often depicted as engaging in criminal activity than seeking or obtaining treatment." A number of studies show that news media narratives on drug crises commonly discuss individuals being arrested for drug selling and possession, reports on arrests and criminal proceedings, drugs and associated criminal activity, the efforts of law enforcement officials, the efforts to control drug supply, violence and crime issues associated with drug use, and the perpetuation of prohibition-oriented approaches (e.g., Dasgupta et al. 2009; Dunne 2017).

The racialization of drug crises is also a consistent narrative in recent news media discussions on illicit drug use, drug users, and drug scares. According to Tiger (2017: 48), who studied race, class and the opioid crisis, "an almost exclusive focus on racial inequality in drug policy has been repeated without question by both drug policy reformers and scholars." Notably, scholarship documents a shift in the racialization of drug users in current drug narratives. For

example, according to recent research, the opioid crisis primarily affects White individuals, with news media narratives documented as depicting a "softer tone," supporting the funding of treatment centers, and even calling for their decriminalization (ibid.; Hansen 2017). Additionally, classism has been reported as occurring in news media reportage of drug crises. Tiger (2017: 48) discusses that the framing of the opioid crisis as "White and middle-class" again steers the solutions promoted and provided. These studies indicate that the demographics of the groups involved in the crisis influences the framing of preferred solutions to be either criminal justice or public health. This suggests that if there is a shift in racial stereotyping and racialized narratives, there may be a shift in the deviant and criminal narratives.

Scholars report that during drug crises, journalists experience increased pressure to report on the problem due to the demand for breaking and newsworthy stories (Dunne 2017). As a result, hyperbolic and manipulated imagery were/are being used by the news media to meet these demands and inflate and dramatize drug crises (Shih et al. 2008; Dunne 2017). American studies that analyzed this document that journalists were stretching the 'true' numbers, minimizing progress and were hesitant to report on positive trends (Dunne 2017). Recent literature regarding news media framing of drugs and drug use has shown that media sources persistently fail to contextualize drug-related news media, and that they still encourage the tightening of drug restrictions while simultaneously ignoring the intersection of factors such as mental health, race and ethnicity, and socioeconomic status (Swalve and DeFoster 2016; Orsini 2015; Dunne 2017; Orsini 2017). As previously mentioned, recent studies suggest that there may be subtle shifts in the ideologies and rhetoric promoted in news media framing toward treatment-oriented frames; however, there is very little research to support this is a consistent pattern in news media framing. Ongoing research examining the media framing of the opioid crisis is necessary to identify recent

narratives and frames and determine if there is a shift and/or if historical drug narratives are prevailing.

2.4. Policy, Media, and Framing

Media, which are sometimes termed the "fourth branch of government" due to their influence (Fischer 1991), can impact the creation of policy in several ways and at various stages, such as providing citizens the necessary information for political participation, supplying a forum for debate on public issues, circulating essential information, pushing a particular issue or event, and supplying publicity to politicians by feeding into political debate (Fletcher and Taras 1984; Fischer 1991; Lancaster et al. 2011). To expand on these functions, Lambeth (1978) developed ten possible ways the media can serve in the policy process: 1) anticipating problems prior to public officials, 2) alerting the public to problems through official warnings, 3) notifying the public of the stakes that competing groups have in solving the problems, 4) keeping various groups and the public well-informed of competing proposals, 5) contributing to the content of policy, 6) deciding the tempo of decision-making, 7) helping lawmakers decide how to vote, 8) alerting the public to how policies are administered, 9) evaluating policy effectiveness, and 10) publishing policy reviews. Fischer (1991) examined these ten influences by analyzing how the news media operate in the policymaking process and found that the media functioned most often during the stages of policy recommendation (by identifying groups and their positions), policy implementation (by discussing administration and alerting the public to the issue), and policy evaluation (by evaluating effectiveness and reacting to policy). More recent literature expands on these findings by highlighting that the influence of news media in the policy process, from a chronological standpoint, typically occurs in the early stages by setting an agenda. This function defines public interest, shapes public opinion, and outlines salient issues to build consensus on what is of

importance (Lancaster et al. 2011). Thus, along the chronology of a policy process, as identified by policy process theory, – agenda-setting, policy formation, decision making, implementation, and evaluation – the media primarily impacts the agenda-setting stage of the process (Jann and Wegrich 2006; Soroka, Farnsworth, Lawlor, and Young 2012; Laurent and Duffield 2018). According to Soroka et al. (2012), the accumulated literature on agenda-setting, media, and policy indicates that the media can also have an independent role in determining which issues are important and when they are important for the public and policymakers. Thus, news media influences the formation of policy in a variety of ways, giving them multiple roles in this process: gatekeepers, advocates, interpreters of issues and events, framers that structure public debate, informers, and attributers of policy responsibility, to name a few.

Lancaster et al. (2011) notes that one role the media may have in shaping policy making is through strongly pushing an issue by providing attention and assigning importance, influencing policymakers to take notice. By giving substantial focus to an issue or event, the interests of key groups and actors and the public are elevated. This process of selection, whereby news media decide on which issues or events to report on, is a significant role played by the media, according to framing theory. Through this, the media can impact, and even control, policy officials' considerations and decisions, as well as sustain and advance their interests. However, Callaghan and Schnell (2001: 183) state that, while the media serve to exchange information and ideas through a free press, the average citizen is not an active consumer of information or a consistent political participant, rendering the public "at the mercy of the media and other key political agents who meet as combatants in the policy arena and determine how issue debates and policy alternatives will be structured and defined."

While selection, salience, and agenda-setting informs the audience on *what* to think about, through framing, media tells the audience *how* to think about issues and events, which affects what is said and by whom, the type of debate, and the preferred solutions (Lancaster et al. 2011). Thus, a key consideration is understanding, for a given issue or event, why the media are motivated to frame in specific ways, along with how this impacts policy. One reason documented in the existing literature is that the "entertainment-oriented nature" of news media affects the sensationalization, exaggeration, and over/under reporting on a particular event or issue to garner attention, urgency, and drama (Orsini 2017: 195). This influences the framing of issues and events to be inaccurate and dramatized, affecting how they are addressed within the general public sphere and by policymakers. For example, Dunne (2017: 31-32), who examined the print media's portrayal of the opioid crisis in the U.S., found that a common theme throughout all of the publications analyzed was the use of hyperbole to dramatize the situation, such as claiming fentanyl as the "serial killer of drugs," which, they state, "is misleading and has the potential to negatively impact policy reform, as was seen in the crack epidemic."

News media having leanings (e.g., politically) that influence their coverage is particularly evident, as has been the case both historically and currently. Gans (1979: 61) documents that the media are "generally supportive of governments and their agencies, private enterprise, the prestigious professions, and a variety of other national institutions," suggesting that framing is influenced by the desired messages of these key groups and actors, also known as moral entrepreneurs in sociology. Scholars propose that this type of collaboration – the partnering of other institutions and key groups and actors to media coverage – has led to the construction of a series of drug crises over the past couple of centuries, as previously mentioned (e.g., Reinarman 2005; Deserah and Orcutt 2009). This shows that the media and other social actors can influence

the construction of issues, as well as the development and pushing of solutions to them. Thus, news reports are organized according to preferred content, and, consequently, these emphases can foster audience support for particular policies based on the selected and salient topics, issues, events, etc., that are highlighted and discussed.

Further, the use of specific frames by the media can be influenced by politicians, political leaders, and pressure groups (for example, those with economic interest) capitalizing on heightened concerns – e.g., using concerns to promote a specific platform in election campaigns, such as the "War on Drugs" (Deserah and Orcutt 2009) – that are produced by dramatized news, particularly pertaining to drug issues, leading to the promotion of fear (Callaghan and Schnell 2001; ibid.). Schulenberg and Chenier (2014) report this as a selection bias, whereby the media choose to cover a specific event or issue to relegate specific goals, demands, targets, etc. Explicitly, Callaghan and Schnell (2001: 183-184) state that "politicians and pressure groups try to control the shape of the tone of debates because they seek to structure outcomes favorable to their political interests." For example, Reinarman and Levine (1989: 543) examined the mid-1980s drug crisis and found that politicians and the media collaborated in constructing a crisis which produced the rhetoric that "drugs, especially crack, were destroying virtually every institution in American life – jobs, schools, families, national sovereignty, community, law enforcement, and business" in order to advance the political position that drug use is a social problem. Orsini (2015: 19) reports on a more recent example of this in the U.S. by discussing Richard Nixon's use of the media to incite public concern to achieve political success through the orchestrated media messages that "suburban kids were in danger of being pressured into using hard drugs" and which was "designed to exploit the concern of middle-class parents, who feared that their children would be preyed upon by drug 'pushers'." To provide a Canadian example, Collins et al. (2006: 99), who examined

Canadian newspaper representation of the healthcare policy debate in 2002, found that the "clustering of themes around more traditional healthcare sectors suggests that newspaper coverage of this debate was influenced by dominant institutional arrangements in Canada's public healthcare system." Further, they assert that "typical conceptualizations of 'interest groups' that influence public policy development processes extend beyond government actors, to include private businesses, advocacy groups, and professional associations … Our findings confirm professional associations presence as key actors next to political institutions" (ibid.: 99).

The news media using specific frames, therefore, may be influenced by key groups and actors, indicating that the policy alternatives granted genuine consideration can be directly linked to political interests. Thus, depending on politicians, political leaders, and interest groups opinions on the issue or event at hand, specific frames can be reproduced through and by the media to support and promote the same position. However, it is suggested that the media have the ability to disregard inputs to produce a purely media-generated version of the debate or issue, leading to the questioning of the extent to which news media reportage is dominated by groups and actors versus a media-generated version of reality (Orsini 2015). This ability to generate content purely by the news media source itself represents another indicator of the media's standing, role, and power.

Despite these suggested reasons for why the media frames issues in specific ways, scholars have had challenges with being able to trace how and why frames are used across news media to influence policy due to variability and a lack of clarity, limiting the available insights on this mechanism (Deserah and Orcutt 2009). Lancaster et al. (2011) state that the theory of media effects is a 'paradox' as it has been plagued by the assumption that the media have substantial influence over behaviour and thoughts, yet, problematically, there is little agreement about the extent or nature of these effects.

CHAPTER 3: RESEARCH CONTEXT

To better understand the topic of discussion, a brief note on the research context is warranted. Specifically, there is a need to discuss the distinction between opioids and opiates, as they are used interchangeably in the news media reportage of the crisis. Additionally, it is necessary to explain what fentanyl and carfentanil are, as both are identified as contributing to the opioid crisis (CIHI 2018a).

The distinction between opiates and opioids is simultaneously subtle and significant. Opiates, also known as opium alkaloids, are naturally derived drugs, such as codeine, morphine, and heroin, found in the flowering opium poppy plant (Freedman 2017; Elkins 2019). Opioids, however, are an all-encompassing term for opiates, semi-synthetic opioids, and synthetic opioids (Elkins 2019). Synthetic opioids are classified as those that are manufactured chemically to emulate opium, such as fentanyl and methadone, and semi-synthetic opioids are a hybrid of chemicals and natural opiates resulting from chemical modifications, such as oxycodone and hydrocodone (Labonville 2017). As well, synthetic and semi-synthetic opioids can be both manufactured illegally and legally. The National Alliance of Advocates for Buprenorphine Treatment (2014) outline that much of the confusion surrounding opiates versus opioids stems from the fact that opioids, at one point in time, referred only to synthetic opioids, but now refers to "the entire family of opiates including natural, synthetic and semi-synthetic." Thus, not all opioids are opiates, but all opiates are opioids.

To understand the use of opioids, it is necessary to know their effects. In a recent fact sheet published by the Government of Canada (2019), opioids are identified as "medications that can help relieve pain" that can induce euphoria or intense feelings of pleasure. To do this, opioids attach to receptors in the brain to create an "opioid effect," whereby pain is blocked, breathing

slows, and a general sense of calmness and an anti-depressing effect occurs (The National Alliance of Advocates for Buprenorphine Treatment 2014). These effects are suggested as giving opioids the potential to be misused and also carries a risk of addiction and overdose due to their powerfulness. Despite this, opioids are regarded as effective pain relievers when they are used as they are prescribed (CAMH 2018).

Distinctions are made between legal and illegal opioids, where legal opioids are prescribed (mostly to treat pain) by a health care professional; whereas illegal opioids are any opioid made, sold, or shared illegally, such as street-made drugs, opioids that are not prescribed to the individual consuming them, and opioids given to someone by an individual other than a health care provider (ibid.). A study that examined changes in illicit opioid use across Canada found that the use of prescription opioids in varying forms is a predominant form of illicit opioid use and that prescription opioids used at street-level typically come from the medical system rather than from illegal production and distribution (Fischer, Rehm, Patra, and Cruz 2006). This information points to the prevalence of prescription opioids in street-level opioid use, which is important to note as it highlights how problematic opioid use not only stems from street-made opioids but also involves prescription opioids (CAMH 2018). As well, opioid use disorder (OUD) can develop due to opioid misuse and addiction, which results from consuming opioids for no legitimate medical purpose, or in higher doses than prescribed (ibid.). Thus, consuming prescription opioids or taking them in higher amounts than instructed to is thought of as illicit opioid use that can influence the development of addiction and disorders. Also, under this category are those that are manufactured in clandestine drug labs, by unauthorized drug dealers and/or traffickers, and are sold and bought in the street. These are commonly regarded as street drugs and opioids (CAMH 2017). An example

of this is outlined in a fact sheet produced by CAMH, which details that illegal opioids can involve fentanyl patches that have been stolen from or sold by people that they were prescribed to (ibid.).

Fentanyl, a synthetic opioid, which has been identified by CIHI as a significant contributor to the opioid crisis, was first synthesized by a pharmaceutical company in Belgium in the 1960s and was introduced as an intravenous anesthetic in the 1970s (Mars et al. 2019; CIHI 2018b). While it was initially a prescription drug, it is now made and used both legally and illegally. Typically, fentanyl is prescribed as a skin patch that is used to treat severe pain; however, street-made fentanyl is produced as a powder and is increasingly found mixed into other drugs, such as heroin, likely due to the low production costs (Mars et al. 2019; Frank and Pollack 2017; CAMH 2018). As a result, the opioid crisis has been, at times, regarded as the fentanyl crisis in news media (for examples, see Martin 2018a; Shaw 2018; Kines 2018a). Additionally, many analogues with varying potencies have been created. For example, fentanyl is similar to morphine but is 50 to 100 times more potent (National Institute on Drug Abuse 2019); however, carfentanil, a fentanyl analogue, is about 10,000 times stronger than morphine (Mars et al. 2019).

CHAPTER 4: METHODOLOGY

This study used qualitative content analysis to explore the framing of the opioid crisis in recent Canadian news media. News articles were collected from the Canadian Major Dailies database from January 1, 2018, to December 31, 2018. The content within these news articles was then coded and analyzed to address the following research questions:

1. How has the opioid crisis been framed in recent Canadian news articles?
2. How often (frequency) are each of the frames documented in recent Canadian news articles?
3. What is the dominant frame?

4.1. Method of Inquiry

Qualitative content analysis is a systematic, objective analysis of message characteristics (Neuendorf 2002) that is often used in historical, communication, and media studies (Orsini 2015). Further, it is a useful tool for analyzing existing cultural texts and information to garner understanding and insight about the society in which they are produced (Hesse-Biber and Leavy 2011). Thus, this method of inquiry is suitable for identifying the framing of the opioid crisis, the frequency of each frame, and what the dominant frame is.

More than 30 of Canada's top regional and national newspapers[3] were accessed through the Canadian Major Dailies database over a 12-month period. To answer the first research question, this study employed inductive reasoning backed by the theoretical framework (framing) to reveal patterns (frames). The purpose of research question one is to explore the framing of the opioid crisis. To answer questions two and three, the number of times a frame appeared was manually counted and recorded on an *Excel* spreadsheet. Through this process, the dominant frame emerged, as the dominant frame is the most chronically documented. The purpose of examining the frequency of the frames is to highlight the most prominent frames utilized by the media. This

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[3] See Appendix A for full a list of the news sources accessed through this database.

assists with revealing the current discourses and how the opioid crisis is framed, and also assessing what Canadian media are advancing as problems, attributions, judgements, and solutions. As well, identifying the dominant frame provides information on what Canadian news media are discussing and propagating the most, highlighting the one most influential frame. Through this, implications (e.g., to policymaking) can be explored.

4.2. Data Collection

Between January 1, 2018, and December 31, 2018, news articles were collected from the Canadian Major Dailies database. These dates were selected in order to assess the most recent framing of the crisis and because it is dynamic, complex, and consistently changing. To capture all relevant news articles, a set of terms/words were used. These included: 'opioid crisis,' 'opioid epidemic,' 'opioid use,' 'opioid abuse,' 'opioids,' 'opioid overdose,' 'opiate,' 'naloxone,' 'fentanyl,' and 'carfentanil.' This list is not inclusive of all terms/words used in the data collection process; however, I found that adding additional terms did not improve or change the relevant news articles and resulted in a large number of duplicates, leading to them being excluded from the final list[4]. This is highlighted in Figure 1, which shows the large sample initially downloaded. The inclusion and exclusion criteria also resulted in the removal of several articles. This was restricted to include only news and news articles as the 'document type,' websites, newspapers, and reports for the 'source type,' and English as the 'language'[5].

After this data collection process, to arrive at my final sample, the following occurred. First, a preliminary review was conducted, whereby headlines and publication dates were revised

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[4] Other search terms were: 'opioid misuse;' 'fentanyl crisis;' 'fentanyl epidemic;' 'overdose crisis;' 'overdose epidemic;' 'suboxone;' 'addict;' 'substance abuse;' 'drug user;' 'drug abuse;' 'drug overdose;' 'drug use;' 'oxycontin;' 'oxycodone;' 'oxy;' 'Vicodin;' 'hydromorphone;' hydrocodone;' 'morphine;' 'methadone;' 'Percocet;' 'codeine;' 'heroin;' and 'pain medication.'
[5] See Appendix B for a full list of inclusions and exclusions.

to rule out duplicates and flag others for closer inspection (e.g., if the headline did not establish a clear link to the opioid crisis). Second, the abstract (if one was present) of each news article was read. Lastly, the remaining news articles were reviewed in full to determine if the content focused mainly on the opioid crisis. Those that fit this criterion were included. At this stage, any remaining duplicates were removed. Thus, this study employs purposive sampling. After extraneous and duplicate stories were removed, the final sample consisted of 314 news articles with notable content pertaining to the opioid crisis (see Figure 1).

Figure 1: Arriving at Final Sample

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┌─────────────────────────┐
│       DOWNLOADED        │
│        n=2,043          │
└─────────────────────────┘
            │
┌─────────────────────────┐
│     REMOVED DURING      │
│   PRELIMINARY REVIEW    │
│         n=767           │
└─────────────────────────┘
            │
┌─────────────────────────┐
│     REMOVED DURING      │
│     ABSTRACT REVIEW     │
│         n=704           │
└─────────────────────────┘
            │
┌─────────────────────────┐
│   REMOVED DURING IN-    │
│      DEPTH REVIEW       │
│        n= 258           │
└─────────────────────────┘
            │
┌─────────────────────────┐
│      FINAL SAMPLE       │
│         n=314           │
└─────────────────────────┘
```
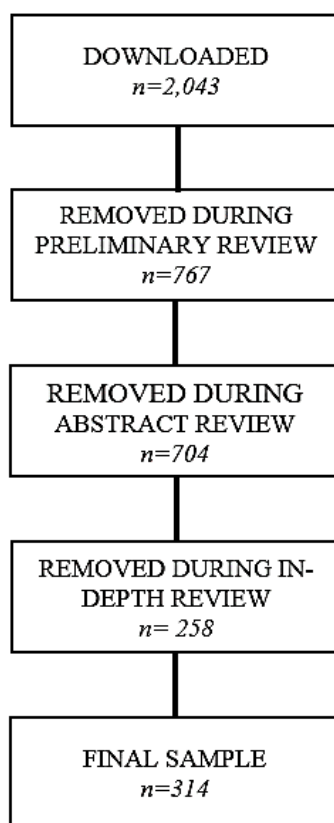
Consistent with the general protocols for media content analysis[6], the remaining articles were then documented on an *Excel* spreadsheet, where basic information on each news article,

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[6] See Neuendorf (2002) and Altheide and Schneider (2013).

such as the news site, word count, publication date, author of the story, and title of the story, and other information was detailed (see Appendix C for the sheet of information collected).

4.3. Data Analysis

To answer research question one, I developed a coding instrument inductively through direct content analysis of news articles text/full text. This means that coding schemes were derived before and during the data analysis. First, each article was manually coded based on four frame elements, as informed by Entman (1993): *problem definition, causal interpretation, moral evaluation,* and *treatment recommendation*. *Problem definition* was coded based on news articles reporting on what the issue is, and when an article referred to the central topic of the story and its principal actors. This frame defines the fundamental issues in the news article and discusses the problem or debate at hand. *Causal interpretation* involves interpreting and identifying what is influencing or is responsible for the issue(s), whereby the attribution of related benefits or risks exists. This code was used when the article attributed responsibility for the risks and benefits associated with the opioid crisis, as well as identifying what and (or) who is directly responsible for the crisis, and what and (or) who is influencing it. *Moral evaluation*, which involves advancing moral judgements and reporting on the effects, risks, and benefits of the opioid crisis, was coded when there was an assessment of the factors affecting and creating the problem. That is, this code was used when the opioid crisis was situated in the context of secular beliefs, morals, and/or social prescriptions. *Treatment recommendation* was coded for if a proposal of remedies, solutions, and treatments for the problem, including mention of their effectiveness, occurred within the article. Thus, this study revealed frames inductively through direct content analysis but used the frame elements documented by Entman (1993) to group the frames systematically.

Upon completion of coding of these frame elements, initial codes associated with the opioid crisis were operationalized and defined based on prior research, such as those previously identified in research that studied the crack cocaine crisis and adjusting them to be applicable to the opioid crisis (see Appendix D). From here, prevalent themes and narratives, topic(s) selected and discussed, keywords, and the nature and extent of emphasis of each code were examined. Stylistic techniques were also analyzed, such as word choice, the use of quotations, and the mention of groups, organizations, or individuals (see the information sheet under Appendix C). Lastly, to classify these codes into frames ('frame building'), this research utilizes the procedure discussed by Matthes and Kohring (2008), which requires researchers to systematically group codes together in a specific way, whereby they result in a pattern that can be interpreted as a frame. That is, as codes were revealed through analysis, they were grouped together based on similarities in the data documented on the information sheet (see Appendix C). As these frames were revealed, a description on each frame was developed, which was also inductively modified throughout the research process and was recorded on the same *Excel* spreadsheet. Thus, as previously mentioned, frame analysis theory provided the frame elements, prior research, and direct content analysis revealed the codes and then frames emerged during data analysis. Each of the initial four frame elements – *problem definition, causal interpretation, moral evaluation,* and *treatment recommendation* – served as a starting point for the development of this coding, then manual coding was utilized to develop and reveal patterns across news articles and to form frames.

To achieve reliability and validity, the constant comparison method was utilized, whereby the frames undergo a continual process of revision and the next data analyzed are compared to previously coded news articles (Schulenberg and Chenier 2014). To further ensure validity, intercoder reliability was undertaken. To do this, a random sample of 10% (n=32) of the news

articles was independently assigned to two coders[7] to double-code and provide a brief explanation for their decision. The coders utilized the same manual coding strategy developed for answering research question number one. Their results were then compared to evaluate consistency. If a discrepancy was discovered between their findings, such as a section of a news article not coded the same, the news article content was re-evaluated and re-coded accordingly.

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[7] The coders were Jacek Koziarski (Ph.D. student at Western University) and myself.

CHAPTER 5: ANALYSIS OF FINDINGS

5.1. The Framing of The Opioid Crisis

The findings on the framing of the opioid crisis are presented under four frame elements: *problem definition*, *causal attribution*, *moral evaluation*, and *treatment recommendation*. Table 1[8] displays the frames revealed under each frame element, as well as the frequency of every frame. Full explanations of the frames (as well as a reiteration of the frame elements definitions) are outlined under each respective section. To account for space, the below sections discuss frames with a frequency of 5.0% or more under each frame element; however, information and quotes detailing the remaining frames can be found under Appendix E. As can be seen in Table 1, the majority of frames involve recommending solutions (42.0%) and defining problems (31.0%). The third most frequently discussed frame element was *causal attribution*, which captures 25.4% of all the frames throughout the articles. Lastly, very little (1.5%) moral judgements were offered throughout the articles. Additionally, Table 2 depicts the top five most selected and salient frames within the articles, which is necessary to display the predominant narratives.

Table 1 – The Framing of the Opioid Crisis and Frame Frequencies

Frame Element	Frame	Frequency (%)
Problem Definition	Topic: Harm	386 (33.0)
	Actor: Authorities	101 (8.6)
	Topic: Addiction	100 (8.5)
	Topic: Pain	77 (6.6)
	Topic: Help	57 (4.9)
	Topic: Prescriptions	49 (4.2)
	Actor: Babies	44 (3.8)
	Actor: Youth	43 (3.7)
	Actor: Public Health	42 (3.6)
	Topic: Policy and Legislation	41 (3.5)
	Topic: Mixed Drugs	40 (3.4)
	Topic: Resources	36 (3.1)
	Actor: Doctor	35 (3.0)
	Topic: Illicit Drugs	31 (2.6)

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[8] See Appendix D for the full table on the framing of the opioid crisis, with codes and descriptions.

	Topic: Research and Data	29 (2.5)
	Topic: Mental Health/Illness	27 (2.3)
	Actor: Producers and Sellers	26 (2.2)
	Actor: Indigenous Communities	7 (0.6)
	Subtotal	**1171 (31.0)**
Causal Attribution	Attribution: Fentanyl and Analogues	162 (16.9)
	Attribution: Illegal Drugs	151 (15.7)
	Attribution: Current Approach	121 (12.6)
	Attribution: Producers and Sellers	117 (12.2)
	Attribution: Prescriptions	95 (9.9)
	Attribution: Health Professionals	66 (6.9)
	Attribution: Mixed Drugs	66 (6.9)
	Attribution: Addiction	65 (6.8)
	Attribution: Help	48 (5.0)
	Attribution: Individual and Social Factors	27 (2.8)
	Attribution: Drug Dealers	22 (2.3)
	Attribution: Authorities	21 (2.2)
	Subtotal	**961 (25.4)**
Moral Evaluation	Risks: Community	44 (77.2)
	Risks: Health	13 (22.8)
	Subtotal	**57 (1.5)**
Treatment Recommendation	Recommendation: Harm Reduction	479 (30.1)
	Recommendation: Treatment	206 (13.0)
	Recommendation: Education and Training	135 (8.5)
	Recommendation: Authorities	126 (7.9)
	Recommendation: Resources	118 (7.4)
	Recommendation: Strategy and Guidelines	98 (6.2)
	Recommendation: Research	96 (6.0)
	Recommendation: Doctors and Prescribing Practices	77 (4.8)
	Recommendation: Public Health and Health Professionals	67 (4.2)
	Recommendation: Collaboration	57 (3.6)
	Recommendation: Policy and Legislation	56 (3.5)
	Recommendation: Individuals To Take Precautions	30 (1.9)
	Recommendation: Cannabis	22 (1.4)
	Recommendation: Rooming-in	22 (1.4)
	Subtotal	**1589 (42.0)**
	Total	**3778 (100.0)**

Note: Table 1 provides percentages for the frequencies specific to each frame element. The percentages provided for each frame are not a percentage as a result of the total number of frames, but instead, are a percentage of the subtotal of frames under each frame element. However, the percentages provided for the subtotals represent a percentage out of the total number of frames.

Table 2 – The Most Selected and Salient Frames

Frame Element	Frame	Frequency
Treatment Recommendation	Recommendation: Harm Reduction	479
Problem Definition	Topic: Harm	386

Treatment Recommendation	Recommendation: Treatment	206
Causal Attribution	Attribution: Fentanyl and Analogues	162
Causal Attribution	Attribution: Illegal Drugs	151

5.1.1. Problem Definition

The frame element *problem definition* was coded for when news articles defined, outlined, and/or explained what the problem is. Frames include both the central topic of the story, such as addiction and prescriptions, and its principal actors, such as doctors and babies. Under this frame element, the most salient issues of the opioid crisis are highlighted in order to set the agenda for discussions surrounding the opioid crisis in news media reports. Eighteen frames were revealed through analysis: *harm, authorities, addiction*, *pain, help*, *prescriptions*, *babies, youth, public health, policy and legislation, mixed drugs, resources, doctor, illicit drugs, research and data, mental health/illness, producers and* sellers, and *Indigenous communities*.

Harm. The majority (33.0%) of reports under this frame element discuss the impact of the opioid crisis in the context of opioid-related harms, such as deaths and hospitalizations. Most articles focus on these harms through statistics and research. Examples of this are: "nearly 4,000 Canadians died as a result of opioids in 2017, a 34 per cent jump from the previous year" (Woo and Howlett 2018a) and "4,000 people died of apparent opioid-related deaths in Canada in 2017, compared to 3,000 in 2016" (Lapierre 2018). Regularly, statistics on opioid-related harms are noted to provide context and information on, and elevate an understanding of, this crisis. Others told stories to do this: "his cousin's wife went to wake him for work and found his lifeless body on the floor, syringe in hand" (Jones 2018); and "Conner was one of 66 people who died (of fentanyl overdoses) in Alberta at the time, and now it's gone up over 700 per cent in deaths" (Cole 2018c). As well, Figure 2 features a representative story. Based on the language used and the overall tone, stories are delineated to evoke emotional responses (e.g., empathy and sympathy) and spark

concern. Alternatively, reportage on statistics and research are typically neutral. That is, they are mostly discussed without a positive or negative tone and are instead conveyed pointedly.

Figure 2: Opioid Overdose Story (Campbell 2018)

Problems articulated through stories are occasionally used to advance a particular solution or provide a proposal for a solution. Specifically, they emphasize issues with the lack of, access to, and current help/approach taken then use this as a justification for a solution. For example, an article that reports on Vancouver's battle with the opioid crisis states that "after 11 people died of drug overdoses in a single week, advocates for people who use drugs say they expect more of the same until politicians replace the toxic street supply with safer drugs" (Brown 2018c). Typically,

these stories outline opioid-related harms to advocate for harm reduction approaches and better/more treatment and services.

Some reports also inform on patterns and trends as to who is affected by the crisis. Many articles point out that men are disproportionality impacted. One example is "the Opioid Overdose Emergency in Fraser Health report found 85 per cent of overdose deaths in the region are men" (Chan 2018). Other trends specific to men recognized are that it affects those working in the trades and between the ages of 19 and 59 (Todd 2018; Woo 2018g). This has influenced news media to claim it as a 'hidden epidemic' that has gendered implications that are not being addressed or recognized (Chan 2018), which is shown through Figure 3. Several reports also emphasize that several of those involved in the opioid crisis have sought help and treatment and accessed health services in the past (e.g., mental health services), and have had previous contact with law enforcement. This is exemplified in the following quote: "roughly one-quarter were hospitalized in the year before their deaths, more than 40 per cent visited an emergency room at least once in that time, and three-quarters of those who had contact with police for an alleged crime died within a year of that interaction" (The Vancouver Sun 2018). These patterns are typically highlighted when blame for the harms is attributed to the current approach taken, as well as the lack of, and access to, help.

It was just a year ago that then-B.C. Liberal health minister Terry Lake (right) pulled out all the public relations stops while opening a 38-bed Vancouver facility for women to overcome substance abuse. His announcements never mentioned the plight of boys and men. *MARK VAN MANEN / PNG*

Figure 3: Men and the 'Hidden Epidemic' (Todd 2018)

Other patterns highlighted are that the crisis mostly affects single men, those that are middle-aged (e.g., 30 to 39), those that are struggling economically (e.g., unemployed or living in poverty), and that a vast majority of overdose deaths occur indoors and in private homes. Alternatively, while many articles detail these patterns, others also identify that the opioid crisis affects everyone and that no one is immune to such harms. Thus, while numerous stories state that this crisis is mostly affecting men, there is variance in who the media reports is impacted.

Authorities. A total of 8.6% of frames under *problem definition* are in this frame. This was coded for when articles explained the problem in the context of government and law enforcement officials and agencies. Much of this discussion is related to perceived government inaction. One example of this is an article citing that "fewer than 25 per cent of Canadians believe the federal government has 'responded appropriately' to the issue" (Thompson 2018); and "the government's lack of urgency in dealing with this crisis is negligent and inhumane" (Lawlor, Atter, and Ermine 2018). Additional stories in this frame document problems with government officials' and

agencies' responses to, and their statements and opinions on, the opioid crisis. The following is illustrative of this: "UCP leader Jason Kenney's comments attacking the use of supervised opioid consumption sites as simply feeding users' addictions came under fire from NDP lawmakers" (Kaufmann 2018a); and "Doug Ford [Premier of Ontario] has said he is 'dead against' supervised drug-use sites for addicts. He is dead wrong to oppose them" (Gee 2018). Most reports identifying issues related to government officials and agencies convey a negative tone; that is, most reporters and their sources are dissatisfied with government responses to the crisis.

While numerous articles discuss problems pertaining to the government, the majority outline issues with, and related to, law enforcement. One key topic in this frame is equipping police with naloxone. Specifically, reports explain that the police oversight agency, the Special Investigations Unit (SIU), had a policy on investigating incidents involving naloxone use where the result was an overdose or death that led to issues. Multiple stories document police agencies and officials speaking out against this as it is "attempting to extend its reach by scrutinizing life-saving or medical treatment by police officers" (Yogaretnam 2018). Resultantly, concerns surrounding liability are expressed as, with this SIU mandate, officers could be subjected to investigation if an individual dies during or after the use of naloxone (Hayes 2018b). However, when the SIU removed this as a concern in 2018 (Wilhelm 2018b), reports then drew particular attention to specific agencies and officials that did not equip frontline officers with naloxone as problems, despite the fact that many police services implemented the equipment and use of naloxone after, and before, the SIU mandate change (e.g., ibid.; Hayes 2018c).

Another issue identified, while not significantly discussed, is related to police responses to drug overdoses, drug use, and drug users. Through stories and quotes, reports focus on the problem individuals have had with police responses to opioid overdose calls for service. One example states

that "police did not respond to the scene of Jordan's death … they never came to the house at any point after either," and that "[the mother] doesn't understand why police wouldn't attend the scene, since Jordan's death was sudden and involved an illegal drug, and because not attending would be contrary to the [Regina Police Service] policy manual" (Martin 2018a). Another instance of an issue surrounding police responses is exemplified in this quote: "Ottawa police launched 'Project Mitigate,' a drug trafficking investigation that specifically targeted the neighbourhood surrounding the [supervised injection site] facility. Two months of polices resources were spent on policing drug users, most of them homeless" and that "many drug users now avoid the supervised injection site, finding it safer to use alone, despite the clear risk to their health" (Spencer 2018). Outstanding issues outlined concerning this topic are a lack of information gathered on opioid-related service calls (e.g., data on their occurrence), the absence of a dispatch code specific to drug overdoses (producing variance in the labelling of these calls, such as "sick and injured person"), the lack of communication some police agencies have had with families after incidents, and police reactivity instead of proactivity (ibid.; Martin 2018b; Cowan 2018b).

The remaining articles in this frame discuss the strain this crisis has on law enforcement. Articles report that the number of calls for service is "increasing dramatically" and that "everyone is tired. All of the frontline workers are really tired, EMS, police…," which is portrayed in Figure 4 (Cross 2018a; Scanlan 2018a; Laing 2018a). These reports focus on the challenges faced by law enforcement officials in terms of the resources used and officers feeling depleted by increases in the need for their service.

The number of overdose calls Vancouver firefighters deal with on a daily basis can be overwhelming, but are becoming routine. Pictured are firefighters and B.C. Ambulance paramedics taking a woman who suffered a fentanyl and heroin overdose to the hospital. *JASON PAYNE / PNG*

Figure 4: Strain on Frontline Workers (Martinuk 2018)

Addiction. This frame, which equals to 8.5% of frames under *problem definition*, was coded for when news articles reported on addiction as a problem, outlined the consequences of addiction, and provided stories and trends. News media reportage regularly details the number of people addicted to opioids and battles with addictions (see Figure 5 below), as well as any research, studies, or reports related to this subject. One example of this is demonstrated in an article by the *Star – Phoenix*: "around 40 to 60 per cent of people relapse in their first year of recovery [from an opioid addiction]" (Lawlor et al. 2018). Moreover, reportage in this frame is typically relayed episodically as it focuses on individual experiences with addiction. Instances of this are: "Jordan's opioid addiction began with a workplace injury, and a doctor's prescription" (Martin 2018) and "Kim Pare said his family did everything they could to help their bright and beautiful daughter, but in the end she couldn't fight the illness of addiction" (Mathieu 2018a).

Getting off opioids was a trip to hell and back, says retired Saskatoon police Sgt. Brian Trainor. *LIAM RICHARDS / SASKATOON STARPHOENIX*

Figure 5: Opioid Addiction - To Hell and Back (Cowan 2018c)

Addiction stigma is often discussed as well. Many reports detail that, as a result of stigma, there is a difficulty with understanding addiction and providing adequate/tailored addiction treatments and supports, leading to barriers in accessing help and services. The following quote by the *Calgary Herald* exemplifies this: "the biggest problem we're dealing with is the stigma of addiction and understanding what addiction is and how we're going to treat this" (Volmers 2018). An example of addiction stigma being discussed in news reportage is: "addiction is sometimes just seen as a question of motivation. The person is choosing to he addicted" and that "a lot of discrimination is ingrained in our attitudes" (Fidelman 2018b). Consequently, several reports outline that people would rather "risk their lives" than seek or reach out for help (e.g., Cross 2018a; Chan 2018; Gerster 2018b; Zwarenstein 2018).

Articles also focus on redefining what the problem of addiction is to alter perceptions and call for better/more treatment and support. Figure 6 below features this occurring in a news article. Other reports tell stories to emphasize this and guide readers thoughts on addiction. One case describing this is "I always say that addicts get judgement and anybody who is suffering from another disease gets sympathy. Our son wasn't a bad person, he was a sick person. He suffered from a disease" (Martin 2018). Ergo, reports focus on individual experiences with addiction and on identifying the problem to advance solutions and alter readers perceptions of addiction.

Judy Darcy, B.C minister for mental health and addictions, says addiction is not a moral failure, but a health issue that requires treatment with dignity and compassion. *DARRYL DYCK / THE CANADIAN PRESS*

Figure 6: Addiction is Not a Moral Failure (Enchin 2018)

Also discussed is the issue of becoming addicted to opioids. Several reports outline the risk of becoming addicted to opioids, such as "opioids can have a 5.5-per cent risk of addiction" (Martin 2018). Many also explain the comorbidity of addiction and mental illness, suggesting that news sources are emphasizing that those with mental health challenges are at a higher risk of becoming addicted to opioids. Resultantly, issues surrounding the handling of addiction are highlighted.

Many articles report that there is a "long way to go" on dealing with drug addiction issues and that there are minimal treatment opportunities available for individuals to overcome addiction (Parsons 2018b; Battagello 2018). Others emphasize that the general public and the approaches taken should be more sympathetic to those in the throes of addiction. As well, news reportage takes an empathetic standpoint with addiction and frequently quote and/or state perspectives that advocate for more services, treatment, support, and sympathy regarding addiction and the individuals who are addicted to drugs and opioids.

Pain. Totalling 6.6% of all frames under *problem definition*, reports sometimes discuss the opioid crisis in the context of pain and those living with pain. A headline published in the *Edmonton Journal* captures this frame: *War on drugs has become a war on patients coping with pain* (Mah 2018b). News articles often concentrate on how those with pain are suffering as a result of the approaches taken to managing the crisis, as well as the lack of, and access to, help available. That is, those dealing with pain are not being provided with adequate guidance and support, leading to a war on patients coping with pain. Resultantly, news media explain that chronic pain sufferers are resorting to using street drugs. Many articles identify that this is due to doctors reducing the number of prescriptions supplied to those with pain, "causing them to suffer withdrawal, unremitting pain, and thoughts about suicide" (Bramham 2018). Along with this issue, doctors also "'fired' patients with chronic pain and refused to take on new patients with chronic pain" (ibid.) due to restrictions on opioid prescriptions (e.g., placed by the College of Physicians and Surgeons of B.C.) (Bains 2018). Consequently, articles emphasize that "there's this increasing narrative that the opioid crisis is really about people with addiction who are dying by the thousands and that treatment of pain is not the problem … And that's not true" (Ubelacker 2018b).

Another issue pinpointed is that when using opioids to manage pain was first introduced, it was not based on scientific evidence. However, doctors felt they had "no choice" in prescribing opioids to deal with pain, and that the withdrawal effects could be dealt with later (Cowan 2018b) as they were thought of as "bad doctors" if they did not (Harnett 2018b). These discussions highlight that, at that time, opioids were the best-known way to treat issues with pain, but now more is known so alternate options should be provided to those with/in pain (ibid.). For instance, one article identifies that now it is known that "opioids are no better at treating chronic pain than over-the-counter pain relievers" (Weeks 2018b). Thus, the problem is that opioids are still being prescribed yet have been shown as not the most effective treatment for those living with pain.

Other challenges highlighted surround opioids having the potential to develop physical dependence, addiction, and misuse (Levinson and Marcoux 2018) and that several pain patients are addicted and/or are physically dependent on opioids. Examples of this are: "eight to 12 per cent of pain patients are addicted to opioids" (Martin 2018a); "he was walking pain free the next day – but he was addicted to opioids" (Cowan 2018b); and "Shawna Rogers became dependent on opioids, and later street drugs, after injuring her back during basic training" (The Globe and Mail 2018). Hence, conversations around pain promote more research and better/more treatment and support for those with pain, as well as identify that the lack of and current help available, doctors, regulations, and research are contributing to this problem.

5.1.2. Causal Attribution

The frame element *causal attribution* was coded for when reasons were assigned for the opioid crisis, which involves the attribution of responsibility for the risks and benefits associated with the opioid crisis, what and/or who is influencing it, and what and/or who is responsible for the crisis. Through this, news articles begin to advance readers opinions on the crisis by assigning

blame. Attributions discussed are *fentanyl and analogues, illegal drugs, current approach, producers and sellers, prescriptions, health professionals, mixed drugs, addiction, help, individual and social factors, drug dealers,* and *authorities*. Thus, twelve frames were identified under *causal attribution*.

       Fentanyl and Analogues. News articles assign most of the blame for the opioid crisis to fentanyl and its analogues (16.9%) (see Figure 7). This frame was coded for fentanyl (both illegal and legal), and its analogues (e.g., carfentanil) were explicitly discussed as a reason for, or as contributing to, the opioid crisis. To attribute blame, articles assign it as the main reason for opioid-related harms. While there are over 100 examples of this occurring, some instances of this are: "the powerful fentanyl has caused overdose deaths to surge across North America over the past five years" (Woo 2018e); "because of fentanyl, every drug is a potential killer" (O'Leary 2018); "the prevalence of fentanyl in the illegal drug supply is fuelling the overdose epidemic" (Chan 2018); "to date, the B.C. experience has been primarily driven by illicit fentanyl" (Bramham 2018); "the synthetic opioid [fentanyl], which washed across North America in recent years and supplanted illicit supplies of drugs such as heroin and oxycodone, turned relapse - a common setback on the road to recovery - into a deadly game of Russian roulette" (Woo 2018e); and "fuelled by the contamination of the illicit drug supply with fentanyl and its analogues, the opioid epidemic is Canada's gravest public health crisis since the emergence of HIV in the 1980s" (Lake and Milloy 2018).

Fentanyl pills are shown in an undated police handout photo. *HO / THE CANADIAN PRESS*

Figure 7: Fentanyl (Cole 2018d)

Illegal Drugs. Illegal drugs are assigned blame in 15.7% of the articles under *causal attribution*, placing them as the second most frequently cited reason for, and as contributing to, the opioid crisis. Examples of this are "the opioid overdose epidemic is a continuation of our ongoing street-drug problem" (Martinuk 2018); "the majority of opioid deaths resulted from the consumption of street drugs that were illegally manufactured, laced with fentanyl, and then illegally sold to people who were already using street drugs" (Martinuk 2018); "we know from the data the people who use opioids are dying because they're taking highly toxic, illegally manufactured drugs" (Clancy 2018a); and "the dramatic increase in opioid-related deaths isn't related to overactive prescription pads but to the rise of illegally made, illicitly obtained opioids" (Martinuk 2018). News articles also frequently report both fentanyl and its analogues and illegal drugs as combined reasons for this crisis, demonstrating that news media attributes them as similar contributors. This indicates that illegal fentanyl is assigned more blame than legal fentanyl.

Current approach. The current approach taken is detailed as responsible for and contributing to the opioid crisis in 12.6% of articles under *causal attribution*. This frame allocates blame to the strategies adopted to managing, preventing, and reducing the associated harms, and tackling the opioid crisis. Multiple articles highlight that the current approach taken concerning treatment is producing a cyclical effect, whereby individuals are provided some treatment but do not receive the help needed. Thus, people are stuck continuously interacting with opioids and other drugs, and the opioid crisis is perpetuated. The following quotes illustrate this: "as for the treatment side, which involves weaning people off the powerful synthetic painkillers, 'it's a chronic relapse issue – people may need to try several times'" (Kaufmann 2018d); and "currently, our EMS staff administer naloxone, take them to a local hospital, but they are then quickly released…Typically, they enter the same pattern and overdose again. Bringing them to the hospital is not working for us, for the community" (Laing 2018a).

The current approach that criminalizes of drug use (i.e., through legislation) is blamed because these laws are said to perpetuate the opioid crisis. Articles outline that these increase the dangers with drug use and puts drug users in harm's way; thus, influencing increasing rates of opioid-related harms. Examples of this are: "[the] criminalization [of drug use] exacerbates existing economic inequalities, forces new poverty and further illegal activities upon them, results in new traumas and dramatically increases dangers intrinsic to the substance itself" (Zwarenstein 2018) and "'we're losing people every day,' he [Dr. Virani] said. 'And that's for a number of reasons: one is the policy framework that criminalizes people who use substances and continues to be an impediment to people actually seeking out care" (Cole 2018b).

The current addictions strategy is another cause of the opioid crisis pinpointed. Reports outline that the stigma, lack of understanding, and treatment of those with addiction is contributing

to opioid-related harms. For example: "our approach to treating addiction is wrong, and we need to change it, or more people will die, and more families will be destroyed" (Volmers 2018) and "a five-member panel on ACEs and the opioid crisis brought into stark light how our current approach actually contributes to higher death rates by isolating individuals who hide their addiction out of shame and use alone" (Enchin 2018).

Other reasons allocated concerning the current approach are that the treatment for pain management and opioid use disorder is not effective and is a barrier to recovery (Gerein 2018c; Ubelacker 2018a), the approach regarding mothers and newborns is contributing to further drug use (Laucius 2018a), naloxone is unsuccessful at times which places people at risk of overdosing once it has worn off (Beattie 2018), and prescription practices are contributing to opioid-related harms (Grindlay 2018a). Occurrences of these are: "methadone has been the primary treatment protocol in Canada for patients with opioid use disorder, yet it carries a significant risk of overdose and harmful interactions with other drugs" (Gerein 2018c); "if they don't get proper treatment, they will keep on using drugs. When we routinely snatch babies away and put them in the NICU – even if we do it compassionately – we are physically separating them from their babies. They sense they are being judged. They feel amplified shame" (Laucius 2018a); and "if you don't address inappropriate acute prescribing, you are never going to stop this" (Grindlay 2018a).

Producers and Sellers. The producers and sellers of opioids are attributed as a cause of the opioid crisis in 12.2% of frames under this frame element. See Figure 8 for this allocation of blame. Most articles focus on the previously discussed problem of their aggressive and misleading marketing tactics as a reason for their contribution to the opioid crisis. Examples of this are: "aggressive marketing of opioid products is one important cause of the crisis" (Fernandes 2018) and "they falsely marketed opioids as less addictive than other pain drugs and helped trigger an

overdose crisis that has killed thousands" (The Province 2018). Other articles also blame the harms resulting from the opioid crisis on the producers and sellers of opioids. For instance: "the lawsuit alleges they circulated large amounts of opioids to pharmacies, hospitals and other dispensaries and 'intensified the crisis of opioid abuse, addiction and death in Canada'" (ibid.); and "I [Marie Agioritis, a mother who lost her son due to opioid overdose] was angry at pharmaceutical companies for selling us snake oil and for the sake of piling it deeper into their own pockets and killing almost an entire generation of kids" (Lawlor et al. 2018).

B.C. Attorney General David Eby, right, and Mental Health and Addictions Minister Judy Darcy announced a lawsuit against 40 drug companies Wednesday, Aug. 29. They accuse the wholesalers, distributors and manufacturers of being responsible, in part, for the province's ongoing opioid crisis. (Frederic Gagnon/CBC)

Figure 8: Producers and Sellers To Blame (Kane 2018b)

Prescriptions. Prescribing practices and prescriptions are designated blame in 9.9% of frames under this frame element. Instances of this are: "the origins of the overdose epidemic can be traced back to the late 1990s, when the number of opioid prescriptions began to increase dramatically in Canada" (Davies and Rankin 2018); and "Leonard [a professor and research scientist] spoke of the 'dire consequences' of prescription opioids that have led to the opioid crisis" (The Ottawa Citizen 2018c). Most articles discuss how prescription opioids have played a role in

the crisis and that they are the precursor to escalations in drug use, specifically illicit drug use. The following quotes illustrate this: "many cases of abuse start with the legitimate use of painkillers to treat injuries and can end with a person hooked on the drugs" (Telegraph-Journal 2018b); and "they [the parents] blame their song's illicit drug habit on highly addictive painkillers prescribed" (Harnett 2018a). This is also shown through Figure 9.

Figure 9: Prescription Opioids To Blame (Mathieu 2018c)

However, news articles typically cite both prescriptions and illicit drug use as factors that are allocated blame. For instance: "in many cases the worlds of prescription and non-prescription drugs overlapped" (Mathieu 2018c); and "the opioids crisis is a complex and multi-faceted public health issues that involves both prescription opioids and, increasingly, illegally produced and consumed opioids" (The Province 2018). This shows that news media assigns blame to both prescriptions and illegal drugs in some articles, suggesting that both are contributing to the crisis.

Health Professionals. This frame, which totals 6.9% of all frames under *causal attribution*, involves attributing responsibility for this crisis to health professionals. Examples of this are: "for dental extractions, for example, non-opioids should be a first line of prescribing, whereas 'right no 85 per cent of dentists use opioids first line and almost automatically give a patient 20 to 30 pills' Franklin said. 'It's like they are hard-wired'" (Grindlay 2018b); "other key health-care players are also closely involved in this opioid scourge. Over-prescribing physicians, the colluding pharmacists who regularly full these dubious prescriptions and the pushers of counterfeit drugs to opioid addicts must all be vigorously investigated and speedily brought to justice" (Fernandes 2018); and "doctors didn't set out to do harm, but we helped create the crisis" (Marsden 2018). Notably, there is variance in the tone of reports in this frame: some have a negative tone, whereas others, while they hold health professionals as the reason for it, also emphasize that they did not intend for this to happen and are mostly operating on the best available information.

Mixed Drugs. Mixed drugs involve 6.9% of all frames under *causal attribution*. For instance: "Ontario, which, like Vancouver, is grappling with the lethal impact that an increasingly tainted drug supply is having on people using drugs" (Mathieu 2018b); "much of the opioid crisis can be attributed to contaminated drugs" (Ubelacker 2018c); and "overdose doesn't just happen to drug addicts. It has nothing to do with addiction. It has to do with people getting bad drugs on the weekend. All it takes is one bad batch, and your life can be over" (Bambang 2018). Most articles assign blame to mixed drugs when also discussing fentanyl and carfentanil, suggesting that news media assigns responsibility to drugs that are mixed with fentanyl and carfentanil. A picture of this is shown below (Figure 10).

Fake Oxycontin pills containing fentanyl are displayed during a news conference at RCMP headquarters in Surrey, B.C., on Thursday, September 3, 2015. *DARRYL DYCK / THE CANADIAN PRESS*

Figure 10: Pills Containing Fentanyl (Crawford 2018a)

Addiction. Addiction is assigned blame in 6.8% of the frames under this frame element. This occurs in two ways, one of which is through the blaming of addiction for opioid-related harms. Examples of this are: "Health Canada continues to suggest that our overdose problem is an addiction to painkillers" (Martinuk 2018); and "the power and addictive nature of opioids such as fentanyl and paraflurofentanyl are in 'another league,' Acharya [a physician from the Queensway Carleton Hospital] said. 'There's no 'I'm going to try this and see what I think,' she said. 'It's 'I tried it, and I'm dead' "(Scanlan 2018a). Blame is also attributed through discussions on how addiction and addiction stigma act as a barrier to seeking and receiving treatment, resulting in several people not getting the help that is needed. The following demonstrates this: "when she was mired in a seemingly endless drug addiction, Phyliss Sauvé couldn't slog her way through the health care and social services system that were intended to help her. It was nearly impossible to make or keep appointments with doctors, drug counsellors, and social workers … 'You don't see any way out, and I would get frustrated, so I would just keep doing what I was doing'" (Culbert 2018). Thus,

addiction and addiction stigma is blamed for opioid-related harms and for being a barrier to seeking and receiving treatment and support.

Help. The lack of and access to help totals 5.0% of the frames under this frame element. Reports detail that the absence of treatment and services available, as well as the help and resources provided, contributes to the opioid crisis. An article in the *Calgary Herald* discusses this: "the number of addiction beds in the province has only increased from 925 in 2013 to 986 in 2017," "fewer than 50 physicians in the province practicing addictions medicine," and "long term, we've lost sight of the necessary funding for treating what is basically a chronic illness of the brain" (Wood 2018b). The following are more of such discussions: "some people might go to another place and be told there is possibly a wait-list or they need an appointment, which doesn't address the need at the moment – when someone is living with addictions who needs to be seen right now and can't wait for tomorrow or next week" (Culbert 2018); and "drugs used to treat opioid addiction, such as methadone or Suboxone, are not available on the island" (Jones 2018). Other ways help is allocated blame for the crisis is due to a lack of specialists and treatment for addictions and pain (Fidelman 2018b; Wood 2018f), withdrawal treatment (Scanlan 2018b), housing and mental health supports (Bailey 2018), and adequate space and staff for treatment (French 2018a).

The remaining articles in this frame discuss how issues with accessing treatment contribute to the increasing number of opioid-related harms. An example of this attribution is: "'we're losing people every day,' he [medicine specialist Dr. Hakique Virani] said. 'And that's for a number of reasons: one of them is poor access to treatment'" (Cole 2018b). Other ways this frame is attributed blame is due to the costs for treatment and services preventing access to these services for those that cannot afford it (Laucius 2018a), individual and social factors (such as homelessness) resulting in an inability to access to treatment and services (Laucius 2018b), suburban and rural patients not

being able to access/not having similar access to such facilities (Scanlan 2018a), long wait times to access help (Lethbridge 2018), and issues with accessing treatment for those who live on reserves (Cole 2018d).

5.1.3. Moral Evaluation

The frame element *moral evaluation* was coded for when news articles advanced moral judgements about the factors creating and influencing the crisis. Two frames emerged under this frame element: *community risk* and *health risk*. *Community risk* discusses general public safety, crime, disorder, and violence. *Health risk* advances judgements related to individual health, addictions, the quality of life, and the widespread harms pertaining to and resulting from, the opioid crisis. In general, moral evaluations are scarcely offered throughout news articles, with most advancing judgements in the context of specific topics (e.g., harm reduction), instead of attributing them to drug use and drug users, as they have been reported to do in existing literature (Lancaster 2010; Orsini 2015; Bright et al. 2008).

Community. Of the frames under *moral evaluation*, 77.2% discuss the risk to the community in the forms of public safety issues, crime/disorder, and violence. This frame outlines the implementation of safe injection sites and its risk to the community. For example, a news article that reports on a Calgary senior having concerns about a proposed mobile safe consumption site, states that "we already have problems with the Drop-In Centre and if you have a safe-injection, it'll only get worse … a lot of seniors here are scared to death because they can't defend themselves, and there's a lot of families with kids, too" (Kaufmann 2018a). It is also conveyed that he is afraid that the development of a mobile unit in this area would "attract more unstable individuals," that he was already attacked "by a man believed to be high on drugs," and that this development "affects property values" (ibid.).

Shopping carts are parked next to a needle drop box outside safe injection site at the Sheldon M. Chumir Health Centre on Tuesday December 11, 2018. Gavin Young/Postmedia

Figure 11: Shopping Carts Outside Safe Injection Site (Kaufmann 2018c)

While this is one opinion, other articles present similar views. For instance, many explain how safe injection sites, mobile or permanent, are harmful/damaging to the community, such as through clients hanging around outside the community who "spit and vomit and leave garbage and clothes" (Wood 2018e; Figure 11 above). Others describe how they increase crime and disorder in the areas it is intended to serve, specifically by fuelling property crime and increased rates of drug dealing (see Figure 12). Several articles express that they create violence and intimidation in communities due to increases in open drug dealing in the surrounding area. As well, news media reports that clients typically linger, producing an "encampment-style" feel outside the site, which is scaring residents and children in these areas. Lastly, reports discuss that drug use and drug users at supervised consumptions sites are likely to affect public safety, specifically through discarded needles around the site and increased bags and shopping carts cluttering sidewalks (Wood 2018e; Wood 2018b; Kaufmann 2018a; Stolte 2018b; Giesbrecht, Harrison and Konkel 2018). Thus, these

risks to the community are outlined to advance the notion that drug use happening in particular areas designated by these supervised injection sites is harmful and represents a significant community safety concern.

Figure 12: Safe Injection Site Drug Dealing (Wood 2018b)

Notably, conversations on risks to the community are not only happening concerning supervised consumption sites but also are frequently emphasized in discussions surrounding other harm reduction approaches (e.g., decriminalization) and addiction. For instance, one article states that "addicts have provided harrowing reports of withdrawal, while the cycle of continually trying to get enough money to buy drugs has led to crime and other issues" (Pearson 2018). These risks to the community are also statements for how drug use and users are viewed to affect surrounding neighbourhoods and community safety.

Moral judgements about drug use still present it as "wrong," as has been reported in previous literature, due to the moral underpinnings of illicit drug use as being "morally corrupt" (e.g., see Bright et al. 2008); however, most articles appear to be in favour of, and advocates for,

harm reduction. In contrast to the above, many stories emphasize that if supervised injection sites are not implemented, the risk to the community will increase. For example, one article reports that "others believe the facility is having a positive impact in Calgary" and "it was amazing actually how quickly it began that spots that were frequented regularly by drug users were no longer being used" (Wood 2018e). That is, harm reduction tactics can decrease the risk to the community as an overdose prevention site would advance public safety by providing a designated spot for drug use and drug users. To further emphasize this, an article published in *The Windsor Star* argues that community safety issues are reduced as an overdose prevention site would steer drug use away from the public areas and into concentrated zones, because "like it or not, drug users already inject in their alleys or backyards or wherever" (Cross 2018a). Thus, there are contradictory moral evaluations about the risk to the community that are both positive and negative in tone.

Health. Risks to health are discussed in 22.8% of the news articles within this frame element. In a story published by the *Chronicle*, it addresses a Halifax Doctor, Dr. Thomas Brothers, who specifies that the statistics on the crisis do not reflect the "new HIV outbreak among people who inject drugs" (Mcphee 2018). Articles also outline that one of the biggest problems resulting from the crisis is the sharing of needles, which can result in sharp increases in diseases, such as hepatitis C and acute hepatitis B (Chronicle Herald Staff 2018; Sanders 2018). For example, one story reports that, because of this crisis, "hepatitis C is also on the rise among young people under the age of 25" (Sanders 2018). One prominent concern related to this is people injecting in public, discarding needles in the surrounding area, and resultantly transferring diseases and/or leaving drugs in public where others can be exposed to them.

Stigmatizing language is utilized in the context of drug users throughout the articles, albeit infrequently. A few stories referenced to users as "junkies" (e.g., Bramham 2018; Spiers 2018);

however, most take an empathetic standpoint. For example, a mother discussing her son, who had recently died due to an opioid overdose, states that "he is a junkie, I get that … But he's also a human being that deserves his life and was taken from us" (Mathieu 2018b). Even when looking at addiction, those that are described as addicts or as living with addiction are not typically stigmatized or demonized, as previous literature has found. Instead, stories report that addiction is a complex disorder that requires harm reduction approaches, treatment, support, and services (e.g., see Culbert 2018; Jones 2018; Shore 2018). For instance, several articles equate addiction with disease. Examples of this are: "addiction took my wife. Addiction is a disease. No one chooses to be an addict, just like no one chooses to be a diabetic" (Campbell 2018); and "courageous 14-year battle with the disease of addiction" (Martin 2018a). These articulations, which promote treatment and prevention, are consistently shared throughout articles, indicating that news media reportage on drug users and addiction is depicting an empathetic, softer tone view of this crisis.

Another health risk that exhibits an empathetic approach surrounds drug users consuming drugs in unsafe, unclean environments due to opponents of harm reduction approaches halting the implementation of safe injection sites. For example, a story that reports on an interview with Dr. Mark Tyndall, the B.C. Centre for Disease Control executive medical director, quotes that "right now we're asking people to go in back alleys and buy from gangsters, and that just doesn't make any sense this far into the epidemic" (Vancouver Coastal Health 2018). Another article reports that "forcing people to inject in the streets and back alleys [is] dangerous and harming not only the users but our whole community" (Hayes 2018a). Thus, drug users are being portrayed as victims of addiction, substances, a lack of treatment, and as in danger due to the current approach to managing the crisis. This framing is a departure from previous research on drug narratives, which typically criminalizes drug use and calls for the punishment of drug use and drug users, indicating

a shift toward a public health narrative across a majority of stories. Notably, this signifies that the moral advancements offered concerning drug users and those living with addiction speak for a need for treatment, not criminalization.

Contrary to the framing of drug users, drug dealers are portrayed as predatory and a risk to both communities and health in stories. In a report discussing drug traffickers being arrested, a spokesperson for Medavie Health Services West states that "you're not dealing with an ethical person, you're dealing with a drug dealer. You can't trust the word of a drug dealer" (Star – Phoenix 2018a). Articles also impart that there should be a "zero tolerance" approach when it comes to punishing dealers because they "kill thousands of people over their lifetime" (Allen 2018). Additional discussions state that drug dealers "plied youth with free meth samples" (Robertson 2018), do not care about quality control or safe dosages (and therefore do not care about the safety and health of individuals and the communities) (Leader Post 2018), "swoop" in on communities (Laing 2018c), and pose significant risks to drug users (Star – Phoenix 2018b). As a result of these moral advancements, news articles frequently express that drug dealers should be punished harshly. This suggests that news media supports a punitive approach toward drug dealers, whereby law enforcement strategies are the primary solution. To further emphasize this, an article titled *Judge jails fentanyl dealer in landmark case* states that this "case is among the first in Ontario to convict a fentanyl dealer for criminal negligence causing death. The judge said it should send a message that fentanyl dealers will be dealt with harshly" (Sims 2018).

5.1.4. Treatment Recommendation

The frame element *treatment recommendation* was coded for when news articles promoted and outlined preferred solutions and policies. Each frame is detailed respectively below; however, it is important to note that a large number of news articles cite the "four pillars" strategy to solving

the crisis, which is "prevention and education; harm reduction; treatment and recovery; and enforcement and justice" (Cross 2018b). That is, while this not the most frequently identified preferred or promoted solution, many articles advocate for these four approaches to be employed in conjunction and provided with the most resources as the best way to tackle the opioid crisis. The fourteen frames under this frame element are: *harm reduction, treatment, education and training, authorities, resources, strategy and guidelines, research, doctors and prescribing practices, public health and health professionals, collaboration, policy and legislation, individuals to take precautions, cannabis,* and *rooming-in*.

Harm Reduction. Equalling 30.1% of all frames under *treatment recommendation*, this frame is frequently cited as paramount to addressing the opioid crisis and, therefore, is the leading preferred solution. Accordingly, many articles advocate for the adoption of harm reduction approaches. The few opponents typically advance moral judgements, such as that these strategies may harm the community, have the propensity enable drug use and abuse, and send the wrong message concerning drug use to youth and the general public. Typically, however, the overall tone concerning harm reduction approaches is positive, suggesting that Canadian news media are supporting the position that these will assist in with the opioid crisis. Instances of harm reduction being promoted are: "there's a need for harm reduction" (Kaufmann 2018b); "we support harm reduction, access to evidence-based treatment and decriminalization of all drugs for personal consumption" (Junker 2018); and "the consensus among health experts is that health reduction is the sensible way to go" (Gee 2018).

The most frequently discussed harm reduction approach is naloxone (see Figure 13). Specifically, most articles outline the implementation, use, and widespread distribution of naloxone as a prolific solution to assist with the opioid crisis. Occurrences of this are: "a new study

says the rapid expansion of naloxone availability in B.C. reduced the number of fentanyl-related overdose deaths in 2016" (Johnston 2018); "naloxone is not a cure, or foolproof, but experts agree that as it is pushed out by the provincial government, by cities and public health units, by police services, firefighters, paramedics, pharmacists and doctors across Canada, it remains central to combating the opioid crisis sweeping the country" (Beattie 2018); and "naloxone is equipping thousands of people in over community to recognize an emergency and respond in an appropriate way when that emergency happens. That's not just a band-aid, that's a community-wide change" (Beattie 2018). Articles note that the accessibility of naloxone (i.e., free, being distributed widely, and take-home kits), and the availability of training on how to use them, are significant factors in their success.

Naloxone is used to help stop fentanyl overdose deaths. *GAVIN YOUNG / CALGARY HERALD*

Figure 13: Naloxone Helps with the Opioid Crisis (Laing 2018a)

Safe injection sites are the next most frequently delineated harm reduction approach to assist with the crisis. Notably, many articles cite both naloxone and these sites as paramount to addressing the crisis, suggesting that a combination of these two tactics is a preferred solution. Examples of this are: "Dr. Patricia Daly said overdose prevention sites and take-home naloxone

kits were saving lives" (Mactavish 2018); "appropriate care [by physicians] includes harm reduction, such as overdose prevention and response training, and naloxone kits for patients experiencing an opioid overdose" (Marsden 2018); and "we are not seeing anything like the number of overdoses in public places that we used to, so the overdose prevention sites and naloxone kits that are out there are having an impact" (Shore 2018).

Additional stories concerning this topic outline that supervised consumption sites and overdose prevention sites are "essential" (Bambang 2018) as they will reduce overdoses, the spread of blood-borne diseases, and provide health care when and where needed (Cross 2018c). See Figure 14 and 15, which highlight this recommendation. Others discuss their implementation, impact, and funding allocated to advance this as a preferred solution by showing their demand and effectiveness. Example of this are: "Dr. Tam also voiced support for supervised consumption sites, saying there is good evidence to show they can play an important role in the opioid crisis because they can immediately help people who overdose" (Weeks 2018a); and "the overdose prevention sites and the supervised injection sites are saving lives" (Mathieu 2018b).

Byron Klingbyle, a harm reduction co-ordinator with the AIDS Committee of Windsor, is shown on Thursday. He says creating safe injection sites for drug users is vital for the city. *DAN JANISSE / WINDSOR STAR*

Matt Cascadden, a former drug user who has lost friends to overdoses, says safe injection sites in Windsor would save lives. *DAN JANISSE / WINDSOR STAR*

Figure 14 and Figure 15: Safe Injection Sites as a Treatment Recommended (Cross 2018c)

News reports also discuss the need for drug testing services at these sites. Specifically, articles highlight that drug testing should be another harm reduction tactic employed to tackle the problem of mixed drugs resulting in opioid-related harms. The following quotes exemplify this as a solution: "Alberta's supervised consumption sites should be permitted to offer drug testing to help users learn what dangers might be lurking in their illicit narcotics, the province's opioid commission recommended Friday … While questions persist about the effectiveness of fentanyl-sensing strips and other testing devices, providing insights to users on what they plan to inject or ingest will undoubtedly save lives" (Gerein 2018b); and "a proposal to allow testing of drugs when users visit a supervised consumption site … such a service would potentially give users some indication of what is in their drugs before they are consumed … They really are seen as a tool for harm reduction" (ibid.). Additionally, the widespread availability of drug testing is offered as a solution because people are not experiencing harms only at supervised injection sites. See Figure 16 as an example of this being discussed. Thus, the commonplace availability of drug testing tools and services is also offered as a harm reduction solution to the crisis.

Photograph By VIA THE CANADIAN PRESS

VANCOUVER — A Vancouver dollar store is selling fentanyl test strips for $1.25, something harm reduction activists say is a good idea.

Figure 16: Fentanyl Test Strips (Crawford 2018b)

Another harm reduction strategy frequently mentioned is providing a safe, clean supply of drugs. To expand on this, reports offer many suggestions to provide a safe supply of drugs to reduce the opioid-related harms that stem from illicit and mixed drug use. Examples of this are: "people need access to safe prescription drugs rather than being forced to turn to the deadly drugs from organized crime on our streets" (Eagland 2018); and "providing a readily accessible supply of 'clean opioids' is necessary to reduce overdose deaths" (Devine 2018). Other articles discuss tactics for supplying safe and clean drugs, such as vending machines, take-home hydromorphone pills, and increasing the availability of prescription opioids. For instance, an article by the *Globe and Mail* states: "Mark Tyndall stood before Vancouver city at a recent meeting to proselytize for his latest harm-reduction scheme: vending machines to dispense opioids to drug users. 'I really

wish we could get 50 of these things going in the next year,' said Dr. Tyndall, executive medical health director of the B.C. Centre for Disease Control. 'We could supply clean drugs to thousands of people and our overdose numbers would plummet'" (Tanner 2018).

News reports also emphasize the decriminalization of drugs and drug use as a harm reduction solution to the opioid crisis. The reduction in overdose deaths, HIV, and hepatitis infection in Portugal after decriminalizing drugs was discussed in many articles as influencing this perspective, as it is reported as providing evidence that this would be an effective solution. Figure 17 highlights this solution being recommended. Additionally, policies that criminalize drug use are discussed as an argument for decriminalization as they are said to perpetuate the opioid crisis and act as a barrier to seeking and receiving treatment, as previously mentioned. For example: "drug users don't need 'to be saved' … what ruins our lives is criminalization" (Fidelman 2018a).

Vancouver mayor Gregor Robertson repeats call for drug decriminalization. *JASON PAYNE / PNG FILES*

Vancouver Mayor Gregor Robertson says the current approach to the national opioid crisis is not working and he believes decriminalizing illicit drugs would be a "lifesaving shift" in stemming the tide of opioid deaths in Canada.

Figure 17: Decriminalization as the Solution (Brown 2018a)

The remaining articles in this frame promote Suboxone as a harm reduction strategy that can positively impact the opioid crisis. This was pushed as a solution for those living with addictions, those at high risk of overdose and death, youth and children with an opioid

addiction/dependence, and those with opioid use disorder. For instance: "the first line of treatment whenever possible should be Suboxone, a pull combining mostly buprenorphine with a touch of naloxone" (Fidelman 2018a); "a big advantage of Suboxone is that the rules for taking it are less restrictive than methadone. There's always a chance that a struggling addict won't end up heading to the pharmacy every day to take methadone" (Wilhelm 2018c); and "the guideline recommends that Suboxone (buprenorphine-naloxone) be used as a first-line treatment whenever possible to reduce risk of toxicity and death" (Ubelacker 2018a).

Treatment. 13.0% of all frames under *treatment recommendation* are in this frame. Most articles highlight the need for treatment to be utilized, which is a health care approach, instead of criminalization or a law enforcement approach. Examples of this occurring are: "'when we're looking at treating opioid use here in Manitoba, we need to be understanding it through a health lens, not just through a criminal lens,' Marion Cooper said. 'We have to look at what kinds of treatment options are available for people'" (Gerster 2018c); "Panelist Calgary Police Chief Roger Chaffin stated that we can't arrest our way out of the problem and that the focus has to be on people before they become addiction" (Enchin 2018); and "[it should be treated as] a health rather than criminal issue, using evidence-informed policies to reduce the burden of injury, disease, and disability" (Gee 2018). Thus, the majority of articles in this frame promote the crisis as a health crisis, not a criminal issue, which is indicative of the fact that the preferred approaches advanced mirror this perspective.

Reports also discuss the allocation of funding to, and the expansion of, treatment and services as a solution to the opioid crisis. Articles state that: "the budget also contains $200 million over the next five years 'to enhance the delivery of culturally appropriate addictions treatment and prevention services in First Nations communities with high needs'" (Cole 2018d); and "the ministry

provided the Champlain LHIN $1.7 million to expand opioid addiction treatment services for shelters, clinics, and community organizations in the city" (Dunne 2018). Other articles highlight the implementation of treatment and services, as well as their usage, to further advance this as a solution. The following quotes detail this: "from Oct. 30 to Dec. 31, 11 clients were referred to the opioid dependency program, and 45 were referred to social work for support and connections to other services … the facility has also been distributing more than 100 naloxone kits a month" (Cole 2018c); and "in its first full month of operation, October of 2016, 169 people came to visit RAAC's team of nurses, doctors, and social workers. A year later, in October of 2017, the no-frills space tucked away on the hospital's second floor handled 837 visits, or five times as many" (Culbert 2018). It appears as though the reportage on treatment and services is utilized to speak for a need for more of them, as well as indicate their usage and show their demand.

The remaining articles in this frame highlight the need for and for having better access to treatment and services as a solution to specific issues related to the crisis. For example, reports emphasize that there is a need for this solution for the management of pain, opioid use disorder, those who overdose, those with mental health and addictions issue, and Indigenous-specific and youth-specific treatment and services (see Figure 18 for an illustration of this).

(From left) Sarah Zgraggen, Natalie Cody, Sean O'Leary and Tania Spirak are some of the organizers for "We The Parents", a local group that has pointed to an epidemic of opioid abuse in Ottawa's west end and says it has no choice but to launch it's own treatment and prevention program for drug-addicted youth. Photo Wayne Cuddington/ Postmedia Wayne Cuddington, Postmedia *WAYNE CUDDINGTON / POSTMEDIA*

Figure 18: The Need For Youth-Specific Treatment (O'Leary 2018)

Education and Training. This frame was revealed in 8.5% of all frames under *treatment recommendation*. Most of the discussion regarding training is related to naloxone use and administration. That is, news media specify that training individuals how to use naloxone in times of emergency will reduce opioid-related harms and assist with the opioid crisis. Examples of this are: "given that 92 per cent of the deaths were accidental, knowing how to use naloxone kits – nasal sprays and injectables – can prevent overdose and help save lives" (Bambang 2018); and "providing as many people as possible with naloxone and training them how to use it will immediately save lives" (Cross 2018b). Spheres where this training is particularly emphasized are in schools (primary, high school, and universities and colleges), in libraries, within Indigenous reserves, and for anyone that has family and friends struggling with addiction.

Regarding education, one of the key points stressed is that children and youth need to be informed about drug use, opioids, and the opioid crisis to reduce youth-specific opioid-related harms. As well, news articles stress that these educational conversations and messages need to be evidence-based, non-manipulative, and rationally communicated (i.e., unlike "Just Say No" campaigning) to be effective. Instances of these conversations are: "our children need to be educated about drugs … We need to give them fact-based, scientific evidence, preferably in school … it is time we taught them the truth about drugs, and told them why teens start and described the effects, side-effects and long-term effects of each and every drug and pharmaceutical used on the street" (O'Leary 2018); "drug-awareness messaging to kids must be unequivocal and factual – not manipulative, coercive or exaggerated" (Grindlay 2018a); and "it's absolutely necessary to raise awareness of mental health and substance use problems among children and youth and decrease stigma so young people feel comfortable and safe coming forward to ask for help when they need it" (Xu 2018).

Other ways education is highlighted as a solution is for the safe use of prescription opioids, fighting addiction, and opioid prescriptions and consumption. The upcoming quotes detail these points: "education is key, including identifying the signs of tolerance or overuse, to ensure safe use of prescription opiates" (Mactavish 2018); "education and prevention are major factors in fighting opioid addiction" (Martin 2018a); and "all prescription opioids dispensed at Canadian pharmacies or doctors' offices will soon require a bright yellow warning label and be accompanied by a handout on the risks" (Woo 2018c).

Authorities. Authorities were discussed as a solution in 7.9% of the frames under this frame element. Most of the conversations in this frame concern the use of naloxone by police officers as assisting with the opioid crisis. News media are proponents of this because, as identified under

problem definition, the lack of implementation of this approach by certain services is a problem that could negatively affect the opioid crisis. Thus, reports often support and recommend this tool to assist with the crisis. Examples of this being discussed are: "first responders carrying emergency naloxone kits is increasingly becoming a best practice" (Wilhelm 2018d); "many police services have implemented the use of naloxone after the province announced last year it would provide kits to those who wanted them to fight the 'escalating opioid crisis'" (Wilhelm 2018b); and "Bordeleau [Chief of Police] also told officers that 'given the increased presence of opioids in our community and the increase in overdoses reported by our partners in the health fields, it is important that we continue to carry this lifesaving tool [naloxone]'" (Yogaretnam 2018).

Other discussions in this frame regarding law enforcement highlight the methods by which aspects of, related to, or are influencing the opioid crisis are criminalized as a solution. Notably, reports emphasize how drug users are being punished as a way to reduce their involvement in the opioid crisis. For instance: "more law enforcement agencies in Canada will consider laying manslaughter charges against drug dealers who have been tied to an overdose victim – a practice that has already begun in some jurisdictions" (May 2018b); and "from the police, Insp. Shane Perka said his investigators are laying charges and frontline officers are now treating every sudden death as a potential drug investigation. Courts have increased sentences for people convicted of trafficking fentanyl" (Stolte 2018a). Law enforcement is also detailed as a solution by publishing dealers names to alert the public (Martin 2018b), offering people to bring drugs in by dealers found to be supplying drugs tainted with fentanyl without fear of prosecution (ibid.), the Good Samaritan Drug Overdose Act that provides some legal protection during an overdose concerning possession of drugs (Mathieu 2018a), and educating the public and issuing public safety warnings (Hill 2018).

The government is offered as a solution as it can assist by providing funding and resources. For example, an article states that: "the government announced in October it would increase the opioid dependency program, allowing 1,100 more people to gain access to the service in Calgary and 1,300 more in Edmonton" (Wood 2018f). Another way the government is offered as a solution is through discussions on how they are suing opioid manufacturers to recover some of the costs associated with the opioid crisis and assist with reducing addictions to prescription opioids and street drugs consumption due to this addiction. The following quotes highlight this: "the British Columbia government will sue opioid manufacturers including Purdue Pharma in an effort to recoup health-care costs associated with an overdose crisis that has swept the country and killed thousands" (Woo and Howlett 2018a) and that this is "a courageous thing for British Columbia to do, it is the right thing for British Columbia to do" (Vikander et al. 2018).

Resources. Resources are offered as a solution in 7.4% of the frames under *treatment recommendation*. Much of the discussion surrounding resources advocates for the need and support for funding as a way to combat the opioid crisis and opioid-related harms. Typically, articles report on funding being granted, which highlights the implementation of, and support for, this as a solution. For example: "Alberta Native Friendship Centres received $400,00 in provincial funding Wednesday for new staff and education materials aimed at reducing the number of opioid-related deaths" (Clancy 2018b); and "the province announced Thursday the tribe will be given $2.2 million over two years for a program to help overdose patients into recovery" (Laing 2018d). Reports also discuss funding as recommended and needed for proving more and better treatment and services. The following quote details this: "the total $1.4-million grant program was recommended by the province's Opioid Emergency Response Commission in response to rising

opioid overdoses and the stigma around drug use that prevents people from accessing treatment"
(Montalvo 2018).

The remaining ways funding is recommended as a solution is for safe injection sites (Laing
2018b), health services (Reevely 2018), improving and increasing access to treatment services
(Brown 2018b), naloxone kits (Tutton 2018), bolstering the role of physicians (Kaufmann 2018b;
see Figure 19), treatment centres (Dunne 2018), promoting harm reduction (Zoledziowski and
Issawi 2018), and empowering community groups (Wakefield 2018). Thus, funding is allocated
as a solution in multiple ways and for many different solution options, suggesting that news media
are advancing the notion that it is necessary to develop or implement the other solutions discussed.

Dr Bonnie Larson, a Calgary family physician, displays her lapel pin at a Government of Alberta press conference in Calgary on Friday, March 2, 2018 to announce new funding and tools for family doctors helping to battle the opioid crisis in the province. Jim Wells/Postmedia

Figure 19: Resources and Funding Will Help Doctors (Kaufmann 2018a)

Other reports in this frame discuss resource distribution and allocation as an answer to the
opioid crisis. Many different resources were mentioned as needed to combat this crisis, such as for
addiction services and frontline staff. Examples of these are: "the Ontario government has pledged
to spend more than $222-million over three years to tackle the issue, with money earmarked to
expand harm-reduction services and hire more frontline staff" (Mcquigge 2018); and "Swann said

the NDP government needs to put more resources toward adduction services" (Wood 2018d).

Other discussions on resources call for the need for more to be provided. Instances of this are: "we

understand that the more toxic the drug, the more dangerous it is to the public, and so we have to

throw more resourcing behind it" (Cole 2018b); "we need more [resources]. Sometimes it takes

quite a bit of effort to find a treatment centre. And sometimes it takes an application process and

then a waiting period of up to eight to 12 weeks" (Culbert 2018); and "when you have a crisis, you

have to have resources. Enhanced access to comprehensive care is critical" (Kelly 2018).

Strategy and Guidelines. This frame is discussed in 6.2% of frames under *treatment*

recommendation. Guidelines are suggested as a solution to the overprescription of opioids for

physicians, doctors, and public health and to establish a standardized, best practices framework for

health professionals. An article published by the *Montreal Gazette* remarks that:

> "the opioid national guideline is to be seen as a tool for the best evidence-based treatment. What is the best option given the patients' circumstances? What should be the standard of care for this population? It's the same type of pragmatic approach that should be used for every disease and condition … A guideline is a tool to mainstream opioid disorder and puts its treatment on an equal footing as any other disease, which is not the case right now" (Fidelman 2018c).

Thus, a set of guidelines for managing patients with opioid addiction is offered as a solution and

as a way to establish consistency in treatment and act as a tool to be used. Other ways guidelines

were suggested as a solution were for the treatment and support of newborns affected by maternal

opioid consumption (Potkins 2018a), for the development of safety practices for handling fentanyl

(Gerein 2018b), for managing opioid use disorder (Ubelacker 2018a), and for treating addiction

(Wilhelm 2018a).

Strategy is discussed as needed to address multiple facets of the opioid crisis. The following

quote exemplifies this: "a four-pillared strategy to combat the region's opioid crisis was unveiled

Friday by local officials. They zeroed in on improving treatment options, public awareness,

physician and patient education, availability of anti-overdose drug naloxone, and harm reduction measures like needle disposal boxes and investigating a safe-injection site" (Cross 2018a). It is also discussed through the need for a long-term strategy on treating those who are opioid-dependent (Wood 2018f), a youth-specific strategy (French 2018b), for people dealing with chronic pain (Knox 2018), for improving education and prevention (Petrow 2018), and for enhancing support for law enforcement (ibid.).

   Research. Research is offered as a treatment recommendation in 6.0% of all frames under this frame element. This is discussed through recommendations on analyzing data, establishing evidence and evidence-based solutions, promoting the evaluation of treatments and services, and showcasing results of research undertaken. Some instances of this occurring are: "proper analysis is needed to understand the scope of the problem" (Giebrecht et al. 2018); "any framework for addressing the problem requires an understanding of why people use opioids" (Lethbridge 2018); "we need to look at the evidence and understand what the experts are saying … the premier wants to hear that. He wants to know that continuing with the [supervised injection] sites is going to be of benefit to the people of Ontario" (Delamont 2018); and "we have to keep our minds open to the evidence-based solutions and find ways to do better and get better results" (Williams 2018).

   Other articles discuss research that is currently ongoing to promote this as an answer to the crisis. For example: "as a part of the Choosing Wisely Canada's 'Opioid Wisely' campaign, professional bodies representing doctors, pharmacists and dentists, among others, are identifying clinical scenarios where scientific evidence shows that an opioid prescription is not warranted and may do more harm than good" (Levison and Marcoux 2018); and "with the recognition that physician prescribing plays a significant role in Canada's opioid crisis, a team of researchers has

developed a program called STOP Narcotics to dramatically reduce the amount of the painkillers patients are given after some common operations" (Ubelacker 2018b).

Lastly, articles also discuss research projects being launched, that are in-progress, being undertaken, and their results. Through these stories, articles are promoting evidence-based solutions to the opioid crisis. An example of this a study discussed is: "what this study really is designed to do – and for the first time deliver some Canadian evidence – is compare what we usually do with methadone, with what happens when you stabilize patients on Suboxone and offer them take-home dosing that is more patient-friendly and requires less supervision" (Gerein 2018a).

5.2. The Dominant Frame

The dominant frame is that frame which is the most frequently occurring within, across, and throughout all of the articles, as shown through the frame frequencies in Table 1. The frame element *treatment recommendation* has the most frames cited, which highlights that news articles mostly provide solutions for the opioid crisis. Under this frame element, the most dominant frame is *harm reduction*, summing to a total of 479 times being offered and justified as the treatment preferred and solution needed for this crisis. The closest frame to this is *harm* (n=386), as identified under *problem definition*, suggesting that news stories typically cite opioid-related harms, and then offer harm reduction approaches as a solution to these harms.

CHAPTER 6: DISCUSSION AND CONCLUSION

The present research provides an analysis of 314 news article published from January 2018 to December 2018 in Canadian news media to uncover the framing of the opioid crisis, specifically pertaining to the problems outlined, reasons assigned, morals advanced, and solutions recommended. The purpose of the identification of the framing of the opioid crisis and the dominant frame promoted throughout Canadian news media are to advance an understanding of the discourse and identify what narratives are shaping public and policymakers' opinions and preferred solutions. This chapter discusses the findings described above and the implications.

6.1. Summary and Interpretation of Findings

This study examined the coverage of the opioid crisis in Canadian news media by conducting a content analysis of frame elements and frequencies to identify patterns in news media reportage. Results demonstrate that the opioid crisis typically identifies the problem of opioid-related harms, such as through statistics, stories, and trends, and then subsequently promotes harm reduction approaches as the preferred solution. The predominance of these frames suggests that news reports concentrate their attention on substantive aspects of the opioid crisis, which is not the case in past epidemics (i.e., the crack cocaine epidemic and opium crisis) (Orsini 2015). Additionally, most news articles cite treatment recommendations and very little advance moral judgements. The distribution of these specific frame elements mirrors societal attitudes and discourses on the opioid crisis. That is, reportage on the crisis in Canada was more concerned with identifying solutions than it was with advancing judgements, which is shown through the present societal attitudes and discourses on drug use, addictions, and drug users. Thus, while existing literature commonly identifies that news media influence public and policymakers' attitudes, discourses, and preferred solutions, the reciprocal nature of media framing can be seen as the social

climate of the crisis is reflected in and impacts news coverage, whereby the effects on people and the required immediate government response influences news media framing to depict the problems and solutions more than moral judgements. Nuances in terms of frame salience in the coverage of each frame element and their respective frames were also identified. Frame analysis illustrates that the most salient features of the opioid crisis news stories include harm reduction approaches, opioid-related harms, treatment, fentanyl and its analogues, and illegal drugs, which are focused on below. As well, the leading policy choices revealed depart from previous research on drug crises due to the promotion of harm reduction and treatment as the preferred solutions instead of criminalization. Among the findings of this study, it was also discovered that there was an overall sympathetic and empathetic tone regarding the opioid crisis and those involved in it.

The prevalence of *treatment recommendation* frames indicates a dominant narrative that is inconsistent with past research on drug crises. Previous scholarship has found that news media typically promote increases in law enforcement approaches and drug sentencing (Coyle 2002), social control frames (Beckett 1995), and reducing the supply of drugs (Jernigan and Dorfman 1996) as responses to drug crises. In sharp contrast to this, the present study reveals that harm reduction and treatment were the preferred approaches outlined in news media to tackle the opioid crisis. Specific strategies favoured were naloxone, safe injection sites and overdose prevention sites, drug testing, the safe supply of drugs, decriminalization, and the use of Suboxone. Such stories advanced the notion that drug users are innocent and victims and that drug use is going to prevail, so it is best to reduce the associated harms. However, drug dealers and traffickers (both nationally and foreign) were demonized, whereby a law enforcement approach is justified through arrests and charges and authorities being quoted as promoting harsh sentences. This has the effect of perpetuating societal discourses around the victimization of users and the criminalization of

drug dealers, despite the evidence suggesting that the majority of opioid-related harms result from prescription opioids (Johnston 2018). This rhetoric also occurred in the context of doctors and producers and sellers, albeit significantly less than dealers, whereby their practices were scrutinized, and some were punished or punishment was advocated for. That is, they are targeted to avoid the criminalization of individual users. Overall, however, news articles promote a less punitive, more humanistic (empathetic and sympathetic) approach to responding to the crisis.

The crisis was often disseminated as a public health issue as most articles recognized the importance of adopting a health care model, whereby treatment, services, and recovery options are offered as the best way to combat the crisis. This is frequently presented in news reports in a supportive manner, which can influence subsequent discussions by directing the discourse toward a treatment approach as an optimal solution. Explanations for this departure from past research are that the opioid crisis is a unique drug-related issue because the population involved are 90% white, 75% are from rural areas, and 75% of users become addicted to drugs from consuming prescription opioids (Cicero et al. 2014). However, race was not mentioned in any of the news stories, which is contrary to findings from other drug epidemics and historical drug narratives (Dunne 2017; Orsini 2017). Instead, news reportage on the crisis is mainly episodic, whereby events or occurrences involving specific individuals are reported on, instead of thematic, which emphasizes the broader context and societal responsibility (e.g., racial implications) (Schulenberg and Chenier 2014). Recent literature on the opioid crisis has found that individual white drug users are portrayed as mostly blameless victims of their biology and deserving of help (Netherland and Hansen 2017), and the stories are sympathetic and tragic (Netherland and Hansen 2016), which is consistent with the findings of this research. Additionally, fentanyl and its analogues and illegal drugs were attributed the majority of the blame for the crisis, not including prescription opioids,

suggesting that news media are advancing an attribution of responsibility that is not in line with evidence generated on the opioid crisis. That is, news media are misrepresenting what is most contributing to the opioid crisis, which can impact ill-fitting and inappropriate policy solutions. Lastly, no news articles discussed the place of residence impacting the opioid crisis, aside from issues with accessing help in Northern Canada, altogether omitting information on rural versus urban trends and implications.

Another predominant frame revealed was the problem of opioid-related harms. Specifically, articles discussed the deaths, overdoses, poisonings, and hospitalizations to provide context on and promote an understanding of the crisis. In this frame, it was identified that men, those working in trades, those who are single, those who have had previous contact with the law, and those who have sought help, treatment, and health services in the past are the most affected by the crisis. However, articles advanced solutions specific to women (e.g., rooming-in and bonding, addictions help, support, and treatment), but none were offered or discussed for men. Furthermore, the trend of higher rates of both non-fatal and fatal opioid overdose and death for Indigenous people has been referenced in recent literature on the crisis, yet the media do not reflect this in their reportage, thereby skewing public perception on opioid-related harms (Johnston 2019). There are also no discussions on how this crisis impacts the LGBTQ+ community, despite literature highlighting that there are very high rates of substance abuse and opioid misuse among this population (The Public Health Agency of Canada 2018; Canadian Mental Health Association 2018). Evidently, the journalistic norms and routines were crucial determinants of the coverage for these crisis issues, whereby issues related to those groups who are typically represented in the media are reported on more, and those that are characteristically not included in mainstream coverage are left out of the discussion (Shih et al. 2008; Johnston 2019). To properly inform on

this crisis and promote specific policy options, it is imperative that news media educate the public and policymakers about the population(s) who are most heavily affected, instead of presenting narratives and frames that omit them from the conversation. This exclusion and media-fueled misrepresentation of who is affected by the crisis and who is most deserving of help provides a platform to specific individuals and groups, and skews perceptions, whereby attention can be diverted away from necessary interventions across the broader demographic of opioid users. It remains to be seen whether future policies will address these problems.

Fentanyl and its analogues and illegal drugs are assigned most of the blame for the crisis. Reports detail that both have primarily contributed to the high rates of opioid-related harms. The former attribution is consistent with a recent national report published by the Public Health Agency of Canada (PHAC) that outlined that fentanyl and (or) fentanyl analogues "continue to be a major driver of this crisis;" however, as previously mentioned, prescription drugs influence opioid-related harms as much as, if not more than, illegal drugs. One could speculate that news media advancing illegal drugs over prescription opioids as contributors to the crisis may be due to news media reinforcing the rhetoric that drug use is morally "wrong" (Bright et al. 2008), which is an ideology that has underpinned a prohibitionist response as using illegal drugs is "morally corrupt" (Cheung 2000; Orsini 2015). Examples of this were depicted through the moral judgements offered throughout the news articles, such as drug use leads to increases in crime and disorder and affects community safety. However, very little moral evaluations were portrayed in news media reportage, and a prohibitionist response was not advanced as a solution. What this represents is unclear.

This content analysis revealed that, compared to past drug epidemics, the opioid crisis has been framed as an entirely different type of drug crisis. The overall tone of the coverage was profoundly sympathetic and empathetic and depicted a softer tone view of the crisis, while it

demonized and criminalized drug dealers and traffickers. In turn, the public and policy responses have reflected this as harm reduction tactics have been adopted as the preferred policy solution, which is an entirely different route than past crises. The articles overwhelmingly show support for treatment, support, recovery, services, and a health care model, with most citing the benefits to the community, to the individual health, and society more generally. However, while these shifts in coverage and societal and policy changes concerning drugs and drug epidemics is overall positive, it must be noted that the demographics of those who are affected and involved in the opioid crisis are evidenced as guiding the framing of the crisis and the subsequent approaches taken. These results have important implications for policy.

6.2. Implications

The present study contributes to Canadian literature on the opioid crisis by examining news media framing of this crisis, as well as the frequency of the frames and identifying a dominant frame. Additionally, it extends previous scholarship of drug crises by conducting a content analysis of news media messages to examine the discourse and framing of the most recent drug crisis. This research has delineated predominant problems in opioid crisis stories, as well as what and who is at blame, the moral judgements advanced, and the key strategies and solutions promoted for dealing with the opioid crisis. The results of the present study have important implications, not just for the literature on the opioid crisis in Canada, but also for policymaking, the general public, and the key players involved in it.

Given past narratives produced concerning drug use trends, drug users, and drug crises, it was expected that this research would find similar patterns. However, this was not the case. The results reveal the overarching narrative about society's approach to this crisis, and drug-related issues is empathetic, treatment-oriented, and promotes harm reduction approaches. Specifically,

drugs and opioids are infrequently discussed in the context of problematic behaviour, violence, and crime/disorder. Most articles that advance the latter notion discuss it regarding the risk to the community and health, whereby reportage highlights that the public is concerned about community safety and the health of individuals involved in the opioid crisis. The views mirrored in news coverage reflect the social climate, whereby the public and policy responses are promoting progress and evidence-based drug policies, and the stigma associated with drug use is not perpetuated but instead is highlighted as needing to be reduced to advance the state of the opioid crisis and reduce the associated harms. The results of this study indicate a paradigm shift is occurring. However, this progress may be more so to do with the demographics of those involved in the crisis, rather than an advancement in public consciousness and news coverage representations of drugs and drug epidemics. This influence can impact policy to be generated based on misrepresentations, resulting in responses that do not necessarily fit with the reality of the crisis. Thus, the framing of drug issues should be carefully scrutinized and critically examined in the future because of the power of media to influence public discourse.

6.3. Limitations

No research is without limitations. First, there are some limitations with the methodological strategy. One of the main criticisms of frame analysis surrounds threats to the reliability and validity of the assessment of media frames. For example, Matthes and Kohring (2008) note there is a risk of finding frames that the researcher(s) is (are) consciously or unconsciously looking for and that, in some studies, it remains unclear how researchers determine their frames[9]. Moreover, Macnamara (2003) discusses that media texts are 'polysemic' – open to multiple meanings to different readers – suggesting that scientific reliability may be unattainable. In an attempt to negate

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[9] For example, see Meyer (1995) or Downs (2002).

these criticisms, the constant comparison method and intercoder reliability were undertaken; however, future research would benefit from using software (e.g., NVivo 12) to code and run a more advanced analysis of the frames identified (e.g., cluster analysis). Moreover, utilizing purposive sampling, which is a non-probability sampling technique, is prone to researcher bias. However, as shown in Appendix B, I developed criteria for articles to be included in my final sample. As well, other steps were taken to avoid researcher bias, such as double-coding, using a theoretical framework (frame analysis theory), using existing literature to construct codes (frames), and the constant comparison method. Another issue with purposive sampling is the representativeness of the sample; however, my large sample, use of search terms, use of a database that accesses more than 30 regional and national news sources, and inclusive and exclusion criteria assists with ensuring the articles selected are generalizable.

Second, one of the main issues with using news article stored through an online database is that the news platforms can edit, change, and (or) remove articles at any point in time. While I downloaded all of my searches in PDF form, when going back to retrieve these articles for clarification (e.g., if an image was referenced, which is information not stored by the Canadian Major Dailies database) I was unable to access it unless it was unedited and I viewed the article on the specific news source platform and not through the selected database. Thus, at times, I had issues retrieving articles I had downloaded and included in my sample at the time of data collection. This can be an issue as news articles can edit or remove their content whenever, indicating that there is potential for the articles downloaded at the time of data collection to not presently include all of the information analyzed. Along with this, while I restricted my search criteria to only include Canadian news sites and only reports within a Canadian context, some articles used Canada as a comparator nation to the United States; thus, the main focus was on both

the U.S. and Canada. As a result, some stories included in my sample had a large amount of information relayed about the U.S. However, to counter this, no information about the U.S. or that articulated Canada only as a comparison was coded, excluding it from the analysis. This restriction limits the information included in this study.

Lastly, it is challenging to conclusively establish what effect these frames have on the public and policymakers. As mentioned in the literature review, existing scholarship has identified that the framing by news media makes a significant contribution in shaping public opinion and directs the readers to specific types of solutions for drug crises. However, this claim has also been scrutinized as existing literature indicates that these depictions can be interpreted and perceived in a variety of ways by different audience members (Shaw et al. 2010). Specifically, while the agenda-setting and framing powers of news media are impactful, interpretations of what is reported can vary based on interests, outlooks, gender, age, socioeconomic status or personal experiences (McCorkle and Miethe 2002). Therefore, different audiences can interpret and perceive news media reportage and framing in dissimilar ways. Consequently, while this research can have important implications for policymaking, what this impact is cannot be definitively concluded.

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Appendix A

Appendix A – Accessed Newspapers Through Canadian Major Dailies Database

Title	Publisher	Publication Place	Publication Country
Calgary Herald	Postmedia Network Inc.	Calgary, AB	Canada
Calgary Herald (Online)	Postmedia Network Inc.	Calgary, AB	Canada
Chronicle - Herald	CEDROM-SNi INC.	Halifax, N.S.	Canada
Daily News	Postmedia Network Inc.	Halifax, N.S.	Canada
Edmonton Journal	Postmedia Network Inc.	Edmonton, AB	Canada
Edmonton Journal (Online)	Postmedia Network Inc.	Edmonton, AB	Canada
Financial Post	The Financial Times Limited	Toronto, ON	Canada
The Globe and Mail	The Globe and Mail	Toronto, ON	Canada
Guardian	Postmedia Network Inc.	Charlottetown, P.E.I.	Canada
Kingston Whig - Standard	Postmedia Network Inc.	Kingston, OK	Canada
Leader Post	Postmedia Network Inc.	Regina, SK	Canada
The Leader Post (Online)	Postmedia Network Inc.	Regina, SK	Canada
The Leader	Torstar Syndication Services, a Division of Toronto Star Newspapers Limited	Surrey, B.C.	Canada
Montreal Gazette	Postmedia Network Inc.	Montreal, QC	Canada
The Montreal Gazette (Online)	Postmedia Network Inc.	Montreal, QC	Canada
National Post	Postmedia Network Inc.	Don Mills, ON	Canada
National Post (Online)	Postmedia Network Inc.	Toronto, ON	Canada
The Ottawa Citizen (Online)	Postmedia Network Inc.	Ottawa, ON	Canada
The Ottawa Citizen	Postmedia Network Inc.	Ottawa, ON	Canada

The Province (Online)	Postmedia Network Inc.	Vancouver, B.C.	Canada
The Province	Postmedia Network Inc.	Vancouver, B.C.	Canada
Star - Phoenix	Postmedia Network Inc.	Saskatoon, SK	Canada
Star - Phoenix (Online)	Postmedia Network Inc.	Saskatoon, SK	Canada
Sudbury Star	Postmedia Network Inc.	Sudbury, ON	Canada
Telegram	Postmedia Network Inc.	St. John's, NL	Canada
Telegraph-Journal	Postmedia Network Inc.	Saint John, N.B.	Canada
Times - Colonist	Postmedia Network Inc.	Victoria, B.C.	Canada
Toronto Star	Torstar Syndication Services, a Division of Toronto Star Newspapers Limited	Toronto, ON.	Canada
The Tri - Cities Now	Postmedia Network Inc.	Port Moody, B.C.	Canada
The Vancouver Sun (Online)	Postmedia Network Inc.	Vancouver, B.C.	Canada
The Vancouver Sun	Postmedia Network Inc.	Vancouver, B.C.	Canada
The Windsor Star (Online)	Postmedia Network Inc.	Windsor, ON	Canada
The Windsor Star	Postmedia Network Inc.	Windsor, ON	Canada
Winnipeg Free Press	F.P. Canadian Newspapers Limited Partnership	Winnipeg, MB	Canada

Appendix B

Appendix B – Inclusions and Exclusions

Inclusions	Exclusions
Canadian	Not Canadian
Primary focus of news article is on the opioid crisis	The focus is not on the opioid crisis
Date published is between January 1, 2018, to December 31, 2018	Date published is not between January 1, 2018, to December 31, 2018
Document types included are: 1. News 2. News article	Document types excluded are: 1. Book review 2. Letter to the editor 3. Commentary 4. Review 5. Correction/Retraction 6. Duplicate article 7. Story preview 8. Bibliography 9. Biography 10. Book 11. Undefined 12. Correspondence 13. Webcast 14. Dictionary/Glossary 15. Directory 16. Editorial 17. Editorial Cartoon/Comic 18. Speech/Lecture 19. Essay 20. Feature 21. Statistics/Data report 22. Fiction 23. Transcript 24. Government and official document 25. Fund/Grant/Fellowship/Award 26. Front matter 27. Interview 28. General information 29. Photograph/Image 30. Obituary 31. Poem 32. Market research 33. Recipe 34. Pamphlet 35. Table of contents

Article is in English	Article is not in English
Source types included are: 1. Website 2. Newspaper 3. Report	Source types excluded are: 1. Blog 2. Podcast

Appendix C
News Article Information Sheet

1. News site:

2. Date of publication:

3. Word Count: _____ words

4. Title:

5. Reporter/Author:

6. Location:

7. Topic/theme discussed:

8. Key/notable words:

9. Persons/organizations quoted directly (and title):

10. Overall tone (positive, negative, neutral):

11. Problem defined:

12. Statistics provided:

13. Consequences:

14. Moral evaluation:

15. Policy/treatment suggestion, strategy, or response:

16. Miscellaneous/other comments:

Appendix D

Appendix D – Full Table on the Framing of the Opioid Crisis (with Codes)

Frame Element	Codes	Frame	Description
Problem Definition	Death; overdose; injury; poisoning; hospitalizations; fatalities; harm statistics; harm stories; harm patterns and trends	Topic: Harm	Opioid-related harms
	Police agency; police official; government agency; government official; authorities' response;	Actor: Authorities	Law enforcement and/or government
	Addicts; addiction; addiction stigma; addiction treatment	Topic: Addiction	Discussions on addiction and addicts
	Pain; chronic pain; pain treatment; pain management; war on pain patients; pain and addiction	Topic: Pain	Issues with, and related to, pain
	Lack of help; access to help; current help available	Topic: Help	Access to, lack of, and current help
	Prescriptions; prescription practices; prescriptions and addiction; over-prescribing; stories	Topic: Prescriptions	Opioid prescription practices; over-prescription
	Babies; babies and addiction; babies born; help available for babies; stories	Actor: Babies	Babies; born addicted
	Youth-specific deaths, overdoses and harm; youth-specific help and treatment; youth-specific issue	Actor: Youth	Children and teenagers
	Nurses; dentists; health officials; frontline workers; paramedics; support services; public health perspective	Actor: Public Health	Public health professionals; their perspective/impact
	Policy issues; policy reform; policy discussions; policy that works and that does not; legislation issues; legislation reform	Topic: Policy and Legislation	Drug policy reform; policy discussion
	Contaminated drugs; laced drugs; mixed drugs; mixture; drugs being cut; their impact and consequences	Topic: Mixed Drugs	Mixed drugs and their consequences
	Resources needed; lack of resources; lack of funding; funding needed	Topic: Resources	Lack of and the need for resources
	Doctor prescription practices; doctor perspectives	Actor: Doctor	Doctor(s) who prescribe(s) opioids
	Street level drugs/opioids; synthetic drugs/opioids; illegal/illicit drugs; deadly drugs	Topic: Illicit Drugs	Illicit drugs and opioids

	No research; no data; research needed; data collection issues	Topic: Research and Data	Research and data
	Mental health; Mental illness; comorbidity of addiction and mental illness; patterns and trends	Topic: Mental Health/Illness	Discussions on mental health and illness
	Opioid manufacturers; pharmaceutical companies; "big pharma"; producers and sellers inside Canada; producers and sellers outside of Canada	Actor: Producers and Sellers	Those who manufacture and/or sell/provide opioids
	Problems specific to Indigenous communities; deaths; harms; overdoses; social assistance; accessing help	Actor: Indigenous Communities	Problems specific to Indigenous communities
Causal Attribution	Fentanyl; fentanyl-related harms; carfentanil; fentanyl analogues	Attribution: Fentanyl and Analogues	Fentanyl is responsible
	Street level drugs; illicit drugs; synthetic drugs; illegal opioids	Attribution: Illicit Drugs	Illicit drugs and opioids are responsible
	Current management; current approach; management of the crisis	Attribution: Current Approach	Current approach is responsible
	Manufacturers; sellers/providers; producers; "big pharma"; marketing and advertising	Attribution: Producers and Sellers	Producers and sellers are responsible
	Prescribed drugs and opioids; prescriptions; prescription practices; over-prescription	Attribution: Prescriptions	Prescriptions and prescription practices are responsible
	Nurses; dentists; health officials; frontline workers; paramedics; doctors/physicians	Attribution: Health Professionals	Health professionals are responsible
	Contaminated drugs; laced drugs; mixed drugs	Attribution: Mixed Drugs	Mixed drugs are responsible
	Addicts; addiction; addiction stigma; addiction treatment	Attribution: Addiction	Addiction, and the stigma, are responsible
	Lack of help; access to help	Attribution: Help	Access to, and lack of, help is responsible
	Drug user; junkie; prescription and street drug illicit use	Attribution: User	The individual user is responsible
	Individualization of the crisis; homelessness; poverty; individual experiences; trauma; alcohol/alcoholism; tragic stories; stories; vulnerable; marginalization; unemployment; economic factors; ACEs	Attribution: Individual and Social Factors	Individual factors are responsible

	Illegal producers; illegal sellers; drug traffickers; drug dealing; drug dealers	Attribution: Drug Dealers	Drug dealers are responsible
	Law enforcement; government agency; government official; police agency; police official	Attribution: Authorities	Law enforcement and/or government is responsible
Moral Evaluation	Community well-being; crime; disorder; violence; general public safety	Risks: Community	The risk to communities
	Individual health; addiction; quality of life; risks to health	Risks: Health	The risk to health
Treatment Recommendation	Harm reduction; safe supply; decriminalization; supervised injection site (mobile, temporary, and permanent); needle exchange; naloxone, Suboxone; vending machines	Recommendation: Harm Reduction	Harm reduction approaches
	Prevention; support; rehabilitation; treatment; programs	Recommendation: Treatment	Treatment and programming
	Educating; training; spreading awareness; teaching	Recommendation: Education and Training	Educating and training the general public and any parties involved
	Arresting; releasing drug dealer information; government action; government funding; government support; law enforcement as a pillar	Recommendation: Authorities	Law enforcement and/or government approaches
	Resources; funding	Recommendation: Resources	Resources, including funding
	Developing strategy; developing guidelines; prescription guidelines; evidence-based guidelines	Recommendation: Strategy and Guidelines	Development of strategy or guidelines
	Research; data; data collection; researchers; analyzing research and data; best practices; evidence-based	Recommendation: Research	Research and data
	Doctors; prescribing practices; counselling; doctors giving treatment; connecting to services	Recommendation: Doctors and Prescribing Practices	Doctors and doctor prescribing practices
	Public health approaches; health professionals needed;	Recommendation: Public Health and Health Professionals	Public health approaches and health professionals, not including doctors
	Community; collaboration; multi-agency collaboration; community-oriented approach	Recommendation: Collaboration	Collaboration community-oriented approaches
	Policy reform; policy and legislation re-evaluation;	Recommendation: Policy and	Policy and legislation re-evaluation, change, and/or development

policy and legislation development; policy and legislation change	Legislation	
Don't take drugs alone; safe supply; know where it's from; awareness on signs of overdose; get naloxone	Recommendation: Individuals To Take Precautions	Individuals to take precautions
Cannabis use; marijuana use; Chronic pain use cannabis; cannabis helps with pain	Recommendation: Cannabis	Cannabis/marijuana
Mothers and babies; bonding between mother and child; keeping mother and baby together; rooming-in	Recommendation: Rooming-in	Rooming-in and bonding

Appendix E
Frames with Frequencies Under 5.0%

Problem Definition

Help. Problems with the lack of, access to, and/or current level of help available are discussed in 4.9% of the frames under *problem definition*. Concerning the lack of and access to help, many reports identify that there are problems with receiving and accessing treatment, such as for addiction and/or pain, due to the availability of such services. Examples of this are: "in Canada, there are many places where access to treatment for opioid use disorder is not easy, and the best treatments are not readily available" (Fidelman 2018c); and "15 per cent of Quebec participants said it was impossible for them to find a family doctor to treat their pain" (Fidelman 2018b). As a result, lists of people trying to access such help are long. An occurrence of this is: "for the 28-day program, the current wait time was four to six weeks …For Churchill [the mother of a male who died due to an opioid overdose], though, having such a long wait is equivalent to seeking treatment for a broken leg and a doctor saying, 'come back in two months to put a cast on'" (Martin 2018b).

Another problem outlined concerns the services that do provide help, treatment and support. Specifically, they have a shortage of resources, leading to issues with a lack of availability to help. Specifically, these services are over-burdened by the number of people accessing or trying to access their facilities or do not have enough resources/donations available, resulting in other issues, such as overcrowding, not enough staff available, and not enough services available. The following quotes exemplify this: "their kitchen – which is designed to feed 100 people a day – feeds 900, he [Ron Dunn, the executive director of the Downtown Mission] says. Their shelter overflow beds are always full" (Hayes 2018c); and "clinic staff often face the common struggle of

finding enough residential treatment beds" (Culbert 2018). This creates another barrier to accessing treatment, as there is less help available due to resourcing issues.

News articles also highlight the fact that a significant barrier to treatment is the costs associated with receiving treatment and services. Examples of this are: "experts say it's possible for people to kick their opioid addictions with the current treatment. But that treatment isn't always available, especially to people who can't afford to pay for it privately" (Smyth 2018); and "lack of treatment facilities unless you have money to pay for them and the shortage of non-abstinence treatment programs (opioid substitution therapies like methadone and Suboxone)" (Cross 2018). Combining this issue with the previously mentioned trend of who is primarily affected by the opioid crisis (those who are struggling economically), a significant problem exists when looking at treatment approaches available and those that are to be implemented.

The remaining issues in this frame are: the current help is not doing enough to assist those in need and the regulations on opioid prescription resulted in pain patients not receiving the help needed. The following quotes highlight these discussions: "after one overdose, Wilson [a mother of a male who overdosed] says 'the doctor would pop in every once in a while. The nurse would come take his vitals. They don't really talk to you about anything. Once he's better and stable they release him and that's it. There's no real education about what went on or why it happened'" (Lawlor et al. 2018); and "about one in four B.C. pain patients, or 26 per cent, say their doctor asked them to stop taking narcotics" (Fidelman 2018b).

Prescriptions. 4.2% of codes under *problem definition* are in this frame. Prescriptions are identified by news media as playing a significant role in the opioid crisis and, accordingly, most reports in this frame outline the impact of prescription opioids. Examples of this are: "the number of prescriptions rose steadily. Their use can have profound consequences, resulting in dependence

or addiction" (Gerster 2018a); "it only takes days for some people to become hooked on prescription opioids" (Grindlay 2018b); and "many cases of abuse start with legitimate use of painkillers to treat injuries, and can end with a person hooked on the drugs" (Telegraph-Journal 2018b). Additionally, articles discuss the over-prescription of opioids as a critical issue. The following quote exemplifies this: "the 'dire consequences' of prescription opioids that have led to the opioid crisis. 'One in seven Ontarians were prescribed opioids in 2016,' [Leonard] said, adding that 40 per cent of those prescriptions for chronic pain were daily doses above the recommended strength" (Shykora 2018).

The remaining articles in this frame explain how prescription practices are negatively affecting patients and also the opioid crisis. The following quote details this issue: "every week I see patients in my pain clinic who have been prescribed opioids for many years and their dose is being lowered, whether they like it or not, to the point that they cannot function" (Ennis 2018). As a result of the influence prescription opioids have on the opioid crisis, doctors and other health professionals were informed, and some mandated, to regulate the opioids prescribed to their patients, resulting in prescription practices that did not necessarily benefit or help the patients needing or receiving opioids. Instances of this are: "new national opioid-prescribing guidelines are also causing some doctors to rapidly decrease their patients' doses, which may send them to the black market" (Weeks 2018); and "taking stable pain patients off opiate analgesics or reducing them to doses too low to work has caused them pointless suffering and even death – by suicide, or by overdosing on the street drugs they're forced to buy to top up the small bit of legal analgesia they're now allowed" (Mah 2018b).

Babies. This frame totals 3.8% of all frames under *problem definition*. Some articles discuss the impact the opioid crisis has on newborns born to mothers who are addicted to opioids

or who are consuming them during their pregnancies. Reports show babies being born physically dependent on opioids and are going through withdrawals, leading to an increase in the number of babies hospitalized due to neonatal withdrawal symptoms. Consequently, neonatal abstinence syndrome (NAS) can occur, which involves a collection of issues, such as tight muscle tone, in newborns born to mothers exposed to opioids in pregnancy that can affect in developmental delays later in life (Laucius 2018a; Kaufmann 2018d). Examples of this reportage are: "the rate of hospitalizations for neonatal withdrawal symptoms increased by 21 per cent between 2013 to 2017" (Keown 2018); and "there has been a 74 per cent increase in the number of babies hospitalized in Alberta due to neonatal abstinence syndrome (NAS)" (Potkins 2018a). The challenges with solving this problem, such as weaning newborns off opioids, can lead to increased demands on staff and disrupts the bond between a mother and her new baby (Gerster 2018b). For example, an article in the Ottawa Citizen outlines that "weeks of separation can be harmful to early bonding and attaching, and risks making a bad situation worse for both mothers and their babies" and that "these babies are very challenging. They need a lot of attention. They need skin-to-skin care" (Laucius 2018a).

Notably, articles in this frame take a sympathetic standpoint on mothers who give birth to newborns physically dependent on opioids. One article exemplifies this by stating that "a lot of women do really try, but some people are really stuck in their addiction …sometimes it's the survival response of a person who's often had so much pain in their lives" (Potkins 2018a). Others outline that some of these women come from low-income, high-risk situations, such as having experienced vulnerability, marginalization, trauma, social and educational struggles, and not having access to as many resources as others (Laucius 2018a; Laucius 2018b).

Youth. Reports in this frame (3.7%) include those that discuss opioid-related problems associated with youth and children. Some articles outline statistics specific to youth and opioid-related harms, such as "people between the ages of 10 and 24 account for one-fifth of all overdose deaths" (Woo 2018d). Other articles identify the problem of youth being taken into the child welfare system because their parents have died due to opioid consumption, which is recognized as an issue specific to Indigenous reserves. An example of this is detailed in the following quote concerning opioid overdose at Blood First Nation, a southern Alberta First Nation: "we're dealing with a lot of grief on our reserve. We've got a number of kids that have been taken into the child welfare system because their parents have died" (Laing 2018b). Consequently, it is highlighted that "the most recent census statistics indicate about 32,520 children age 14 and under across Canada were living exclusively with grandparents in 2016 – an increase of almost 30 per cent since 2001. In B.C – the centre of the opioid crisis – it would appear there's at least some connection" (Bailey 2018).

Reports also emphasize that the two main trouble areas for youth are that many are taking drugs not knowing that there are opioids mixed in and not knowing how much opioids are contained with the drugs they are taking and that they are becoming addicted to, and physically dependent on, prescription opioid medication. News articles outline that what is particularly problematic about this for youth is that taking these drugs affects the development of their brain and that teenage brains are more susceptible to substances, resulting in dependencies and addiction (Harnett 2018b). Another issue identified is that there are minimal age-specific treatments and services available, as well as accessible help for those under 16 years old. An example of this is detailed in the following quote published in a report on 12 teenage deaths due to opioid poisoning: "[youth] advocate Del Graff said the support available for youth with addiction issues is

inadequate, and that staff in schools, hospitals, and other public service roles missed crucial opportunities to intervene as the teens' lives spiralled out of control" (French 2018a).

Lastly, news reportage highlights that youth are consuming opioids and drugs that were prescribed to another person, specifically their parent's medication. The following quotes demonstrate this: "they dump whatever prescriptions they can get from their parents into a big bowl, mix it up and grab a handful of pills and swallow them" and that "they have no idea what they are taking. Kids have overdosed. They have died because of this" (Cowan 2018b). The reasons why youth take opioids are reported as peer pressure, depression and/or anxiety, and pain and/or injury; thus, highlighting that there may be different challenges with youth than there are with adults (Scanlan 2018b; Cowan 2018b).

Public Health. *Public Health* accounts for 3.6% of all frames under *problem definition*. Stories in this frame often outline the strain this crisis has on the public health system and health professionals. For example, an article reports that "our public health system has also been severely stressed. Frontline responders, overdose-prevention services, emergency rooms, and treatment centres have all borne an enormous cost" (Davies and Rankin 2018). Many others detail that public health professionals are "burnt out" and "burdened" (Mathieu 2018a) and that they are dealing with unpredictable situations where they do not know what is going to happen next (Egan 2018), resulting in strain. Another issue is that budgets and the demand/need for more resources in the public health system are rising. The following details this: "the budget for local land ambulance is rising 19 per cent this year, driven at least partly by the increasing demands wrought by the opioid epidemic" (Cross 2018a).

Other issues are to do with the responses of public health and health professionals. Examples of this are: "last year, it was apparent that provincial public health officials did not have

a good handle on the size of this emerging crisis" (Telegraph-Journal 2018a); and "the British Columbia health authorities are making a huge mistake. The province is advancing a series of reckless interventions that are counterproductive in fighting the opioid epidemic. If B.C. continues in this manner, the province is destined to remain in a state of perpetual opioid addiction" (Devine 2018). Thus, while some news stories recognize the strain the opioid crisis places on the public health system and public health professionals, others are calling for better responses.

Policy and Legislation. 3.5% of frames under *problem definition* mention issues related to policy. Problems identified are that policy solutions in Southern Ontario are not ideal for those living in Northern Ontario (The Windsor Star 2018), there is a need for drug-policy reform due to increasing numbers of deaths (Woo 2018e), that current government policy does not reflect reality concerning illicit opioids role in the opioid crisis (Mathieu 2018c), policy responses have been slow and not based on evidence (Zwarenstein 2018), and the policy framework criminalizes drug use and drug users (and, as such, acts as an impediment to seeking help) (Cole 2018b). An instance of these include: "the need for reform is most clearly demonstrated by the abject failure of public policy which drug prohibition represents" (Grauer 2018). Another: "in some communities, its residents just can't walk down the street and we therefore have to change how we approach situations … there are manpower issues in Northern Ontario, resources that communities can't access locally. When we're discussing policy, it's helpful to remind people Southern Ontario solutions aren't ideal for those living in Northern Ontario" (The Windsor Star 2018).

The remaining issues in this frame pertain to youth medical reports being restricted problem parents due to policy and legislation (e.g., B.C. Infants Act) (Harnett 2018a) and issues surrounding policy restricting the implementation of naloxone in certain spheres. For example, one article interviewing a chief librarian at Vancouver Public Library (VPL) discusses that: "we

recognize the humanitarian values that drive staff to want to assist in response to this community crisis … given the very low rates at VPL and the effectiveness of our existing procedures in relation to the risk to staff and supervisors, we will not be changing our procedures at this time " (Woo 2018a).

Mixed Drugs. This frame, which is mentioned in 3.4% of *problem definition* articles, was coded for when contaminated, laced, and (or) mixed drugs are identified as a problem. This is said to occur because the opioids being mixed into other drugs are inexpensive and extremely addictive, resulting in repeat customers and higher profits for dealers (Parsons 2018a). One of the issues with mixed drugs is that most users are unaware of what amount of opioid the drugs contain, with some having much more opioid than thought; thus, resulting in users "playing Russian roulette" when consuming drugs (Woo 2018e). A statement in the *Edmonton Journal* exemplifies this: "fentanyl is increasingly being found mixed into other types of drugs including methamphetamine, cocaine, and heroin" and that "in many cases, the users are unaware their drugs may contain lethal amounts of the illicit opioid" (Gerein 2018d). Resultantly, news media also claim this crisis as being a "contaminated drug crisis" (Toronto Star 2018) and that the unpredictable potencies "remains the biggest problem" (Kines 2018b).

Another problem is that people consuming drugs are unaware that they are mixed with opioids. Stories that discuss both the latter and former scenario typically report on the impact being opioid-related overdoses, deaths, poisonings, hospitalizations, and addictions. Examples of this are: "Connor was 21 when he died … he took a deadly pill containing fentanyl that he believed was [Oxycodone]" (Cole 2018c); and "most of the youth in Kanata, including my daughter, had no idea they were using fentanyl when they became addicted" (O'Leary 2018).

Lastly, purple heroin was identified as particularly problematic in several news stories as batches of this drug always involve an unknown ratio of fentanyl, carfentanil, heroin, and/or other opioids like morphine. Outlined is that purple heroin contains a "dangerous combination" of opioids that is "extremely potent" (can be 100 times more powerful than fentanyl) and can be "potentially fatal" (Sudbury Star 2018; Carmichael 2018; The Ottawa Citizen 2018b). Also discussed is that it is becoming increasingly more prevalent and is being consumed both in the community and at supervised injection sites (The Ottawa Citizen 2018a).

Resources. 3.1% of frames under *problem definition* identify there are not enough resources being allocated to managing, preventing, and treating this crisis. For example, a story on the views of Dr. Mike Franklyn, a doctor in Sudbury, Ontario, reports that "Ontario is not putting in the resources needed to effectively tackle its opioid 'crisis' … Franklyn told the Sault conference that he doesn't see the same gathering of 'incredible resources' to deal with opioids compared to other public health concerns such as SARS" (Kelly 2018). Other instances of this are: "we are woefully under-resourced for detox beds" (Scanlan 2018); "the strategy [prevention, harm reduction, treatment and enforcement] is challenged by strained resources (Giesbrecht et al. 2018); and "a patient given treatment and support in acute care for addiction might be ready to take the next step in recovery. However, there are not enough resources in the community to support them" (Olsen 2018). Other specific issues recognized include the need for and lack of resources for mental health and addiction services (Wood 2018c; Cowan 2018d), the strain the opioid crisis has on police and frontline resources (Laing 2018c; Hayes 2018c), and funding and budget restraints (Giesbrecht et al. 2018).

Doctor. This frame accounts for 3.0% of all frames under *problem definition*. Frequently highlighted is the issue regarding doctors' practices and how they may have contributed to the

opioid crisis. Specifically, as previously mentioned, their prescribing practices are being scrutinized and examined due to the acknowledgement that prescription opioids have a role in opioid-related problems. Stories also report episodically by discussing individual doctors who over-prescribe opioids to patients. Examples of this are: "the college looked into 84 doctors flagged by the province for allegedly prescribing high doses of opioids to several patients in 2015" (Pearson 2015); and "[Dr.] Robert Stewart Cameron admitted he engaged in professional misconduct when he doled out extraordinarily high doses of painkillers to patients whose cases should have raised red flags" (Grant 2018). Consequently, prescribing regulations have been implemented. Reports detail that they are 'paralyzed' due to the guidelines placed upon them to counter the overprescription of opioids (Wilhelm 2018a), resulting in a "climate of fear" around prescribing opioids, and that "by 'deprescribing,' doctors are scapegoating their pain patients for something patients have nothing to do with" (Mah 2018a).

Illicit Drugs. Problems surrounding illegal drugs are discussed in 2.6% of the frames under *problem definition*. Articles in this frame detail the problem of illicit drugs in the context of opioid-related harms. Examples of this are: "the number of people who died from illicit drug-overdose deaths in B.C. climbed to 125 in January" (Crawford 2018a); "more individuals died over this period of an illicit drug overdose than died as a result of a motor vehicle incident, suicides and homicides combined" (Woo 2018f); and "more than 3,400 people have died of illicit drug overdoses in B.C. since Jan. 1, 2016" (Woo 2018g).

Research and Data. The lack of, gaps in, and need for, research and data are outlined in 2.5% of the frames under *problem definition*. News reportage identifies issues with a lack of research, data, and data collection. Instances of this are: "there's no hard data yet that I've seen to quantify that [the Good Samaritan law is having an effect]" (May 2018b); and "Ontario's

corrections ministry says it does not track the number of opioid overdoses in its jails … that has observers of the jail system wondering how the province expects to combat a major health crisis and keep people safe without a full statistical picture of the drug overdose problem" (Spears 2018). Specifically, articles highlight the fact that despite there being a crisis, there has been a lack of research, and a lack of data collecting, tracking, and testing, as well as inconsistent data collection across organizations, agencies, and services.

Mental Health/Illness. Mental health is discussed in 2.3% of the frames under this frame element. Typically, conversations detail that mental health/illness is related to the opioid crisis in terms of the comorbidity of addictions and mental illness, as previously mentioned. To provide an example, an article published by *The Globe and Mail* informs that "about half (52%) [of opioid-overdose victims] were reported to have a clinical diagnosis or anecdotal evidence of a mental health disorder" (Woo 2018f). Additionally, news articles report that many approaches to managing the opioid crisis typically fail to include mental health as a part of their framework. Reports discuss that services need to address both addiction and mental health, but, problematically, many services do not account for such issues.

Producers and Sellers. This frame, which entails 2.2% of all frames under *problem definition*, involves conversations surrounding producers and sellers of opioids, such as opioid manufacturers and pharmacies. One of the fundamental problems highlighted is opioids were heavily marketed with misleading information to prescribers in the 1990s and early 2000s, resulting in minimal awareness on the side effects of addiction (Crosier 2018). Examples of this are: "drug companies engaged in 'aggressive marketing efforts' and made misrepresentations relating to opioids" (Davies and Rankin 2018); and "20 years of misinformation and deception by pharmaceutical firms and distributors" (Woo and Howlett 2018b). Articles used the words "greed,"

"total disregard," "no remorse," and "corporate corruption and negligence" to describe this the producers and sellers of opioids (Rainville 2018; Woo and Howlett 2018b).

Another issue identified is the influence of producers and sellers on street-level drug markets. Specifically, articles recognize that pharmacists have been participating in illicit drug dealing, such as trafficking fentanyl patches. One example of this is: "nearly 3.5 million doses of prescription drugs disappeared from Ontario pharmacies from 2013 to 2017" (Oved et al. 2018). As a result, investigations have discovered that multiple pharmacists were contributing to the problem. For example, one report outlines that "the investigation found 241 pharmacists who have put massive amounts of deadly opioids onto the street" and that "while this represents just 1.5 per cent of more than 16,000 pharmacists in the province, the investigation found this even small number of health-care professionals can cause a disproportionate amount of harm to patients and to the public" (ibid.). Another issue identified is that currently, there are no reporting requirements for large orders of opioids by pharmacies/pharmacists.

Indigenous communities. This frame was discussed in 0.6% of all frames under *problem definition*. Outlined is that Indigenous communities are experiencing high rates of opioid-related harms and have issues accessing help due to the location of the reserves. Quotes demonstrating these problems are: "A southern Alberta First Nation is reeling after a rash of overdoses – including four deaths … Since then, there had been roughly 20 overdoses per month. But just last week, 22 people overdoses between Tuesday and Thursday along." (Laing 2018b); "the reserve is expecting another spike in overdoses the weekend of Dec. 14, Tailfeathers said, due in part to residents receiving social assistance and tribe payments that week" (ibid.); and that they need to "[call] on people and physicians off-reserve to help with this crisis" (Laing 2018a).

Causal Attribution

Individual and Social Factors. The individual and social factors that are ascribed blame for the crisis total 2.8% of all frames under this frame element. Examples of this are: "poverty and homelessness are among the chief causes of the opioid crisis" (Weeks 2018a); "for a lot of our clients [at the supervised drug consumption site], they're experiencing multiple forms of vulnerability, so homelessness or poverty (Cole 2018c); "the spike [in overdoses in a 24-hour period] was likely because of a combination of factors. Social assistance cheques were distributed on Wednesday, and there is usually a jump in overdoses in the following days" (Luymes 2018); and "Dr. Chris Sikora, Alberta Health Services' medical officer of health, Edmonton zone, said childhood trauma and social factors such as poverty and a lack of housing leave people susceptible to addiction" (Stolte 2018a).

One specific example stressed by news articles concerns women who are addicted to opioids and mothers who have newborns that are physically dependent on opioids. Particular to this group of people, there are several individual and social factors that are contributing to their opioid use and addiction that are provided attention in news media. The following quote exemplifies these: "they're marginalized. They're poor. They're struggling socially and educationally. They don't have a lot of resources other people have" (Laucius 2018a).

Drug Dealers. This frame, which allocates blame to those who illicitly produce and sell drugs, totals 2.3% of all frames under *causal attribution*. News articles attribute responsibility to drug dealers for the issue of mixed drugs, illicit drugs, and opioid-related harms, as previously mentioned. Instances of this are: "dealers continue to cut street drugs like heroin, cocaine, and methamphetamine with potent adulterants, typically fentanyl, which coroners detected in 81 per cent of deaths this year" (Brown 2018c); "death is added to injury as offshore illicit drug manufacturers lace their cocaine, heroin or methamphetamines with fentanyl or carfentanil"

(Thibault 2018); and "I suspect dealers are providing it in a haphazard way. They are putting it [fentanyl] in various drugs, and it's difficult to control how much … I'm not sure if they are measuring it out. Only a sprinkle added to anything will increase the high. They do it so users will return for their product. But if you get a little too much, you see what we are seeing" (Battagello 2018).

Authorities. Articles in this frame highlight the approaches taken by authorities as responsible for the escalation and continuation of harms related to the opioid crisis. *Authorities* total 2.2% of all frames under *causal attribution*. News reportage identifies that the previously mentioned issue of perceived government inaction is contributing to increasing numbers of opioid-related harms. Examples of this are: "while people affected by the opioid crisis wait for the Government of Saskatchewan to take strong action, lives hang in the balance" (Giesbrecht et al. 2018); and "this crisis has been on the radar in western Canada for years, yet this government chose not to take preventive measures to protect Ontarians from the dangers of opioids … both the government and the previous health minister have clearly failed to properly address this crisis" (Loriggio 2018). The remaining articles in this frame highlight that the government is also responsible for the policies in place that are impacting the crisis (e.g., criminalization). Consequently, some stories explain that opioid-related harms will continue to occur until the government addresses their "broken policies and failures" (Eagland 2018).

Moral Attribution

No frames had a frequency of less than 5.0% under this frame element.

Treatment Recommendation

Doctors and Prescribing Practices. Doctors and prescribing practices are offered as a solution in 4.8% of frames under this frame element. Doctors are mentioned as the solution to the

issue of over-prescribing by changing their practices and adhering to new guidelines. Examples of this being discussed are: "physicians are changing their practices in response to new evidence and guidelines, and guidance from provincial regulations … prescribing responsibly also will reduce the amount of prescribed opioids diverted to the street, which may result in more demand for illicit supply. We need to reduce diversion" (Marsden 2018); and "the College of Physicians and Surgeons of Manitoba is working on introducing a new standard for opioid prescribing that would encourage doctors to prescribe alternative drugs for pain management" (Gerster 2018c).

Other ways doctors are highlighted as a solution are by tapering patients off opioids, seeing patients more often, helping with counselling addictions, reducing and limiting the number of opioids prescribed, and closely monitoring patients use of opioids. The following quotes exemplify these contributions doctors can make: "doctors are exerting some control over the amount of drugs leaving pharmacies and are seeing patients more often" (Ayers 2018); "the board of directors has proposed four changes, including stricter monitoring, reducing the initial authorization of opioid prescription from six weeks to two weeks, limiting the dosages to a 50 mg morphine equivalent per day, and avoiding simultaneous prescriptions of opioids and sedating medications (Lakic 2018); "opioids might be the wrong choice for patients, but for others – including some who have been taking them safely for decades for chronic pain – close monitoring by a physician is the answer" (Harnett 2018c); and "Dr. Rupa Patel is a family doctor helping patients taper off opioids" (Leung 2018).

Public Health and Health Professionals. This frame is revealed in 4.2% of all frames under *treatment recommendation*. Frequently discussed is the switch to a public health approach and model to solving the crisis is necessary to reduce opioid-related harms and even end the crisis. The following quote illustrates this solution promotion: "we will not be able to end this crisis until

we move drug use out of the criminal justice system and into the health-care system, where it belongs" (Spencer 2018). That is, altering the approach to a public health issue, or a health-care problem is promoted instead of the criminalization of drug use in this frame.

Other reports highlight how health professionals can contribute to solving and helping the opioid crisis, such as through increasing their services, providing them more responsibilities, and making them more available and accessible to help. Examples of this are: "to utilize paramedic services enhanced monitoring of opioid emergencies as an alert for our community allows community service agencies and opioid users to be informed, prepared and empowered with real-time knowledge of local opioid misuse trends" (Keown 2018); and "nurse practitioners are a step closer to helping those with opioid addiction. Working closely with physicians and other health team members, it's expected N.P.s will soon be able to prescribe medications, such as methadone, for opioid use disorder" (Cowan 2018a).

Collaboration. Collaboration is highlighted as a solution in 3.6% of the frames under this frame element. Specifically, multiple reports explain that collaboration, partnerships, and community relationships are necessary to reduce opioid-related harms and be effective in preventing and reducing the opioid crisis. The following quote exemplifies this as a solution: "Foundations, governments, media, academic, the private sector, and individuals should all be playing a role in supporting the solutions led by community-based organizations. These groups need allies and champions at all levels of society to support their calls for change and their many programs to address the immediate crisis as well as the underlying complicated context of addiction and substance use in our communities" (Martinuk 2018).

Other ways this is emphasized is through the partnering of multiple services and agencies to collectively generate and support the tactics employed. Examples of this are: "we acknowledge

the fact that we are in a time of crisis and we will continue to work together in order to evolve a collective responses" (Sudbury Star 2018); "the network that developed the guideline [for treating opioid addiction] included 43 health-care practitioners who are part of the Canadian Research Initiative in Substance Misuse (CRISM) and also involved people with opioid use disorder to consider patient preferences" (Ubelacker 2018a); and "the patient and physician should talk together and come up with a mutually agreed-upon plan" (Ennis 2018). Lastly, community-oriented approaches were offered and promoted as a solution in articles discussing the strategies taken for opioid-related harms occurring on Indigenous reserves and with Indigenous populations (Laing 2018a).

Policy and Legislation. This frame is offered as a solution in 3.5% of frames under *treatment recommendation*. One of the ways this is discussed is regarding the over-prescription of opioids. Specifically, news articles frequently report that policy change is necessary to assist with reducing prescriptions and their influence in the crisis. The following quote exemplifies this: "It's likely that if we don't change our policies and guidelines in line with the general change to being more careful towards opioid prescription, then we may follow into the footsteps of the larger provinces" (Lakic 2018). A significant policy recommendation and implementation offered is related to the issue of police carrying naloxone. Specifically, articles outline that the policy change and implementation of police use of naloxone as mandated by the SIU will help with reducing opioid-related harms and is frequently noted as useful and necessary. This is exemplified in the following quote: "This amendment [to the Police Services Act] will enable police officers to carry out their duties without fear of facing a criminal investigation, but more importantly, it will also help save countless lives" (Loriggio 2018).

Other ways policy and legislation is offered as a solution concerns the reformation of Canadian drug policy (Woo 2018e), the implementation of the Good Samaritan Law that blocks the charging or conviction of those with drug possessions or breach charges if they call for medical attention or help from law enforcement (May 2018a), the enactment of legislation that allows parents and guardians to force youth into drug treatment (French 2018b), the adoption of a policy that enables the decriminalization of drugs (Spencer 2018), and the implementation of policies that restrict the marketing and advertising of drugs (Woo and Howlett 2018a),

Individuals to Take Precautions. This frame is a solution to the opioid crisis in 1.9% of the frames under *treatment recommendation*. *Individuals to take precautions* encapsulates a wide range of solutions that suggest that individuals can assist with reducing the problems and harms associated with the opioid crisis. The following quote exemplifies this: "to prevent an overdose, Belanger [a public health nurse] advises the following: Avoid mixing drugs, including prescribed medications, over-the-counter and illegal drugs. Avoid drinking alcohol while using other drugs. Use caution when switching substances: start with a lower dose than you usually would. If you have not used in a while, start with a lower dose. Your tolerance may be lower. Avoid using drugs when you are alone. Carry a naloxone kit. Call 911 if you suspect an overdose" (Keown 2018).

Notably, most articles in this frame discussed not using drugs alone and carrying a naloxone kit as a solution most frequently. Examples of this are: "don't use drugs alone, have a naloxone kit and be trained to use" (Grindlay 2018a); "[the health authority] advises drug users to never consume alone and make sure they have access to the antidote naloxone" (Magder 2018); and "drug users need to be aware that this substance is out there and to be careful of not using alone and to have a naloxone kit, and someone who knows how to use it, present" (Cole 2018b). However, this solution places onus onto the individual to assist with tackling the crisis.

Cannabis. Cannabis is provided as a solution to in 1.4% of frames under this frame element. Media reportage emphasizes that cannabis may be a potential solution to the problem of opioid-related harms. Instances of this are: "a 2014 study in the peer-reviewed Journal of the American Medical Associated Internal Medicine found states with legal cannabis had an opioid death rate 25 per cent lower than states where pot was illegal" and "a Canadian paper, published last year in The International Journal of Drug Policy, surveyed 271 medical cannabis patients and found 63 per cent used pot as a substitute for prescription drugs and 30 per cent used it as a substitute for opiates" (Kane 2018a). Reports also highlight that cannabis use may be better fitted for alleviating pain and withdrawal symptoms for opioids. Examples of this being discussed are: "Ware [renowned pain specialist] says there are strong signals that cannabis has the potential to influence opioid use patterns in chronic pain" (ibid.); and "cannabis legalization could be part of the solution … the possibilities are multiple – from the use of cannabis to treat chronic pain to the potential of cannabis to reduce opioid cravings" (Lake and Milloy 2018). Lastly, others told stories to advance this as a solution. One example of this is concerning a senior who is using cannabis oil for tapering off of opioids: "gradually reducing the opioid dosage in combination with the cannabis oil has worked so far. He's down to half the opioid dose" (Knox 2018).

Alternatively, while cannabis is touted as a solution in several articles, a couple of reports bring attention to the fact that there is no/very little scientific evidence to back this up as a solution. The following quote exemplifies this: "[Dr. Busse] said he's also concerned that many people are promoting cannabis as an effective treatment for chronic pain, although there is little clinical data to back this up. He said patients and clinicians should wait until there is sufficient evidence before using cannabis as pain to prevent problems similar to the opioid crisis from occurring" (Weeks 2018b). Resultantly, it is highlighted that "investigators are anxious to gather the scientific

evidence to show that cannabis may help decrease the use of the highly addictive fentanyl when treating severe pain" (Chamberland 2018) to promote and advance this as a solution further.

  Rooming-in. This frame is promoted as a solution in 1.4% of the frames under *treatment recommendation*. Discussions surround providing solutions to the problems identified with mothers who are consuming opioids, influencing an increase in the number of babies being born physically dependent on opioids. Specifically, reports emphasize that the experience offered through rooming-in assists with withdrawal symptoms, the bonding of mother to newborn, and reduces costs associated with treatment. Examples of news articles discussing this are: "the CPS guidelines released Thursday advise that babies suffering with NAS and their mothers should room together in hospital when possible, rather than the baby being sent for treatment at a neonatal intensive-care unit, or NICU" and that "keeping mothers and their infants together has been shown to lower NICU admissions, promote breastfeeding, shorten hospital stays and decrease the need for prescription drugs" '(Potkins 2018a); and "it's really working during the first few hours after birth to ensure that breastfeeding starts to be established, that babies stay with mom skin-to-skin in a quiet environment … And it's amazing – it works. There is no need for separation, there is no need for medication and, of course, there's a huge impact on cost because those babies don't have to go to the NICU. It's really a paradigm shift" (Potkins 2018b).

  Rooming-in is also offered as a solution to the problems with addiction stigma and accessing to help previously identified for mothers, especially those who are vulnerable. The following quote exemplifies this: "by rooming babies long-term with their mothers, most wound up never needing treatment – they could safely withdraw while being skin-to-skin with mum and breastfeeding" and that "the more we break down those fears and stigmas, the more we allow people to seek treatment much sooner" (Gerster 2018b). Other reports outline that this should be

the solution as it "gives mothers an opportunity to change their lives," which "reduces involvement with child welfare authorities and that it reduces feelings of judgement, thereby reducing barriers to treatment" (Laucius 2018a; Laucius 2018b). Thus, overall, most articles promote this as a way to help both the mothers and babies, as well as reducing health-care costs associated with this problem.