2021

From Deviance to Disease: How Congress Frames Opioid Use, 1994-2019

Stephanie Kirkland
University Of Alabama At Birmingham

FROM DEVIANCE TO DISEASE:
HOW CONGRESS FRAMES OPIOID USE, 1994-2019

by

STEPHANIE KIRKLAND

JOSEPH D. WOLFE, COMMITTEE CHAIR
CINDY CAIN
CULLEN CLARK
O. HAYDEN GRIFFIN, III
CYNTHIA RYAN

A DISSERTATION

Submitted to the graduate faculty of The University of Alabama at Birmingham,
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy

BIRMINGHAM, ALABAMA

2021

FROM DEVIANCE TO DISEASE: HOW CONGRESS FRAMES OPIOID USE, 1994-2019

STEPHANIE KIRKLAND

MEDICAL SOCIOLOGY

ABSTRACT

Over the past thirty years, the use of opioids like heroin, fentanyl, oxycodone, and hydrocodone led to tens of thousands of deaths from overdoses and caused a public health crisis. Researchers have noted the roles of various social organizations and groups in creating a public discourse around this topic and have studied the changing public views of opioid use in light of new scientific research. And yet, there remains a gap in research on the role of the members of Congress in this public discourse. These legislators pass policies that directly affect people who live with or who know someone who uses opioids and fund the various agencies and programs that regulate and treat people who use opioids, yet their words remain unexamined. I draw upon the theories of deviance and medicalization to question how they speak about opioid use and whether their ways of speaking may have changed over time. In order to identify how the members of Congress speak about (or, frame) opioid use, I conducted a content analysis of the speeches they gave in the Senate and House of Representatives between 1994 and 2019. From a random sample of 105 speeches, I identified three frames of speaking about opioid use: as a deviant behavior, as a medical condition, and as both deviant and medical. In the beginning of the timeframe, the deviance frame is more prominent, but in the latter part of the timeframe, the medicalized frame and the both frame are more prominent. This change suggests the members of Congress have gradually spoken more of opioid use as a medical condition needing treatment rather than as a deviant behavior needing punishment. Though the

members of Congress changed the ways they spoke about opioid use, they continue to engage in a moral crusade against it in their speeches and policies. This work will help stakeholders recognize how the members of Congress conceptualize and communicate about narcotic use and addiction and to adapt educational efforts to meet their needs.

Keywords: medicalization, deviance, opioids, Congress, content analysis

TABLE OF CONTENTS

Page

APPENDICES

LIST OF TABLES

Tables *Page*

LIST OF FIGURES

CHAPTER 1
INTRODUCTION

> First, and I am as guilty as anybody here—the last 20 years I thought: Boy, if you are going to use these drugs and abuse them, that is a crime. I am going to put you in jail. You are going to pay the fine for that, a penalty.
>
> Well, guess what. It hasn't worked. They go in addicted and come out addicted. All we did by convicting them and putting them in jail is give them a felony. Now they can't get a job. Now they are out of the workforce. Next, they come out more addicted than when they went in.
>
> As Americans, we must say: Listen, this is an illness, and an illness must be treated. You can't just throw them in the jail and say out of sight, out of mind; it will take care of itself. So once we change that—and we have enough courage here politically to do that—then we will start moving in a cultural change that will basically be able to take on this epidemic.
>
> Senator Joe Manchin, III (D-WV)
> February 9, 2016

As opioid-related mortality skyrockets in the twenty-first century, U.S. public opinion on opioid addiction has undergone a notable change. Much like Senator Manchin's quote above, many people in the U.S. now see opioid addiction as a medical issue, i.e., "an illness" that "must be treated," by the medical field, rather than a criminal issue to be addressed with punitive measures. The U.S. treated opioid use like a crime twenty years ago, but the change in public opinion encourages treating opioid use like a disease instead. The change in public perceptions of opioid use that occurred may also be seen in the members of Congress, as illustrated by Senator Manchin's speech.

In this dissertation, I argue that opioid addiction has been "medicalized" in the U.S. and that Congressional speeches provide useful insights into this medicalization process from the 1990s to 2019. Why do I focus on Congress? The U.S. regulates the use of opioids through policy, as it has for over a century now. The Constitution endows Congress, the highest legislative body in the nation, with broad powers to make the laws of the nation and appropriate money to fund the federal government. Congress has the power and ability to create new laws regulating the use of opioids and to decide which actions the government can take to curb opioid use. It can fund institutions for research, treatment programs, enforcement agencies, and detainment centers. Congress funded each of these areas to one degree or another over the past century of opioid control. These two powers provide a range of options from which Congress can choose to address opioid use.

The rate of opioid-related mortality increased dramatically since 1999, as can be seen in Figure 1.1. Both in the past and in the present, the rate of opioid-related mortality draws the attention of the U.S. Congress, which is responsible for crafting legislation that addresses such widespread issues. Congress aims to reduce mortality from opioids through policymaking, though there are a variety of methods it uses to achieve this goal, including who and what it focuses on in its policies. For instance, Congress can choose to focus on the demand for opioids (i.e., the people who use opioids) or on the supply of opioids (i.e., the people who make and/or sell opioids).

While there was little political interest in regulating drug use before the mid-nineteenth century, the U.S. at the end of the century was becoming concerned with what it perceived to be a crisis in addiction (Courtwright 1982, Musto 1999). Social

movements to regulate the availability of drugs like opium and cocaine gained traction until the Harrison Opioid Act of 1914 was passed and for years afterward, as alcohol and then cannabis also became illegal to use. The bulk of the criminalization of drug use took place during the 1980s into the 1990s (Baum 1997), with interest in drug use declining at the political level in the early 2000s. The 2010s brought to light a new epidemic of opioid use caused by excessive prescribing by medical practitioners of prescription opioids. So far, the U.S. has attempted to address this crisis by funding research into drug addiction, expanding health insurance coverage to include addiction treatments, and increased enforcement of drug smuggling across state lines.

Congress does not merely create policies out of thin air, however; they must first define the problem of opioid use, propose new (or old) ideas, discuss the different courses of action, and debate the solutions. Preceding every action Congress takes is a series of discussions about the proposed action, as well as various actions proposed but abandoned. This requires the members to stand before their fellows and make a speech on the issue. A member of Congress can speak about the effects of opioid use and addiction on U.S. families, or they can praise a law enforcement officer who spent their life arresting drug dealers. They can make a statement about why opioid use must be stopped and how their proposed bill will do just that. Other members can debate the bill's merits and what effects it might have. Therefore, Congress speaks a great deal about opioid use and addiction before they pass any law or fund any program.

Their actions depend on what they think leads to opioid use — that is, their actions depend on their *frame* of thinking about opioid use, as sociologist Erving Goffman (1986) would put it. A person uses frames to understand the social context that

surrounds them and can communicate their frames (in a method called "framing") by emphasizing certain selected information, ideas, beliefs, values, or other conceptualizations. They may think opioid use is a deviant behavior that some people commit and frame it as such. They may also see it as a disease from which some people are suffering and frame it in that way. The members can communicate their frames to the U.S. people through their speeches on the House and Senate floors. These frames are but two possible ones and they can even be combined to create a frame of both deviance and disease. These frames are important for analyzing the ways members of Congress talk about opioid use and addiction because the words they use to craft the frames indicate which actions they will pursue regarding the issue.

I aim to find and analyze these frames in a content analysis of the speeches members of Congress made between 1994 and 2019. I especially focus how they talk about people who use opioids and the issues related to opioid use. What they say matters: it is their words dictating the politics and policies of the nation, their words featuring in the national news, their words remaining in the official records of the legislature. Their positions of power authorize them to weigh in on issues of all kinds and shape the political debates surrounding these issues.

WHY CONGRESS TALKS ABOUT OPIOID USE

Congress is accountable to the public for their political actions. If the public is concerned about an issue, then Congress will likely need to take actions to address the issue, or their constituents may not vote for them in the next election. Speaking about opioid use on the floors of the House of Representatives and the Senate is one of the actions Congress can take to show their constituents they know about the issue. It gives the members a chance

to draw attention to certain elements of the issue that may resonate with constituents — a method called framing. When members frame opioid use, they are choosing to highlight which elements they consider to be important for making policies that address the public's concerns about it. Therefore, a key influence of policymaking is the public's views on the issue, and understanding the policies requires an inquiry into historical social forces that sought to influence policies addressing opioid use.

Public Views of Opioid Use

Opioid use has long been in the public consciousness and ideas about PWUO and the main ideas for how to address opioid use were formed centuries ago. Specifically, religious thought influenced reactions to drug use in the U.S. The beliefs of the Christian religion were instrumental in the founding of the colonies and remained a strong element in the laws developed to regulate residents' behavior (Bischke 2003, Courtwright 1997). There were, however, no laws against using opioids (which existed only as opium at the time), whether for medicinal or for recreational reasons. We can see that, even though some religious leaders lectured against opium for recreational use, people did not feel a need to create any sweeping public measures to address opioid use.

In fact, the U.S. did not regulate opioid use until the latter part of the nineteenth century, and, even then, the regulations were passed by towns and states rather than the federal government. These towns and states targeted smoking opium specifically, as a reaction against Chinese immigrants, who smoked opium rather than taking it in the same way as people in the U.S. — as a pill or in an alcoholic drink, such as laudanum (Morgan 1981). Towns and states where Chinese immigrants moved (mainly on the East coast)

saw the newcomers as outsiders with an entirely different culture that appeared to be incompatible with U.S. ideals, including the consumption of substances like alcohol and opium (Miller 1969). This view also led the U.S. people to view the actions of the immigrants as immoral and smoking opium as an agent of corruption they used against White women. Even doctors spoke out against smoking opium as a drug that corrupted a user's morals in a way that opium did not, leading to increased hostility against and, ultimately, regulation of smoking opium (Ahmad 2000). And so, for the first time in a century of the nation's history, regulation of opium (at least in one form) was a government prerogative.

Other than regulating smoking opium, however, nineteenth-century U.S. society did not concern itself with the consumption of opioids for two main reasons. First, opium lacked the consistent potency of today's manufactured opioids and likely did not cause many overdoses or deaths (Courtwright 1982, Musto 1999). With few people dying from taking opium, there was little reason to see it as a threat to society and anyone who developed the "habit" of consuming opium (what we would now call opioid use disorder, or OUD) could satisfy their appetite through legitimate means. Even the discover of morphine, a much more potent and consistent form of opioid did not immediately lead to an increase in death or regulation. The only factor limiting its use was the need for a hypodermic syringe, which was inaccessible to most Americans, if only for the fact that it was so expensive.

Second, society viewed the "habit" of opioid use as a disease, though people would hide it from others as a socially undesirable part of life (Aurin 2000). Such dependency occurred more often among people who used it frequently — those in the

middle- and upper-classes. The middle- and upper-classes lived in urban areas where there was easy access to those who sold opium, while people in rural, poorer areas lacked such access. These wealthier classes also had the extra money to spend on opium that poorer people could not afford to waste. These factors contributed to a higher amount of opium use among wealthier classes. As with many other behaviors, opioid use in the more socially privileged classes meant they faced less stigma than other PWUO and there was little to no public efforts at regulation (Courtwright 1982, Morgan 1981).

A change emerged at the beginning of the twentieth century, though; it was at this time that Congress would prohibit non-medical opioid. The change came from the social perceptions of who was using heroin, the newest form of an opioid at the time. Heroin was far more prominent among men who were poor and living in cities, which contrasted with the middle- and upper-class women who used opium and morphine in the late-nineteen century (Musto 1999). The U.S. public disapproved of heroin for its use among this group of people because it led to crime, at least according to various preachers, journalists, and doctors at the time (Courtwright 1982). Its perceived ability to cast a user into crime and poverty made it threatening to society, and so, the government acted much quicker to regulate it than it did for morphine or opium.

Around this time, the U.S. began to enter international politics, and one of the most notable issues of the time was the opium trade from Great Britain to China. Importantly, China was against the import of opium and sought international help to prevent Great Britain from doing so (it fought against Great Britain in two Opium Wars, 1839-1842 and 1856-1857 to end the trade, but lost both). The U.S., with a strong temperance movement influencing political thought and action, took an interest in

China's situation (mainly because the U.S. had acquired the Philippine Islands, which also supposedly had a heavy dependence on opium) and called for an international conference to address the opium trade (Brown 2002).

The U.S. officially regulated opioids through taxation on the manufacture and distribution of opioids through the Harrison Narcotic Act of 1914. While not explicitly making opioid manufacture, distribution, or use illegal, it did create a heavy tax with extensive documentation required that did severely hamper the distribution of opioids. Regulating opioids so that only medical professionals could distribute them meant that people who used opioids non-medically would have to buy drugs from other (illicit) sources. The prices for opioids purchased through these illicit sources increased exponentially making it difficult to maintain an OUD without becoming destitute and further cementing the perception of opioids as causing poverty (Courtwright 1982).

Limiting opioid use to medicinal use only as prescribed by a licensed doctor was also problematic, though, because there was no consensus on what constituted a legitimate, medical use of opioids. Doctors understood that some people had a need to continue using opioids or they would go through withdrawal, but whether these people could continue to receive opioids even with no other medical conditions to warrant opioid use was not stated. The public wanted a complete elimination of non-medical opioid use, which meant either curing all the people who used opioids or maintaining their OUD legally (Musto 1999). This would be a point of contention over the next few decades, mostly addressed through Supreme Court cases that led to the ambiguous approaches of both maintenance and recovery we have today.

Between the 1920s and the 1950s, the federal government further limited the context in which opioids could be manufactured, distributed, and taken. The Temperance movement of the early twentieth century advocated for regulating not only alcohol, but also opioids, as they were considered to be just as inebriating and immoral as alcohol (Gordon 1924). Temperance activists saw the regulation of opioids as a moral obligation, a way to prevent unwitting people from becoming "slaves" to opioids (Moore 1898). This movement gradually faded out of sight after the Volstead Act (Prohibition) was repealed in 1933, but the regulations placed on opioids remained. Congress added even more regulations to bring federal control over opioid use, notably mandating the states adopt federal drug policies in 1932 and banning the unlicensed cultivation of the poppy in 1942.

Congress took a more criminal justice approach to opioid use in the 1950s. In 1951, it passed the Boggs Act, which created mandatory minimum sentences for drug offenses. Then, in 1956, Congress passed the Narcotic Control Act (also known as the Boggs-Daniels Act), which placed even more severe criminal penalties on people who sold or possessed heroin. This focus on heroin reflected an increase in its use in urban areas and in Black and Brown men (Finestone 1957). The public again looked at the people who were using opioids, minoritized groups, and moved to regulate it based on that rather than on any objective study of rates of use.

The 1960s and 1970s were the time when the federal government would again attempt to crack down on drug use, though with most funding dedicated to treatment options like methadone maintenance therapy (Musto and Korsmeyer 2002). This did not last long, however; as certain countercultural groups promoted drug use, it became more

taboo among the mainstream public. Once Richard Nixon was elected president in 1969, public opinion was firmly against opioids and he was able to leverage the public's feelings as a way to target anti-Vietnam War protesters and Blacks in a "War on Drugs" (Baum 2016). Opioid use was an issue that generated much concern in the U.S. — according to a Gallup poll in 1969, almost half of respondents were concerned about drug use in their communities (Robison 2002). These concerns brought about the Controlled Substances Act of 1970 (CSA) that allegedly classified drugs based on their medical uses, safety, and potential for abuse (Spillane 2004). Though the CSA fell far short of an objective system of classification (given the inappropriate placement of cannabis in Schedule I classification), it codified the level of deviance attached to the drug used and became a punitive measure against drug use (Courtwright 2004).

In the 1980s, the Ronald Reagan administration significantly decreased the government's treatment-focused approach and intensified focus on regulation in the War on Drugs in order to eliminate all drug use, including opioids. Parent groups rallied around the issue of drug use and lobbied Congress to do more to eliminate it (Baum 1997). Fears of what opioids could do to children's health coupled with fears that PWUO cause crime and violence drove a national movement to use government resources to prevent opioid use. Media widely covered opioid use and contributed to the image of drug use destroying lives, spurring more public fear (Goode and Ben-Yehuda 1994).

Congress continued the War on Drugs in the 1990s in much the same way as it had in the previous decade. Much of the government's response to opioid use stemmed from people's expectation for a society that continually bettered itself in terms of prosperity, health, education, and other social goods — something that would be

impossible with some members using drugs (Morone 2003). Just as before when worries about Chinese immigrants ignited legislation against opioid use, fears of Mexican immigrants in the 1980s and 1990s contributed to legislation targeting the opioid trade (Reuter and Ronfeldt 1992). Fears of foreign influence also shaped the government's response to opioid use – if foreign countries were the source of opioid drugs imported into the U.S., then it could be an attempt by Communist and/or enemy governments to weaken the U.S. (Bertram et al. 1996). These two influences set up a response that focused on both the countries from whence opioids were grown and the people who were using the opioids.

The current era of opioid use—and the focal period of this dissertation—began with the development and sale of opioid analgesics like oxycodone and hydrocodone[1] in the 1990s (Dart et al. 2015). Congress acted in the early 2000s when cases of opioid-related overdoses spiked due higher levels of prescription opioid abuse by pressuring pharmaceutical companies to develop a non-abusive form that could not be crushed (to be inhaled for the high) and that took longer to release (Compton and Volkow 2006). This led to a few public hearings and some news coverage, but ultimately few policies were created.

After this, Congress did not take any significant action until the 2010s, when a new rise in mortality from opioid use caught the public's attention. Recent actions treat opioid use and addiction as public health concerns, such as the implementation of the

[1] OxyContin and Vicodin, respectively, are the two most well-known brands, though there are now hundreds of formulations of opioid prescription drugs.

Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which ensures health insurance companies cover drug use treatments the same as medical treatments, and the Comprehensive Addiction and Recovery Act of 2016 (CARA), which provided resources for treatment programs, education programs, and new regulations for prescription opioids. The most recent piece of legislation to pass occurred in 2018, with the passage of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (the SUPPORT Act), meant to make more treatment programs available to people who use opioids as well as to monitor prescribers more closely.

Congress did not fund these new regulations at the levels requested by the Health and Human Services Department, however, and this led to few impactful changes in the health care system. Researchers do note increases in the number of medical professionals who received a waiver from the Drug Enforcement Agency to prescribe buprenorphine, a medication used to treat people who use opioids. This is due to a provision in the Comprehensive Addiction and Recovery Act that allowed nurse practitioners and physician assistants to obtain this waiver to prescribe buprenorphine in an office-based practice (Andrilla and Patterson 2021, Roehler, Guy and Jones 2020). However, the overall implications of these laws have yet to be extensively analyzed by researchers. Despite the passage of these important pieces of legislation, opioid-related mortality remains high, suggesting more resources or different measures are needed (Mattson et al. 2021b).

The Costs of Opioid Use

Congress also takes into account the costs opioid use has on the U.S. when giving speeches and making policy. It is the effects that opioid use has on the U.S. population that causes it to become a social problem requiring legislation. The members of Congress must be aware of these costs (some of which are only calculated after Congress requests the numbers from government agencies) if they wish to be responsive to the issues facing their constituents. The effects of opioid use can be felt in the health of the population, the lost productivity in the economy, the expense of education and treatment programs, the expenditures for incarceration, and many more. The members of Congress likely notice these costs and use them as the reasons for action in their speeches.

One cost of opioid use is in lives. Between 1999 and 2017, opioid drugs caused 399,230 overdose deaths (Scholl et al. 2019); however, these deaths are not distributed equally across the population. For instance, the age-adjusted rate of drug overdose deaths varies by sex: although rates for both men and women have increased over time, men have had a higher rate from 1999 to 2019 (Hedegaard, Miniño and Warner 2020). Although their rates of opioid use are lower than that of men, women are slightly more likely to die from drug use even though their rates of use are lower than that of men (Evans et al. 2015). Non-Hispanic Whites had higher rates of mortality for natural and semi-synthetic opioids, while non–Hispanic Blacks had higher rates of mortality for heroin and synthetic opioids (Alexander, Kiang and Barbieri 2018, Hoopsick, Homish and Leonard 2021). As Masters, Tilstra and Simon (2017) show, White men saw an increase in mortality rates due to opioid overdose deaths compared to suicide and alcohol, two other factors in the high rate of mortality we see today. In fact, the working-age

population (typically set between the ages 25-49) has experienced the highest rates of opioid overdose (Gomes et al. 2018).

Mortality from opioids changed the life expectancy for U.S. adults, which had been increasing for decades (Woolf and Schoomaker 2019). In 2015, life expectancy for men and women decreased for the first time since 1993, in part due to accidental poisoning from drugs (Acciai and Firebaugh 2017). According to Dowell et al. (2017), 0.21 years of life were lost because of opioid-related deaths between 2000 and 2015. Ruhm (2018) also found that the potential years of life lost was greatest among adults between 22 and 39 years old. These demographic variations indicate that the effects of opioid-related mortality are not felt equally throughout the U.S. population, but, rather, affect certain groups more than others.

The cost of opioid-related mortality also varies by geographic area (Dwyer-Lindgren et al. 2018). Whereas, in the past, opioid use clustered in urban areas where people live in poverty and where people of color live (Courtwright 1982, Inciardi 2002), the newest era is more spread out. Shiels et al. (2020) report higher rates of opioid-related mortality in the Northeastern states of the U.S. down through Appalachia. Contrary to media reports of opioid use burdening only the rural areas of the country, research indicates that rurality is not a significant factor in rates of use, although type of opioid does vary by whether a user lives in an urban or rural place (Wang, Becker and Fiellin 2013). State drug policies also correlate with rates of mortality. Interestingly, states which have decriminalized cannabis use have lower rates of opioid mortality than states which enforce criminal prosecution (Bachhuber et al. 2014).

Another cost of opioid use is in overdoses. Though it is difficult to collect complete data for this cost when only some overdoses lead to hospitalization, an estimated 663,715 people were hospitalized between 2001 and 2012 (Hsu et al. 2017). The economic cost of these hospitalizations was over an estimated $700 million dollars, representing a serious strain on the healthcare system. Mortality from an opioid overdose can be prevented by administering an opioid antagonist, a drug that reverses the effects of opioid drugs, including the depression of respiration. A common form of opioid antagonist, naloxone, was developed in the 1960s and has proven to be life-saving (Campbell 2019). Though originally only available as an injectable medication, a new formulation that can be administered intranasally made naloxone more accessible for nonmedical people to administer in emergency settings and, thus, has allowed many people who would have died from opioid overdoses to live (Doe-Simkins et al. 2009).

Congress must also take into account the effects of continued opioid use, which may impact a person's life beyond overdose or mortality. A PWUO faces a reduced likelihood of employment compared to people who do not use opioids (Rhee and Rosenheck 2019). Employers often require job applicants to declare whether they have ever been convicted of a drug offense or felony, and often will not hire those who have. Drug testing is another reason unemployment is more common among PWUO, as it gives employers cause to deny a job opening or fire a person who tests positive. This follows from federal regulations which deny social safety nets (like education loans, housing, and welfare) to anyone convicted of a federal felony, like opioid possession (Curtis, Garlington and Schottenfeld 2013, HHS 2018).

The economic burden of opioid use also concerns Congress. It is estimated that opioid use costs around $78.5 billion for health, incarceration, and lost tax revenue (Florence et al. 2016). Almost a quarter of this is related to fatalities from opioid overdoses (around $21.5 billion) and another $28 billion is related to health care and substance abuse treatments, with the government paying for roughly 17% of those costs. Interestingly, criminal justice-related costs were only $7.7 billion, though almost exclusively borne by the government. The disparity between what the government pays for health care versus criminal justice illustrates the approaches it has taken to address opioid use in the past.

HOW CONGRESS TALKS ABOUT OPIOID USE

In order to examine how members of Congress talks about opioid use in their speeches, we can look to the theories social scientists use to explain the phenomenon of framing. To “frame" a subject is to focus on certain aspects of it, especially when communicating about the subject. This theory of framing was developed by Erving Goffman (1986) to describe how people make sense of what they see going on around them. Goffman argued that people pick out elements of what they observe around them and use that information to create a “definition of the situation.” This definition, or frame, helps the person to make decisions about what to do, say, believe, and so on. The person can also communicate these frames to the other people around them.

Political scientists use this theory extensively in researching the communication of political leaders as they campaign for office (Bonikowski and Gidron 2016, Petrocik 1996), as they work to develop legislation (Blackstone and Oldmixon 2015), as they

interact with their constituents (Socia and Brown 2016), and as they interact with the media (Schaffner and Sellers 2010). Political leaders communicate their policy preferences and attempt to persuade their constituents to accept their proposals through frames. For instance, a member of Congress may speak about the issue of immigration through several different frames. They could frame people who immigrate as 1) people searching for a better life; 2) thieves who steal jobs from U.S. workers; 3) people who can benefit the U.S.; or, 4) criminals who harm U.S. residents. A political leader has these and many other possible frames about immigration through which they can communicate their ideas for policies. Researchers can analyze these frames and determine much about what political leaders perceive are problems in society and what policies they propose to address these problems.

This theory of frame analysis and framing has helped researchers understand the U.S. public's perceptions of and reactions to opioid use (Barnett et al. 2018, Dollar 2019, Gollust and Miller 2020, McGinty et al. 2016). Looking to already established theories which explain societal reactions to opioid use can provide guidance for discovering how the members of Congress frame opioid use. Extensive literature on the societal reactions to opioid use already exists, and two ideas stand out: that of opioid use as an act of deviance and that of opioid use as a form of disease. These theories hold two ideas prominent in public discussion of opioid use and which may influence the members of Congress as well. I use these theories as a framework for analyzing which frames appear in speeches made by the members of Congress.

Opioid Use as a Deviance Problem

As discussed earlier, the public sees opioid use as a deviant behavior, a perspective shaped by Christian beliefs that it is immoral (Bischke 2003, Morone 2003). According to Howard Becker ([1963] 1991), deviance occurs when a person breaks the social rules that have been laid out by a society. These rules are either informally enacted through informal sanctions or formally enacted through state sanctions. A rule-breaker will face sanctions from others in the society for their act, with the severity of sanctions depending on the importance of the rule. According to Becker ([1963] 1991:9), "*social groups create deviance by making the rules whose infraction constitutes deviance,* and by applying those rules to particular people and labeling them as outsiders" (emphasis in original). The speeches given by members of Congress about opioid use and addiction can be seen as "making the rules whose infraction constitutes deviance" when they create legislation to regulate it. These speeches can also be seen as "labeling [the people who use drugs] as outsiders" when opioid use and addiction is framed as an act of deviance.

Unsurprisingly, the moral attitudes held towards opioid use led to restrictive legislation meant to criminalize the possession of opioids (Musto and Korsmeyer 2002). Many advocacy groups demanded action by the government based on a moral judgement of opioids and on the people using them. Congress regulates opioid use based on society's fears that it causes other social issues, such as poverty, crime, violence, unemployment, and normlessness. For the people who see drug use as the cause of other issues, opioids were a sign and cause of a general loss of morality in society. Some groups, especially those connected by religion, see society as a broken, valueless shell compared to decades past, and fear that opioid use would lead to further deterioration

(Bischke 2003). By this logic, stopping opioid use would also help to stop the erosion of values and stop the other social issues it causes. It is easy to see why this line of thinking would lead Congress to continually speak about opioid use as a deviance problem — Congress would only need to regulate opioid use to also fix a multitude of other social problems.

Some social scientists argue that the government regulates opioid use through a deviance lens because the people who use opioids are part of minoritized groups (Dollar 2019). It follows that opioid use would be considered and treated as deviance if the people who use opioids are minoritized and considered deviant themselves, whereas if they are considered part of the privileged, mainstream culture, then they will be treated as if they are sick, not criminal. This argument has become more prominent after researchers and the public alike compared the punitive approach taken in the 1980s and 1990s to the treatment-centered approach taken today. A difference in the approach appears to correspond with the difference in who was seen to be the people who use opioids at the time — Black and Brown people earlier and White people currently (Netherland and Hansen 2016).

Opioid Use as a Medical Problem

There have been instances in U.S. history when public sentiment swayed to view opioid use as a medical problem rather than a deviance problem. This perspective can occur alongside that of opioid use as a deviance problem, however. Recently, researchers have detected a shift in attitudes promoting a view of substance use as a medical disorder rather than a deficiency in personality or will. Medical and genetic research advances the

view of substance use as a genetic disorder or brain disease (Crist, Reiner and Berrettini 2019, Koob and Simon 2009). This research specifically denies the deviant aspect of substance use and advocates a medical understanding of it. The public seems willing to see substance use as an illness when certain words or phrases are used to describe both the people who use and the substances themselves (Ashford, Brown and Curtis 2018, Kelly and Westerhoff 2010). Seeing substance use as a brain disease may not lessen the deviance or stigma that society places on substance use, however (Heather 2017).

Conrad (2007:4) proposed that medicalization is "a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders." Sociologists have applied this concept to various illnesses, from mental conditions like attention deficit and hyperactivity disorder (ADHD) (Conrad and Potter 2000) to physical conditions like breast feeding (Qureshi and Rahman 2017) and erectile dysfunction (Carpiano 2001). Conrad and Schneider (1992) proposed drug use as a medicalized condition that had transitioned from the realm of deviance. More recent research looks at the way federal institutions like the National Institute on Drug Abuse (NIDA) reinforce this medicalization of drug use and abuse as a brain disease (Anderson, Swan and Lane 2010, Courtwright 2010).

Medicalization relies on defining a condition as a medical problem. In order to create a definition of medicalization specifically, this requires communicating the medical aspects of, diagnoses and treatments for, or medical institutions' authority over a condition. When medicalization is complete, there is often no other solution considered to be appropriate for dealing with the now medical condition. Despite this important theoretical work, few researchers have investigated the ways in which the current era of

opioid use has been medicalized (Smith 2017) and none have yet investigated the role of government specifically.

Theories that place opioid use in the realm of disease are both similar and different in some ways from deviance theories. Both theoretical traditions, for instance, see opioid use as an abnormal behavior or condition, something that sets a person using opioids away from "normal" society (Conrad and Schneider 1992). The reaction that society currently has to both deviance and disease conditions is to separate the person from society in an attempt to prevent the spread of the behavior or condition to other members. Society looks at deviance, though, and seeks to punish transgressors for breaking the rules. People with a disease, however, are given treatment to end the disease; failing a cure, though, society will expect the person to do everything possible to manage the disease and prevent it from spreading (Parsons 1975).

STUDYING HOW CONGRESS FRAMES OPIOID USE

We can see from prior work that the toll of opioid use –- in terms of mortality, overdoses, health outcomes, and social burden — give plentiful reason why Congress would want to address it. The past two decades of overdoses and deaths affected the population as a whole and continues to burden some groups. The future of PWUO also presents a problem in terms of the negative health, economic, and social outcomes that research indicates they — and society — will experience. We can also see that previous work in theory easily lends itself to studying Congress as a force of deviantization and medicalization, especially for subject like opioid use that already has extensive research applying these theories to it. By extending this prior research into the role of Congress, I

am extending our understanding of how government can involve itself in how society views and reacts to opioid use.

I argue that Congress utilizes their speechmaking as a way of defining opioid use as an disease. The government officials within Congress reside in the highest legislative body in the U.S. and are their position allows them to influence the national discussion of opioid use in many different directions, including transitioning the discussion towards medicalization. This research would address the medicalization of opioid use by members of Congress by asking:

1. How do members of Congress use frames of deviance and medicalization to speak about opioid use?
2. How do the frames of deviance and medicalization change between 1994 and 2019?

Importance of the Research

These research questions are important for several reasons. First, they are the words of the legislators who create the laws of the U.S. What legislators say about a subject is given more weight than what is said by ordinary citizens because they occupy a higher social position – that of elected official (Weber 1994). By occupying a position backed by the law, they are attributed authority for their views and the way that they portray issues like drug use, whether they are right or wrong, truthful or deceitful, objective or biased. In addition, these speeches are often disseminated through various media outlets that paraphrase or quote directly from the speeches. The media's coverage adds to the

legitimacy of the member of Congress and extends the audience who sees or reads of the legislators' speeches beyond the floors of the House and Senate.

Second, the members of Congress exercise the authority to decide what should be funded through federal appropriations, commonly referred to as the "power of the purse." This power allows Congress to fund the various departments, institutes, agencies, and programs of the federal government. Because there are treatment programs that deal with substance use, as well as crimes related to substance use like drug trafficking, Congress can thus emphasize in their speeches whether to give more funding to medical treatment or criminal enforcement. If the emphasis on medicalization frames is more prominent than criminalization frames, then Congress may be more likely to fund programs that treat opioid use as a disease rather than as a crime.

Finally, there is little academic analysis of the role that Congress members may have in the medicalization of substance use. The theory of medicalization has been around for four decades (Conrad 2007), yet research on the process has focused on the role of pharmaceutical companies, activist groups, and medical professionals on advancing or opposing it (Conrad 2005). The role of the government, on the other hand, is under-researched. It is only recently that sociologists started to analyze medicalization at this level for subjects like abortion (Halfmann 2019). The research contained herein provides an opportunity to add to what we know about Congress and on the medicalization of opioid use.

Content Analysis

In order to identify how members of Congress frame opioid use, I use a content analysis. Content analysis is "a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use" (Krippendorff 2019:24). As a method for identifying and quantifying frames within content generated by members of Congress, it is the most consistently one used to investigate a variety of topics. Researchers studied the framing of human rights (Cutrone and Fordham 2010), women in the military (Segal and Hansen 1992), food assistance programs (Brock 2017), views on the National Science Foundation (Lupia, Soroka and Beatty 2020), and terrorism (Hart, Jarvis and Lim 2002), but nothing exists for opioid use. Brock (2017) integrates a content analysis of how Congress frames child nutrition programs with a statistical analysis of the political and district characteristics influencing the frames, a similar method to the one proposed for this study.

Politicians utilize rhetoric in their speeches to guide the audience to an understanding of the issue through frames and delineate which are medicalized and which are made deviant (Gamson et al. 1992). In the case of opioid use, the frames that focus on the medical model are contributing to medicalization of the issue (Fan 1996, Orsini 2017). Some researchers have already argued that the current wave of opioid drug use has been medicalized (Smith 2017), though without an analysis of the frames through which this occurred. This proposed study will analyze the way in which frame analysis can reveal the process of medicalization as it is transformed from an earlier state of deviance.

Research on texts, like speeches made by members of Congress, investigates who is speaking, what messages or frames they are conveying, and how the audience

understands the speaker's words (Graber 1976). The symbols embedded in communication are of considerable interest in a content analysis. There are symbols which have historical, social, and cultural meaning that politicians bring into speeches to elicit certain emotions and responses from their audience (Lasswell and Leites 1966). Studies of language use point to framing as a significant way in which politicians promote understanding an issue through symbols (see, for example, Santa Ana's [2002] analysis of language used to discuss Latinx immigration) . Political science research on framing has extensively advanced our understanding of the symbols and rhetoric that politicians utilize on a variety of subjects (Brock 2017, Brugman and Burgers 2018, Ceresola 2019, Fligstein, Stuart Brundage and Schultz 2017, Fucilla and Engbers 2015, Hoffman and Ventresca 1999, Pizmony-Levy and Ponce 2013). These works — and others — have examined the framing efforts of politicians at the executive and legislative branches in order to map the use of rhetoric and the effects that that rhetoric on the audience.

Current methodological analyses of the frames used by members of Congress are limited in scope. The studies which use content analysis only analyze a few words surrounding a keyword, rather than an entire speech (Brock 2017). While this method presents great potential for some research questions, it remains limited by the abilities of computer analysis. A content analysis, on the other hand, requires a human to remain closely engaged with the texts throughout the process of identifying frames. This ensures that any frames not identified at the beginning of the coding process can be picked up and included in the content analysis.

Another limitation emerges from the lack of longitudinal work on the topic of opioid use utilizing content analysis. While there is work on the frames in both the 1990s and in the 2010s, there is no work that takes a longer, continuous view across the decades. Learning how opioid use was framed in the past and comparing that with how they are framed currently creates deeper knowledge about the changes and constants in these frames. Without this knowledge, it is difficult to identify trends that could help stakeholders engaging with Congress to improve the health of people who use opioids.

STUDY OVERVIEW

In order to answer the above research questions, I conduct a content analysis of speeches to determine the frames utilized by members of Congress to speak about opioid use in the last thirty years. Using the theories of deviance and medicalization, I categorize each speech based on the language members of Congress use. I then consider the shifts in frames, the textual contexts in which the frames occur, and the connection with other topics mentioned. Through this content analysis, I create a new dataset of speeches on opioid use and addiction that can be further analyzed by researchers in sociology and other disciplines. I argue that this research will create a foundation for analyzing the role of Congress in the process of medicalization, both for opioid use and for other conditions.

Chapter two lays out the history of the discovery and development of the most population opioid drugs in the U.S. I tie in opioid use with the social and political climates of the time in order to illuminate the influences behind the efforts to regulate opioids. I pay particularly close attention to the political actions that the federal government took with each opioid drug and the social groups that sought to get involved

in these actions. The history of opioids and their regulation establishes the background for studying current trends in regulation.

Chapter three establishes the theoretical background I use for discovering the frames the members of Congress use. There are two theories I use: deviance as conceptualized by the sociologist Howard Becker ([1963] 1991) and medicalization as conceptualized by the sociologist Peter Conrad (2007). Opioid use, both in the past and currently, is considered a deviant act subject to moral judgement, as evident by the multiple laws against possessing, trading, or acting under the influence. Opioid use is undergoing the process of medicalization as it slowly moves from being seen as deviant to being seen as a brain disease.

Chapter four details the research design and process I use to collect and analyze the speeches made by Congress. The research process consisted first of searching the Congressional Record for relevant speeches. I then read through each speech to determine the relevancy to the topic of opioid use. For each speech that was relevant, I coded for one of three frames: medicalization, deviance, and both medicalization and deviance.

Chapter five gives the results of the content analysis in terms of the deviance frame. This frame occurs when the members of Congress connect opioid use with the "other," a person or group that would be considered outside the membership of the U.S. and who exhibits values and behaviors that do not align with those of the U.S. The "other," in terms of opioid use, are the foreign countries and groups involved in opioid trafficking and the deviant groups in the U.S. who use opioids. The members of Congress

propose using law enforcement to deal with these who are the "other" as the method by which opioid use can be reduced.

Chapter six gives the results of the content analysis in terms of the medicalization frame. This frame occurs when the members of Congress connect opioid use with medical necessity and medical institutions, which are the distributors of opioids for legitimate needs. Opioid use for medical needs occurs in the course of treating disease or injury and can happen to anyone, not just the "other." Medical institutions act as the gatekeepers to the non-deviant use of opioids and legitimize the use of opioids for some people. The members of Congress propose using treatment for people who use opioids, as opposed to law enforcement, and reforming the medical system to prevent the deviant use of opioids.

Chapter seven goes through the content analysis in terms of the historical context in which the speeches took place. The events and social context of the late-1990s differs markedly from the 2000s and from the 2010s. The 1990s and 2000s were focused on foreign policy issues related to opioid trafficking. Domestic opioid use was covered less in these years until the year 2014, when the members of Congress noticed rising rates of opioid use and mortality. 2016 marks the highest number of speeches, almost exclusively concerned with domestic opioid use, with a slow decline in the three years afterwards.

The final two chapters discuss the results in terms of their social and political implications, the limitations of the study, and some directions for future research. The results ultimately have the most importance for stakeholders who wish to inform policymaking and for researchers interested in the policymaking process as it relates to opioid use. The results must be understood in the light of how they were approached with

a theoretical framework already in place, limited in scope, and open to further interpretation. These limitations do allow for new directions in future research on this subject, namely extending the timeframe to the beginning of federal regulation of opioids as a way to analyze trends in the frames.

CHAPTER 2
A BRIEF SOCIO-LEGAL HISTORY OF OPIOIDS

In this chapter, I briefly explain the discovery of the different types of opioid drugs. Following that, I outline the history of opioid drug use in the U.S. in order to delve into the historical social impact of these drugs. I then examine the various regulations of opioid drugs that the federal government has imposed on physicians, pharmacists, sellers, and users. The beginning of regulation is typically traced to the passage of the Harrison Opioid Act in 1914 and has continued in many different forms ever since. An analysis of the current use of opioid drugs and how it has impacted the social perception of drug use follows. I conclude with a discussion of the limitations of prior research and an argument for the use of sociological theories to understand and research the framing of opioid drug use.

THE DISCOVERY OF OPIOIDS

"Opioids" are drugs developed from opium (sometimes called *opiates* or *semi-synthetic opioids*) or synthetically created (sometimes called *opioids*) that have the same effect on the human body, though with varying degrees of intensity. Opioids contain an agent (known as an agonist) that activates opioid nerve receptors, located mostly in the brain, to block pain signals (NIH 2018). This fundamental characteristic of opioids makes them powerful analgesics (painkillers). Opioids also help to suppress coughs. This anti-tussive

effect makes them useful for managing diseases like tuberculosis where the main symptom is a cough. Another effect is as an antidiarrheal, a life-saving property when dealing with diseases like dysentery and malaria that cause severe diarrhea and can lead to death (Jamison and Mao 2015).

People have not only used opioids medicinally for thousands of years, but also recreationally. The effects that make opioids such good analgesics also lead to substantial recreational use that occurs outside the boundaries of medicine, which incurs a more intensely negative response than alcohol use in U.S. society. This negative view of recreational substance use, at least in terms of the U.S. as a nation, extends back to the Puritan colonizers of the seventeenth century, who brought their fundamentalist Christian beliefs to the Americas to practice religion (Morone 2003). It is an elemental part of the social reaction to and regulation of opioids in the U.S., as will be discussed further below.

Opium

The cultivation of the opium poppy dates back at least as far as 5300 BC in Europe (Kritikos and Papadaki 1967, Salavert et al. 2018). Opium is a product extracted from the poppy plant *Papaver somniferum* by creating small cuts in the poppy seed capsule and releasing a latex. This latex is dried and can then be turned into a powder, cakes, or bricks (Rogers 2018).

For centuries opium was taken orally as a pill (or mixed with alcohol to offset the bitter taste) and seemingly was used extensively with little concern about addiction. It was known to ancient societies for its abilities to relieve pain and make the user feel drowsy and euphoric (Aragón-Poce et al. 2002).The Sumerians called the poppy *hul gil*

— meaning “joy plant” — and they were growing it in Mesopotamia by 3400 B.C.E.(Kritikos and Papadaki 1967). The ancient Greeks used opium to relieve pain and elicit a feeling of euphoria (Mavrogenis et al. 2018). Over three thousand years ago, the Egyptians used opium for both medicinal and religious reasons (Hobbs 1998). These societies recognized the medicinal and recreational qualities of opium and utilized the substance extensively for both uses.

Opium’s psychological effects includes hallucinations, which some people incorporated into their art. Samuel Taylor Coleridge wrote his famous poem “Kubla Khan; or, a Vision in a Dream” while in an opium-induced dream. *Confessions of an English Opium-Eater* (1822) by Thomas De Quincy is one of the most famous books dealing with nineteenth century opium use disorder. It details both the psychological pleasures and the pains created by taking opium, from the amazing imagery it generated for the user to the extreme physical pain it caused if ceased. More than a few authors wrote of both aspects of opium use, some extolling the virtues and some decrying the evils (Abrams 1971, Freeman 2012).

The image of an “opium eater” would have been a middle- or upper-class woman who took opium as a tonic for common ailments of the time and as a recreational substance for relaxation or creativity purposes (Courtwright 1982). People would not necessarily believe these opium eaters to be criminals or deviants because they took opium. The dependency of opium was understood at a certain level; some people required constant doses of opium, or they would fall ill. However, emerging sometime after De Quincy’s book was published, was an underlying view of people who took extreme quantities of opium as being similar to alcoholics (or “inebriates,” as society derisively

labelled them at the time). Thus, the widespread use of opium was not concerning enough to society to advocate for federal regulation of the opioid.

Laudanum

Though the exact date of discovery is difficult to pin down, laudanum emerged sometime around the 1600s as a treatment for a variety of diseases. Laudanum appears extensively in medical books written from the seventeenth to nineteenth centuries for everything from headaches to stomach pains to sleeplessness. In order to create laudanum, a person would mix powdered opium into an alcoholic drink, usually with spices included to mask the bitter taste of the opium (Brook, Bennett and Desai 2017). Laudanum became a popular remedy among the lower- and middle-classes for self-medication due to the difficulty they had in accessing medical practitioners who had more expensive remedies (Amsel-Arieli 2015). Manufacturers created products called "patent medicines" (concoctions made of various materials purported to be heathy and beneficial) and marketed them as cures for any and every ailment (Young 1961). Laudanum was also popular as an ingredient in patent medicines, though only rarely listed as such; this also The inclusion of laudanum and opium in patent medicines led to inadvertent dependence among users. The people who used patent medicines could not be certain whether they contained laudanum or opium until the Federal Food and Drug Act of 1906 required manufacturers to label their products with a list of ingredients (including patent medicines) (Padwa and Cunningham 2010). As with other opioid substances, recreational use of laudanum was also common throughout history (Amsel-Arieli 2015).

Smoking Opium

Sometime around the fifteenth century, the method of taking opium changed, possibly when European explorers experimented with smoking opium using a smoking pipe for tobacco (Chouvy 2009). This method of taking opium increases its effects, particularly the euphoria users feel, which also increases its addictiveness, which led to its popularity for recreational use throughout Asia and Eastern Europe over the next four centuries.

In the U.S., smoking opium was imported from Asia throughout the nineteenth century. Though not particularly popular among the native U.S. population, immigrants from Asia, particularly from China, smoked opium. By the mid-nineteenth century, U.S. society associated smoking opium with Chinese immigrants (Courtwright 1982). It did not take long for U.S. society to develop a racist attitude towards Chinese immigration and opposition built throughout the late nineteenth century (Miller 1969). Part of this anti-Chinese movement centered around the vice of opium smoking, which society saw as an unproductive, depraved activity. Many towns in California began a moral crusade to criminalize opium dens, many of which were located in Chinatowns (Light 1974). Smoking opium was outlawed by the early twentieth century with the passage of the Smoking Opium Exclusion Act.

Morphine

The date of discovery for morphine is just as clouded as that of laudanum. Most researchers place the date at 1805, when a German scientist published his work in isolating the main ingredient of opium, the alkaloid morphine (Brook, Bennett and Desai 2017). It was largely ignored for some years as opium and laudanum were cheaper to

produce and use as medicine and the U.S. only began producing morphine in the 1820s. The invention of the hypodermic needle in the 1850s boosted the use of morphine, though, as it provided better pain relief when taken intravenously than did taking pills made of opium (Hamilton and Baskett 2000).

By the 1860s, morphine was widely used in the U.S., especially during the Civil War for treating the wounds soldiers received during battle and for the diarrheal diseases that commonly fell upon armies mired in unhygienic conditions. Its use was so extensive that many of the soldiers who survived the conflict went back home dependent on opioids. This was such a common occurrence that addiction became known as "army disease" after the end of the war (Jones 2020, Lewy 2014).

Morphine was not limited to treating soldiers, though. The curative powers of morphine were touted by physicians and by the end of the century, it was administered for almost every complaint a person could have. Few medicines were available for pain relief and other ailments that medical professionals treated with morphine and opium until the end of the nineteenth century. Many researchers point to the role of physicians in using morphine for all illnesses, large or small, in creating a large portion of those who became dependent on opioids (Courtwright 1982). Morphine became an essential medicine for medical practitioners and, by the end of the century, many white, middle- and upper-class women had become dependent on it due to its widespread use for all kinds of illnesses (Courtwright 1982). At the latter end of the nineteenth century, physicians were finally realizing that their injudicious use of morphine was a driving force behind thousands of cases of opioid dependence and began calling for other medicines like aspirin to be used instead.

Codeine

In 1832, scientists extracted codeine from opium (Polzin 2003). It is less powerful as an analgesic compared to morphine (approximately one-tenth of morphine's analgesic power), but also has fewer side effects. Because codeine is much less powerful than morphine, medical professionals often prescribe it for mild to moderate pain and small amounts are available to purchase without a prescription. This makes codeine one of the most widely used opioids in the U.S.

In 2013, however, a case series was published that indicated codeine may have contributed to the deaths of multiple children who underwent a tonsillectomy or adenoidectomy. In response to this, the Food and Drug Administration required a warning label be affixed to codeine products warning of the risk that it can pose to children (Racoosin et al. 2013). Additional communications from the Food and Drug Administration in 2017 and 2019 suggested further restricting codeine from children between 0 and 17 (Chua and Conti 2021). The misuse of codeine also led to concern about its accessibility and potential for dependence (Van Hout and Norman 2015).

Heroin

The German company Farbenfabriken vorm. Friedrich Bayer & Co. (now known as Bayer AG) developed diacetylmorphine (the brand name was "heroin") as a commercial product in 1898, though there is some evidence that other researchers developed the drug before that (Sneader 1998). It was marketed as a cough suppressant, but, notably, not as an analgesic, even though it is much stronger than morphine (around three times more

powerful). Ailments like tuberculosis that included coughing as a primary symptom circulated widely prior to the development of antibiotics and vaccines, and heroin and other opioids acted as incredible treatments that eased the symptoms of such deadly diseases.

It was not long, however, before medical professionals began to challenge whether heroin treated respiratory illnesses better than well-established medicines like codeine or morphine. By 1911, scientific articles began to appear describing the addictive property of heroin as equal to that of morphine (Courtwright 1982). Physicians, initially entranced by the ability of heroin to manage the symptoms of tuberculosis, worried that heroin would create the same addiction problems that morphine created in the nineteenth century. Newspapers and magazines took notice and estimated the number of people addicted to opioids to be between 100,000 nationwide to 1,000,000 just in the state of New York (Morgan 1981, Wilbert 1915). These reports generated attention and outrage among both ordinary people and politicians and led to quick action to regulate heroin use to medical practice only. In 1924, Congress passed the Anti-Heroin Act, which prohibited importing opium for manufacturing heroin (Musto 1999).

Heroin emerged as society's greatest opioid foe beginning in the late nineteenth century, at a time when lower-class men were indulging in recreational heroin use. In the 1960s, countercultural groups voiced support for many types of drugs — including heroin — and flaunted their use of such drugs. Mainstream U.S. society, outraged by such hedonistic behavior, searched for ways to restrict heroin use and reign in the deviant crowd of people who used it. The Vietnam War also caused a panic because many reports suggested high rates of heroin use by soldiers, who, it was assumed, would return to the

U.S. dependent on heroin and unable to resume their place in society (Hall and Weier 2017). Some researchers have disagreed with the rates of heroin use initially reported and rates of heroin use after the soldiers returned to the U.S. While soldiers may have used heroin in Vietnam during the war, most of them desisted from heroin use after they returned to the U.S., though this may be the result of switching to other substances like alcohol that were legal and readily available (Kuzmarov 2009).

Opioid Analgesics

The various opioids discovered in the twentieth century followed a slightly different path as the opioids discovered before the twentieth century. These opioids faced acceptance in the U.S. under the regulation of the Harrison Narcotic Act and the regulations that followed, which meant that they would be almost entirely limited in use to patients under the care of medical and pharmaceutical practitioners (Gerritsen 2000). For instance, in 1917, oxycodone was derived from thebaine and used by medical practitioners within a year for similar ailments as were treated with morphine (Stanley 2005). Hydrocodone was synthesized a few years later from dihydrocodeinone. A German pharmaceutical company synthesized fentanyl in 1960 and by 1968 physicians in the U.S. were administrating it (Stanley 2014). A controlled-release formula of morphine sulphate (MS Contin) was approved for use by the Food and Drug Administration in 1987 (FDA 2019).

In 1990, a fentanyl transdermal system was approved by the Food and Drug Administration for treating pain. This opioid patch allowed patients to have continual pain relief for three days, when it could be changed for a new patch. Soon afterward, a controlled-release formula of oxycodone (trade name OxyContin) was approved for pain

relief under the assumption that its longer-lasting analgesic effect would reduce the misuse of the opioid. Just three years later, in 1998, the Food and Drug Administration approved a transmucosal immediate-release fentanyl medication for breakthrough cancer pain. New formulas of these opioids appeared throughout the 2000s, with strict guidance from the Food and Drug Administration requiring pharmaceutical companies to create accurate marketing campaigns and mitigation strategies to prevent the misuse of their opioid products (FDA 2019).

Opioid analgesics helped medical practitioners provide relief for patients suffering extremely painful illnesses like cancer and for patients in postoperative recovery. They began to limit the prescribing rates of opioids as more medical advances made it possible to conduct less invasive surgeries and more options in medical care led to less painful experiences of surgery. There were also a few panics about the use of opioids among people using it recreationally rather than medicinally, particularly in the decades after World War II. Most recently, prescription opioids have been at the center of an increase in opioid-related overdoses and deaths (Mattson et al. 2021a).

THE FEDERAL REGULATION OF OPIOIDS

Opium, morphine, and heroin were all unregulated substances in the U.S. until 1914 (Padwa and Cunningham 2010). In fact, many commercial products (patent medicines) included these opioids, which were often marketed as wonder drugs that had amazing curative properties for every imaginable illness. Americans were unaware that manufacturers included opioids in these health elixirs, which caused dependence and deaths as people took them for common ailments. Eventually, Congress passed the Pure

Food and Drug Act to ensure the correct labeling of all patent medicines. Substance use, even if unintentional, was increasingly seen as a deep social ill that was damaging to U.S. society and individuals which needed to be addressed, though at this time not necessarily by the federal government. The U.S. began to see opioid addiction as a social problem that needed to be addressed through federal regulation.

At the beginning of the twentieth century, society held two divergent views of people who were habitually using or addicted to opioid drugs. On one hand, those who were smoking opium or injecting heroin were seen as deviant. Smoking opium was linked to Chinese immigrants, who were maligned by much of the white U.S. population, and injecting heroin was linked to poor people who had to sell junk to buy their drugs. On the other hand, people who were addicted to morphine or a medicinal opioid were viewed as physiologically dependent on the drug much in the same way as a diabetic was dependent on insulin (Bertram et al. 1996, Courtwright 1982). Addiction to these opioids was not a moral issue where individuals needed punishment to set them back on the path of sobriety, but rather as a medical issue that was pitiable.

The regulation of opioids did not begin at the federal level until 1909, when Congress passed the Narcotic Drugs Import Export Act (also known as the Smoking Opium Exclusion Act). In this act, Congress declared "[t]hat opium and preparations and derivatives thereof, other than smoking opium or opium prepared for smoking, may be imported for medicinal purposes only, under regulations which the Secretary of the Treasury is hereby authorized to prescribe" (Congress 1909). A person in possession of imported smoking opium would be fined, imprisoned, or both under this law, essentially prohibiting the possession of smoking opium as well.

This act deliberately prohibited the import of opium prepared for smoking, a type of opium used more by Chinese immigrants to the U.S. than by the native-born population (Dikötter, Laamann and Xun 2002). Smoking opium was singled out for regulation as the culmination of local and state laws against its use, which were the results of public ire against Chinese immigrants. Many towns and territories in the West experienced an increase in immigration from China in the mid-nineteenth century as economic opportunities abounded. Towards the end of the nineteenth century though, the economy declined and caused a tighter labor market. This led the native-born population to become hostile towards immigrants, viewing them as competitors for jobs (Morgan 1978).

When these people began to create sanctions against smoking opium, they were deviantizing not only the behavior, but also the Chinese immigrants — that is, making them into outsiders of the community due to smoking opium. The immigrants and the smoking opium were associated with each other and influenced how society viewed each for decades in the future (Brégent-Heald 2014). The Narcotic Drugs Import Export Act established a clear reasoning behind regulations for the next several decades as a way to prevent undesirable populations from using opioid recreationally.

Some groups in the U.S. saw all recreational opioid use — regardless of who was using the opioids — as something to be eradicated from society. Groups that had banded together to promote temperance in alcohol also set their sights on opioids as a social evil incompatible with traditional U.S. ideals and religion. With the lobbying work of these prohibition groups, Congress passed the Harrison Narcotic Act in 1914, which made it necessary for opioid distributors to register with the Internal Revenue Service and

imposed a “special tax upon all persons who produce, import, manufacture, compound, deal in, dispense, sell, distribute, or give away opium or coca leaves, their salts, derivatives, or preparations, and for other purposes" (U.S.C. 38 Stat. 785). In other words, any person involved in the opioid trade had to register and pay a special tax, including medical professionals who used morphine in their practice.

The medical professional societies were particularly involved in getting this regulation to pass as a way to further legitimize their medical authority and ensure their control over the prescription of medicines over that of pharmacists or unlicensed practitioners who also distributed medicines (Hohenstein 2001). The new law therefore created a new dynamic between physicians, pharmacists, and patients, who would now need to see a physician to receive a prescription for opioids and take that to the pharmacist to receive the actual opioids. While not making opioids illegal in the U.S., the Harrison Anti-Narcotic Act did lay the groundwork for later regulations that made it more difficult to access opioids through any means other than a physician’s prescription.

In the 1920s, Congress targeted heroin use with regulation due to concerns about heroin use among young people and fears about heroin-related crime (Courtwright 1982). The Anti-Heroin Act of 1924 prohibited the importation of opium to be used to manufacture heroin (U.S.C. 43 Stat. 657). The American Medical Association again pushed for more restrictive measures to limit access to heroin to prescriptions given by licensed physicians (Courtwright 1982). International conferences on opioid trafficking again convened in 1923 and 1924-1925, though no substantial agreements were made by the U.S. (Wright 1924).

The 1930s brought the punitive model to the federal government's movement against drug use. Where the Harrison Act of 1914 had limited the distribution of opioids to registered medical professionals, less than twenty years later Congress saw a need for a more forceful enforcement of its drug laws. They therefore created the Federal Bureau of Narcotics through the Porter Act of 1930, which created the Bureau of Narcotics in the Department of the Treasury. The sole mission of this agency was to apprehend importations of opioids (and cocaine) in accordance with federal law (U.S.C. 43 Stat. 586).. With the creation of the Bureau of Narcotics, Congress and the executive branch had effectively created a punitive institution dedicated to enforcing regulations against opioid use and trafficking (Bertram et al. 1996).

Post-World War II America was a time of relatively lower rates of opioid use and addiction. The war had disrupted the smuggling routes for opioids and most people who were addicted were forced into sobriety through lack of supply. The 1950s was a time of peace and security around the world and the U.S. enjoyed strong national unity around the ideals of the American Dream. In the public's mind, opioid use was a criminal act and could only lead to more criminality, particularly violent crime. Socially, America was dealing with fears about Communism and there were some fears that imported items such as toothpaste were being laced with opioids to create widespread addiction and undermine the new global role of the U.S. Heroin addiction slowly gained prominence as a social problem rooted in the slums and ghettos of the big cities (Buxbaum & Martin 1972).

By the 1960s, the federal government was focusing enforcement efforts mainly on interstate and international trafficking in opioids (Bertram et al. 1996). The states were

also beginning to generate drug laws to deal with the growing social movement to legalize marijuana (Nicholas and Churchill 2012). President Lyndon B. Johnson declared the "war on drugs" in 1969 as a response to the countercultural social movement that also advocated drug use. While Johnson was not able to accomplish much on drug use in his time in office, Nixon continued the war on drugs in his administration. This was the only time in the decades-long war on drugs that Congress gave more funding for treating people who use opioids than to law enforcement for arresting people who use opioids.

Congress passed the Comprehensive Drug Abuse Prevention and Control Act in 1970, which included the Controlled Substances Act, establishing the five categories of drugs (Schedule I-V) that is still used to categorize opioids based on medical uses and proneness to abuse (Spillane 2004). This piece of legislation resulted from the advocacy of many groups, who, largely in response to the countercultural "hippie" movement of the late 1960s, demanded the federal and state governments act to prevent the buying and selling of drugs, (Baum 1997). Though the Controlled Substances Act fell far short of a completely objective system of classification (Spillane 2004), it codified the level of deviance attached to the drug used and became a punitive measure against drug use (Courtwright 2004).

Further legislation in the decades after the Controlled Substances Act took an even more punitive approach that increased the penalties placed on people who used illicit opioids and people who trafficked opioids. For instance, Congress passed the Anti-Drug Abuse Act of 1986 which mandated minimum sentences for anyone possessing an illicit opioid. Punitive measures like this would be the norm for the next forty years.

The 1980s saw Ronald Reagan elected president for two terms and a dramatic turn in the war on drugs. No longer was treatment considered a valid option for funding; instead, all efforts were to be focused on punitive enforcement. The government actions and the media response during this political period cemented the association of drug use with crime (Beckett 1994). The punitive model of dealing with opioid addiction became a mainstay of the war on drugs and any effort to move to a medicalized view of opioid use was seen as being "weak" on crime and inviting political derision.

In the 1990s, several opioids would come onto the market that contributed to the later rise in opioid use and mortality, but most regulations targeted other aspects of substance use in general, such as crime and welfare benefits. Notably, in 1994, Violent Crime Control and Law Enforcement Act was passed to address crime rates in the U.S., though the regulation clarified and extended the role of the Office of National Drug Control Policy in gathering substance use data. The Personal Responsibility and Work Reauthorization Act of 1996 eliminated the disability eligibility for substance addiction as well as denying welfare for people convicted of a drug offense (Metsch and Pollack 2005).

The regulations directed at opioid use later in the 1990s were generally focused on preventing and reducing opioid use among young people, such as the Drug-Free Communities Act of 1997 and the Media Campaign Act of 1998. These regulations aimed to prevent substance use in general rather than opioid use specifically. The Drug-Free Communities Act did so through community grants to address substance use among youth in order to account for the challenges unique to each community (CDC 2021). The Media Campaign Act funded the creation of television commercials and air time

dedicated to an anti-drug use messaging campaign targeting young people (GAO 2005). These regulations did not contain any punitive measures for people who use opioids, but rather focused on preventing substance use and educating young people about substances.

Congress made little attempt to regulate opioid use in the 2000s and focused instead on ecstasy and methamphetamine use, which were both rising at this time. Soon though, concerns about the terrorist attacks of 2001, foreign military actions, and a global economic recession took attention away from substance use. In 2007, however, Congress was forced to take some notice as Purdue Pharma plead guilty to federal criminal charges that it had misbranded its product OxyContin (oxycodone) as non-addictive and marketed it as such despite knowing otherwise (Tesoriero 2007).

The regulations of the 2010s took a much different path from the previous decades in how opioid use was approached. Rather than pass punitive measures or education campaigns, Congress passed legislation that expanded access to treatment programs for people who use opioids. In 2016, two major pieces of legislation that took expanded treatment and funded education medical professionals were passed — the Comprehensive Addiction and Recovery Act (CARA) and the 21st Century Cures Act. In 2018, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act was passed, which expanded access to treatment options for Medicaid and Medicare recipients as well as making medical reforms like education programs for medical professionals.

Overall, regulation of opioid use has slowly moved from punitive measures against the people who use opioids to treatment expansion. The legislation of the 2010s illustrates particularly well how striking the change in the past two decades and how

abruptly it occurred. The members of Congress altered the approach of the federal government towards opioid use and crafted more medical approaches that could be adopted by the state and local governments to reduce opioid use. This shift from punitive to medical solutions in legislation may be seen in the speeches of the members of Congress, which the research here will investigate after a discussion of the theories of deviance and medicalization.

CHAPTER 3
THEORETICAL FRAMEWORK

I approached the speeches (commonly called "texts" in a content analysis as a general term for all written, visual, or audial materials included in a study) with a theoretical framework. The literature establishes the public perceptions of opioid use as a form of deviance with moral implications. Literature also exists on the medical rhetoric surrounding the current increase in opioid use. Based on the prior research and on the initial coding of speeches, I decided to use a theoretical framework including both the sociology of deviance and medicalization theories as the foundation for coding the texts and analyzing them. In this chapter, I will review both theories, how researchers have used them in research on opioid use and regulation, and how I will use them in my analyses.

DEVIANCE

As illustrated in the socio-legal history of opioids, , opioid use violates U.S. values and the people who engage in such behavior face the disapproval of their fellows and sanctions from the government. From the perspective of the members of Congress, opioid use is a problem when their constituents communicate it is or when events involving opioids become publicized. The members then begin to publicly advocate for enforcing

the rules against opioids more strictly or even creating new rules to address problems associated with opioids.

Definition of Deviance

Deviance, as Howard Becker ([1963] 1991) describes it in his classic text, occurs when a person breaks the social rules that have been laid out by a society. The most important element Becker ([1963] 1991:9) points out in his definition of deviance is that "*social groups create deviance by making the rules whose infraction constitutes deviance,* and by applying those rules to particular people and labeling them as outsiders" (emphasis in original). This suggests three aspects of deviance – the creation of a social rule, the violation of that social rule, and the reaction of society to the violation. In the case of opioids, Congress creates rules against opioids, people in violate these rules by engaging with opioids, law enforcement agencies arrest the people using opioids, and society labels those people based on the violation of rules.

The Moral Enterprise against Opioids

Becker introduces the term "moral enterprise" to describe the process in which people push for social control or sanctions over a source of deviance. The moral enterprise is an effort to create "a new fragment of the moral constitution of society, its code of right and wrong" (Becker [1963] 1991:145). The rules that emerge from a moral enterprise sometimes take the form of legal regulations, when an informal social rule becomes formalized in the legal system of a society. The regulations will include sanctions for

engaging in a deviant act, with the severity of sanctions depending on the importance of the rule.

The negative moral attitudes historically held towards drug use led to restrictive legislation meant to regulate the possession of opioids throughout the twentieth century and into the twenty-first century (Musto and Korsmeyer 2002).

Members of Congress as Moral Entrepreneurs

Becker's definition of deviance includes an emphasis on who is involved in the creation of rules. He proposes that "[r]ules are the products of someone's initiative, and we can think of people who exhibit such enterprise as *moral entrepreneurs*" (Becker [1963] 1991:147, emphasis in original). These are the people actively advocating for a rule or actually creating the rule. They make this effort in order to correct a moral wrong that they see in the world and act as a "moral crusader" to reform society into a more righteous one. The members of Congress are moral crusaders for many issues, but especially for opioid use and trafficking. The language surrounding opioids has been rife with morality ever since people began to believe opioids might be a problem, long before the U.S. was established.

The member may make a speech about the importance of the rules against opioid use and trafficking to promote regulating opioids. As Becker ([1963] 1991:128) puts it, "enforcement occurs when those who want the rule enforced publicly bring the infraction to the attention of the public." Speaking on the floors of the House and Senate allows the members of Congress to bring the topic of opioids before their peers and the public. A

member of Congress will make a speech to persuade the other members to create new regulations on opioids or to fund or more strictly enforce the regulations already in place.

They are also addressing the public, who may be directly watching the member speak through a media outlet like C-SPAN or who may hear of their remarks through a news story. The members of Congress also have official websites on which their speeches may be posted for the public to view. Social media also acts as an outlet through which the members of Congress can post their remarks and publicize the issue of opioids. The members of Congress may even rely on using outside sources like constituent stories, media stories, and government reports to elicit a sense of moral outrage among the public.

Personal Interest in Regulating Opioids

As discussed earlier, U.S. society reacted in a fairly consistent manner to the different types of opioid use throughout its history. When an opioid is first discovered, society sings the praises of it and uses it to treat the ills of the day. Then, society notices that some groups use the substance excessively and it acts to curb this use by defining it as a sign of disease or deviance. The perspective of abuse as a disease society almost exclusively applies to the cases of privileged members; the perspective of abuse as deviance, society applies to the cases of marginalized members. This cycle continues with each opioid that becomes popular and usually ends with formal rules against the abuse of the opioid.

Every member of a society may not believe that opioid use is deviant, though. There is a vast difference in U.S. society between the people who use opioids and those

who make the formal rules regulating such use. When discussing the role that society has in creating social rules and labelling rule breakers, we must acknowledge that "society" may mean the people with the most social power – the most wealth, greatest prestige, or highest social position. These elites are positioned to create or influence the definitions necessary to establish which conditions are diseases and which are deviant.

In some cases, a social movement emerges and advocates for government to legally define a condition as deviant, as was the case with the Temperance movement of the early twentieth century (Wagner 1997). Drinking alcohol was an ordinary occurrence in the early history of the U.S.; it took a coalition of upper- and middle-class white women and religious groups to persuade Congress to pass a ban on alcohol sales through an amendment to the Constitution, which is an extremely rare event. Social movements can extend their activities to include other issues, as the Temperance movement did after including opium in their efforts to ban alcohol.

All of these efforts are evident to the members of Congress, with whom social movement leaders and advocates interact in order to request regulation by the federal government. The members of Congress who act as moral entrepreneurs must have what Becker ([1963] 1991) calls a "personal interest" in the creation and enforcement of laws pertaining to opioids, though. Their personal interest may come from a personal connection to someone who uses opioids or from seeing the effects of opioid use on their community. They may even see opioid use as a moral affront to their values and seek to enforce the rules to eliminate the immorality. The issue may therefore be entirely personal in nature and create the enterprise for rule enforcement.

However, the personal interest of a member of Congress is not merely their own set of interests, but also those interests of their constituents. As a representative of the people in their district or state, the member of Congress is expected to consider and act in a manner consistent with the wishes of their constituents. If their constituents express concern about opioids and push for the member of Congress to enforce the regulations against opioids, then the member's personal interest is expected to be the same or face possibly losing their elected seat. Enterprise therefore includes an external component for the members of Congress. While the exact source of the member's personal interest may vary, they still seek to enforce the regulation of opioids.

Enforcing Rules against Opioids

A member of Congress "must take the initiative in punishing the culprit" who breaks a rule like using or selling opioids ([1963] 1991:128). This is what they are doing when they write and pass legislation that is meant to enforce the rules against opioids obtained from illegitimate sources or used in a non-medical way. Before any legislation can be passed, the members of Congress must make speeches on and debate the legislation

The speeches given by members of Congress about opioid use can be seen as a reaction to deviance, the first step in creating rules against opioids. Legislation passed by Congress is "making the rules whose infraction constitutes deviance" when they create legislation to regulate opioid drug abuse.

MEDICALIZATION

As discussed previously, opioid use is now considered by the medical profession to be a medical condition. The people who engage in such behavior are seen as having a disease that needs to be controlled through medication and treatment. As with the belief that opioid use is deviant, the members of Congress see opioid use as a problem when their constituents communicate it is or when events involving opioids become publicized. The members can then begin to publicly advocate for funding medical research, treatment programs, and other medical solutions that address opioid use as a medical problem.

Definition of Medicalization

Medicalization is "a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders" (Conrad 2007:4). First proposed by sociologists in the 1970s, this concept argued that experts were transforming the definitions of nonmedical conditions into medical ones. Sociologists initially looked into the role of psychologists in defining these new medical conditions as a form of social control (Conrad 1979, Zola 1972), as new and broader definitions of psychiatric illnesses were established by medical professionals. It largely focused on the role of medical professionals in defining these "new" conditions and advocating for the use of medical interventions to "treat" them. Medical professionals have authority over the condition as an outcome of medicalization, which also usually eliminates the authority of other agents over the representation or treatment of the people with the condition.

Research on medicalization generally tries to understand why and how physical, mental, and social conditions become known as medical problems. There are a number of

theories for why some conditions are medicalized, often centered on the social characteristics of the people most commonly associated with the condition. For instance, many conditions that are more prevalent among women have been medicalized, such as birth, menopause, mental disorders, and aging (citation). The researchers who argue that women's conditions are medicalized moreso than men's conditions see women's relatively lower social position in society as the main reason.

Medicalization also applies to both ends of the age spectrum, with children and older adults experiencing more conditions that are medicalized. The classic case of medicalization is the rise of attention deficit hyperactivity disorder (ADHD) since the 1960s (Conrad 1975). Children's "abnormal" or "deviant" behavior has continually been medicalized as a way to gain control over their behavior through medical means rather than through the juvenile justice system.

A central line of theoretical inquiry has been the deviancy of some conditions. Behaviors and thought patterns that are considered deviant in a society may be placed under social control through one institution or another. As Conrad and Schneider (1992) argued, many conditions have gone from deviance to illness (or from "badness to sickness"). The conditions that were historically judged as a sign of criminality or immorality were addressed by the criminal justice system or a religious institution, with the goal often set to punish the offender for violating the norm. Modernity has brought with it a move to rationality that promotes

Treating Medical Problems

The definition of a problem is one important aspect of medicalization as a concept. Defining a condition as a medical problem means (either implicitly or explicitly) that it can be managed or treated by medical professionals. As Conrad (2007) says, medicalization as a process involves not only defining a condition as a medical problem, but also treating it as such. For most conditions, this means creating a diagnostic process by which the conditions could be identified in patients and developing a method of treatment or management for patients to follow. In the case of opioid use, a series of diagnostic criteria can be utilized to determine whether a person has opioid use disorder (what once was called addiction) (Hasin et al. 2013).

Agents of Medicalization

Traditionally, medicalization has been driven by medical professionals. As physicians gained authority through scientific and technological advancement, the public's trust and willingness to submit to physicians' diagnoses and treatments grew (Burnham 1982). Patients' trust in their provider makes them more likely to adhere to treatment, see the same provider again, and seek care when necessary (Thom, Hall and Pawlson 2004), all of which can lead to better health outcomes.

The end of the so-called "golden age" of medicine was evidenced by the public's loss of trust in the profession and challenge to the authority of physicians (McKinlay and Marceau 2002). While the concept of medicalization indicates that medical professionals engage in this problem definition, there are also other agents which can engage in it. This process occurs as a series of actions taken by several different entities in society.

Several forces engage in defining a condition as a medical problem. Conrad (1992) identified three institutions as "engines" of medicalization: the medical profession, the pharmaceutical and biotechnology companies, and patient advocacy groups. Traditionally, the medical profession has been the most active agent of medicalization. By defining more and more conditions as medical problems, they have expanded their authority to cover more conditions of human life. The so-called "golden age" of medicine was a high point in which medical authority was the largest driver of medicalization because physicians wielded so much trust and scientific advances made previously normal conditions abnormal and treatable (Burnham 1982). After the 1950s, however, the medical profession declined in authority and trust in physicians as the sole source of knowledge and medical definitions waned.

The pharmaceutical companies began to rise as huge corporations dedicated to developing drugs for all conditions defined as medical problems. Soon, though, they began to dabble in "informational marketing"—advertisements promoting knowledge about illnesses to the lay public. This type of marketing allowed pharmaceutical companies to promote a condition as a new medical problem, for which, coincidentally, the company had already developed a drug. Pharmaceutical companies were thus medicalizing conditions through direct-to-consumer advertising in the U.S. (Frosch et al. 2007). More recent literature has added biotechnology companies as a similar engine to that of pharmaceutical companies (Clarke et al. 2003, Clarke and Shim 2009, Maturo 2012).

However, the role of the government as a source of medicalization has been ignored. In the U.S., the federal government is one of the biggest funding sources for

medical research and the dissemination of health information and is the largest single purchaser of health care services. The members of Congress choose which areas of medical research to which they will appropriate funds, including research into opioid use, treatment programs, and education. This considerable amount of money and authority can be utilized by the members of Congress to add to the definition of a problem as a medical disorder. By ignoring the influence that the government has had on the research into and definition of newly labeled medical conditions, we currently have an incomplete picture of the "engines" of medicalization.

Communication and Medicalization

The language surrounding a condition can also indicate the medicalization of the condition. As Conrad (2007:5) explains, medicalization occurs when “a problem is defined in medical terms, described using medical language, understood through the adoption of a medical framework, or ‘treated’ with a medical intervention.” In other words, medicalization requires communication to be a viable process that transforms an everyday and/or deviant condition into a medical problem.

Little research exists on the government’s communications and how they may indicate medicalization. Certain organizations in the federal government, especially the National Institute on Drug Abuse (NIDA), have adopted a view of opioid use as a brain disease and communicate this view through their official communications to the public (Anderson, Swan and Lane 2010, Courtwright 2010). This perspective encourages research and knowledge production to focus on genetic and neurological factors that might predispose or influence a person’s opioid use, what is also known as the brain

disease model of addiction. This may indicate the medicalization of opioid use by at least some institutions within the federal government. Given this research, I argue that the members of Congress can also communicate medicalization through their speeches and that a content analysis of these speeches can reveal this process.

CHAPTER 4
METHODOLOGY

After reviewing the current literature, I developed two research questions based on the existing gaps. In the first research question, I seek to create a foundational knowledge of how the members of Congress frame opioid use. In the second research question, I seek to establish the trends in the frames used across the timeframe. Each of these questions contributes to the literature a nuanced view of the frames used by members of Congress to speak about opioid use.

In this chapter, I will discuss the research questions that directed this study and how I developed them based on the existing literature. I will then discuss the source of the data and how I leverage it to answer the research questions. Following that, I detail the process of data collection and how I made decisions about which texts to include or exclude. I also detail the coding procedure I developed and how I coded the texts. Finally, I discuss how I utilized Goffman's (1986) frame analysis in the content analysis and its relevance to how speakers use rhetoric to build up a frame and communicate it through texts.

RESEARCH QUESTIONS

By 2016, the U.S. public was fully aware of the increasing rates of opioid-related overdoses and deaths. Media frequently covered the rising rates and discussed various

theories as to why rates were so high, often blaming economic depression in suburban and rural areas where factory jobs had once been plentiful (Netherland and Hansen 2016). Opioid use, especially heroin use, also generated concern in the 1990s, with media more focused on the crime it allegedly caused than on why people were using opioids (Beckett 1994, Fan 1996). Media coverage in the 2010s, however, centers on the lives and deaths of the people who use opioids (McGinty et al. 2016).

Looking at the attention media pays to opioids, there is much to suggest the members of Congress also pay attention to opioids, either as a way to respond to the media or as a way to direct its attention. The speeches the members of Congress make present the data, stories, and legislation which they want the media to cover. They frame their speeches for not only their constituents to see that they recognize the issue, but also for the media to cover in stories about Congress' reaction to the issue. Thus, the members of Congress and the media work off each other when attending to opioids as a social problem and a legislative issue.

Based on this prior literature, I developed two research questions to analyze how members of Congress might use each frame in their speeches during the same time period. The first research question is, by virtue of the novelty of the research topic, a broad question. There is plentiful research on the legislation Congress passed on the subject of opioid use, but no research on what the members of Congress say while making these policies. Recent research analyzes the media's role in framing opioid use along the lines of criminal act or disease (Denham, Cacciatore and Caves 2021, McGinty et al. 2016, Orsini 2017). The lack of research bringing these two areas together leads me

to the question of how exactly members of Congress frame opioid use and whether it follows the views of opioid use as deviance or medicalization. Therefore, I ask:

RQ_1: How do members of Congress frame opioid use in their speeches?

H_1: The members of Congress frame opioid use as deviant.

H_2: The members of Congress frame opioid use as medicalized.

H_3: The members of Congress frame opioid use as both deviant and medicalized.

Both deviance and medicalization on their own can vary from low to high amounts within a speech. Each frame can also be used together in a speech. A speech may have high amounts of medicalization, with low amounts of deviance. Another speech may have high amounts of deviance and low amounts of medicalization. And another speech may have low amounts of both medicalization and deviance. There are therefore multiple ways in which these frames can be present in a speech together.

The novelty of the research question opens the possibility that there are innumerous frames used by the members of Congress. My hypothesis deliberately narrows the frames into three distinct possibilities: deviant, medicalized, or both. These three categories account for the complex nature of speeches made in Congress, which are meant to be more persuasive and rhetorical than casual conversation.

The timeframe, which encompasses over twenty years of speeches, can establish any trends or patterns in frames, as well as how those might change over time. Frames of opioid use may vary based on significant events that occur, what opioids are used, and

the unique causes or effects perceived by the members of Congress at any time. The long timeframe sets up the second research question, in which I ask:

RQ_2: How have the frames of opioid use as deviance and opioid use as medicalization changed from 1994 to 2019?

H_1: The frames change over time.

H_2: There is a significant increase in the medicalization frames used over time.

The second research question examines the historical evolution of the current discourse surrounding opioid use. The words and rhetoric on opioid use dates back far before the beginning of this study's timeframe, and therefore certain words and phrases are already associated with the topic. However, other words, events, and cultural symbols can become associated with opioid use as time goes on. Thus, a review of speeches across twenty-six years may reveal both established and new rhetoric surrounding opioid use and can illuminate how perceptions of opioid use vary across the years.

Content Analysis

Researchers utilize the method of content analysis to analyze data contained in texts (Krippendorff 2019). Content analysis is "a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use" (Krippendorff 2019:24). It involves analyzing texts for themes (or messages) that authors utilize pertaining to a specified subject (Hodson 1999). The researcher carefully reads and analyzes each text to pick out the message(s) that the author is sending to the audience.

Researchers consistently utilize content analysis as a method for identifying and quantifying frames within content generated by members of Congress across many different topics. Researchers used content analysis to study the framing of human rights (Cutrone and Fordham 2010), women in the military (Segal and Hansen 1992), food assistance programs (Brock 2017), views on the National Science Foundation (Lupia, Soroka and Beatty 2020), and terrorism (Hart, Jarvis and Lim 2002). The variety of topics is diverse, but nothing yet exists for how members of Congress frame opioid use.

Prior research on how Congress frames specific topics contains some methodological weaknesses in identifying the frames and are often limited in scope. The studies which use content analysis usually only analyze a few words surrounding a keyword, rather than an entire speech, with Brock (2017) as a notable exception to this. Another method commonly used to explore frames is automated text analysis, but, while useful and full of potential for some research, it relies on a computer to identify the frames from a preselected set. Using a set selected before the identification process begins can lead to a loss of the frames that might otherwise be identified and illuminate the research. A content analysis circumvents this weakness by requiring that a human must remain closely engaged with the texts throughout the process of identifying frames, ensuring that any frames not identified at the beginning of the process can be picked up throughout it.

I approach the texts with the sociological theories of deviance and medicalization as a way to structure the analysis of these speeches. By approaching the texts with a set of theories, I can explore how members of Congress frame opioid use through a set of themes that allow for considerable evolution of frames over time and by context.

FRAME ANALYSIS

Goffman (1986) proposed frame analysis as a way of an actor's understanding of a situation, an answer to the question "What is happening?", that is, what they see as happening around them. The answer is presumed by what actions the individuals take after the events at hand have occurred. The theory is used as a means of better understanding the meaning behind actions that individuals take in their social interactions. Frame analysis acknowledges that people carefully consider the events that are happening around them all the time. They react based on their own personal interpretation of the events and the actions that would be most appropriate for the ideals, beliefs, and goals of the individual.

I use frame analysis as a way of identifying whether members of Congress emphasize opioid use as a form of deviance or as a medical condition. Congress members engage in framing as a way to communicate their definition of and policy preferences for opioid use. The U.S. public and, by extension, members of Congress have long considered the use of opioid drugs for recreational reasons to be a social problem requiring political action (Courtwright 1982).

I utilize Erving Goffman's theory of frame analysis to address how the members of Congress frame opioid use, including how it is a problem and what actions they propose the Congress should take. Finally, I describe the two frames which Congress communicates to the public about opioid use – as an act of deviance, following the work of Becker, and as a medical disease, using Peter Conrad's theory of medicalization.

Communicating Frames

An official elected to Congress must continually ask the question "What is it that's going on here?" to be an effective part of the legislative branch. The U.S. public expects their Congressional representatives to know the major social problems of the U.S. and for those representatives to have a plan for what action to take. It is necessary for a member of Congress to convey their frames to the U.S. people in order to prove that they are paying attention and have the situation under control. At the same time that they are communicating their frames, they are also defining the situation for their audience and attempting to persuade the audience that their fframes correct.

Members of Congress convey their frames to the public through a variety of ways. They can make speeches on the floor of the House or Senate, they can make press releases outlining their position, they can give interviews to news media outlets, and they can directly communicate with their constituents through town halls, email, letters, etc. Many members have even turned to using social media platforms such as Facebook and Twitter to connect with voters (Straus et al. 2013). During election cycles, members of Congress interact even more with their constituents as they campaign for reelection to Congress (and as challengers campaign to be elected for the first time). Elections bring members of Congress in direct contact with voters in their district and state and require them to elaborate on their thoughts and ideas for legislation.

It is during all these instances of contact with the U.S. people that the members of Congress frame the issues they deem most important to their audience. The members of Congress deliberately frame what their definition of the situation is to elicite a (positive) response from the audience to their handling of the social problem. It is necessary to note

that though these are deliberate attempts to communicate a certain frame to the audience, this is not the same as saying that members of Congress are lying to their audience. The creation and communication of frames is utilized as a means of persuasion to encourage Americans that one way of thinking about a social problem is correct and the other is wrong (Cobb and Kuklinski 1997).

Framing in Other Disciplines

Political scientists endeavor to understand framing as it is used by politicians as a strategy for political success. It can be advantageous for a politician to use a certain frame if their district is one that would respond favorably to that frame. Entman's (1993) definition of framing is the most common one in political science and communication studies. It states that framing is an action taken by a person, whereby emphasis is placed on a certain aspect of reality and communicated to others in order to prompt an understanding of the reality based on this emphasis. Political scientists have used this definition of framing to evaluate the role of gender (Pearson and Dancey 2011) and race/ethnicity (Rocca and Sanchez 2008) on participation in speech giving and bill sponsorship. Framing in congressional debate and speeches has looked at both conceptual framing (as when Iyengar [1996] followed the concept of responsibility) and at issue-specific framing (as when Brock [2017] followed debate surrounding nutritional programs for children).

A study by Vliegenthart and van Zoonen (2011) identified divergent definitions and operationalizations of frame analysis, which splinters the research along different disciplines and research topics. Much work in non-sociological disciplines define framing in a way that lacks the social aspect that Goffman proposed. For example, Chong and

Druckman (2007:104) define framing theory as "the process by which people develop a particular conceptualization of an issue or reorient their thinking about an issue," but this definition fails to include the importance of the social context in which this process occurs. There are many articles that focus on the effects framing has on the public opinion about an issue, but which do not look into the circulation of the frames during the policymaking process (Borah 2011). Therefore, this study will rely primarily on the original work of Goffman to systematically examine the various frames that members of Congress communicate to the general public about opioid use.

Framing and Language

Research into language has developed within several disciplines, from linguistics to political science to sociology. Language studies question who is speaking, what messages or frames they are conveying, and how the audience understands the speaker's words (Graber 1976). The symbols embedded in rhetoric are of considerable interest to communication and sociolinguist research. There are symbols which have historical, social, and cultural meaning that politicians bring into speeches to elicit certain emotions and responses from their audience (Lasswell and Leites 1966). Rhetoric that includes these symbols promote the values of the speaker, at times even challenge the norms for which the symbols have traditionally stood.

Studies of language use point to framing as a significant way in which politicians promote understanding an issue through symbols (see, for example, Santa Ana's [2002] analysis of language used to discuss Latinx immigration) . Political science research on framing has extensively advanced our understanding of the symbols and rhetoric that

politicians utilize on a variety of subjects (Brock 2017, Brugman and Burgers 2018, Ceresola 2019, Fligstein, Stuart Brundage and Schultz 2017, Fucilla and Engbers 2015, Hoffman and Ventresca 1999, Pizmony-Levy and Ponce 2013). These works—and others—have examined the framing efforts of politicians at the executive and legislative branches in order to map the use of rhetoric and the effects that that rhetoric on the audience.

FRAMING DEVIANCE

Researchers, mainly in criminology, analyze how deviance is framed. Common in this approach is the use of content analysis to determine how different groups might be framed while engaged in the same act of deviance (Eastman 2015, Heitzeg 2015). Research analyzing how to identify whether something is framed as deviant is less common in the literature.

Identifying Deviance Frames

Approaching the texts with the concept of deviance as defined by Becker ([1963] 1991) as a guide to the coding process aided in identifying the elements that make up the deviance frame. In this frame, the speaker must (a) make a value judgement of the people or entities involved with opioids, (b) associate opioids with other deviance, (c) reference law enforcement as the authority to control opioids, or (d) promote actions to enforce the rules against opioids.

A speaker who speaks of drug use as something that marginalized groups do or that is endemic to subcultures would be using a deviance frame. For instance, referring to

the people who use heroin as “hippies” or as members of a countercultural movement would be a frame of deviance. The deviance frame focuses on drug use as outside of mainstream culture and refers to drug use as a threat to “normal” American life. Frames that are coded as “deviance” make reference to institutions involved in enforcing the regulations against opioids. For instance, the member of Congress may mention the Drug Enforcement Agency (DEA), which investigates cases of opioid trafficking and arrests people suspected of selling opioids. A speaker may also propose to use the criminal justice system to deal with opioids in order to prevent them from posing a threat to the U.S. population. This would be an example of a frame of criminalization because it brings in the criminal justice system as a means of controlling opioid drug use and sanctioning users.

FRAMING MEDICAL CONDITIONS

Studies on the framing of medical disorders is a current line of research. Several studies examine the frames of medicalization that magazines and print news use when discussing health and illness (Boni 2002, Brock 2017, Jutel 2010, Kolker 2004, Saguy and Riley 2005). By using frames of medicalization in coverage of some issues, the media is prompting the audience to understand the issue as a medical problem. Messages utilize rhetoric to guide the audience to an understanding of the issue and delineate which are medicalized and which are made deviant (Gamson et al. 1992). In the case of drug use and abuse, the frames that focus on the medical model are contributing to medicalization of the issue (Fan 1996, Orsini 2017). The medical model requires defining opioid use as a

disease, usually located in the brain, which Some researchers have already argued that the current wave of opioid drug use has been medicalized (Smith 2017).

Identifying Medicalization Frames

Approaching the texts with the concept of medicalization to guide the coding process provided a set of boundaries for what would be coded as a medicalization frame. This frame would require a speaker to (a) state a definition of opioid use as a medical condition, (b) emphasize the health/illness aspects of using opioids, (c) reference medical professionals and institutions as the authority in controlling opioid use, or (d) promote medical interventions and treatments for opioid use. I looked for these elements as indications that the speaker was framing opioid use as a medical condition. The work of Conrad (1992, 2005, 2007) is particularly helpful in defining what constitutes medicalization in terms of language and communication because he puts the emphasis on the definitional aspect of the process.

Frames that are coded as "medicalization" directly reference the medical institution as a key authority on drug use. Instances of this include the speaker saying that drug addiction is a disease or proposing legislation that would give money to the National Institute of Health (NIH) to fund research into treating opioid drug addiction. A speaker who mentions the need to treat drug use rather than imprison people who use opioid drugs would also be using a medicalization frame.

DATA SOURCE

The Congressional Record is an archive mandated by the U.S. Constitution of all the speeches and debates made on the floors of the Senate and the House of Representatives since 1873 (McKinney 2002). Congress keeps a record of the proceedings for each session, which can consist of various activities like a morning prayer, messages from the House or Senate or president, speeches by members, announcements for scheduled meetings, and votes, to name a few. It contains all the data necessary to answer the research questions.

The Government Publishing Office (GPO) publishes the entire proceedings of a day in Congress on its website at govinfo.gov, usually available the next day. The current Congressional Record consists of all the proceedings from January 1, 1994 to the present day and published day by day. Much of the historical Congressional Record (the "Congressional Record Bound Edition") is published online for the public to view, and currently spans the records kept from 1873 to 1993. The Bound Edition of the Congressional Record is in .pdf format and indexed according to its printed form, which is in the form of a single session of Congress though split into several parts containing ten to twenty days' worth of activities. The Congressional Record can be searched for any topic or speech that has been given in the past hundred years or more. This study takes full advantage of access to the decades of speeches kept in the Record to create a unique dataset of speeches related to opioid use.

Communication Rules

An elaborate rule system exists for communicating on the floors of the House and Senate. For instance, all speeches must be addressed to the president of the Senate – the Vice President or, if absent, a president pro tempore – or to the Speaker of the House. This rule means that the speeches *formally* have the same one person as the audience, though other members would be present to hear the speech or read it in the Congressional Record, and *informally* are directed at the other members. When members of Congress speak on the House or Senate floor, they address their speeches to the speaker of the House (if they are in the House of Representatives) or to the president of the Senate (the Vice President or a designated president pro tempore).

Members are also limited in the length of the speech that they can give. Depending on when they give it and what type it is, a speech may be between one and sixty minutes long. A member who has been granted time to speak may grant their own time to another member to speak, if they wish. Longer speeches can cover a multitude of issues and contain more examples, rhetoric, and discussion than can a shorter, one minute speech.

Communication Types

There is not a single type of communication in Congress, but, rather several. Congress is a communication-heavy institution that relies on speechmaking and debating for developing and passing legislation. Due to the bureaucratic nature of the institution, rules exist for almost every aspect of communication, which has led to distinct types of

communication. For instance, the Senate and House both have daily routinized activities like the prayer and pledge of allegiance at the beginning of each day.

One of the most common types in the House takes the form of a one-minute speech during the morning. This is the only time that members in the House of Representatives can give a speech on anything that they wish to address without a direct relation to the daily agenda of the Congress. Because these speeches are so short, members are forced to get straight to the crux of the matter without much elaboration or clarification of their thoughts. Members of the House can also give speeches through the Extension of Remarks section of the Congressional Record. If a member wishes to include comments that they did not or could not give on the floor of the House, the speech will be placed in the Extensions of Remarks section.

Another common type of communication occurs when a member of Congress comments on legislation under consideration in the House or Senate. A significant portion of the activities in Congress is dedicated to proposing, debating, and voting on legislation that may become federal law. In the case of opioids, a member may be speaking about how the legislation is related to opioid use and what its effect might be on the U.S. These speeches can occur at the time that the piece of legislation is introduced or at any time after the House or Senate has accepted it for debate. When the speech occurs at the time the legislation is introduced, it is known as a "statement on introduced bills and resolutions" and may be given by one or more sponsor of the bill.

Both the House and Senate rely on debate as a way to develop legislation. These speeches involve two or more members discussing the pros and cons of a piece of legislation in a more conversational method than the speeches given during the morning

business. There is more improvisation and responsiveness to what others are saying compared to the speeches. In a debate, speeches are only occasionally self-contained – more often they are fragmentary and members engage in a discussion with no predetermined flow or end.

DATA COLLECTION

In order to collect all the texts that could answer the research questions, I developed a data collection process consisting of several steps to gather the texts. These steps include: searching the Congressional Record, creating inclusion and exclusion criteria, locating speeches specifically, and collecting the relevant ones. Searching for the speeches and creating inclusion and exclusion criteria were the steps taken before I collected any speeches. The collection step occurred simultaneously with the coding process, which I conducted in two ways, as discussed below.

Searching the Congressional Record

First, the digital repository of the Congressional Record was searched using the GPO's online search function. This search used the keywords "opioid," "heroin," "opiate," and "fentanyl," as they were the main forms of opioid drugs used during the timeframe between 1990 and 2019. I used all keywords to search the full text of the Congressional Record and ensure that all speeches discuss opioids. Figure 4.1 illustrates the occurrence of these keywords across the timeline.

I originally included the keyword "narcotic" as part of the search because the word "narcotics" has traditionally been the overarching term to refer to substances

derived from opium, but I had to drop it from the analysis. After a preliminary analysis of speeches that only included this keyword, I discovered that the members of Congress were not correctly using "narcotic" as a catch-all word to denote all opioid and opiate drugs, but, rather, as a term to refer to *all* illicit drugs, from heroin to cocaine to cannabis. It is notable that the misuse of "narcotic" appears to occur more in the 1990s compared to the 2010s, which future work may find it a valuable line of research. If I included narcotic as a keyword, I would then be including speeches on drugs that are distinct from opioid and opiate drugs in who uses them, their effects, and the societal views of them and their users. This would ultimately expand the research and analyses of this study beyond what I intend. Therefore, I exclude "narcotic" as a keyword to ensure that all speeches truly refer to opioid and opiate drugs and not speeches in which the speaker discusses drugs other than opioids.

Additionally, I chose parameters to limit the search results to speeches given between the years 1994 and 2019. During this time, several events occurred that likely significantly influenced the federal government's reaction to the use of opioids, including a few high-profile drug overdose deaths by celebrities, many nationwide media reports of children using heroin and prescription opioid analgesics, a "heroin chic" fashion trend, and several prominent drug trafficking arrests. Within this timeframe, Congress acted to address drug use, such as new federal regulations on social services benefits for people who use drugs and foreign policy actions against drug-importing countries. The endpoint of the timeframe, while not the end of opioid use in the U.S., does occur after Congress recognized the current era of opioid use and before its attention was overtaken by the coronavirus in early 2020.

Collecting the Speeches

In the second step of data collection, I went through each search result to determine whether it should be included. The Congressional Record includes all daily activities that occur on the floors of the House and Senate, from the policy debates to the daily prayer, and not all of the material is in the form of a concise speech. In order to collect only the texts relevant to the study, I assessed each according to a set of inclusion and exclusion criteria that would narrow down the final number of texts collected.

I created a system of assessment to determine whether a speech would be included in the study. First, the speech must include at least one of the keywords ("opioid," "opiate," "heroin," or "fentanyl"). While these keywords do not ensure that every speech in which they appear is only about opioid use, or even mainly about opioid use, they do ensure that somewhere in the speech the topic of opioid use appears. There may be speeches on opioid use that do not use any of these keywords and therefore would not appear in the search results (of particular concern are speeches that only refer to opioids as "prescription pain killers" or by a brand name like OxyContin). I believe that the number of these speeches is small compared to the number of speeches that do include the keywords, though future research may use other keywords to expand the study to encompass these speeches.

Second, the speech must be made by a member of Congress or be material that they requested to be included with their remarks, regardless of the authorship of the material. Many speakers find outside materials to be useful for making their arguments. These materials can include newspaper and magazine articles, letters from constituents,

Congressional hearing testimonies, essays by students, or other written materials (audio and visual materials currently cannot be included in the Congressional Record). The speaker may also use outside materials as a foil against which they argue. Unless the speaker explicitly stated their disagreement with the material, I treat it the same as their own words and code it as such.

Finally, the speech must be made by one speaker only. The policymaking process involves many debates, which operate differently from speeches in which the speaker is able to research a subject and have speechwriters create a speech aligned with their needs. These debates should be treated differently from speeches and I therefore leave them for a separate study. Additionally, some texts may have multiple speakers contribute to a single "speech." This works essentially as a collection of interrelated speeches on a topic, rather than as separate speeches on the same topic, and so may be dependent upon each other. I exclude these texts to ensure the speeches included in the study are independent of what is said in other speeches.

The search result yielded 4,277 hits. With over four thousand search results for the keywords, I could not collect and code every one without needing several additional years of work. Therefore, I developed a system by which only speeches in which one person spoke would be included. This required reading through each search result to assess whether the keyword(s) occurred in single speech or in another type of text. Excluded texts include: debates, speeches shared between multiple speakers, the daily digest of Congressional activities, conference reports, Congressional resolutions, bill texts, statements on introduced bills, and communications from the executive branch. Additional information on excluded texts can be found in Table 4.1.

Details of this process of inclusion and exclusion can be seen in Figure 4.2. I categorized the non-speech texts as either Congressional activities or as texts with multiple speakers. The texts I included in the analysis I categorized as either speeches or extensions of remarks. An extension of remarks is a speech either given in the House longer than the speaker's allotted time to speak or a speech that is not spoken on the floor, but which the member wishes to include in the Congressional Record.

The total number of texts matching the inclusion criteria for the study is 1,036, or approximately 24% of the total number of texts returned from the search results. This is still quite a large number of speeches to code, so I developed two processes to reduce the number to a more manageable amount for the content analysis. The first method involved coding as I located and collected the speeches. The second method involved random selection of speeches after I collected all the relevant ones. Further details on both processes are discussed below.

CODING PROCESS

Frames are the ways in which people organize their understanding of what is happening around them, according to Goffman (1986). These frames are then communicated through the person's actions and words as they navigate their social setting. In the context of this study, frames are in the content of the speeches. the ways that the speaker communicates through language their interpretation of the use of opioid drugs. This includes providing a definition of what opioid drugs do to a person, current rates of drug use, the role of certain government agencies and departments in reacting to drug use, the

forces that influence drug use, and the solutions that are proposed to deal with opioid drug use.

As discussed earlier, I developed two processes by which to code speeches. First, during the collection step of the process, I coded speeches as I located them. This led me to code many of the most relevant search results for each year (as determined by the GPO's search function). I coded 56 speeches through this process, with at least one speech from each year coded at the same time as collection.

In the second process, I collected information on all the speeches first and then randomly selected certain speeches to code. I selected speeches at random by using Excel's function to generate a random selection based on the granulated identification value the GPO assigns to each speech. Through this process, I coded an additional 48 speeches. Ultimately, I coded a sample of 105 speeches (roughly 10% of the 1,036 total number of speeches). I achieved saturation in themes after coding around 30 speeches, but due to the incentive in political rhetoric to create new ways of speaking about a topic new comparisons and analogies continuously emerged and led me to code well after saturation.

The coding process itself took two forms — one or a few sentences out of the speech and the entire speech. I coded a single sentence from speeches that spoke only marginally about opioids or that included a simple reference to opioids. These speeches spoke mainly of other topics not related to opioids and coding the entire speech would likely have yielded errors in any analysis. In some cases of this approach, it was possible to code the sentences surrounding the keyword sentence because they contained greater detail or explanation about opioid use. This method of coding a single sentence (or a few)

allowed me to keep all speeches with the keywords in the content analysis while avoiding noise from irrelevant topics.

The other method of coding I employed involved coding entire speeches. I only did this if the topic of the speech was all or mostly about opioids. Speeches wherein the main topic was opioids occasionally included sentences or paragraphs dedicated to other topics having no bearing on the topic of opioids. In these cases, I did not code the other topic sections, as a way to avoid noise from irrelevant topics that could cause faulty themes to emerge.

For all coding, I allowed sentences to have multiple codes. This means that a sentence could be coded in a way to indicate two themes or more depending on the elements of a sentence and what each element indicated separately. This process created layers of codes to the sentences that help identify which themes occur together or overlap.

Sorting the Themes

After I coded the speeches, I sorted each code to develop a set of themes fitting into the four frames previously described. I sorted the codes into themes based on who is portrayed as the user of opioids, who is portrayed as the victim of opioid use, what the effects of opioid use are, what the causes of opioid use are, who should control opioid use, and what solutions are proposed. These themes could then be sorted into the four frames based on the people, effects, causes, and solutions the members mentioned.

The "medicalization" frame consists of references to medical professionals, health and illness in relation to opioids, and treating opioid use as a disease. If a member

discussed the medical community as an important authority in addressing opioid use, the theme was coded into the "medicalization" frame. If the member discussed the need to treat people who use opioids, this would also be considered a "medicalization" frame.

The "deviance" frame consists of references to law enforcement agents, criminal aspects of opioid use, and deviant groups. If the member mentioned law enforcement as the authority in charge of arresting people for possessing opioids, then the theme would be "deviance," Likewise, discussing groups seen as deviant at the time (i.e., gang members, criminals, punk rockers, etc.) as the people who are using opioids would be placed in the "deviance" frame.

The frame for both medicalization and deviance consists of mixed references to medical and criminal authorities, effects, and solutions in relation to opioid use. If a member requests funding for more law enforcement agents and for more treatment centers, then the theme would be coded in the "both" frame. Additionally, members might compare opioid use to a disease while also calling the people who use opioids "criminals."

Originally, I hypothesized that the members of Congress would make speeches that contained neither the deviance nor the medicalization frames. When the member discusses opioids without reference to any of the above authorities, causes, effects, or solutions, then this would be a frame of neither medicalization nor deviance. This occurs when an opioid is mentioned as a quick example to which other things are compared. For instance, the member may mention that methamphetamine use rates are higher than that of heroin use rates and leave that as the only reference to an opioid. This mention is not enough to say whether the opioid is medicalized or deviant, though it may be implied that

the reference is to something bad, in and of itself. I do not consider this enough to code the reference as either medicalization or deviance, and therefore would code it as "neither." Upon examining these speeches (n=11), it became apparent that nothing substantial was said about opioid use, at least in terms of the research questions posed here, and I dropped these speeches from the analysis to focus on those that did contain the frames of deviance, medicalization, or both.

In order to sort the codes, I depended on the theoretical framework developed by Erving Goffman (1986) called frame analysis. This framework helped me to translate what members of Congress say about what they see as the problem of opioid use and what solutions are best for addressing the problem. Disciplines other than sociology utilize frame analysis as a way to investigate how people frame the events happening around them, which I detail further below.

RELIABILITY AND LIMITATIONS

The ability to reliably reproduce the results of a content analysis is less straightforward compared to a statistical method such as a regression. However, there are methods to ensure the reliability of the data. In order to do this, initial coding of the speeches was started in the fall of 2018. A random sample of the first fifty speeches coded was generated in the spring of 2019 and recoded to identify discrepancies in the categories into which speeches were coded. Out of fifty speeches only eight were inconsistent in the categories to which they were assigned, indicating a high rate of reliability.

CHAPTER 5
RESULTS: THE DEVIANCE FRAME

In this chapter, I begin by discussing the role of "othering" in how the members of Congress conceptualize opioid use as a social problem and how it is used to depict opioid use as deviance. I then reveal the themes associating the "other" with opioid use as a way to portray it as deviant. The frame of deviance emerges from three themes in the speeches: the association of opioids with foreign countries, the association of opioids with deviant groups and behaviors, and the authority of law enforcement over opioid trafficking and use. These themes influence which solutions members of Congress propose in their speeches, which focus on controlling opioids through the law enforcement, including the military and criminal justice system. Table 5.1 shows the results for each theme of the deviance frame.

OPIOID USE AS "OTHER"

A person who defines something as deviant makes a social boundary between themselves and the deviance. Becker ([1963] 1991) calls the people who engage in deviance "outsiders," but the actual process of defining these outsiders in a society is called "othering" and it involves someone defining something as separate and different from themselves, who are part of an "in-group" (Grove and Zwi 2006, Krumer-Nevo and Benjamin 2010, Walton and Lazzaro-Salazar 2016) The definition of the other is made by

ordering social life and institutions around the concept of in-groups and out-groups. An in-group is the group with which a person feels a social bond, such as their family, peer group, or nation. An out-group is the group with which a person feels there is a difference between them and the members of the out-group, such as a rival sports team, younger age group, or foreign nation. The out-group is the "other," identified by the in-group as distinct from their members in a significant way.

The in-group considers the activities, customs, beliefs, rituals, and social life of the "other" to be deviant and morally inferior (Schwalbe et al. 2000). The in-group uses its own activities and beliefs as examples of acceptable behavior and uses the activities and beliefs of the "other" as examples of unacceptable behavior. Through these boundaries between acceptable and unacceptable, the in-group creates cohesive bonds between its members and distances the members of the out-group. This distancing of the "other" includes distancing the in-group from the beliefs and behaviors of the out-group, which helps clarify the deviant types of beliefs and behaviors for members of the in-group.

People who use opioids exist in the U.S. as an out-group because of their opioid consumption (England 2008, Wincup and Stevens 2021). Society's definition of people who use opioids as an out-group emphasizes the importance of "opioid use" as the way by which people can be identified and "othered." This consumption of opioids is essential to the way society views them. Congress makes laws meant to regulate these people based on this single aspect of their behavior and in this way treats them as the "other."

When framing opioid use as deviant, the members of Congress carefully craft their discussion of this activity as being done by the "other." They avoid the suggestion

that just anyone would engage in these activities and instead point out the way in which those who engage in the activities are different from the "normal" members of the in-group. They ensure that the people who are portrayed as trafficking and using opioids are understood to be the "other," separate from those who abstain from opioid trafficking and use. The members of Congress can help set up this boundary by telling the audience of the other ways in which the people who traffic in or use opioids differ from the people in the in-group, as will be shown below.

THEME 1: OPIOIDS ARE ASSOCIATED WITH FOREIGN COUNTRIES.

The historical association of opioids with foreign production and trade that emerged in the late nineteenth century continues to exist from 1994 to 2019. As discussed previously, the concern of the U.S. about opioids in the late nineteenth and early twentieth century centered on the foreign entities that grew the opium to make heroin and other opioids and traded them to the U.S. (Falco 1992, Giovanni Molano 2017, Smith and Pansters 2020). The first piece of legislation for addressing opioids taxed the import of smoking opium from foreign countries (Narcotic Drugs Import and Export Act 1909). A cornerstone of most of the legislation Congress passed throughout the twentieth century included foreign policy meant to stop opioids from entering the U.S., or even eliminate crops of poppies before they could be turned into opioids.

This association between foreign countries and opioids further 'others' the people who use opioids. Not only are they consuming a product that is considered deviant, but it is a product from outside the U.S., the in-group. People who use opioids from foreign countries can be 'othered' through this association because the foreign countries that

produce opioids are considered deviant as well. The U.S. sees these countries as sources of deviance, not only due to their production of opioids, but also due to other kinds of deviant behaviors, such as terrorism, violence, and crime, and deviant beliefs, such as socialism, communism, and non-Protestant Christian religions. All these forms of deviance in the foreign sources of opioids help to situate opioids as foreign products emanating from places of deviance. Foreignness is the ultimate form of 'otherness' and can taint the people who engage with things considered foreign.

The foreignness of opioids is one theme that emerges continuously throughout the timeframe. In this theme, members of Congress mention the foreign countries from which opioids originate. These may be places where poppies are grown and made into opium, heroin, and other semi-synthetic opioids, or they may be places where synthetic opiates like fentanyl are manufactured in laboratories. The climate of much of the U.S. cannot support poppy cultivation, which leads to most opioids derived from poppies to originate in foreign countries. The intense regulation and oversight of laboratories in the U.S. where opioids can be synthesized also creates barriers to manufacturing opioids for the illicit drug trade with the U.S. territory. Prescription opioids are the only type of opioid that is distributed in the U.S. from government-authorized sources.[2] There is a logic, therefore, in associating opioids with the source of their growth and production in places other than the U.S., which also links to subthemes of foreign criminality and terrorism.

[2] Most manufacturing plants for these drugs are not in the U.S. though but are considered to be authorized through an extensive licensing process governed by U.S. federal agencies. People taking these prescription opioids are unlikely to know where precisely their opioids are manufactured and therefore unlikely to associate them with foreign production.

The members of Congress create a link between the movement of opioids through trafficking into the U.S. and countries that have deviant values and behaviors. They do not assume that the foreign governments of the countries from which opioids originate authorize or sanction the traffic in opioids. Rather, the governments are seen as being ineffectual in preventing opioid production and eliminating trafficking in the drugs. They are seen as weaker governments that cannot or will not do enough to prevent opioids from being produced by their citizens. Representative Benjamin A. Gilman of New York made explicit this view when he said:

> In addition, we have Burmese heroin aplenty, and here at home we are awash in Colombian heroin that is purer, cheaper, and ever more deadly than we all have seen in the past.
>
> Today, the United States heroin market, especially along the East Coast, is dominated by this Colombian heroin…
>
> All of this opium and heroin production flourishes, especially where there is no government or weaker, ineffective government unable or unwilling to control illicit narcotics.
>
> Representative Benjamin A. Gilman
> September 22, 1999

From this quote we can see that the view of foreign countries involved in opioid production and trafficking is quite negative. Representative Gilman questions the ability of these countries to control the production of opioids within their borders, going so far as to suggest that government does not exist in the places where opioids are produced.

Representative Dana Rohrabacher of California expressed a similar belief when making a speech after the terrorist attacks of September 11, 2001. As he said regarding Pakistan:

> Unfortunately, there are many corrupt people and there are corrupt people all over the world, but there are many corrupt

> people in the Pakistani intelligence system, people who have been involved with drugs right up to their eyeballs. And what has Afghanistan produced in these last 10 years? Sixty percent of the world's heroin. Sixty percent of the world's heroin comes from Afghanistan. That huge amount of money, I knew, would bring down the government of Pakistan, the democracy of Pakistan.
> Representative Dana Rohrabacher
> September 17, 2001

Representative Rohrabacher's speech blamed the production of heroin and the corruption among members of Pakistani intelligence for destroying the government there. He created a clear connection between foreign opioids and the state of a foreign government, with a negative judgement on the state of the government. He even concluded that opioid production in one foreign country contributed to the failure of another foreign country.

While the theme of foreign production itself is present throughout the timeframe, which countries are seen as the origin varies. In the mid- to late-1990s, members of Congress expressed concern about countries like Burma (currently known as Myanmar), Columbia, Mexico, and North Korea growing opium and producing heroin that would be trafficked to the U.S. Concerns expressed at this time associated opioid use with governments considered either undemocratic or susceptible to corruption from opioid producers. For example, Senator Joseph R. Biden, Jr. of Delaware stated:

> Last year's certification of Colombia on vital national interest grounds was the clearest possible--and first ever--official United States warning that the leaders of Colombia must remain absolutely free from the corrupt influence of the drug cartels…Finally, and unpardonably, charges of corruption have coincided with a marked diminution of efforts to slow the drug trade--as last year Colombian seizures of cocaine decreased by 24 percent last year. And, supplies of Colombian heroin are also on the rise--becoming more pure, less expensive, and taking over the streets of America.

Senator Joseph R. Biden, Jr.
February 29, 1996

Around 2014, the stated source of opioid drugs shifted to encompass China. A report written by a Congressional committee claimed that fentanyl was manufactured and shipped from China to the U.S. (O'Connor 2017). Fentanyl added to heroin caused many overdose deaths at this time and generated media attention to the previously little-known drug. The members of Congress used the report to reference China as a source of fentanyl and propose more efforts to monitor mail shipped from China to the U.S., as seen in a statement by Senator Rob Portman of Ohio:

> These drugs that are devastating Ohio don't come from Ohio. They don't come from any of our States. We are told they come from overseas, primarily from China. There are laboratories in China that are developing this poison--this fentanyl and carfentanil. Some of the labs, we are told, also are in India.
> Senator Rob Portman
> September 22, 2016

The comments by Senator Portman differ somewhat from how the members of Congress discussed opioid production and trafficking from other foreign countries. Rather than suggesting that opioid production and traffic make the governments of China and India weak as was said about the governments in Mexico and Columbia, he avoided talking about the governments and focuses on the laboratories that exist within their borders. Additionally, it is “laboratories” that are producing opioids, not drug lords, cartels, or criminals. This implies a more scientific process and organization compared to the other foreign countries discussed previously.

In these examples of how opioid production is connected with foreign countries, the members of Congress see the weak or ineffectual governments as both an aid to and as a result of opioid production in their society. The countries associated with opioid production in the late 1990s were in South America (Bolivia, Brazil, Columbia, Ecuador, Paraguay, Peru, and Venezuela) and Asia (Burma). After 2001, the focus of the members of Congress drastically changed to Afghanistan until China becomes the focus after 2014. Mexico appears throughout the timeframe, although sometimes only mentioned implicitly as the "southern border" or similarly. These changes align with other significant cultural and social events, as will be discussed in chapter seven.

This theme also illustrates how the members of Congress view foreign countries as deviant because opioid production occurs within their borders. The members of Congress also see weak governments that cannot reduce opioid production and trafficking to the U.S. as a sign of deviance for their inability to properly regulate their citizens. The traffic in opioids between countries can even disrupt each of their governments, according to the members of Congress, which contributes to the creation of deviance caused by opioids. The association between foreign countries and the production of opioids allows the members of Congress to further distance the U.S. from opioids, at least in rhetoric if not in actuality.

Foreign Criminals and Opioid Trafficking

The entities with the foreign countries that produce opioids are seen as unauthorized actors or criminals who act without the permission of their government. They may be criminalized in their own country for their actions in producing opioids or not, but, once

they engage in trafficking the opioids across the U.S. borders, they are criminalized under U.S. law and international law. Trafficking opioids from one country and into another is considered by the international community to be unacceptable and countries can use their sovereign rights to prosecute the offenders. The people who engage in this behavior are criminalized and therefore engaging in deviance whenever they produce and traffic opioids to the U.S.

The members of Congress point to the criminals and drug cartels within foreign countries as the source of opioids. These groups are already considered deviant in the U.S. for their activities in other criminal acts, and so the members of Congress are able to easily associate opioid production and trafficking with deviance via these groups. The revenue generated by the groups from producing and trafficking opioids is used for more deviance, such as bribing political leaders, conducting more crime, and trafficking other types of substances.

An example of how a member of Congress discussed the criminal aspect of opioid trafficking from foreign sources comes from Representative Sam Johnson of Texas:

> For 3 years this President has made severe staff cuts to drug enforcement agencies, and, of course, drug use among children has skyrocketed … One reason is because Mexican drug smugglers have invaded and taken over the Texas border, allowing them to bring marijuana, cocaine, and heroin into our country and to our children at will.
> Representative Sam Johnson
> July 11, 1996

Representative Johnson called the people who move opioids across the U.S.-Mexico border "smugglers." This term is a legally defined crime, in which a person moves items that are prohibited (like heroin) across the border of the U.S. It works as a label to

indicate to the other members of a society that the person is a criminal, someone who is engaged in deviance.

Drug lords and cartels also appear as the foreign criminals trafficking opioids to the U.S. These organizations appear as a result of the trade in opioids, which can reap large profits due to the criminality involved in the work. The members of Congress view these organizations negatively, as organizations dedicated to bringing deviance to the U.S. The remarks by Representative Cass Ballenger of North Carolina directly relate to this view:

> We must help the Colombians fight the drug lords because in the process it will help us take Colombian drugs off our own streets. Right now, 80 percent of the cocaine and 75 percent of the heroin which enters this country this day comes from Colombia.
>
> While I believe that we must do our part to reduce the demand here, helping the Colombians fight the narcoterrorists where they live will slow the flow of drugs which are poisoning our own communities. Choosing not to help, as we did last fall, will only embolden the drug lords, who, in the absence of a comprehensive aid package, could more openly and freely continue peddling death to the American children.
>
> Representative Cass Ballenger
> March 8, 2000

As Representative Ballenger discusses, the "drug lords" in Columbia are trafficking opioids into the U.S. According to him, they are directly responsible for the opioids in the U.S. at the time and preventing them from producing and trafficking opioids would lead to a reduction in the number of opioids in the U.S. A similar view stated by Senator Nancy Landon Kassebaum of Kansas places the traffic in opioids in South Africa, though with the same view of the source of this traffic being criminal organizations:

> And even in Africa's most developed economy--South Africa--the lack of effective and legitimate law enforcement has led to the growth of crime and narcotics trafficking. Nearly 500 criminal networks are thought to operate in Johannesburg, dealing in cocaine, heroin, Mandrax, diamonds, and ivory.
> Senator Nancy Landon Kassebaum
> September 20, 1996

This association between deviant foreign groups and opioid use assumes a cause-and-effect relationship between opioid trafficking conducted by foreign criminals and opioid use in the U.S. The members of Congress make this association and are then able to propose foreign policies that give aid to countries that are working to reduce opioid production and trafficking within their borders. They also propose sanctions against countries that do not do as much (or even nothing at all) to reduce opioid production and trafficking as the members of Congress feel they should.

The U.S.-Mexico Border and Illegal Immigration

At all points in the timeframe Mexico is referred to as a source of opioids and as the entrance point through which opioids are trafficked to the U.S. This aligns with the general unease with which the U.S. views the quite porous border between the U.S. and Mexico, an unease which dates to the beginning of the twentieth century. The U.S. has attempted to create physical barriers along the border to prevent undocumented immigrants from crossing the Mexico border into the U.S. It has also created legislation to penalize such undocumented immigration, beginning in the 1980s and continuing to the present.

Members of Congress continually association opioid trafficking to illegal immigration. According to several of the members, immigrants smuggle opioids into the U.S. from Mexico. Drug cartels and gangs operating in Mexico, Central America, and South America traffic opioids as a source of revenue. One method they may use to get the opioids from their country and into the U.S. involves using immigrants crossing the border to transport the opioids. Representative James A. Traficant, Jr. of Ohio made this statement:

> Mr. Speaker, every major city in America is experiencing booming heroin sales. Kids with eyes watering and noses running are running the streets and dangerous. Now, if that is not enough to scare the welcome wagon, our borders are wide open. Wide open big time.
>
> While Congress is building halfway houses, narcoterrorists are coming across the border and treating it like a speed bump. Beam me up.
>
> Representative James A. Traficant, Jr.
> March 7, 2001

This same association with opioid trafficking was set up by Representative Mo Brooks of Alabama:

> Stated differently, our porous southern border and illegal aliens contribute to the deaths of another 15,000 Americans per year from just one drug, heroin. According to the Centers for Disease Control, there are another 55,000 dead Americans from overdoses from other poisonous drugs, many of which, like heroin, steal across our porous southern border.
>
> Representative Mo Brooks
> January 9, 2019

Foreign Terrorists and Opioids

The association of opioid production with a foreign entity abruptly changed in late 2001. On September 11th, 2001, members of a group known as al-Qaeda, led by Osama bin Ladin, hijacked four planes and attempted to fly them into several important U.S. landmarks. They flew two planes into each building of the World Trade Center in New York, one plane into the Pentagon in Washington, D.C., and one plane crashed outside of Shanksville, Pennsylvania after passengers attempted to take back control of the plane. These attacks outraged the U.S. public and the president, George W. Bush, vowed "to find those responsible and to bring them to justice" (Bush 2001). This event would lead to a war in Afghanistan, beginning in 2001, and later a war in Iraq, beginning in 2003.

The September 11th attacks are important to the context in which the speeches occurred because Afghanistan was a source of opium and heroin for centuries prior to this, much of it traded in Europe and Asia. Some few speeches before 2001 mentioned this fact and advocated for government actions to prevent opium cultivation, just as it did for South American cultivation. Heroin provided funds for organizations like al-Qaeda and the Taliban, another group in Afghanistan declared a terrorist organization by the U.S.

Speeches in the years immediately after September 11th focus on cutting off heroin as a source of income to al-Qaeda. The speakers consistently saw the effect of heroin in terms of how al-Qaeda traded in it to fund their operations, even going so far as to link such funding to the September 11th attacks themselves. Therefore, the effects of Afghani heroin on people who use opioids is not of concern to the members of Congress (the heroin produced in Afghanistan overwhelmingly goes to places other than the U.S.).

They are more concerned, rather, about the beneficial effects of opioid trafficking for a military enemy of the U.S. Representative Frank Pallone Jr. of New Jersey argued:

> The Taliban are essentially being financed by increased production of opium and ultimately, of course, heroin. That's how they are financed.
> Representative Frank Pallone, Jr.
> March 13, 2007

Additionally, the traffic in opioids that terrorist groups undertake is connected to the U.S. efforts to end opioid trafficking and use. This allows the members of Congress to tie in the "War on Drugs" that began in the 1980s with the "War on Terror" that began in the 2000s. Therefore, the members of Congress can justify policies on opioid trafficking and use on the benefits of reducing opioid use and on the benefits of eliminating a source of funding used by foreign terrorist organizations. Representative Major R. Owens of New York made this argument:

> We have not talked very much, we have not heard much about the role of drugs in Afghanistan and how the Taliban and all of the forces in Afghanistan have been involved in selling drugs. Heroin, the poppy from which heroin is made is the number one product of Afghanistan, and the control of the heroin trade by these factions, including the religious Taliban, was one way in which they financed their operations, selling drugs. So it is not farfetched to say that the drug war in this hemisphere will become a major problem in the war against terrorism in the future.
> Representative Major R. Owens
> March 13, 2002

Representative Mark Steven Kirk of Illinois had the same argument for addressing opioid trafficking in Afghanistan two years later:

> Most expect that the U.S. will be part of a 60,000 troop commitment to Afghanistan, one-third being Americans, who will then move to attack the heroin production heartland

> that sustains the Taliban. If this happens, we can expect some tough days ahead. Hard fighting and casualties would ensue. The Taliban cannot survive without the heroin income that comes from this region. If we succeed, we will rip the financial engine out from the Taliban, securing a future for central Asia that does not include terror.
> Representative Mark Steven Kirk
> January 8, 2009

THEME 2: OPIOID USE IS ASSOCIATED WITH DEVIANT GROUPS AND BEHAVIORS.

Members of Congress associate opioid use with groups of people who are already considered deviant in society. Examples of these groups include fans of rock music, people receiving disability benefits, and people who have committed other crimes. U.S. society sees these groups as deviant for their non-mainstream interests and their engagement in activities that do not align with U.S. values. When a person engages in one form of deviance, society assumes that other types of deviance like opioid use are also occurring.

Some of the speeches mention the effects that opioids create. These effects are types of deviance that have been associated with opioids for a long time. The members of Congress pay quite a bit of attention to the criminality and violence that surrounds the trade in opioids. The greatest concern mentioned by members of Congress was the crime associated with opioid use. There has been much public conversation about the role of opioid drug use in causing crimes (Beckett 1994). The members of Congress mention that opioid use causes crimes like robbery, theft, and drug trafficking. As Senator Rob Portman of Ohio said:

> In the meantime, I need to talk on the floor today about an ongoing issue in all of our communities around the country,

> sadly, which is this issue of prescription drug abuse, heroin, and now fentanyl … It is something that is taking thousands of lives every year, and it is something that is tearing families apart, causing crime, creating real hardship for so many families, and hurting the economy.
> Senator Rob Portman
> September 22, 2016

The members of Congress express particular concern about crime among the young people who use opioids. For example, Representative Orrin G. Hatch of Utah discussed the importance of developing provisions that address opioid use among young people and which would, therefore, address the crimes committed by young people. As he stated:

> We have work to do on heroin addiction. For example, a 1997 report by the Utah State Division of Substance Abuse, ``Substance Abuse and Need for Treatment Among Juvenile Arrestees in Utah'' cites literature reporting heroin-using offenders committed 15 times more robberies, 20 times more burglaries, and 10 times more thefts than offenders who do not use drugs. We must stop heroin abuse in Salt Lake City and in all of our nation's cities and communities.
> Representative Orrin G. Hatch
> September 26, 2000

Representative Hatch argued that young people who use opioids are committing more crimes than other who do not use opioids, based on statistics from a report issued by his home state. He implied that the efforts to reduce heroin use will also lead to a reduction in crime committed by young people. By addressing opioid use, then, Congress would also be addressing another problem — juvenile crime — caused by opioid use.

Violence and Opioids

Crime is not the only deviant behavior with which opioids are associated. Members of Congress also discuss the violence surrounding the trade in opioids. The drug trade elicits violence as a way of ensuring the supply chain stays strong all the way from the producer to the buyer (Blumstein 1995, Lind, Moene and Willumsen 2014). The members of Congress identify violence both abroad, in countries that produce opioid drugs, and domestically, in communities where these opioid drugs are sold and bought. The opioid drugs are the cause of this violence, according to members of Congress, and an indication of the deviant groups engaged in the traffic of opioids.

When members of Congress associate opioid use with crime and violence, they sometimes do not make a clear causation argument between the two, as can be seen in a 1996 speech by John L. Mica of Florida. Though he does not make a direct statement that opioid use caused juvenile violent crime to increase, he does heavily imply that more opioids in the U.S. led to an increase in violent crimes committed by juveniles. He has, effectively, connected opioids and juvenile crime, something the U.S. fears and actively tries to prevent through special programs and education. He said:

> What did we do with the drug interdiction program? We basically dismantled it. What are the results, again, with our children? Juvenile crime, in September 1995 the Justice Department's Office of Juvenile Justice and Delinquency Prevention reported that, now listen to this, and this is from the report: after years of relative stability, juvenile involvement in violent crime known to law enforcement has been increasing, and juveniles were responsible for about one in five violent crimes.
> Representative John L. Mica
> March 27, 1996

Deviant Values and Opioid Use

Members of Congress also discuss the values, mostly related to capitalism, not fulfilled by people using opioid drugs. Attention is given to the effects of productivity loss, which, in a capitalist society like the U.S., has a serious negative impact on the economy. Opioids cause physiological effects like lethargy and slower cognitive and motor function that can make it more difficult for a person to work a job. Struggling to work a job under the influence of opioids or while undergoing withdrawal can make an employee less productive and cause an employer to lose that worker's productivity. This concern centers on the effect of opioid use on the U.S.'s economy and its deviation from the core U.S. values of hard work and productivity. Representative J. French Hill of Arkansas had this concern when he stated:

> Mr. Speaker, this morning I rise to express my concern about the opioid epidemic that is plaguing our Nation, hurting our families, reducing productivity, and, really, one of the most shocking things that we have been experiencing across this land.
> Representative J. French Hill
> November 29, 2017

The members of Congress also associate opioid use with people engaged in deviant subcultures. Certain subcultures in the U.S. are considered deviant for their connection to values that do not conform to traditional U.S. values. Representative John J. Duncan, Jr. of Tennessee associated opioid use with a group well-known for rejecting U.S. values:

> Four young people brought 72,000 hits of LSD from California and were arrested in a raid at the Hilton Hotel. One of the four was a very beautiful young woman, just 1 month past her 18th birthday. She testified that she started with marijuana in the 7th grade, and because she handled

> that with no problem, she went on to cocaine in the 9th grade and heroin in the 10th grade. She then left home and started following a band called the Grateful Dead. She became part of a subculture called the Deadheads.
> Representative John J. Duncan, Jr.
> August 1, 1995

The “Deadheads” who followed the Grateful Dead band on tour is one such group from the rock music subculture that society considered deviant. The Grateful Dead began their career in the hippie scene of the 1960s and continued to play shows until 1995, when one of the members died. Throughout their existence, the band was intimately associated with substance use, both by band members and by Deadheads attending the concerts (Fraser and Black 1999). In another comment, Representative Benjamin A. Gilman of New York discussed the death of a member of the rock band Smashing Pumpkins, which was also part of a subculture rejecting traditional U.S. values:

> Just recently, in New York City, we had the much-publicized Red Rum heroin overdose death of a member of the Smashing Pumpkins Band, along with the arrest of that band's drummer for possession of heroin, and cancellation of the band's sold-out performances.
>
> Spelled backward, Red Rum is murder, and in the case of the Smashing Pumpkins member's overdose, it was indeed lethal, taking his life. It surely is murder. Let us hope that the Red Rum message is not one that Red Rum and other forms of heroin are trendy; rather than heroin use is serious and in this case can be deadly.
> Representative Benjamin A. Gilman
> July 16, 1996

THEME 3: OPIOIDS ARE UNDER THE AUTHORITY OF LAW ENFORCEMENT.

Deviance is controlled through enforcement of the rules (Becker [1963]1992). It is after the rules have been made that enforcement becomes possible. Enforcing rules requires

agents of regulation to discourage similar deviance. This can be seen, for example, with the work of the Customs and Border Patrol agency, which monitors the land borders of the U.S. to find any opioids brought across. Many institutions in the U.S. regulate the traffic in and use of opioids at the federal, state, and local levels.

In this theme, members of Congress place opioids under the authority of law enforcement agencies by proposing actions that the agencies can take to address opioid trafficking and consumption. Law enforcement agencies have been a key part of opioid-related legislation and regulation since the early twentieth century, when the Narcotics Division of the Treasury Department began its enforcement of the Harrison Narcotics Act. Eventually, the Narcotics Division was broken up and moved to other law enforcement agencies, which continue to regulate different aspects of the traffic in opioids. Two main elements of these proposed solutions appear in this theme: the proposal to use law enforcement to stop opioid trafficking and the proposal to fund local and state law enforcement to stop opioid use.

Stopping Opioid Trafficking through Law Enforcement

As discussed earlier, the members of Congress wish to stop opioid trafficking. They believe that stopping opioids from being produced or trafficked into the U.S. will help to reduce opioid use. Taking this position means the members of Congress must propose ways to stop opioid trafficking. This means relying on law enforcement agencies to prevent opioids from being imported across U.S. borders or being bought and sold within the U.S.

The solutions include using law enforcement agencies to stop drugs at their source, beginning with intelligence efforts. The attempt to find the people who grow poppies that are turned into heroin and who develop opioids requires understanding the people and places involved in this stage of opioid trafficking. Therefore, the members of Congress discuss the importance of gathering intelligence in foreign countries and in the U.S. for these efforts. As Representative John L. Mica of Florida said:

> If we know where the drugs are, if we know who is dealing the drugs, if we have the proper intelligence, we can save lives. Again we can cost-effectively stop traffickers in pursuit of their deadly profession purveying, again, heroin, cocaine, methamphetamines and other hard drugs.
> Representative John L. Mica
> March 2, 1999

Representative Mica saw a direct link between finding the people who traffic opioids and saving the lives of people who use opioids. Intelligence efforts carried out by law enforcement agencies provides the information necessary to prevent opioids from reaching the people who use them, according to Representative Mica.

The members of Congress also seek to interdict opioids before they reach the U.S. This stage of opioid trafficking includes destroying poppy crops before they are harvested, interrupting the development of opium and other opioids, and stopping the traffic of opioids before they leave the country in which they are produced. These elements of interdiction occur before the opioids reach the borders of the U.S. and depend on not only the work of the U.S. law enforcement agencies, but also the foreign country's law enforcement agencies. Representative Mark E. Souder of Indiana detailed the difficulties in successfully interdicting opioids before they reach the U.S.:

> So let us take cocaine and heroin in Colombia. First, you try to eradicate it. You go there, spray the stuff, hit it multiple times a year. If you fail and some gets out, which it always does, then you try to interdict it in the source country and get it before it hits the shores of the Caribbean or the eastern Pacific. Once it gets in the water, now we are dealing rather than in an area maybe the size of Texas, we are dealing in an area that is huge, the Caribbean Sea and the eastern Pacific. So it is much harder to get it.
> Representative Mark E. Souder
> May 17, 2005

If the interdiction efforts do not prevent opioids from being trafficked to the U.S., then law enforcement agencies are expected to stop opioids at the U.S. border. The agencies involved at this stage include those like the U.S. Customs and Border Protection and the Coast Guard. The Customs and Border Protection agency patrols the land along the U.S.- Canada border and the U.S.-Mexico border, which both serve as pathways for opioid trafficking from foreign countries. The Coast Guard patrols the seaports of the U.S. and provides law enforcement services against opioids trafficked across the sea and into the U.S. These law enforcement agencies are mentioned by Representative John L. Mica of Florida:

> So some of the slack has been taken up by the Coast Guard and also by U.S. Customs. That is the only reason things are not even worse today even with the commitment that the new majority has made since 1995 in the war on drugs.
> And again this is the result of what we see today. And these are the latest statistics on heroin. This is provided to me by DEA, our Drug Enforcement Agency, and they can tell us because of scientific analysis, just like DNA analysis, where heroin is coming from. We know South America, and this is all Colombia, 65 to 70 percent is coming from there.
> Representative John L. Mica
> February 1, 2000

As Representative Mica mentioned, the Coast Guard and U.S. Customs and Border Protection are key agencies in the work to prevent opioids from entering the U.S. from foreign sources. The work that they do reduces the amounts of opioids that reach the interior of the U.S., according to Representative Mica.

If, however, efforts at stopping opioid trafficking outside of or at the borders of the U.S. do not work, then law enforcement is expected to stop opioid trafficking between sellers and buyers within the U.S. For the most part, local and state law enforcement agencies have authority over this part of opioid trafficking. The federal law enforcement agencies only have the authority to intervene in trafficking across state lines, or if there is a clear national security aspect or the local and state agencies request their aid. Therefore, the members of Congress do not address the specifics of this localized opioid trafficking other than to make broad, non-specific proposals for providing funding to local and state law enforcement agencies. This can be seen in this statement made by Senator Patrick J. Leahy of Vermont:

> I spent 8 years in law enforcement, and I know that law enforcement practices will always play an important role. That is why I have worked to secure funding for State-led, anti-heroin task forces.
> Senator Patrick J. Leahy
> February 4, 2016

The members of Congress propose stopping opioid use by stopping opioid trafficking at every point in the supply chain before the opioids reach people who use them. These proposals will attempt to eradicate poppy crops in foreign countries, interdict opioids outside the U.S., stop opioids from crossing the U.S. borders, and, finally, stopping opioid trafficking in communities. The belief that cutting off the supply of

opioids to people who use them will immediately also cut the number of people who are using opioids underlies each of these proposals to address opioid trafficking. These approaches require that law enforcement agencies should be given the authority to undertake each aspect of opioid trafficking from foreign countries to the U.S. There is another approach to stopping opioid use, though, over which law enforcement has authority, and that is by directly engaging with the people who use opioids from consuming opioids.

Surveilling Opioid Use through Law Enforcement

The members of Congress also wish to address the use of opioids through law enforcement. The way in which the members approach opioid use with law enforcement is a more roundabout way compared to the approach to opioid trafficking, though. They do not explicit propose using law enforcement to arrest people who consume opioids. Many laws passed decades before at both the federal and state levels criminalize opioid consumption through drug-free workplaces, public intoxication, and public endangerment policies. Thus, when the members of Congress discuss law enforcement's authority over opioid use, they focus on the surveillance of opioids. Representative Lee M. Zeldin of New York mentioned that:

> The grants made available through this bill [Comprehensive Addiction and Recovery Act of 2016] would also provide the necessary funding to expand prescription drug monitoring in States all throughout our country.
> Representative Lee M. Zeldin
> April 27, 2016

This proposal is also made by Senator Rob Portman of Ohio:

> The bill establishes mandatory physician and consumer education and authorizes Federal funding to help our States create and maintain prescription drug monitoring programs that all States can access. It would also set up a uniform system for tracking painkiller-related deaths, helping States and law enforcement professionals manage and report data.
> Nick J. Rahall, II
> August 1, 2012

This proposal to fund a federal prescription drug monitoring program that would cover all the states in the U.S. In this kind of proposed role of law enforcement agents, they would be able to surveil the prescribing patterns of medical professionals and intervene if one prescribed a large number of opioids. The exact definition of and methods by which this would work is never discussed, however. Law enforcement uses data like this to target medical professions who may be engaged in diversion, a crime committed by medical professionals specifically. In this way, law enforcement is also given authority over the actions of medical professionals that may be viewed as outside their legitimate work.

CHAPTER SUMMARY

The members of Congress frame opioid use as deviant. Within the deviance frame, they make associations between opioid use, foreign countries and deviant organizations, and domestic deviant groups and behaviors. The U.S. sees these foreign countries as quite distant from its own values and beliefs, which sets them up as an extreme out-group to the U.S. The members of Congress also bring up these other types of deviance when discussing the association with opioid trafficking and use in order to further connect opioids with deviance. In response to these associations, the members of Congress

proposed to use law enforcement agencies. The authority to enforce rules against opioid use and traffic is placed under law enforcement with the belief that this will reduce the number of people using opioids.

The members of Congress most commonly frame opioid use as deviance in speeches in which the main topic concerns a different issue. For instance, the theme associating foreign countries with opioid trafficking usually occurs in speeches on foreign policy issues, like the wars in Kosovo and Afghanistan. These speeches do not focus on opioid use only and, therefore, the themes are based on a few sentences within the speech. This may influence the themes that emerge within the frame because so little of the total speech focuses on opioids and is coded at the keywords.

The members of Congress frame opioid use as deviance, especially in the 1990s and early 2000s. This concentration of the deviance frame to the beginning of the timeframe suggests concerns about foreign policy, domestic crime and violence, and the events of September 11th shaped the associations the members of Congress made about opioids. As time goes on, the deviance frame shifts to focus on gathering and monitoring prescription opioids. The later law enforcement proposals intersect with the proposals in the medicalization frame, which will be discussed further below.

CHAPTER 6
RESULTS: THE MEDICALIZATION FRAME

In this chapter, I review the results for the medicalization frame. I discuss how the frame of medicalization emerges from three themes in the speeches: the association of opioids with illness, the association of opioids with the health care system, and the authority of medical professionals over opioids. I then discuss how these themes influence what types of solutions members of Congress propose in their speeches. and lead to more consideration for treating the people who use opioids compared to punishing the people who traffic opioids. Table 6.1 shows the results for each theme of the medicalization frame.

A DYSFUNCTION OF THE BODY

In medicalization, a condition must be seen as a medical problem that rests in the body of a person. Defining a medical problem relies on the judgement that something about the body does not work properly; that it is, in some way, diseased. This is seen in the ways in which medical professionals approach a condition as something that can be cured or managed through medical treatments rather than through non-medical methods.

The definition can emerge from a variety of sources — patient advocacy groups, medical professionals, pharmaceutical companies, media, and so forth. These sources are in continual contact with one another, and the definition of a condition may therefore

spread to and be embraced by the other sources. It is the medical profession that defines "opioid use disorder" as a mental disease in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), the manual containing the criteria for diagnosing mental diseases (2013). This new definition separated opioid use from other types of substance use like alcohol use, cannabis use, and tobacco use. This definition has since spread to other institutions, which accept it and use it when conducting activities and discourses related to opioid use.

In order to frame opioid use as medicalized, a speaker must communicate this medical definition of opioid use. The speaker must communicate that the source of the problem — opioid use — in the body of the person who uses opioids (Courtwright 2010, Vrecko 2010). In this frame, opioid use stems from a dysfunction of the body, specifically the brain, rather than from a moral failing. By framing opioid use as medicalized, the members of Congress can address opioid use as the result of a physical disorder rather than as an act of deviance. Their proposals, therefore, rely on the medical definition of opioid as a dysfunction of the body and on the connection to medical institutions and treatments.

THEME 1: OPIOID USE IS ASSOCIATED WITH MEDICAL NEED.

Towards the end of the timeframe, the members of Congress begin to connect opioid use with people's medical needs and to explicitly define opioid use as a disease in itself. They mention the circumstances that lead to initially using opioids. These circumstances establish the situations in which opioids can be legitimately used according to the idea of medical necessity. When someone uses opioids after receiving a diagnosis by a medical

professional and only under the authority of that professional, they can be said to be using opioids for a medical necessity. As the members of Congress stress, some of the people who use opioids were initiated through the medical system rather than through illicit means.

Medical Need to Use Opioids

One way in which some people begin to use opioids is through a medical need for the analgesic effects. The inciting incident that leads people to use opioids is often an accident or surgery that requires medicating with opioids as a pain reliever. Medical professionals give opioids to patients who undergo medical procedures that cause physical pain, which is the pathway most blamed for the current high rates of opioid use. Representative Joseph P. Kennedy, III of Massachusetts told the story of someone who began using opioids after an injury:

> Cory was an honor student from Taunton High School. He was a starting pitcher for the baseball team when a pitching injury sidelined him and forced him into surgery. After 12 bouts in rehab, he ended up overdosing on heroin and today continues to suffer brain damage from that overdose.
> Representative Joseph P. Kennedy, III
> July 7, 2015

The story from Representative Kennedy is just one way that the members of Congress explore the causes of rising opioid use in the U.S. Stories such as this provide a clear reason for the members of Congress to pass new legislation that treats opioid use in a way other than punitively. Representative Harold Rogers of Kentucky similarly pointed to prescription opioids given as a treatment to meet a medical need as a cause for opioid use:

> Prescription painkillers such as OxyContin and Opana were originally intended to treat severe pain caused by cancer, but over the years, based in large part on marketing practices, many physicians, dentists, other health care providers began prescribing opioid painkillers for moderate-to-severe pain. A toothache or a stubbed toe has become an excuse for an Oxy prescription.
> Representative Harold Rogers
> August 1, 2012

As both members of Congress mentioned, meeting the initial medical need of a person in pain can lead to further use of opioids outside the authority of medical professionals. This causes opioid use to be both within and out of the realm of medical need as the original use of opioids took place under the authority of a medical profession but later use of opioids lacks this medical authority. This emphasis on the medical need for opioids to treat diseases is a consideration that only appears in the 2010s alongside the discussion of opioid use as a disease.

Opioid Use as a Disease

Some members of Congress explicitly define opioid use as a disease in and of itself. Commonly, opioid use as a disease is referred to as a mental disease that is a part of public health. The first speech in which this theme emerges occurs in 2014, when Representative Tim Murphy of Pennsylvania stated:

> This [heroin use] is not just a law enforcement issue but a public health issue because addiction is a mental disease.
> Representative Tim Murphy
> February 5, 2014

Representative Murphy stated that opioid use is itself an illness. His statement left room for interpreting opioid use as an act of deviance, but also focuses on the disease

model of opioid use. He set up opioid use as a "public health issue" because of its medical nature and accepts its definition as a medical condition. Representative Bill Foster of Illinois goes further in describing the physiological aspects of opioid use that contribute to the medical definition created by scientists:

> While opioid addiction may start with an excessive prescription or an indiscretion of youth, it ends with a scientifically understood, increasingly treatable, medical condition in which the biochemical pathways necessary to normal decisionmaking in the brain have been hijacked and the chemistry of the brain permanently altered."
> Representative Bill Foster
> April 29, 2016

This is a view repeated by Representative Bradley Scott Schneider of Illinois a year later:

> We are not going to arrest our way out of this epidemic; instead, we need to treat addiction like the disease that it is. Removing the mental health coverage requirement pulls the rug out from more than a quarter of all those seeking help from opioid addiction.
> Representative Bradley Scott Schneider
> March 21, 2017

Representative Glenn Thompson of Pennsylvania also portrayed opioid use as a disease in his comments:

> This bill will help address the crisis by properly investing in opportunities for both education and prevention. Equally important, the bill works to destigmatize addiction and rightfully treat it as an illness.
> Representative Glenn Thompson
> December 4, 2019

Associating opioid use with the medical needs of people allows the members of Congress to frame opioid use as a part of legitimate medical care. They highlight the inadvertent way in which some people become dependent on prescription opioids, and

how they turn to illicit opioids like heroin after they can no longer obtain prescription opioids from a medical professional. The medical need that led to opioid use can only be met through the medical system, which the members of Congress also discuss in relation to opioid use.

THEME 2: OPIOIDS ARE ASSOCIATED WITH THE MEDICAL SYSTEM.

Opioids can be legally obtained in the U.S. from licensed agents of the health care system. They are approved for medical use through a highly regulated process by federal institutions like the Food and Drug Administration. Pharmaceutical companies develop and market their opioid medications to medical professionals and to the public. Institutions like the National Institute of Health and the Center for Disease Control and Prevention provide research, programs, and data related to opioid use. Medical professionals prescribe the opioids to their patients. Each agent within the medical system has some control over opioids before they are given to people to use and the members of Congress associate these institutions with opioid use in the 2000s and 2010s.

Medical Professionals and Opioid Use

The members of Congress frame opioids as medicalized when they discuss opioid use within the context of medical care given by medical professionals. This theme centers opioid use around the medical context in which it occurs. The source of the opioids is directly related to the pharmaceutical companies who produce the opioids or to the medical professionals who write the prescriptions for opioids.

A theme that only appears later in the timeframe (around 2011 and onward) ascribes the origin of opioid use specifically — and almost exclusively — to the prescription of opioid analgesics. Certain opioids like oxycodone, hydrocodone, and fentanyl are available to the public through a prescription written by a certified medical professional. These opioids work in the same ways as heroin and can cause an overdose or death just the same. Medical professionals of the 1990s through 2010s were writing copious amounts of prescriptions for these drugs and are implicated as a main force behind the rise in opioid use. Representative Nick J. Rahall, II of West Virginia said:

> Unlike cocaine or heroin, prescription drugs are legal and frequently prescribed by caring physicians who are led by the principle [sic] oath of "first do no harm." Yet, alarming statistics show that children and adults are blind to the harmful consequences of these drugs even as they become addicted, paying upwards of $150 per pill to buy them on the black market.
> Representative Nick J. Rahall, II
> August 1, 2012

Representative Rahall's comments illustrated how prescription opioids — a specific type of opioid — are tied to general opioid use now. Where the members of Congress may have once said "prescription opioid drugs" or "opioid analgesics" as a way to distinguish opioids that had been prescribed by a medical professional from opioids obtained illicitly, now they simply used "opioids" and would specify later if they meant prescribed opioids, heroin, or fentanyl.

What is lacking in the discussion of opioid use and medical professionals, however, is blame. People who sell opioids on the streets or through the internet are constantly portrayed throughout the timeline as bad people doing bad things, the ones to blame for all opioid use. On the other hand, medical professionals are largely portrayed

as blameless, merely trying to help their patients when pharmaceutical companies led them astray with aggressive marketing. The members of Congress place less blame on medical professionals for their (passive) role in rising opioid use rates and most blame on pharmaceutical companies.

Pharmaceutical Companies and Opioid Use

Members of Congress also give attention to the pharmaceutical companies that manufacture and market opioids. The role of the pharmaceutical companies in making opioids widely available to people with chronic pain has been an important element in generating the increasing rates of opioid use disorder between the mid-2000s and 2010s. Many media outlets gave copious attention to the ways in which pharmaceutical companies downplayed the addictiveness of prescription opioids and the funding they gave to patient advocacy groups to promote their opioids (Wang 2018).

Some members of Congress respond in their speeches to the reports of these aggressive marketing efforts by pharmaceutical companies The members of Congress who mention the pharmaceutical companies often start by blaming them for the rise in opioid overdoses and mortality. Deceptive marketing practices by the pharmaceutical companies led medical practitioners to overprescribe opioids to their patients, according to these members of Congress. Representative Tulsi Gabbard of Hawai'i argued this in a speech:

> Mr. Speaker, for too long, companies like Purdue Pharma have lied, cheated, and swindled the American people, leaving death, addiction, and despair in their wake, all because of their greed and their desire to improve their bottom line.

> Through marketing lies and overdistribution of these dangerously addictive drugs, they have oversaturated parts of our country already struggling from high levels of addiction, while knowing but not disclosing their highly addictive nature and risks. Because of their tactics, this opioid epidemic now takes 115 American lives every single day.
> Representative Tulsi Gabbard
> April 26, 2018

Even though the members of Congress acknowledge that pharmaceutical companies played a role in the increased rates of opioid use, they do not have much to say about regulating the companies. Though it might be expected that they would argue that pharmaceutical companies should face similar penalties as what foreign countries face for their production of opioids, this does not happen. Compared to the attention given to groups like al-Qaeda or to foreign countries like Mexico, pharmaceutical companies face little criticism or proposed regulation.

Vague suggestions for pharmaceutical companies to aid in addressing opioid use, such as that made by Representative Michelle Lujan Grisham of New Mexico, are the extent of the solutions proposed to deal with the pharmaceutical companies.

> Pharmaceutical companies have to be part of solving the problem that they helped cause and to give back to the communities that opioids have ravaged.
> Representative Michelle Lujan Grisham
> March 1, 2017

The members of Congress associate these two key agents in the medical system — medical professionals and pharmaceutical companies — with opioid use that begins, at least, with a legitimate prescription for an opioid manufactured by a pharmaceutical company. Each agent occupies a place of legitimacy in developing and prescribing

opioids for people to consume according to medical need. It is when their actions go beyond the acceptable limits of their roles that the members of Congress associate these medical agents with the opioid use that occurs outside the medical system.

THEME 3: OPIOIDS ARE UNDER THE AUTHORITY OF MEDICAL PROFESSIONALS.

The members of Congress emphasize the authority of medical professionals over the people who use opioids when they use a medicalization frame. The members of Congress state that medical professionals should be involved in the efforts to address opioids, particularly as the ones who should treat the people who use opioids. It is expected that medical professionals will oversee the treatment of the people who use opioids using medical technologies and medications. Medical reforms are also proposed to help lower the number of people who receive opioids from medical professionals, which would be conducted by medical professionals and institutions.

Treating Opioid Use

One way to reduce the use of opioids is to treat the people who are using them. This solution relies on understanding opioid use as a disorder of the body that can be cured or managed through one or more medical methods.

In this theme, the members of Congress propose treatment as the main solution to address the use of opioids. This solution rarely achieves a detailed discussion of what it would look like or what it would mean. On occasion, medical professionals will be mentioned as the agents in charge of administering this treatment solution, but, more

often, the administration is ignored. In this example, Representative Daniel T. Kildee of Michigan did not make entirely explicit what is meant by "treatment," but did imply that it would be connected with the healthcare system:

> We need a serious commitment to treatment, to funding treatment, not just with direct funding to ensure that the programs that support treatment are in place, but actually making sure that people have healthcare coverage that includes coverage for treatment.
> Representative Daniel T. Kildee
> June 13, 2018

Medical Reform and Opioids

The members of Congress are concerned about the role of the medical institutions in the health care system in generating opioid use outside of people's medical needs. They see a need for medical reform that can change the availability of prescription opioids to people who may develop opioid use disorder. These reforms would work to create guidelines that medical professionals could follow to avoid prescribing too many opioids. Representative Diane Black of Tennessee made this proposal in her comments:

> Among these solutions is a bill creating an interagency task force to ensure healthcare professionals have up-to-date guidelines and best practices for treating patients with acute and chronic pain. This is critically important as 17 percent of opioid users today get their highs from medications that are legally prescribed to them by a doctor.
> Representative Diane Black
> May 12, 2016

As part of the efforts to address the role of medical professionals in the use of opioids, the members of Congress propose to stop them from overprescribing opioids to their patients. They especially argue that medical practitioners require more information about the appropriate use of opioids and how to treat patients with pain. This would be

achieved through additional education for medical professionals to learn about the addictiveness of opioids and how to appropriately prescribe opioids. As Senator Edward J. Markey of Massachusetts stated:

> We need to stop the overprescription of pain medication that is leading to heroin addiction and fueling this crisis. That starts with the prescribers. We need to ensure that all prescribers of opioid painkillers are educated about the dangers of addiction and appropriate and responsible prescribing practices.
> Senator Edward J. Markey
> February 2, 2016

CHAPTER SUMMARY

In this chapter, I argued that the members of Congress frame opioid use as medicalized in their speeches. Their frames have three main themes: an association of opioid use with medical need, an association of opioid use with the medical system, and the authority of medical professionals over opioid use. To frame opioid use as medicalized, a speaker must communicate the medical definition of opioid use by explicitly associating it with elements of the medical system, medical agents, and medical treatment. I hypothesized that the members of Congress would frame opioid use as medicalized and have found evidence to support this hypothesis. I also hypothesized that the frames shift over time, with medicalization frames appearing more in the later part of the timeframe; this hypothesis is also supported.

CHAPTER 7
RESULTS: CHANGES IN FRAMES

This chapter reviews the changes in frames across time from 1994 to 2019. I begin with a discussion of the common structuring of speeches members of Congress employ and the common rhetoric utilized throughout the timeframe. Next, I bring in the historical context in which frames emerge and shift and how it may influence the frames that emerge in the speeches. Each frame has a set of themes that bring focus to the specific concerns and ideas presented by members of Congress that relate to the social and cultural events around them.

THE CONTEXT OF THE FRAMES

The effects of opioid use are often framed as social issues (called "problematization") that Congress should act to alleviate. Congress members frame the effects as detrimental to children, individuals, families, communities, and the nation. They must problematize opioids to justify why legislation is necessary. In terms of legal culture, the U.S. does not create legislation unless it is seen as a way of addressing a problem or need in society. Therefore, the members of Congress speak about opioid use in a way that shows it is a problem for the people of the U.S. This allows the members to lay the foundation for one or more solutions that they propose in their speech.

Members of Congress who utilize data in their speeches have a particularly effective means of problematizing opioid use. For instance, they may dedicate a portion of their speech to reciting specific data about opioid use and how it has negatively affected communities and individuals across the country. Members can make a logical argument for legislation when they have an objective number to indicate how many people are affected by opioid use or how much money has been spent on the effects of opioid use. They can clearly show the negative impact opioids have had on the U.S. and the importance of passing the legislation containing the solutions they propose.

1994-2000

The timeframe for the content analysis begins on January 1, 1994. This was a mid-term election year (an election year that falls between the presidential election years, occurring every two years), with all the members of the House of Representatives and one-third of the members of the Senate up for reelection. The president at the time was William "Bill" Clinton, who was elected to the presidency in 1992 and again in 1996. He continued the war on drugs started by Lyndon Johnson in the late 1960s (and continued by every administration since) using the same agencies and laws instituted by previous presidents.

In the 1990s, the foreign countries associated with opioids were countries in Latin America, especially Columbia and Mexico. The U.S. considered these countries to be politically undemocratic and ideologically different from the U.S. Both experienced intense violence around this time, Columbia due to political fighting and Mexico due to drug cartels working to gain more territory. The U.S. also considered corruption to be a serious problem in the governments of these countries, with drugs providing the money to

bribe political leaders. The undemocratic nature of these two governments and their production of heroin both acted as justifications offered by Congress to sanction them.

Columbia and Mexico, on the other hand, are democratic countries but also produce illegitimate opioids. The members of Congress see the governments of these two countries as extremely corrupt, however, and thus not democratic enough to achieve the U.S. ideal. Columbia, especially, is associated with paramilitary groups that violate human rights and threaten the democracy of the country.

The members also referred to undocumented immigrants as the source of imports of opioids when discussing immigration reform legislation. 29% of all speeches discussing the association between opioids and illegal immigration happen between 1994 and 2000. This association likely takes place as legislation addressing immigration was passed in the 1990s. The Illegal Immigrant Reform and Immigrant Responsibility Act of 1996 was the largest piece of legislation dealing with immigration since 1990, and it took a more punitive approach to preventing illegal immigration than previous legislation.

At the same time, crime and violence rates occupied the nation's attention, both in the media and in political messaging (Beckett 1994). Congress began crafting legislation on immigration reform and crime to address these social problems, and, importantly, included substance use in these legislative pieces. Crime reform legislation was directed not only at opioid use alone as a crime, but also at those who use opioids and commit crimes. The link between opioid use and crime was obvious to the members of Congress at this time, just as it was to the public (Blendon and Young 1998).

These concerns about crime and violence are reflected in the speeches made by members of Congress. Speeches on the crime and the criminality associated with opioids

appeared in these years more than in other years (94%). All speeches (100%) concerning the association between violence and opioids also occur within these six years. 50% of the speeches associating opioids with deviant values, behaviors, and groups occurred in this time.

The medicalization frame never appears in these seven years, unless in conjunction with the deviance frame. 40% of all speeches with both frames that discuss the origin of and trafficking in opioids in association with foreign countries appear between 1994 and 2000. Out of all the speeches that associate opioids with criminality, 63% are made between 1994 and 2000, as are 100% of the speeches associating opioids with violence and 33% of the speeches associating opioids with deviant values. Out of all the speeches with both frames that propose stopping opioid trafficking, 43% are made in these years and 14% of the speeches proposing using law enforcement also occur at this time.

When both frames are used, the members of Congress do not refer to the medical uses of opioids at this time, but they do discuss opioid use as a disease in these years in 11% of all speeches with this theme and both frames. The members of Congress associate opioids with medical professionals, with 29% of all speeches that do so appearing at this time, but not with medical institutions. The members of Congress propose treating the people who use opioids (11%) and making medical reforms (14%).

2001-2007

One of the most important events in U.S. history occurred in 2001. On September 11th, 2001, members of a group known as al-Qaeda, led by Osama bin Ladin, hijacked four

airplanes and attempted to fly them into several important U.S. landmarks. They flew two planes into each building of the World Trade Center in New York, one plane into the Pentagon in Washington, D.C., and one plane crashed outside of Shanksville, Pennsylvania after passengers attempted to take back control of the plane. These attacks outraged the U.S. public and the president, George W. Bush, vowed "to find those responsible and to bring them to justice" (Bush 2001). This event would lead to a war in Afghanistan, beginning in 2001, and later a war in Iraq, beginning in 2003.

The September 11th attacks appear in this research because Afghanistan was a source of opium and heroin for centuries prior to this, much of it traded in Europe and Asia rather than to the U.S., though. A few speeches before 2001 mentioned this fact and advocated for government actions to prevent opium cultivation, just as it did for South American cultivation, but did not overly focus on the issue. After 2001, however, 58% of all speeches about terrorism in the deviance frame occur from 2001 through 2007. Heroin provided funds for organizations like al-Qaeda and the Taliban, another group in Afghanistan declared a terrorist organization by the U.S., which the members of Congress pointed out in many speeches after September 11th.

Speeches in these years immediately after September 11th focus on cutting off heroin as a source of income to al-Qaeda. The speakers consistently see the effect of heroin in terms of how al-Qaeda trades in it to fund their operations, even going so far as to link such funding to the September 11th attacks themselves. Therefore, the effects of Afghani heroin on people who use opioids is not of concern to the members of Congress (the heroin produced in Afghanistan overwhelmingly goes to places other than the U.S.), but, rather, the beneficial effects it had on a military enemy of the U.S.

The members of Congress rarely frame opioid use as medicalized in these years. The only themes that occurred at this time are the association with medical professionals (7% of all speeches with this theme) and proposing to treat the people who use opioids (7%). Considering the federal criminal case against Purdue Pharma was in 2007, it is interesting that the members of Congress did not apparently incorporate more medicalization themes in their speeches. This case brought national attention to the issue of prescription opioid use and the question of whether medical reforms would be necessary, so one might expect more speeches that make the associations between opioids and medical professionals, institutions, and reforms. It is possible, however, that these association were delayed due to the economic recession that also vied for attention from Congress.

The speeches with both frames do not appear very often at this time. 100% of the speeches that associate opioids with terrorism happen at this time and 20% of the speeches that associate opioids with their origination in and trafficking from foreign countries occur at this time. None of the speeches associate opioids with deviant behaviors or groups in these years. 14% of speeches propose stopping trafficking and 5% of speeches proposing using law enforcement occur between 2001 and 2007. The themes of medicalization do not appear in speeches with both frames at this time other than 6% of speeches proposing treatment for opioid use.

2008-2013

Between 2008 and 2013, Congress members gave fewer speeches on the topic of opioids, 13% of all speeches given from 1994 to 2019. This is a marked difference from the years

before 2008, possibly due to many events from 1994 to 2007 that elicited more of a response from the members of Congress to opioid use in these years. It is also possible that events between 2008 and 2013 took away the attention members of Congress gave to opioids. The U.S. was undergoing serious financial strain at the time with the Great Recession. Considering the economic constriction that burdened the U.S. people, the members of Congress likely felt the need to focus on economic-related speeches and legislation rather than opioid-related ones.

Speeches on the association between foreign countries and opioids that had occupied the members of Congress during the previous decade began to fade away — a mere 17% of all speeches given on the foreign origination and trafficking of opioids appear at this time. Likewise, only 25% of speeches associating terrorism and opioids occur in these years, despite a "War on Terrorism" still underway in Afghanistan and Iraq. Associations between opioids and illegal immigration remain constant, with 29% of speeches occurring at this time as in the previous two eras.

The speeches associating opioids with deviant groups and behaviors shows the greatest overall decline, though, with the members of Congress associating opioids with criminality in only 11% of the speeches that do so from the entire timeframe. No speeches in these years associated opioids with either violence or deviant values, however. Proposals to address opioid use by stopping trafficking (8%), but not through law enforcement (0%).

Within the medicalization frame, on the other hand, the speeches rose from the years before, except for medical need (0%) and defining opioid use as a disease (0%). 17% of speeches that associate opioids with medical professionals and 25% of all

speeches that associate opioids with medical institutions appeared in these years, which also marks the first appearance of the latter theme in the entire timeframe. There is no discussion of proposals to treat people who use opioids or to reform the medical system at this time.

Speeches that are both deviant and medicalized at this time have more medicalization themes than deviance themes. The only themes of deviance that the speeches discuss are the proposals to stop trafficking (14%) and use law enforcement (14%). For the first time, the members of Congress discuss the medical need aspects of opioid use (50%) and they again define opioid use as a disease (11%) as they did between 1994 to 2000. The members of Congress associate opioids with medical professionals in 14% of all speeches with this theme and associate them with medical institutions in 60% of all speeches. 11% of all speeches that discuss treating people who use opioids occur between 2007 and 2013, and 29% of all speeches that discuss making medical reforms occur at this time. While speeches that mention treating the people who use opioids does not vary much compared to the two previous eras, discussions about medical reform rise higher than in the entire time from 1994 to 2007. This may indicate the members of Congress continued to worry about the issues brought up by the Purdue Pharma case in 2007 and believed more reforms were necessary to prevent a similar case in the future.

2014-2019

2014 marks the beginning of a dramatic rise in the number of speeches given on the topic of opioid use. This is likely a response to the increasing attention to opioid overdoses from prescription drugs that grabbed the media's attention. Unlike in the years before

2014, the topic of opioid use became a subject of discussion and legislation unto itself. In 2016, the Centers for Disease Control and Prevention declared opioid use and mortality an epidemic and, in 2017, President Donald J. Trump declared opioid use and mortality to be a public emergency.

In these six years, the members of Congress point to China as the main source of fentanyl, a very strong opioid linked to numerous overdose deaths by law enforcement and media. A report by the U.S.-China Economic and Security Review Commission (2017) concluded that a large portion of the fentanyl found on U.S. streets originated from factories in China. The two countries, at this time, remained in a tense relationship that did not allow for collaboration in the same ways as the U.S. collaborated with other countries to prevent opioid production. China's association with communism was also a serious source of tension and mistrust by the U.S. Even with the concern about fentanyl from China, however, only 12% of the speeches associating opioids with foreign countries occurred at this time. 14% of speeches that associate opioids with illegal immigration occur at this time, less than at any other era, and the association of opioids with terrorism is completely absent (0%).

The association of opioids with deviant groups and behaviors is much lower than in any era before 2014 — 6% with criminality and none with violence or deviant values. The members of Congress propose to stop opioid trafficking in 23% of the speeches with this theme. They also propose using law enforcement in 22% of speeches with this theme. Both proposals are mentioned more in this era compared to the previous two eras, but still less than between 1994 and 2000.

Pharmaceutical companies that manufacture opiates and health professionals that overprescribed them bear the brunt of the blame for opioid overdose rates. Those who use opioids are talked about as unknowing victims of corporate greed and medical malpractice. A full 67% of all speeches that associate opioids with medical professionals and 75% of all speeches that associate opioids with medical institutions occur in these six years. The focus on pharmaceutical companies may also be related to the 100% of speeches that propose medical reform as a way to address opioid use and why there is such a higher percentage of speeches proposing treatment (90%) at this time compared to previous years.

Both the deviance frame and the medicalization frame occur together in speeches during this time. The members of Congress associate opioids with foreign countries only when speaking of their origin and trafficking (40%), not associating them with illegal immigration (0%) or terrorism (0%). They associate opioids with criminality in 38% and deviant values in 67% of all speeches with these themes within this frame. 50% of all speeches associating opioids with medical need occur in this era and 78% of the speeches that define opioid use as a disease. The members of Congress also associate opioids with medical professionals in 57% and medical institutions in 40% of all speeches with these themes that have both frames.

The members of Congress also assert at this time that enforcement will not address opioid use and cannot be a solution to the issue. These arguments acknowledge that the previous legislative work of Congress focused on utilizing law enforcement agencies to control opioids and establish a clear break from this approach. This may be why more speeches that propose treating the people who use opioids (72%) occur

between 2014 and 2019 compared to using law enforcement (68%). This may also be why more speeches propose medical reforms (57%) compared to stopping trafficking (29%). The shift in frames illustrates the difference between approaches to opioid use in the mid-1990s and the approaches in the late 2010s.

The years between 2014 and 2019 also contain almost all the speeches that utilize both deviance and medicalization frames. The members of Congress who use these two frames together most often seek to address both the trafficking of opioids and the use of opioids. In this frame, these speeches will combine themes from each frame to get at both aspects of opioids, taking the approach of using solutions from both frames to address opioid use.

The combination of the two frames in a speech may indicate an unwillingness to completely focus solely on either the deviant side or the medical solutions of opioid use. The members of Congress are concerned with the traffic of opioids and the use of opioids, which requires solutions that would involve the law enforcement system and the medical profession. Therefore, both frames may occur if the member of Congress wishes to address opioid use and opioid trafficking using multiple solutions within the same speech.

The results of the content analysis show how the members of Congress frame opioids as deviant and medicalized. These frames are composed of themes that detail the sources of opioids, the effects of opioids on the U.S., and the agents that have control over opioid trafficking and use. From 1994 to 2019, the speeches switch from the deviant frame towards the medicalized frame, with overlap in speeches that utilize both frames only occurring at the end of the 2000s and later.

My first research question asked how the members of Congress use the frames of deviance and medicalization in the speeches they made between 1994 and 2019. I hypothesized that they would frame opioid use as deviant, as medicalized, and as both deviant and medicalized. The results of the content analysis support each of these hypotheses.

My second research question asked whether the frames of deviance and medicalization that the members of Congress use changed between 1994 and 2019. My first hypothesis, which stated that the frames change over time, is supported by the results of the content analysis. The frames used by the members of Congress shift over time, with some frames disappearing entirely by the end of the timeframe and some not appearing at all in the beginning.

CHAPTER 8
DISCUSSION

In this chapter, I discuss the results of analyzing the speeches of the members of Congress through a content analysis. The frames of medicalization and deviance communicate that opioid use is a problem for the U.S. based on whether the members of Congress determine the source and use of opioids to be deviant. I explain how the members of Congress have attempted to shift the "otherness" of the people who use opioids and therefore remove the deviant associations that were established in the 1990s. The frames have changed to medicalization, I argue, but this medicalization is just a continuation of the moral enterprise in which the members of Congress engaged in the 1990s. Finally, I conclude with the limitations of this research and how it can be expanded in future projects.

CONTINUING THE MORAL ENTERPRISE AGAINST OPIOIDS

The members of Congress were engaged in a moral enterprise against opioids at the beginning of this study's timeframe and, I argue, that it is still in process with only some changes. While the members of Congress in 1994 discussed opioids with explicit references to the immorality of the people and groups involved in opioids, the members of the 2010s discuss opioids in relation to health and medicine. The change in focus does

not mean the moral enterprise was abandoned by the members of Congress, but, rather, that the locus of control has been divided and reframed.

As discussed before, a moral enterprise involves creating rules and regulations meant to control deviance. The members of Congress create the rules and determine the appropriate agencies to enforce the rules. Each member who speaks out against opioids is engaged in the moral enterprise to control opioids. The way that the member frames opioid use is the basis for creating the exact rules that will guide enforcement.

Shifting Regulation

In a moral enterprise, the people who make the rules will typically rely on law enforcement and the criminal justice system to deal with deviance. Law enforcement agents are tasked with finding and controlling the people who break these rules and the criminal justice system is tasked with meting out the punishment. Modern approaches to rule enforcement, though, have looked to other agents to enforce the rules, including the medical systems.

The locus of control when opioid use is framed as deviance lays with law enforcement agencies, but medicalization explicitly lays the locus with medical professionals. The medical professionals who treat opioid use as a disease and use medicine to manage it are given control over the people who use opioids. The members of Congress give medical professionals the responsibility for managing the opioid-using population and turning them into productive members of society. Just as law enforcement was charged with preventing the people who use opioids from engaging in deviant acts

that society finds unacceptable, the medical professions are now charged with preventing people who use opioids from engaging in unhealthy behavior.

Not all the power to regulate opioids is shifted, however. Only the power to regulate opioid use is given to the medical professions; the power to regulate opioid trafficking remains with law enforcement agencies. These are treated as two separate aspects of opioid use in the U.S., the dichotomy of supply and demand. The members of Congress acted to stop the supply of opioids in the 1990s when they created foreign policies to eliminate poppy crops and when they created strict sentencing guidelines for people arrested for attempting to sell opioids. The focus is now on stopping opioids from entering the U.S. at the borders, with the Customs and Border Patrol primarily responsible for checking everyone crossing the U.S. border for opioids.

The members of Congress also propose surveilling the amount of prescription opioids prescribed by medical professionals. The authority to collect this data rests with the Centers for Disease Control and Prevention, but the medical professionals who prescribe too many prescriptions for opioids can face penalties through the criminal justice system. This surveillance illustrates the blurred boundaries between the roles of law enforcement and medical professions in limiting opioid use only to cases of medical necessity. If the surveillance of a medical professional shows that they have prescribed more opioids than should be medically necessary, then law enforcement will have authority over them.

This division of these roles existed before 1994 but was less clearly defined until the 2000s. Around 2007, when prescription opioids became a significant source of overdoses, the members of Congress focused on separating the traffic in opioids from the

use of opioids. This separation also led to a boundary between the role of law enforcement from the role of medical professions in addressing opioids in the U.S. More surveillance and data from both allow the government to reframe opioid use as a medical problem without changing much of the way it approaches opioid trafficking and only slightly changing the way it approaches opioid use.

The important thing is that Congress *still regulates opioids through medicalization*. The difference across the timeline is that earlier in the timeline members of Congress wanted to use law enforcement to regulate opioids, later on, members are willing to cede some power to regulate to the medical professions overseen by law enforcement in some areas. For example, the Centers for Disease Control and Prevention oversees the prescription drug monitoring programs used to track prescription opioids and treatment options available for people who use opioids. Irregularities and violations in these programs are under the authority of the law enforcement agencies, though.

IMPLICATIONS OF MEDICALIZING OPIOID USE

In medicalization, a condition will slowly become defined as a medical problem (Conrad 2007). Initially, the condition might be considered a normal part of life, with little to suggest it as a serious problem requiring specialized treatment. Or, in some cases, the condition might be considered deviant, with society attempting to control it through enforcement. This was the thesis of Conrad and Schneider (1992), who argued that some conditions start off as deviance and then slowly become medicalized, including substance use.

This shift in medicalizing opioid use has serious implications in terms of the public's perceptions of it, particularly since it has been viewed as deviant for more than a century. For a long time now, researchers have utilized a brain disease model of substance addiction for research (Meyer 1996). This is the model they communicate to the public and to members of Congress regarding opioid use, in order to encourage the acceptance of a medical definition of opioid use that relies on neuroscience, genetics, and biology as the basis for policy. This disease model is an essential element in medicalizing opioid use.

The Disease Model of Addiction

Evidence suggests that the brain is involved in substance use disorder (what was once known as addiction) (Ekhtiari et al. 2017, Winger et al. 2005). Medical professionals have turned to a brain disease model of substance use, claiming that it is a disorder of neurotransmitters that causes substance use disorder (Buchman, Skinner and Illes 2010, Courtwright 2010). Researchers also believe that genes may cause or trigger drug use and addiction (Crist, Reiner and Berrettini 2019, Uhart and Wand 2009). These lines of research have contributed to a growing public view of substance use as a medical disorder rather than as a choice made to pursue hedonistic pleasure, quite different from the previous decades' focus on criminological discourse (Brook and Stringer 2005). Sociologists have picked up on this research and begun to question the impact of this medicalization on public perceptions, treatment options, and awareness of stigma related to drug use (at least for prescription drug misuse).

Scientists and advocates frame opioid use as a medical disease deserving of treatment, rather than criminal sanctions. Their hopes are to bring the American public to view substance use as an illness, which, they hope, will lead to medical treatments and less stigma. There is some evidence that this frame can reduce stigma among people, which would help those with an addiction to reintegrate into society (Kelly and Westerhoff 2010). More recently, certain organizations in the federal government, especially the National Institute on Drug Abuse (NIDA), have adopted a view of drug abuse as a brain disease (Anderson, Swan and Lane 2010, Courtwright 2010).

Many of the members of Congress utilize a disease model of drug use in their speeches. Framing opioid use in this way has its weaknesses, though. By framing opioid use as a brain disease, the members of Congress can overlook the social context of opioid use (Dingel, Karkazis and Koenig 2011, Heilig et al. 2016). According to this model, the sole reason for a person to use opioids is because they have a dysfunctional brain. This does not allow for much consideration of the possible external factors that could influence a person's use of opioids, such as their social network, stressors in their life, exposure to opioid use as a child, and so on. If the only focus is on the brains of people who use opioids, then only solutions that address the brain will be made and the social factors that contribute to opioid use will be ignored and allowed to continue.

Framing opioid use as a medical problem also may not eliminate the association with deviance. Instead, it could allow opioid use to be considered a disease connected to deviance, similar to the way that society views HIV/AIDS (Brook and Stringer 2005). This allows people to continue to hold their belief that opioid use is deviant and adding to that belief that it causes disease. The members of Congress may find that framing opioid

use as a medical problem merely allows people to believe that opioid use is simultaneously deviance and a disease.

OPIOIDS, THE "OTHER," AND "EVERYONE"

Over time, members of Congress changed who they portrayed as the groups affected by opioid use, though without addressing either the deviance or the medicalization frames. While the speeches in the 1990s focused on how the "other" used and trafficked opioids, the speeches in the 2010s focus how opioid use affects *everyone* in the U.S. In speeches from 2014 onwards, they state that there is no group more or less affected by opioids than any other group — even emphasizing the lack of difference across such specific characteristics as race, rurality, gender, and political affiliation. The members clearly state the impact of opioid use transcends all characteristics by which it was previously identified.

Mentioning how everyone experiences the effects of opioids may be an attempt by the members of Congress to address the deviance associated with opioid use. As discussed earlier, the ways in which opioids are associated with deviance encourage people to view them and the people involved with them as being "other." This can be seen when the members of Congress discuss opioids as coming from foreign countries and opioid use as something that criminals do. These associations helped make regulations that utilized law enforcement to stop people from using opioids; regulations are easier to create when they address the "other" and not normal people.

The members of Congress may be using medicalization to bypass this association with deviance, which has been the basis for law enforcement through criminal sanctions.

If “everyone” is affected by opioids, then removing this association will help the public to see opioids as a medical problem and not a deviance problem. This could allow more people to continue to participate in society and to receive help to stop using opioids.

There is a problem when the members mention “everyone” though: the differences in who is most affected by opioids is erased. This tactic is an erasure of the race, gender, rurality, and socioeconomic status of the people who use opioids that occurs more in later speeches. By setting up opioids as a problem that everyone faces, the members of Congress are able to ignore how some groups in the U.S. face worse consequences from opioid use than other groups do.

Another problem with this approach is the way it avoids discussing the impact criminalizing opioids has had on people of color. Research continuously finds that people of color are disproportionately searched, arrested, incarcerated, and criminalized for (suspected) opioid possession and use (Cooper 2015, Curry and Corral-Camacho 2008, Koch, Lee and Lee 2016, Lichtenberg 2006, Provine 2011). The emphasis on “everyone” as affected by opioids does not address the harms previous regulation and enforcement generated on people of color and how that still harms them.

Why the members of Congress make this distinction only in the later part of the timeframe cannot be answered here but bears consideration. The government has focused on heroin more than any other opioid since the beginning of the War on Drugs, especially in the urban neighborhoods where minority groups lived (Bertram et al. 1996, Provine 2007). Since the early 2000s, though, prescription opioids like OxyContin and Vicodin have been the government’s focus, especially when used in majority-white rural and suburban areas (Inciardi and Goode 2003, Inciardi and Cicero 2009, Momper et al. 2013,

Quinones 2015, Young and Havens 2012). This has changed the image of opioid use from one of an urban, poor, black problem to one of a suburban, middle-class, white problem (Emma, Mark and Susan 2011, McGinty et al. 2016). Future research can investigate this issue to discover what may have prompted a shift in associating the "other" with opioids to associating "everybody" with opioids.

CHAPTER 9
CONCLUSION

Opioid drug use developed into a major concern for the U.S. government beginning in the early 1900s. While the concern of the early twentieth century focused on opioids like morphine, opium, and heroin; by the 1980s the government perceived heroin use as the most serious form of opioid drug use. As a reaction to the political and social climate of this time, the government criminalized the possession and use of opioid drugs to regulate the health of the population.

Congressional speeches contain the authority of the government of the United States of America. The way that Congress talks opioids affects how the public views the issue and what type of legislation is passed to help correct the problem. The analysis in this paper sought to answer the research question of how Congress has framed opioid use as deviance, medicalization, and both since 1994. The members of Congress appear to have embraced the medicalized frame of opioid use more over the past twenty-six years than at the beginning of the analyzed timeframe. This medicalization is not complete, however; some proposed solutions to opioid use still treat it as a form of deviance best dealt with through the criminal justice system while also framing opioid use as a disease.

When making speeches during the policymaking process, the members of Congress must define what opioid use is and what solutions they propose to stop opioid use. By analyzing who and what the members of Congress associate with opioid use, we

can see how they define opioid use, who they are targeting with their policy proposals, and what types of policies they may offer to address opioid use. As the legislators in charge of funding the government, they hold considerable power over the solutions the federal government takes in punishing or treating the people who use opioids.

Both the deviance and medicalization solutions ultimately deal with opioid use as a behavior that is unacceptable and seek to control it, though. Medicalization often merely adds another option for society to rectify deviant behavior. Rather than sending a person to jail, they are sent to a hospital or treatment center. Rather than creating a criminal label for opioid use, society creates a sickness label for a brain disease. When discussing medicalization therefore, we must acknowledge that society is merely shifting the means of social control from the criminal institutions to the medical institutions. This merely continues the moral enterprise against opioid use.

IMPLICATIONS

This research has considerable implications for the theory of medicalization. Traditionally, sociologists believed the medical professionals and institutions to be the main "engines" behind the medicalization process. This research, however, implies the members of Congress are a part of the process as well. They engage in the same kinds of definition-making as medical professionals do in the course of their work.

However, when the members of Congress participate in the medicalization process, they bring in a political authority that other engines of medicalization do not. Their power over legislation and influence over the U.S. public alter what the medicalization of opioid use can accomplish in society as compared, for instance, to what

the medical profession can accomplish through medicalization. The medical profession may create a new category of illness for people with opioid use disorder, but, if Congress does not alter the laws to fit the new category and instead continues to use a definition of opioid use as deviance, then the new category will do little beyond the medical system. If Congress does use this new definition, then it can pass legislation that approaches opioid use as a medical problem, which would change how the social systems react to people who use opioids.

LIMITATIONS

This research has its limitations. It begins analysis at a point which is somewhat arbitrary in terms of important events in the history of opioids. Humans used opioids millennia before the U.S. became a country and before any regulation created by Congress was passed. Some opioids were only discovered after Congress began restricting opioid use only to cases of medical necessity. Any point at which this analysis begins would exclude some important events in the history of opioids. A true historical analysis of how Congress frames opioid use would need to begin at least prior to 1909, when the Smoking Opium Exclusion Act became law. Beginning at this point would allow a researcher to track the frames of deviance and medicalization as they emerged at the beginning of the federal regulation of opioid use.

Second, this analysis is only analyzing speeches about opioid use, limited to four keywords (“opioid,” “opiate,” “heroin,” and “fentanyl”). Other terms are used to denote opioids, though, including painkillers, pain medications, analgesics, prescription drugs, oxycontin, hydrocodone, and so on. Speeches which include these other terms rather than

only the four keywords may include nuances to the frames in this research or even other frames entirely. This is also true of speeches about other types of substance use, such as methamphetamines, cocaine, cannabis, tobacco, and alcohol. While restricting the keywords limits the possible confounding effects of varied cultural and social values given to different terms and types of substances, it also treats opioid use as if it exists in a vacuum. This is not the case and many members of Congress utilize multiple terms to refer to opioids and reference multiple types of substances.

Third, the type of communication in which members make their speeches is important, but this has not been addressed here. I included only speeches given by a single person in the content analysis, which therefore excluded debates on legislation. The debates on legislation pertaining to opioid use could provide different insights into how Congress members frame opioid use. Unlike the speeches analyzed here, debates are not (entirely) scripted, and the speakers do not have speechwriters to create a cohesive frame around opioid use for them to use as a debate progresses. A content analysis of debates on opioid use may reveal more about how definitions are created and navigated by the members of Congress.

Fourth, there is no analysis of the actors outside of Congress who might influence the frames members of Congress utilize. Lobbyists from the medical professions, law enforcement professions, and patient advocacy groups all vie for the attention of the members of Congress in order to influence the legislation they pass. The constituents of the members of Congress voice their concerns and opinions about opioid use to their representatives, as well. Media coverage brings the issue of opioid use to their attention and how many members of Congress include media stories in their speeches can be

assessed, though would be unable to account for anything other than whether they wanted to include the media article in their remarks.

Finally, this research does not draw any conclusions about the causality of the frames utilized by members of Congress and the overall medicalization of opioid use throughout society. Many factors in society can influence the overall medicalization of a condition, including speeches made by the members of Congress. However, because this research only includes members of a single institution, it cannot conclude what has caused the frames to change over time. Several events could contribute to the acceptance and domination of the medicalization frame and other researchers could align these events with the changes in frames to gain an understanding of the causes. Despite these limitations, the new knowledge that this research creates will lay the groundwork for future research.

FUTURE RESEARCH

Future research should attempt to track members of Congress across their political career to see how their rhetoric on opioid use changes and whether they are part of the move to a medicalized view of opioids. A longitudinal look at the members of Congress across their entire careers would allow for an analysis of their reaction to changes in the rate of opioid use within their own districts and differences in the type of opioid, i.e., heroin compared to prescription opiates. Additionally, other drugs like methamphetamines and cocaine should be analyzed in the same manner to create a comparison across groups of drugs.

The discourse surrounding substance use policies is another area which would provide ample opportunity for novel research (Currie et al. 2012, Duff 2011, Gray and

Phillips 1995). The debates and discussions surrounding substance use policy before and after implementation may affect the public perceptions of the people consuming the substances. These perceptions have real world effects on those who use drugs or have an addiction because they can lead to the stigmatization of drug use or medicalization.

Because of the separated and overlapping structure of the U.S. government, additional research should also look to other levels of government (such as city councils and state legislators) in addressing opioids. Federal legislators only control the nationwide approach to opioids, whereas additional targeted approaches can be made by state legislators and local political leaders. These people may have a greater impact on the discourse and policies on opioid use than the members of Congress as they would undoubtedly be more sensitive to the issue of opioid use within their communities.

The work of public health researchers can be directly tied with and supplement that of sociologists about opioids. The focus of public health researchers on the spread and distribution of substance use compliments the work of sociologists in studying who engages in substance use and what areas of society are more prone to substance than others. Public health has been involved in studying treatments and interventions, to which sociology could also add theories of desistence and the social context in which recovery occurs. There is also a great deal of theory to be contributed through psychology in sociology's consideration of the individual levels of drug use and the impact that it has at a micro-level on social relationships (Larkin, Wood, & Griffiths 2009).

Research should also look to the interaction between the media and the members of Congress as they talk about substance use considering the role of media sources in shaping the frames used for social problems. Cultural representations of substance use are

transmitted through media frames and can influence society's view of people who use substances like opioids (Anderson, Scott, & Kavanaugh 2015, Orsini 2017, Taylor 2008). In addition, the media can influence what the public sees as an effective policy action that government can take to eliminate or prevent substance use (Blendon and Young 1998). At the same time, the members of Congress work to influence what the media covers and how it frames issues like substance use. Therefore, future research should work to better understand the relationships between Congress and the media and how their interactions shape the public's perceptions of drug use.

Sociologists would do well to investigate how the public transmits their beliefs and opinions about opioids to the members of Congress and what influence that interaction might have on the speeches and policies that emerge. The representative nature of the U.S. government encourages the members of Congress to pursue the public's interest policy. Social media enables the opinions and views of the mass public to be transmitted to the members of Congress regardless of whether they are in that member's district or state.

The actions that Congress choose to take regarding opioid use impacts the public, whether a deviance approach, medical approach, or a mixture of both. The people who use opioids are especially impacted by what the members of Congress say about opioid use and the legislation they pass. Hence, sociology should consider the government's role in shaping opioid use in the U.S. through criminal and health policies. There are many avenues to explore following this research.

LIST OF REFERENCES

Narcotic Drugs Import and Export Act, Public Law 100, 35 Stat. 614, (1909).

2013. *Diagnostic and Statistical Manual of Mental Disorders*. Arlington, VA: American Psychiatric Association.

Abrams, M. H. 1971. *The Milk of Paradise: The Effect of Opium Visions on the Works of Dequincey, Crabbe, Francis Thompson, and Coleridge*. New York: Octagon Books.

Acciai, Francesco and Glenn Firebaugh. 2017. "Why Did Life Expectancy Decline in the United States in 2015? A Gender-Specific Analysis." *Social Science & Medicine* 190:174-80. doi: https://doi.org/10.1016/j.socscimed.2017.08.004.

Ahmad, Diana L. 2000. "Opium Smoking, Anti-Chinese Attitudes, and the American Medical Community, 1850–1890." *american nineteenth century history* 1(2):53-68. doi: 10.1080/14664650008567016.

Alexander, Monica J., Mathew V. Kiang and Magali Barbieri. 2018. "Trends in Black and White Opioid Mortality in the United States, 1979–2015." *Epidemiology (Cambridge, Mass.)* 29(5):707-15. doi: 10.1097/EDE.0000000000000858.

Amsel-Arieli, Melody. 2015. "Laudanum: The Wondrous Remedy." *History magazine (Toronto)* 16(6):49.

Anderson, Tammy, Holly Swan and David C. Lane. 2010. "Institutional Fads and the Medicalization of Drug Addiction." *Sociology Compass* 4(7):476-94. doi: 10.1111/j.1751-9020.2010.00292.x.

Andrilla, C. Holly A. and Davis G. Patterson. 2021. "Tracking the Geographic Distribution and Growth of Clinicians with a Dea Waiver to Prescribe Buprenorphine to Treat Opioid Use Disorder." *The Journal of rural health*. doi: 10.1111/jrh.12569.

Aragón-Poce, F., E. Martínez-Fernández, C. Márquez-Espinós, A. Pérez, R. Mora and L. M. Torres. 2002. "History of Opium." *International Congress Series* 1242:19-21. doi: https://doi.org/10.1016/S0531-5131(02)00600-3.

Ashford, Robert D., Austin M. Brown and Brenda Curtis. 2018. "Substance Use, Recovery, and Linguistics: The Impact of Word Choice on Explicit and Implicit Bias." *Drug and Alcohol Dependence* 189:131-38. doi: https://doi.org/10.1016/j.drugalcdep.2018.05.005.

Aurin, Marcus. 2000. "Chasing the Dragon: The Cultural Metamorphosis of Opium in the United States, 1825-1935." *Medical Anthropology Quarterly* 14(3):414-41.

Bachhuber, Marcus A, Brendan Saloner, Chinazo O Cunningham and Colleen L Barry. 2014. "Medical Cannabis Laws and Opioid Analgesic Overdose Mortality in the United States, 1999-2010." *JAMA Internal Medicine* 174(10):1668-73.

Barnett, Anthony I., Wayne Hall, Craig L. Fry, Ella Dilkes-Frayne and Adrian Carter. 2018. "Drug and Alcohol Treatment Providers' Views About the Disease Model

of Addiction and Its Impact on Clinical Practice: A Systematic Review." *Drug and Alcohol Review* 37(6):697-720. doi: 10.1111/dar.12632.
Baum, Dan. 1997. *Smoke and Mirrors: The War on Drugs and the Politics of Failure*. Boston: Boston : Back Bay Books.
Baum, Dan. 2016. "Legalize It All: How to Win the War on Drugs." *Harper's Magazine*.
Becker, Howard Saul. [1963] 1991. *Outsiders: Studies in the Sociology of Deviance*. New York: New York : Free Press.
Beckett, Katherine. 1994. "Setting the Public Agenda: "Street Crime" and Drug Use in American Politics." *Social Problems* 41(3):425-47. doi: 10.2307/3096971.
Bertram, Eva, Morris Blachman, Kenneth Sharpe and Peter Andreas. 1996. *Drug War Politics: The Price of Denial*. Berkeley: Berkeley : University of California Press.
Bischke, Paul M. 2003. "Pleasure Drugs and Classical Virtues: Temperance and Abstinence in U.S. Religious Thought." *International Journal of Drug Policy* 14(3):273-78. doi: 10.1016/S0955-3959(03)00071-9.
Blackstone, Bethany and Elizabeth Anne Oldmixon. 2015. "Discourse and Dissonance: Religious Agendas in the 104th Congress." *Research & Politics* 2(3). doi: 10.1177/2053168015589215.
Blendon, R. J. and J. T. Young. 1998. "The Public and the War on Illicit Drugs." *JAMA* 279(11):827-32. doi: 10.1001/jama.279.11.827.
Blumstein, Alfred. 1995. "Youth Violence, Guns, and the Illicit-Drug Industry." *J. Crim. L. & Criminology* 86:10.
Boni, Federico. 2002. "Framing Media Masculinities: Men's Lifestyle Magazines and the Biopolitics of the Male Body." *European Journal of Communication* 17(4):465-78. doi: 10.1177/0267323102017004040l.
Bonikowski, Bart and Noam Gidron. 2016. "The Populist Style in American Politics: Presidential Campaign Discourse, 1952-1996." *Social Forces* 94(4):1593-621. doi: 10.1093/sf/sov120.
Borah, Porismita. 2011. "Conceptual Issues in Framing Theory: A Systematic Examination of a Decade's Literature." *Journal of Communication* 61(2):246-63. doi: 10.1111/j.1460-2466.2011.01539.x.
Brégent-Heald, Dominique. 2014. "Leaky Borders: Smuggling Opium and Chinese Labor in Progressive-Era Motion Pictures." *Journal of American culture (Malden, Mass.)* 37(4):393-403. doi: 10.1111/jacc.12270.
Brock, Clare. 2017. "Framing Child Nutrition Programs: The Impact of Party and District Characteristics on Elite Framing." *Social Science Quarterly* 98(2):628. doi: 10.1111/ssqu.12319.
Brook, Heather and Rebecca Stringer. 2005. "Users, Using, Used: A Beginner's Guide to Deconstructing Drugs Discourse." *International Journal of Drug Policy* 16(5):316-25. doi: https://doi.org/10.1016/j.drugpo.2005.05.002.
Brook, Karolina, Jessica Bennett and Sukumar P. Desai. 2017. "The Chemical History of Morphine: An 8000-Year Journey, from Resin to De-Novo Synthesis." *Journal of Anesthesia History* 3(2):50-55. doi: https://doi.org/10.1016/j.janh.2017.02.001.
Brown, Richard Harvey. 2002. "The Opium Trade and Opium Policies in India, China, Britain, and the United States: Historical Comparisons and Theoretical Interpretations." *Asian Journal of Social Science* 30(3):623-56.

Brugman, Britta C. and Christian Burgers. 2018. "Political Framing across Disciplines: Evidence from 21st-Century Experiments." *Research & Politics* 5(2):2053168018783370. doi: 10.1177/2053168018783370.
Buchman, Daniel Z., Wayne Skinner and Judy Illes. 2010. "Negotiating the Relationship between Addiction, Ethics, and Brain Science." *AJOB Neuroscience* 1(1):36-45. doi: 10.1080/21507740903508609.
Burnham, John C. 1982. "American Medicine's Golden Age: What Happened to It?". *Science* 215(4539):1474-79.
Campbell, Nancy D. 2019. "Naloxone as a Technology of Solidarity: History of Opioid Overdose Prevention." *canadian medical association journal* 191(34):E945. doi: 10.1503/cmaj.190257.
Carpiano, Richard M. 2001. "Passive Medicalization: The Case of Viagra and Erectile Dysfunction." *Sociological Spectrum* 21(3):441-50. doi: 10.1080/027321701300202082.
CDC. 2021, "Drug-Free Communities Support Program", Washington, D.C.: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved November 16, 2021 (https://www.cdc.gov/drugoverdose/drug-free-communities/about.html).
Ceresola, Ryan G. 2019. "The U.S. Government's Framing of Corruption: A Content Analysis of Public Integrity Section Reports, 1978-2013.(Report)(Author Abstract)." *Crime, Law and Social Change* 71(1):47. doi: 10.1007/s10611-018-9788-5.
Chong, Dennis and James N. Druckman. 2007. "Framing Theory." *Annual Review of Political Science* 10(1):103-26. doi: 10.1146/annurev.polisci.10.072805.103054.
Chouvy, Pierre-Arnaud. 2009. *Opium: Uncovering the Politics of the Poppy*. London: I.B. Tauris.
Chua, Kao-Ping and Rena M. Conti. 2021. "Prescriptions for Codeine or Hydrocodone Cough and Cold Medications to Us Children and Adolescents Following Us Food and Drug Administration Safety Communications." *JAMA Network Open* 4(11):e2134142-e42. doi: 10.1001/jamanetworkopen.2021.34142.
Clarke, Adele E., Laura Mamo, Jennifer R. Fishman, Janet K. Shim and Jennifer Ruth Fosket. 2003. "Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine." *American Sociological Review* 68(2):161. doi: 10.2307/1519765.
Clarke, Adele E. and Janet K. Shim. 2009. "Medicalization and Biomedicalization Revisited: Technoscience and Transformations of Health, Illness and American Medicine." Pp. 173-99.
Compton, Wilson M. and Nora D. Volkow. 2006. "Major Increases in Opioid Analgesic Abuse in the United States: Concerns and Strategies." *Drug and Alcohol Dependence* 81(2):103-07. doi: https://doi.org/10.1016/j.drugalcdep.2005.05.009.
Narcotic Drugs Import and Export Act, Public Law 221, 100, 6 USC, 171 (1909).
Conrad, Peter. 1975. "The Discovery of Hyperkinesis: Notes on the Medicalization of Deviant Behavior." *Social Problems* 23(1):12-21. doi: 10.2307/799624.
Conrad, Peter. 1979. "Types of Medical Social Control." *Sociology of Health & Illness* 1(1):1-11. doi: 10.1111/j.1467-9566.1979.tb00175.x.

Conrad, Peter. 1992. "Medicalization and Social Control." *Annual Review of Sociology* 18:209-32.
Conrad, Peter and Joseph W. Schneider. 1992. *Deviance and Medicalization: From Badness to Sickness*. Philadelphia: Temple University Press.
Conrad, Peter and Deborah Potter. 2000. "From Hyperactive Children to Adhd Adults: Observations on the Expansion of Medical Categories." *Social Problems* 47(4):559-82. doi: 10.2307/3097135.
Conrad, Peter. 2005. "The Shifting Engines of Medicalization." *Journal of Health and Social Behavior* 46(1):3-14.
Conrad, Peter. 2007. *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*. Baltimore: Baltimore : Johns Hopkins University Press.
Cooper, Hannah L. F. 2015. "War on Drugs Policing and Police Brutality." *Substance Use & Misuse* 50(8-9):1188-94. doi: 10.3109/10826084.2015.1007669.
Courtwright, D. T. 2004. "The Controlled Substances Act: How a "Big Tent" Reform Became a Punitive Drug Law." *Drug and Alcohol Dependence* 76(1):9-15. doi: 10.1016/j.drugalcdep.2004.04.012.
Courtwright, David T. 1997. "Morality, Religion, and Drug Use." Pp. 231-50 in *Morality and Health*, edited by A. M. Brandt and P. Rozin. New York: New York : Routledge.
Courtwright, David T. 2010. "The Nida Brain Disease Paradigm: History, Resistance and Spinoffs." *BioSocieties* 5(1):137-47. doi: 10.1057/biosoc.2009.3.
Courtwright, David T. 1982. *Dark Paradise: Opiate Addiction in America before 1940*. Cambridge, Mass.: Harvard University Press.
Crist, Richard C., Benjamin C. Reiner and Wade H. Berrettini. 2019. "A Review of Opioid Addiction Genetics." *Current Opinion in Psychology* 27:31-35. doi: https://doi.org/10.1016/j.copsyc.2018.07.014.
Currie, Graeme, Robert Dingwall, Martin Kitchener and Justin Waring. 2012. "Let's Dance: Organization Studies, Medical Sociology and Health Policy." *Social Science & Medicine* 74(3):273-80. doi: 10.1016/j.socscimed.2011.11.002.
Curry, Theodore R. and Guadalupe Corral-Camacho. 2008. "Sentencing Young Minority Males for Drug Offenses: Testing for Conditional Effects between Race/Ethnicity, Gender and Age During the Us War on Drugs." *punishment & society* 10(3):253-76. doi: 10.1177/1462474508090231.
Curtis, Marah A., Sarah Garlington and Lisa S. Schottenfeld. 2013. "Alcohol, Drug, and Criminal History Restrictions in Public Housing." *Cityscape: A Journal of Policy Development and Research* 15(3):37-52.
Cutrone, Ellen A. and Benjamin O. Fordham. 2010. "Commerce and Imagination: The Sources of Concern About International Human Rights in the Us Congress." *international studies quarterly* 54(3):633-55. doi: 10.1111/J.1468-2478.2010.00603.X.
Dart, Richard C., Hilary L. Surratt, Theodore J. Cicero, Mark W. Parrino, S. Geoff Severtson, Becki Bucher-Bartelson and Jody L. Green. 2015. "Trends in Opioid Analgesic Abuse and Mortality in the United States." *New England Journal of Medicine* 372(3):241-48. doi: 10.1056/NEJMsa1406143.

De Quincey, Thomas. 1822. *Confessions of an English Opium-Eater*. London: Taylor and Hessey.
Denham, Bryan, Stacy Cacciatore and Michael Caves. 2021. "Bleeding Borders and Enemies Within: How Newsmagazine Covers Portrayed Drugs of Abuse, 1979–2019." *Contemporary Drug Problems* 48(1):3-18. doi: 10.1177/0091450921993835.
Dikötter, Frank, Lars Laamann and Zhou Xun. 2002. "Narcotic Culture. A Social History of Drug Consumption in China." *British Journal of Criminology* 42(2):317-36. doi: 10.1093/bjc/42.2.317.
Dingel, Molly J., Katrina Karkazis and Barbara A. Koenig. 2011. "Framing Nicotine Addiction as a "Disease of the Brain": Social and Ethical Consequences." *Social Science Quarterly* 92(5):1363-88. doi: doi:10.1111/j.1540-6237.2011.00822.x.
Doe-Simkins, Maya, Alexander Y. Walley, Andy Epstein and Peter Moyer. 2009. "Saved by the Nose: Bystander-Administered Intranasal Naloxone Hydrochloride for Opioid Overdose." *American journal of public health (1971)* 99(5):788-91. doi: 10.2105/AJPH.2008.146647.
Dollar, Cindy Brooks. 2019. "Criminalization and Drug "Wars" or Medicalization and Health "Epidemics": How Race, Class, and Neoliberal Politics Influence Drug Laws." *Critical Criminology* 27(2):305-27. doi: 10.1007/s10612-018-9398-7.
Dowell, Deborah, Elizabeth Arias, Kenneth Kochanek, Robert Anderson, Gery P. Guy, Jr, Jan L. Losby and Grant Baldwin. 2017. "Contribution of Opioid-Involved Poisoning to the Change in Life Expectancy in the United States, 2000-2015." *JAMA* 318(11):1065-67. doi: 10.1001/jama.2017.9308.
Duff, Cameron. 2011. "Reassembling (Social) Contexts: New Directions for a Sociology of Drugs." *International Journal of Drug Policy* 22(6):404-06. doi: 10.1016/j.drugpo.2011.09.005.
Dwyer-Lindgren, Laura, Amelia Bertozzi-Villa, Rebecca W. Stubbs, Chloe Morozoff, Shreya Shirude, Jürgen Unützer, Mohsen Naghavi, Ali H. Mokdad and Christopher J. L. Murray. 2018. "Trends and Patterns of Geographic Variation in Mortality from Substance Use Disorders and Intentional Injuries among Us Counties, 1980-2014." *JAMA* 319(10):1013-23. doi: 10.1001/jama.2018.0900.
Eastman, Jason T. 2015. "The Wild (White) Ones: Comparing Frames of White and Black Deviance." *Contemporary justice review : CJR* 18(2):231-47. doi: 10.1080/10282580.2015.1025634.
Ekhtiari, Hamed, Tara Rezapour, Robin L. Aupperle and Martin P. Paulus. 2017. "Neuroscience-Informed Psychoeducation for Addiction Medicine: A Neurocognitive Perspective." *Progress in brain research* 235:239-64. doi: 10.1016/bs.pbr.2017.08.013.
Emma, Whelan, Asbridge Mark and Haydt Susan. 2011. "Representations of Oxycontin in North American Newspapers and Medical Journals." *Pain Research and Management* 16(4):252-58. doi: 10.1155/2011/867326.
England, Marcia. 2008. "Stay out of Drug Areas: Drugs, Othering and Regulation of Public Space in Seattle, Washington." *Space and Polity* 12(2):197-213.
Entman, Robert M. 1993. "Framing: Toward Clarification of a Fractured Paradigm." *Journal of Communication* 43(4):51-58. doi: 10.1111/j.1460-2466.1993.tb01304.x.

Evans, Elizabeth, Libo Li, Jeong Eun Min, David Y. Huang, Darren Urada, Yih-Ing Hser and Bohdan Nosyk. 2015. "Gender Differences in Mortality among Treated Opioid-Dependent Patients." *Drug and Alcohol Dependence* 156:e64-e64. doi: 10.1016/j.drugalcdep.2015.07.1093.

Falco, Mathea. 1992. "Foreign Drugs, Foreign Wars." *Daedalus* 121(3):1-14.

Fan, David P. 1996. "News Media Framing Sets Public Opinion That Drugs Is the Country's Most Important Problem." *Substance Use & Misuse* 31(10):1413-21. doi: 10.3109/10826089609063984.

FDA. 2019. *Timeline of Selected Fda Activities and Significant Events Addressing Opioid Misuse and Abuse*Congress:1-40 (https://www.fda.gov/media/120265/download).

Finestone, Harold. 1957. "Cats, Kicks, and Color." *Social Problems* 5(1):3-13. doi: 10.2307/798943.

Fligstein, Neil, Jonah Stuart Brundage and Michael Schultz. 2017. "Seeing Like the Fed: Culture, Cognition, and Framing in the Failure to Anticipate the Financial Crisis of 2008." *American Sociological Review* 82(5):879-909. doi: 10.1177/0003122417728240.

Florence, Curtis S., Chao Zhou, Feijun Luo and Likang Xu. 2016. "The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013." *Medical Care* 54(10):901-06. doi: 10.1097/MLR.0000000000000625.

Fraser, David and Vaughan Black. 1999. "Legally Dead: The Grateful Dead and American Legal Culture." Pp. 19-39 in *Perspectives on the Grateful Dead: Critical Writings*, Vol. Contributions to the study of music and dance, no. 55, edited by R. G. Weiner. Westport, Conn: Greenwood Press.

Freeman, Hannah Cowles. 2012. "Opium Use and Romantic Women's Poetry." *South Central Review* 29(1/2):1-20.

Frosch, Dominick L., Patrick M. Krueger, Robert C. Hornik, Peter F. Cronholm and Frances K. Barg. 2007. "Creating Demand for Prescription Drugs: A Content Analysis of Television Direct-to-Consumer Advertising." *Annals of family medicine* 5(1):6-13. doi: 10.1370/afm.611.

Fucilla, Louis and Trent A. Engbers. 2015. "Sounding Presidential: Frame Creation in the Obama Administration." *Congress & the Presidency* 42(1):50-78. doi: 10.1080/07343469.2014.975895.

Gamson, William A., David Croteau, William Hoynes and Theodore Sasson. 1992. "Media Images and the Social Construction of Reality." *Annual Review of Sociology* 18:373-93.

GAO. 2005. *Anti-Drug Media Campaign: An Array of Services Was Provided, but Most Funds Were Committed to Buying Media Time and Space.* GAO-05-175Congress.

Gerritsen, J. W. 2000. *The Control of Fuddle and Flash : A Sociological History of the Regulation of Alcohol and Opiates*. Leiden ;: Brill.

Giovanni Molano, Cruz. 2017. "A View from the South: The Global Creation of the War on Drugs." *Contexto Internacional* 39(3):633-53. doi: 10.1590/s0102-8529.2017390300009.

Goffman, Erving. 1986. *Frame Analysis: An Essay on the Organization of Experience*: Northeastern University Press.

Gollust, Sarah E. and Joanne M. Miller. 2020. "Framing the Opioid Crisis: Do Racial Frames Shape Beliefs of Whites Losing Ground?". *Journal of Health Politics, Policy and Law* 45(2):241-76. doi: 10.1215/03616878-8004874.
Gomes, T., M. Tadrous, M. M. Mamdani, J. Paterson and D. N. Juurlink. 2018. "The Burden of Opioid-Related Mortality in the United States." *JAMA Network Open* 1(2):e180217. doi: 10.1001/jamanetworkopen.2018.0217.
Goode, Erich and Nachman Ben-Yehuda. 1994. "The American Drug Panic of the 1980s." Pp. 327-48 in *Moral Panics: The Social Construction of Deviance*, edited by E. Goode and N. Ben-Yehuda. Cambridge, MA: Blackwell Publishers.
Gordon, Elizabeth Putnam. 1924. *Women Torch-Bearers: The Story of the Woman's Christian Temperance Union*. Evanston, Illinois: National Woman's Christian Temperance Union Publishing House.
Graber, Doris A. 1976. *Verbal Behavior and Politics*. Chicago, Ill.: University of Illinois Press.
Gray, Bradford H. and Sarah R. Phillips. 1995. "Medical Sociology and Health Policy: Where Are the Connections?". *Journal of Health and Social Behavior*:170-82.
Grove, Natalie J. and Anthony B. Zwi. 2006. "Our Health and Theirs: Forced Migration, Othering, and Public Health." *Social Science & Medicine* 62(8):1931-42. doi: https://doi.org/10.1016/j.socscimed.2005.08.061.
Halfmann, D. 2019. "Political Institutions and the Comparative Medicalization of Abortion." *Journal of Health and Social Behavior* 60(2):138-52. doi: 10.1177/0022146519843935.
Hall, Wayne and Megan Weier. 2017. "Lee Robins' Studies of Heroin Use among Us Vietnam Veterans." *Addiction (Abingdon, England)* 112(1):176-80. doi: 10.1111/add.13584.
Hamilton, Gillian R. and Thomas F. Baskett. 2000. "In the Arms of Morpheus: The Development of Morphine for Postoperative Pain Relief." *Canadian Journal of Anesthesia* 47(4):367-74. doi: 10.1007/BF03020955.
Hart, Roderick P., Sharon E. Jarvis and Elvin T. Lim. 2002. "The American People in Crisis: A Content Analysis." *Political Psychology* 23(3):417-37. doi: 10.1111/0162-895x.00292.
Hasin, Deborah S., Charles P. O'Brien, Marc Auriacombe, Guilherme Borges, Kathleen Bucholz, Alan Budney, Wilson M. Compton, Thomas Crowley, Walter Ling, Nancy M. Petry, Marc Schuckit and Bridget F. Grant. 2013. "Dsm-5 Criteria for Substance Use Disorders: Recommendations and Rationale." *The American journal of psychiatry* 170(8):834-51. doi: 10.1176/appi.ajp.2013.12060782.
Heather, Nick. 2017. "Q: Is Addiction a Brain Disease or a Moral Failing? A: Neither." *Neuroethics* 10(1):115-24. doi: 10.1007/s12152-016-9289-0.
Hedegaard, Holly, Arialdi M. Miniño and Margaret Warner. 2020. "Drug Overdose Deaths in the United States, 1999–2019." Vol. 394. *NCHS Data Brief*. Hyattsville, MD: National Center for Health Statistics.
Heilig, Markus, David H. Epstein, Michael A. Nader and Yavin Shaham. 2016. "Time to Connect: Bringing Social Context into Addiction Neuroscience." *Nature reviews. Neuroscience* 17(9):592-99. doi: 10.1038/nrn.2016.67.

Heitzeg, Nancy A. 2015. "'Whiteness,' Criminality, and the Double Standards of Deviance/Social Control." *Contemporary justice review : CJR* 18(2):197-214. doi: 10.1080/10282580.2015.1025630.
HHS. 2018. *Drug Addiction and Federal Disability Rights Laws*Congress, (https://www.hhs.gov/civil-rights/for-individuals/special-topics/opioids/index.html).
Hobbs, Joseph J. 1998. "Troubling Fields: The Opium Poppy in Egypt." *Geographical review* 88(1):64-85. doi: 10.1111/j.1931-0846.1998.tb00096.x.
Hodson, Randy. 1999. *Analyzing Documentary Accounts*. Thousand Oaks, Calif: SAGE Publications, Inc.
Hoffman, Andrew J. and Marc J. Ventresca. 1999. "The Institutional Framing of Policy Debates: Economics Versus the Environment." *American Behavioral Scientist* 42(8):1368-92. doi: 10.1177/00027649921954903.
Hohenstein, Kurt. 2001. "Just What the Doctor Ordered: The Harrison Anti-Narcotic Act, the Supreme Court, and the Federal Regulation of Medical Practice, 1915–1919." *Journal of Supreme Court History* 26(3):231-56. doi: 10.1111/1059-4329.00027.
Hoopsick, R. A., G. G. Homish and K. E. Leonard. 2021. "Differences in Opioid Overdose Mortality Rates among Middle-Aged Adults by Race/Ethnicity and Sex, 1999-2018." *Public Health Rep* 136(2):192-200. doi: 10.1177/0033354920968806.
Hsu, Douglas J., Ellen P. McCarthy, Jennifer P. Stevens and Kenneth J. Mukamal. 2017. "Hospitalizations, Costs and Outcomes Associated with Heroin and Prescription Opioid Overdoses in the United States 2001–12." *Addiction* 112(9):1558-64. doi: https://doi.org/10.1111/add.13795.
Inciardi, James A. 2002. *The War on Drugs Iii: The Continuing Saga of the Mysteries and Miseries of Intoxication, Addiction, Crime, and Public Policy*. Boston: Allyn and Bacon.
Inciardi, James A. and Jennifer L. Goode. 2003. "Oxycontin and Prescription Drug Abuse: Miracle Medicine or Problem Drug?". *Consumers' Research Magazine* 86(7):17.
Inciardi, James A. and Theodore J. Cicero. 2009. "Black Beauties, Gorilla Pills, Footballs, and Hillbilly Heroin: Some Reflections on Prescription Drug Abuse and Diversion Research over the Past 40 Years." *Journal of Drug Issues* 39(1):101-14.
Iyengar, Shanto. 1996. "Framing Responsibility for Political Issues." *The ANNALS of the American Academy of Political and Social Science* 546:59-70.
Jamison, R. N. and J. Mao. 2015. "Opioid Analgesics." *Mayo Clinic Proceedings* 90(7):957-68. doi: 10.1016/j.mayocp.2015.04.010.
Jones, Jonathan S. 2020. "Opium Slavery: Civil War Veterans and Opiate Addiction." *The journal of the Civil War era* 10(2):185-212. doi: 10.1353/cwe.2020.0025.
Jutel, Annemarie. 2010. "Framing Disease: The Example of Female Hypoactive Sexual Desire Disorder." *Social Science & Medicine* 70(7):1084-90. doi: 10.1016/j.socscimed.2009.11.040.
Kelly, John F. and Cassandra M. Westerhoff. 2010. "Does It Matter How We Refer to Individuals with Substance-Related Conditions? A Randomized Study of Two

Commonly Used Terms." *International Journal of Drug Policy* 21(3):202-07. doi: https://doi.org/10.1016/j.drugpo.2009.10.010.
Koch, David W., Jaewon Lee and Kyunghee Lee. 2016. "Coloring the War on Drugs: Arrest Disparities in Black, Brown, and White." *Race and Social Problems* 8(4):313-25. doi: 10.1007/s12552-016-9185-6.
Kolker, Emily S. 2004. "Framing as a Cultural Resource in Health Social Movements: Funding Activism and the Breast Cancer Movement in the Us 1990–1993." *Sociology of Health & Illness* 26(6):820-44. doi: doi:10.1111/j.0141-9889.2004.00420.x.
Koob, George F. and Eric J. Simon. 2009. "The Neurobiology of Addiction: Where We Have Been and Where We Are Going." *Journal of Drug Issues* 39(1):115-32.
Krippendorff, Klaus. 2019. *Content Analysis: An Introduction to Its Methodology*. Thousand Oaks, Calif: Sage.
Kritikos, P. G. and S. P. Papadaki. 1967. *The History of the Poppy and of Opium and Their Expansion in Antiquity in the Eastern Mediterranean Area*. Translated by G. Michalopoulos: United Nations Office on Drugs and Crime.
Krumer-Nevo, Michal and Orly Benjamin. 2010. "Critical Poverty Knowledge:Contesting Othering and Social Distancing." *Current Sociology* 58(5):693-714. doi: 10.1177/0011392110372729.
Kuzmarov, Jeremy. 2009. *The Myth of the Addicted Army: Vietnam and the Modern War on Drugs*. Amherst, Massachusetts: University of Massachusetts Press.
Lasswell, Harold D. and Nathan Leites. 1966. *Language of Politics: Studies in Quantitative Semantics*, Edited by N. C. Leites. Cambridge, Mass: M.I.T. Press.
Lewy, Jonathan. 2014. "The Army Disease: Drug Addiction and the Civil War." *War in History* 21(1):102-19.
Lichtenberg, Illya. 2006. "Driving While Black (Dwb): Examining Race as a Tool in the War on Drugs." *Police practice & research* 7(1):49-60. doi: 10.1080/15614260600579649.
Light, Ivan. 1974. "From Vice District to Tourist Attraction: The Moral Career of American Chinatowns, 1880-1940." *Pacific Historical Review* 43(3):367-94. doi: 10.2307/3638262.
Lind, Jo Thori, Karl Ove Moene and Fredrik Willumsen. 2014. "Opium for the Masses? Conflict-Induced Narcotics Production in Afghanistan." *The Review of Economics and Statistics* 96(5):949-66. doi: 10.1162/rest_a_00418.
Lupia, A., S. Soroka and A. Beatty. 2020. "What Does Congress Want from the National Science Foundation? A Content Analysis of Remarks from 1995 to 2018." *science advances* 6(33). doi: 10.1126/SCIADV.AAZ6300.
Masters, Ryan K, Andrea M Tilstra and Daniel H Simon. 2017. "Explaining Recent Mortality Trends among Younger and Middle-Aged White Americans." *International Journal of Epidemiology* 47(1):81-88. doi: 10.1093/ije/dyx127.
Mattson, Christine L., Lauren J. Tanz, Kelly Quinn, Mbabazi Kariisa, Priyam Patel and Nicole L. Davis. 2021a. "Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019." *Morbidity and Mortality Weekly Report (MMWR)* 70(6):202–07.
Mattson, Christine L., Lauren J. Tanz, Kelly Quinn, Mbabazi Kariisa, Priyam Patel and Nicole L. Davis. 2021b. "Trends and Geographic Patterns in Drug and Synthetic

Opioid Overdose Deaths - United States, 2013-2019." *MMWR. Morbidity and mortality weekly report* 70(6):202-07. doi: 10.15585/mmwr.mm7006a4.
Maturo, Antonio. 2012. "Medicalization: Current Concept and Future Directions in a Bionic Society." *mens sana monographs* 10(1):122-33. doi: 10.4103/0973-1229.91587.
Mavrogenis, Andreas F., Theodosis Saranteas, Konstantinos Markatos, Antonia Kotsiou and Christina Tesseromatis. 2018. "Pharmacies for Pain and Trauma in Ancient Greece." *International orthopaedics* 43(6):1529-36. doi: 10.1007/s00264-018-4219-x.
McGinty, Emma E., Alene Kennedy-Hendricks, Julia Baller, Jeff Niederdeppe, Sarah E. Gollust and Colleen L. Barry. 2016. "Criminal Activity or Treatable Health Condition? News Media Framing of Opioid Analgesic Abuse in the United States, 1998–2012." *Psychiatric Services* 67(4):405-11. doi: 10.1176/appi.ps.201500065.
McKinlay, John B. and Lisa D. Marceau. 2002. "The End of the Golden Age of Doctoring." *International Journal of Health Services* 32(2):379-416. doi: 10.2190/jl1d-21bg-pk2n-j0kd.
McKinney, Richard J. 2002, "An Overview of the Congressional Record and Its Predecessor Publications: A Research Guide", Washington, D.C.: Law Librarians' Society of Washington, D.C. Retrieved July 22 2019, 2019 (https://www.llsdc.org/congressional-record-overview#14).
Metsch, Lisa R. and Harold A. Pollack. 2005. "Welfare Reform and Substance Abuse." *The Milbank Quarterly* 83(1):65-99. doi: 10.1111/j.0887-378X.2005.00336.x.
Meyer, RogerE. 1996. "The Disease Called Addiction: Emerging Evidence in a 200-Year Debate." *The Lancet (British edition)* 347(8995):162-66. doi: 10.1016/S0140-6736(96)90345-1.
Miller, Stuart Creighton. 1969. *The Unwelcome Immigrant; the American Image of the Chinese, 1785-1882*. Berkeley: University of California Press.
Momper, Sandra L., Jorge Delva, Debbie Tauiliili, Amelia Cromwell Mueller-Williams and Patricia Goral. 2013. "Oxycontin Use on a Rural Midwest American Indian Reservation: Demographic Correlates and Reasons for Using." *American Journal of Public Health* 103(11):1997-99.
Moore, W. S. 1898. "Temperance: Another Form of Intoxication. The Opium Habit. How the Habit Is Formed. Its Extent." *Christian Observer (1840-1910)*, 1898 Jul 06, pp. 654.
Morgan, H. Wayne. 1981. *Drugs in America: A Social History, 1800-1980*. Syracuse, N.Y: Syracuse University Press.
Morgan, Patricia A. 1978. "The Legislation of Drug Law: Economic Crisis and Social Control." *Journal of Drug Issues* 8(1):53-62. doi: http://dx.doi.org/10.1177/002204267800800104.
Morone, James A. 2003. *Hellfire Nation: The Politics of Sin in American History*. New Haven: Yale University Press.
Musto, D. F. 1999. *The American Disease: Origins of Narcotic Control*. New York: Oxford University Press.
Musto, David F. and Pamela Korsmeyer. 2002. *The Quest for Drug Control: Politics and Federal Policy in a Period of Increasing Substance Abuse, 1963-1981*. New Haven: Yale University Press.

Netherland, Julie and Helena B. Hansen. 2016. "The War on Drugs That Wasn't: Wasted Whiteness, "Dirty Doctors," and Race in Media Coverage of Prescription Opioid Misuse." *Culture, Medicine, and Psychiatry* 40(4):664-86. doi: 10.1007/s11013-016-9496-5.

Nicholas, Phil and Andrew Churchill. 2012. "The Federal Bureau of Narcotics, the States, and the Origins of Modern Drug Enforcement in the United States, 1950–1962." *Contemporary Drug Problems* 39(4):595-640. doi: 10.1177/009145091203900402.

NIH, National Institutes of Health. 2018, "How Opioid Drugs Activate Receptors" *NIH RESEARCH MATTERS,* Washington, D.C.: National Institutes of Health. Retrieved January 26, 2021 (https://www.nih.gov/news-events/nih-research-matters/how-opioid-drugs-activate-receptors).

O'Connor, Sean. 2017. *Fentanyl: China's Deadly Export to the United States*Congress, (https://www.uscc.gov/research/fentanyl-chinas-deadly-export-united-states).

Orsini, Maria M. 2017. "Frame Analysis of Drug Narratives in Network News Coverage." *Contemporary Drug Problems* 44(3):189-211. doi: 10.1177/0091450917722817.

Padwa, Howard and Jacob Cunningham. 2010. "Pure Food and Drug Act." Pp. 256-57 in *Addiction: A Reference Encyclopedia*. Santa Barbara, California: ABC-CLIO, LLC.

Parsons, Talcott. 1975. "The Sick Role and the Role of the Physician Reconsidered." *The Milbank Memorial Fund Quarterly Health and Society* 53(3):257-78.

Pearson, Kathryn and Logan Dancey. 2011. "Elevating Women's Voices in Congress: Speech Participation in the House of Representatives." *Political Research Quarterly* 64(4):910-23. doi: 10.1177/1065912910388190.

Petrocik, John R. 1996. "Issue Ownership in Presidential Elections, with a 1980 Case Study." *American Journal of Political Science* 40(3):835-50.

Pizmony-Levy, Oren and Aaron Ponce. 2013. "Framing Strategies and Public Support for the Legalization of Marriage between Two People of the Same Sex." *Sociological Perspectives* 56(2):169-90. doi: 10.1525/sop.2013.56.2.169.

Polzin, Scott J. 2003. "Codeine." Pp. 85-94 in *Drugs and Controlled Substances: Information for Students*, edited by S. L. Blachford and K. Krapp. Detroit, MI: Gale.

Provine, Doris Marie. 2007. *Unequal under Law: Race in the War on Drugs*. Chicago: University of Chicago Press.

Provine, Doris Marie. 2011. "Race and Inequality in the War on Drugs." *Annual Review of Law and Social Science* 7(1):41-60. doi: 10.1146/annurev-lawsocsci-102510-105445.

Quinones, Sam. 2015. *Dreamland: The True Tale of America's Opiate Epidemic*. New York: Bloomsbury Publishing.

Qureshi, Kaveri and Elizabeth Rahman. 2017. "Infant Feeding: Medicalization, the State and Techniques of the Body." *Women's Studies International Forum* 60:81-88. doi: 10.1016/j.wsif.2016.10.010.

Racoosin, Judith A., David W. Roberson, Michael A. Pacanowski and David R. Nielsen. 2013. "New Evidence About an Old Drug — Risk with Codeine after

Adenotonsillectomy." *New England Journal of Medicine* 368(23):2155-57. doi: 10.1056/NEJMp1302454.
Reuter, Peter and David Ronfeldt. 1992. "Quest for Integrity: The Mexican-Us Drug Issue in the 1980s." *Journal of Interamerican Studies and World Affairs* 34(3):89-154. doi: 10.2307/165926.
Rhee, Taeho Greg and Robert A Rosenheck. 2019. "Association of Current and Past Opioid Use Disorders with Health-Related Quality of Life and Employment among Us Adults." *Drug and Alcohol Dependence* 199:122-28.
Robison, Jennifer. 2002, "Decades of Drug Use: Data from the '60s and '70s": Gallup, Inc. Retrieved July 27, 2021 (https://news.gallup.com/poll/6331/Decades-Drug-Use-Data-From-60s-70s.aspx).
Rocca, Michael S. and Gabriel R. Sanchez. 2008. "The Effect of Race and Ethnicity on Bill Sponsorship and Cosponsorship in Congress." *American Politics Research* 36(1):130-52. doi: 10.1177/1532673X07306357.
Roehler, Douglas R., Gery P. Guy and Christopher M. Jones. 2020. "Buprenorphine Prescription Dispensing Rates and Characteristics Following Federal Changes in Prescribing Policy, 2017-2018: A Cross-Sectional Study." *Drug and alcohol dependence* 213:108083-83. doi: 10.1016/j.drugalcdep.2020.108083.
Rogers, Kara. 2018. "Opium." in *Encyclopædia Britannica*, edited by T. E. o. E. Britannica.
Ruhm, Christopher J. 2018. "Drug Mortality and Lost Life Years among U.S. Midlife Adults, 1999-2015." *American Journal of Preventative Medicine* 55(1):11-18. doi: 10.1016/j.amepre.2018.03.014.
Saguy, A. C. and K. W. Riley. 2005. "Weighing Both Sides: Morality, Mortality, and Framing Contests over Obesity." *Journal of Health Politics, Policy & Law* 30(5):869-921.
Salavert, Aurélie, Lucie Martin, Ferran Antolín and Antoine Zazzo. 2018. "The Opium Poppy in Europe: Exploring Its Origin and Dispersal During the Neolithic." *Antiquity* 92(364):e1. doi: 10.15184/aqy.2018.154.
Santa Ana, Otto. 2002. *Brown Tide Rising: Metaphors of Latinos in Contemporary American Public Discourse*. Austin: University of Texas Press.
Schaffner, Brian F. and Patrick J. Sellers, eds. 2010. *Winning with Words: The Origins and Impact of Political Framing*. New York: Routledge.
Schwalbe, Michael, Daphne Holden, Douglas Schrock, Sandra Godwin, Shealy Thompson and Michele Wolkomir. 2000. "Generic Processes in the Reproduction of Inequality: An Interactionist Analysis." *Social Forces* 79(2):419-52. doi: 10.1093/sf/79.2.419.
Segal, Mady and Amanda Hansen. 1992. "Value Rationales in Policy Debates on Women in the Military: A Content Analysis of Congressional Testimony, 1941-1985." *Social Science Quarterly* 73(2):296.
Shiels, Meredith S., Zaria Tatalovich, Yingxi Chen, Emily A. Haozous, Patricia Hartge, Anna M. Nápoles, Eliseo J. Pérez-Stable, Erik J. Rodriquez, Susan Spillane, David A. Thomas, Diana R. Withrow, Amy Berrington de González and Neal D. Freedman. 2020. "Trends in Mortality from Drug Poisonings, Suicide, and Alcohol-Induced Deaths in the United States from 2000 to 2017." *JAMA Network Open* 3(9):e2016217-e17. doi: 10.1001/jamanetworkopen.2020.16217.

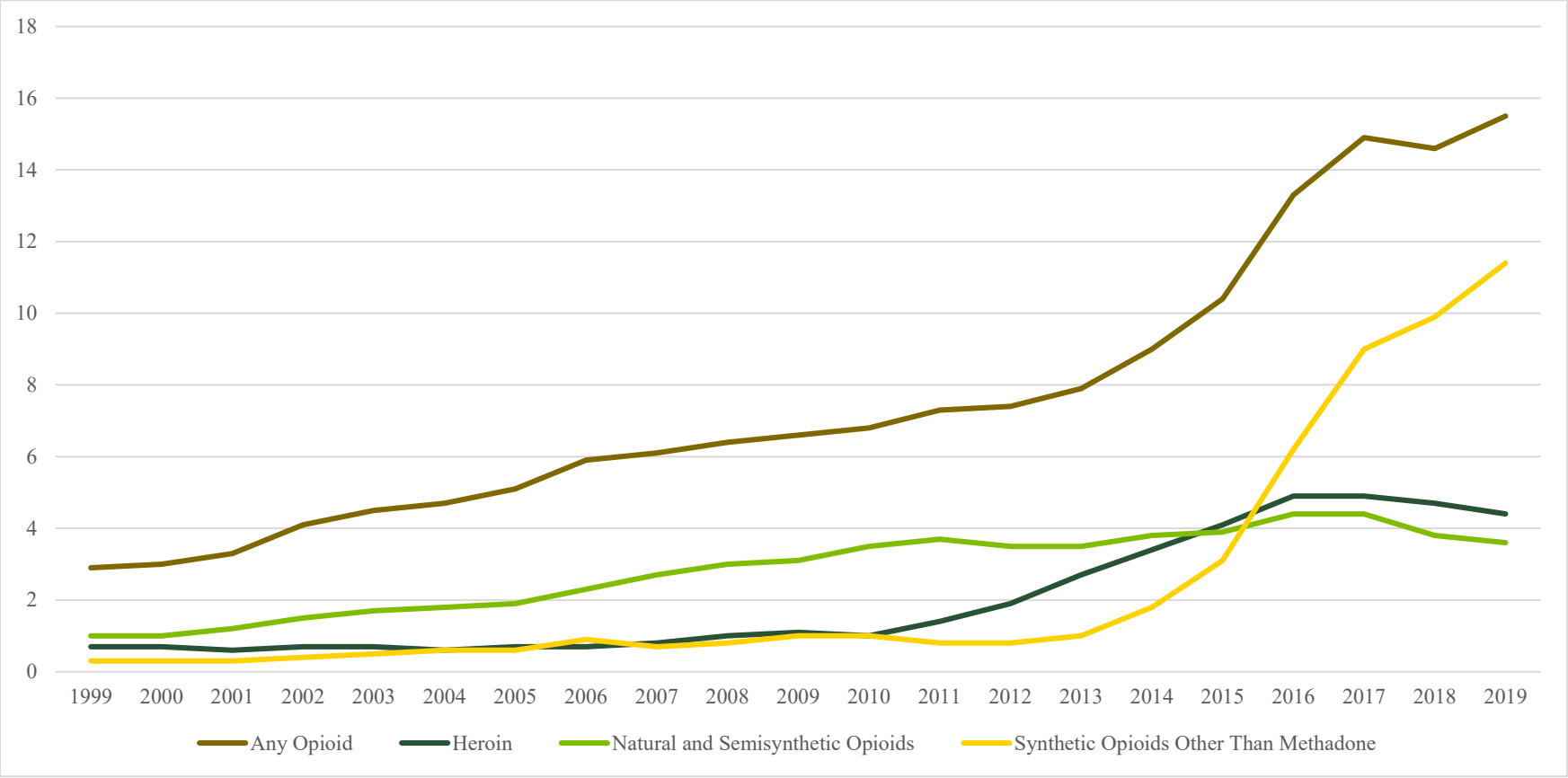
Smith, Benjamin T. and Wil G. Pansters. 2020. "Us Moral Panics, Mexican Politics, and the Borderlands Origins of the War on Drugs, 1950–62." *Journal of Contemporary History* 55(2):364-87. doi: 10.1177/0022009418790664.
Smith, David E. 2017. "Medicalizing the Opioid Epidemic in the U.S. In the Era of Health Care Reform." *Journal of Psychoactive Drugs* 49(2):95-101. doi: 10.1080/02791072.2017.1295334.
Sneader, Walter. 1998. "The Discovery of Heroin." *The Lancet* 352(9141):1697-99. doi: https://doi.org/10.1016/S0140-6736(98)07115-3.
Socia, Kelly M. and Elizabeth K. Brown. 2016. "“This Isn’t About Casey Anthony Anymore”: Political Rhetoric and Caylee’s Law." *Criminal Justice Policy Review* 27(4):348-77. doi: 10.1177/0887403414551000.
Spillane, J. F. 2004. "Debating the Controlled Substances Act." *Drug Alcohol Depend* 76(1):17-29. doi: 10.1016/j.drugalcdep.2004.04.011.
Stanley, Theodore H. 2005. "Fentanyl." *Journal of Pain and Symptom Management* 29(5, Supplement):67-71. doi: https://doi.org/10.1016/j.jpainsymman.2005.01.009.
Stanley, Theodore H. 2014. "The Fentanyl Story." *The Journal of Pain* 15(12):1215-26. doi: 10.1016/j.jpain.2014.08.010.
Tesoriero, Heather. 2007. "Oxycontin Maker Pleads Guilty; Purdue Frederick to Pay $634.5 Million Settlement for Hiding Addiction Risk." Pp. B.3. New York, N.Y.
Thom, David H., Mark A. Hall and L. Gregory Pawlson. 2004. "Measuring Patients’ Trust in Physicians When Assessing Quality of Care." *Health Affairs* 23(4):124-32. doi: 10.1377/hlthaff.23.4.124.
Uhart, M. and G. S. Wand. 2009. "Stress, Alcohol and Drug Interaction: An Update of Human Research." *Addict Biol* 14(1):43-64. doi: 10.1111/j.1369-1600.2008.00131.x.
Van Hout, Marie-Claire and Ian Norman. 2015. "Misuse of Non-Prescription Codeine Containing Products: Recommendations for Detection and Reduction of Risk in Community Pharmacies." *The International Journal of Drug Policy* 27:17-22. doi: 10.1016/j.drugpo.2015.09.007.
Vliegenthart, Rens and Liesbet van Zoonen. 2011. "Power to the Frame: Bringing Sociology Back to Frame Analysis." *European Journal of Communication* 26(2):101-15. doi: 10.1177/0267323111404838.
Vrecko, Scott. 2010. "Birth of a Brain Disease: Science, the State and Addiction Neuropolitics." *History of the Human Sciences* 23(4):52-67. doi: 10.1177/0952695110371598.
Wagner, David. 1997. *The New Temperance: The American Obsession with Sin and Vice*. Boulder, CO: WestviewPress.
Walton, Jo Ann and Mariana Lazzaro-Salazar. 2016. "Othering the Chronically Ill: A Discourse Analysis of New Zealand Health Policy Documents." *Health communication* 31(4):460-67. doi: 10.1080/10410236.2014.966289.
Wang, Beth. 2018. "Policy Experts Question 13 Patient Advocacy Groups' Legitimacy Due to Opioid Industry Funding." *InsideHealthPolicy.com's Inside Health Reform* 10(8).
Wang, Karen H., William C. Becker and David A. Fiellin. 2013. "Prevalence and Correlates for Nonmedical Use of Prescription Opioids among Urban and Rural Residents." *Drug and Alcohol Dependence* 127(1-3):156.

Weber, Max. 1994. *Weber: Political Writings*. Translated by R. Speirs. Cambridge: Cambridge University Press.
Wilbert, Martin I. 1915. "The Number and Kind of Drug Addicts." *Public Health Reports (1896-1970)* 30(32):2289-94. doi: 10.2307/4572670.
Wincup, Emma and Alex Stevens. 2021. "Scapegoating and Othering in Drug Policy: A Special Themed Section." *The International journal on drug policy* 87:103093-93.
Winger, Gail, James H. Woods, Chad M. Galuska and Tammy Wade-Galuska. 2005. "Behavioral Perspectives on the Neuroscience of Drug Addiction." *Journal of the Experimental Analysis of Behavior* 84(3):667-81. doi: 10.1901/jeab.2005.101-04.
Woolf, S. H. and H. Schoomaker. 2019. "Life Expectancy and Mortality Rates in the United States, 1959-2017." *JAMA* 322(20):1996-2016. doi: 10.1001/jama.2019.16932.
Wright, Quincy. 1924. "The Opium Question." *The American Journal of International Law* 18(2):281-95. doi: 10.2307/2188395.
Young, April M. and Jennifer R. Havens. 2012. "Transition from First Illicit Drug Use to First Injection Drug Use among Rural Appalachian Drug Users: A Cross-Sectional Comparison and Retrospective Survival Analysis." *Addiction* 107(3):587-96. doi: doi:10.1111/j.1360-0443.2011.03635.x.
Young, James Harvey. 1961. *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation*. Princeton, N.J: Princeton University Press.
Zola, Irving Kenneth. 1972. "Medicine as an Institution of Social Control." *The Sociological Review* 20(4):487-504. doi: 10.1111/J.1467-954X.1972.TB00220.X.

APPENDIX A

DATA, FIGURES, AND TABLES

FIGURE 1.1 AGE-ADJUSTED RATES OF DRUG OVERDOSE DEATHS INVOLVING OPIOIDS, BY TYPE OF OPIOID, 1999–2019



The International Classification of Diseases, 10th Revision (ICD–10) identify opioid-related mortality through the cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14, with the specific codes being: any opioid (T40.0–T40.4 and T40.6), heroin (T40.1), natural and semisynthetic opioids (T40.2), and synthetic opioids other than methadone (T40.4). Natural and semisynthetic opioids include opioids like morphine, oxycodone, and hydrocodone. Synthetic opioids other than methadone include fentanyl and its analogs. T Data from the National Center for Health Statistics, National Vital Statistics System, Mortality.

TABLE 4.1 SEARCH RESULTS BY TYPE OF NON-SPEECH TEXT, 1994-2019

NON-SPEECH TEXTS	
Measures read/referred	19
Text of amendments	89
Introduced bills and resolutions	78
Public bills & resolutions	116
Additional cosponsors to bills	158
Daily digest	400
Extension of remarks	411
Senate committee meetings	53
Text of resolutions	79
Text of reports	74
Statements on introduced bill/resolution	166
Executive communications	46
Prayer	2
Speech by Prime Minister Tony Blair	1
Speech with "heroine" misspelled as “heroin”	1
Speech with multiple speakers	182
Policy debate	1366
TOTAL	**3,241**

FIGURE 4.1 PROCESS OF TEXT EXCLUSION AND INCLUSION

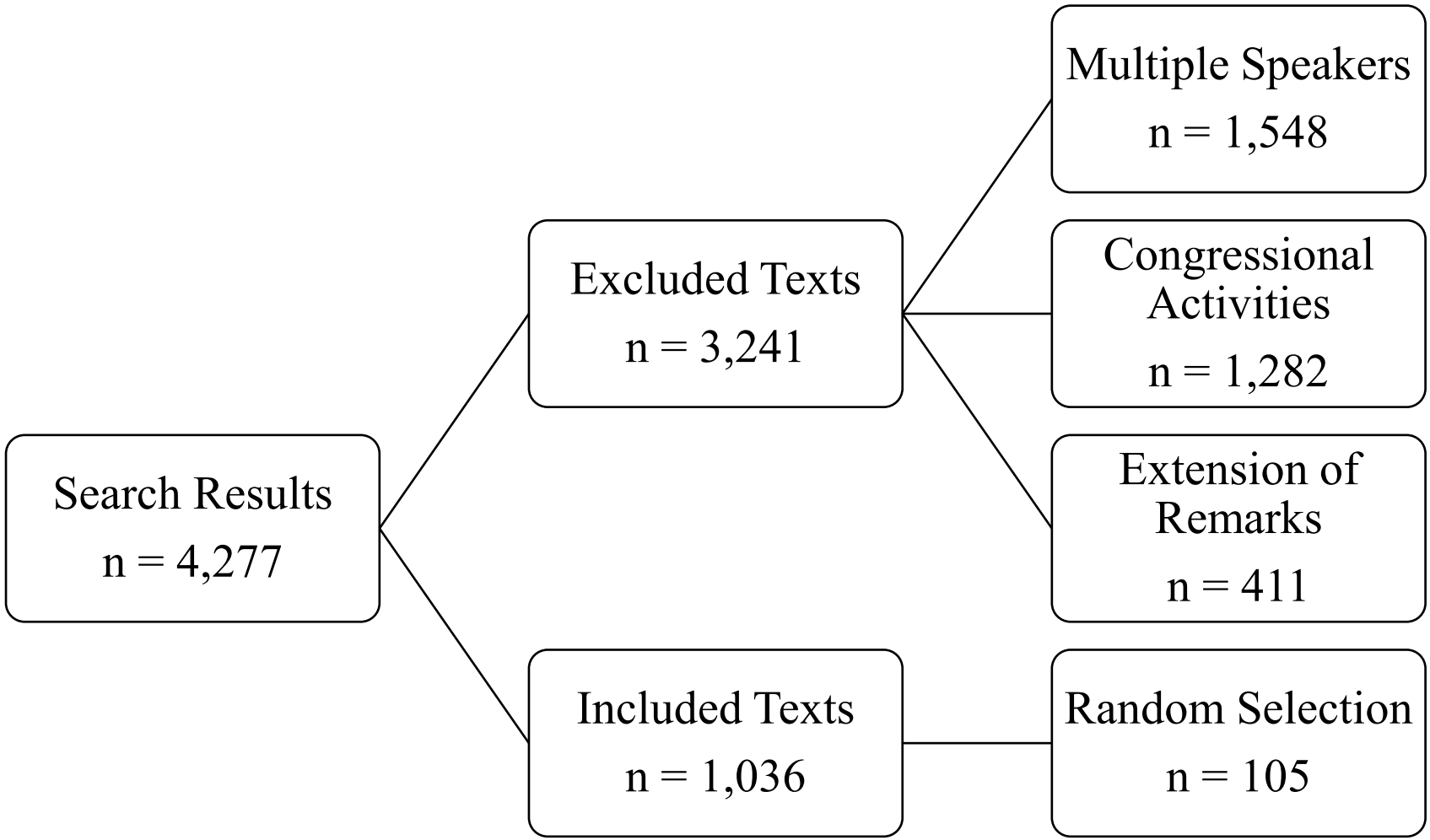


TABLE 4.2 LIST OF SPEECHES IN THE SAMPLE

Year	granuleId	Speech Title	Speaker
1994	CREC-1994-01-25-pt1-PgS15	THE CALIFORNIA QUAKE OF 1994	Feinstein, Dianne
1994	CREC-1994-01-26-pt1-PgS58	``SENTENCING OPINION'' BY HON. ROBERT W. SWEET	Simon, Paul
1994	CREC-1994-01-26-pt1-PgS59	VIOLENCE IN AMERICA	Simon, Paul
1994	CREC-1994-02-10-pt1-PgS35	DISABILITY DRUG ABUSE PREVENTION AND REHABILITATION ACT OF 1994	Cohen, William S.
1994	CREC-1994-03-03-pt1-PgH33	STOP FEEDING ADDICTS HABITS	Herger, Wally
1994	CREC-1994-03-23-pt1-PgH57	GREEK INDEPENDENCE DAY	Torkildsen, Peter G.
1994	CREC-1994-04-20-pt1-PgS13	NARCOTICS TRAFFICKING, THE KGB--AND CASTRO	Helms, Jesse
1995	CREC-1995-08-01-pt1-PgH8139-2	DEADHEADS	Duncan, John J., Jr.
1995	CREC-1995-10-26-pt1-PgH10851-7	RED RIBBON WEEK	Portman, Rob
1996	CREC-1996-02-29-pt1-PgS1449	INTERNATIONAL DRUG CERTIFICATION	Biden, Joseph R., Jr.
1996	CREC-1996-03-07-pt1-PgH1778-4	AWOL CLINTON ADMINISTRATION	Riggs, Frank
1996	CREC-1996-03-27-pt1-PgH2879	STATUS OF THE DRUG WAR	Mica, John L.
1996	CREC-1996-04-19-pt1-PgS3725	FEDERAL JUDGES	Leahy, Patrick J.
1996	CREC-1996-05-14-pt1-PgS4999	CLINTON ADMINISTRATION POLICY ON DRUG SMUGGLERS	Dole, Robert J.
1996	CREC-1996-06-10-pt1-PgH6097	OUR NATION'S DRUG POLICY	Mica, John L.
1996	CREC-1996-07-11-pt1-PgH7268-4	AMERICA'S CHILDREN DESERVE BETTER	Johnson, Sam
1996	CREC-1996-07-16-pt1-PgH7539-2	HEROIN USE HAS BECOME EVEN MORE DEADLY	Gilman, Benjamin A.
1996	CREC-1996-09-20-pt1-PgS11102-3	WHY AFRICA MATTERS: INTERNATIONAL CRIME, TERRORISM, AND NARCOTICS	Kassebaum, Nancy Landon
1996	CREC-1996-09-30-pt1-PgH12180-3	DRUG USE INCREASES UNDER CLINTON ADMINISTRATION	Mica, John L.
1997	CREC-1997-02-24-pt1-PgS1483-2	NARCOTICS CERTIFICATION	Biden, Joseph R., Jr.
1997	CREC-1997-07-09-pt1-PgS7113-5	COMBATING THE FLOW OF NARCOTICS--SENATE JOINT RESOLUTION 34	McCain, John
1998	CREC-1998-02-11-pt1-PgH388-5	USE AMERICAN TROOPS TO GUARD AMERICAN BORDER	Traficant, James A., Jr.
1998	CREC-1998-09-22-pt1-PgS10713-2	EFFORTS TO LEGALIZE MARIJUANA	Hatch, Orrin G.
1999	CREC-1999-03-02-pt1-PgH881	AMERICA'S BIGGEST SOCIAL PROBLEM: ILLEGAL NARCOTICS	Mica, John L.
1999	CREC-1999-09-22-pt1-PgH8471-7	WORLDWIDE HEROIN CRISIS	Gilman, Benjamin A.
2000	CREC-2000-02-01-pt1-PgH158	AMERICA'S PROBLEMS WITH ILLEGAL NARCOTICS AND DRUG ABUSE	Mica, John L.
2000	CREC-2000-02-15-pt1-PgH442	FALSE STATEMENTS CONCERNING THE F/A-18E/F SUPER HORNET	Cunningham, Randy (Duke)
2000	CREC-2000-02-16-pt1-PgH492-2	SERIOUS QUESTIONS ABOUT COLOMBIA ASSISTANCE PACKAGE	McGovern, James P.
2000	CREC-2000-03-08-pt1-PgH704-6	URGING PASSAGE OF AID PACKAGE TO COLOMBIA	Ballenger, Cass
2000	CREC-2000-03-09-pt1-PgH762-2	A GREAT VICTORY FOR JACKSON COUNTY, OREGON, IN ELIMINATING THE SCOURGE OF ILLEGAL DRUGS	Walden, Greg
2000	CREC-2000-04-05-pt1-PgH1847	THE NATION'S NUMBER ONE HEALTH PROBLEM	Ganske, Greg
2000	CREC-2000-04-06-pt1-PgH1943-2	WE NEED TO BRING AMERICA HOME FROM ITS INTERVENTION IN KOSOVO	Metcalf, Jack
2000	CREC-2000-05-09-pt1-PgH2763	ILLEGAL NARCOTICS AND DRUG ABUSE	Mica, John L.
2000	CREC-2000-07-11-pt1-PgH5741-3	AMERICA DOES NOT NEED TO USE FEDERAL DOLLARS FOR SUBLIMINAL HITS THROUGH MEDIA	Traficant, James A., Jr.
2000	CREC-2000-09-26-pt1-PgS9260	THE CHILDREN'S PUBLIC HEALTH ACT OF 2000 AND THE YOUTH DRUG AND MENTAL HEALTH SERVICES ACT	Hatch, Orrin G.
2001	CREC-2001-03-07-pt1-PgH654-6	CONGRESS SHOULD DO SOMETHING ABOUT NARCOTICS	Traficant, James A., Jr.
2001	CREC-2001-05-21-pt1-PgS5262	ECSTASY EXPLOSION	Grassley, Chuck
2001	CREC-2001-09-17-pt1-PgH5707-9	CHALLENGE FACING AMERICA	Rohrabacher, Dana
2002	CREC-2002-03-13-pt1-PgH899	ASPECTS OF THE WAR ON TERRORISM	Owens, Major R.

2002	CREC-2002-06-13-pt1-PgH3555	COLORADO FIRES	Tancredo, Thomas G.
2003	CREC-2003-03-04-pt1-PgS3082	THE BURMESE JUNTA'S PERSISTENT USE OF CHILD SOLDIERS	McConnell, Mitch
2003	CREC-2003-05-01-pt1-PgH3627	ILLEGAL NARCOTICS PROBLEM IN THE UNITED STATES AND THE WORLD	Souder, Mark E.
2004	CREC-2004-01-21-pt1-PgH62-7	AL QAEDA DEALS HEROIN TO FUND TERRORISM OPERATIONS	Kirk, Mark Steven
2004	CREC-2004-03-25-pt1-PgS3168	A STEW POT OF TROUBLE	Grassley, Chuck
2004	CREC-2004-05-04-pt1-PgH2520-4	ALCOHOL AWARENESS MONTH AND H. RES. 575	Osborne, Tom
2004	CREC-2004-06-08-pt1-PgS6624	ELIMINATION OF THE 30-PATIENT LIMIT FOR GROUP PRACTICES	Levin, Carl
2005	CREC-2005-05-17-pt1-PgH3414	OVERVIEW OF THE WAR ON ILLEGAL NARCOTICS	Souder, Mark E.
2005	CREC-2005-07-29-pt1-PgS9584	NATIONAL ALL SCHEDULES PRESCRIPTION ELECTRONIC REPORTING ACT OF 2005	Kennedy, Edward M.
2005	CREC-2005-09-13-pt1-PgH7838-2	METHAMPHETAMINE CRISIS IN AMERICA	Osborne, Tom
2006	CREC-2006-03-02-pt1-PgS1593-8	COMBAT METH ACT	Frist, William H.
2006	CREC-2006-05-22-pt1-PgH3012-5	UNDERAGE DRINKING	Osborne, Tom
2006	CREC-2006-09-13-pt1-PgH6511-3	NARCOTICS PROBLEM IN AFGHANISTAN	Souder, Mark E.
2007	CREC-2007-02-27-pt1-PgH1959	IMMIGRATION REFORM	King, Steve
2007	CREC-2007-03-13-pt1-PgH2440	TIME TO REFOCUS EFFORTS IN THE WAR AGAINST TERRORISM	Pallone, Frank, Jr.
2007	CREC-2007-07-26-pt1-PgH8624-6	METHAMPHETAMINE KINGPIN ELIMINATION ACT OF 2007	Smith, Adrian
2008	CREC-2008-01-23-pt1-PgH441-3	BORDER WARS	Poe, Ted
2008	CREC-2008-01-29-pt1-PgS450	NATIONAL DRUG PREVENTION AND EDUCATION WEEK	Grassley, Chuck
2008	CREC-2008-04-02-pt1-PgH1944	PRESIDENT BUSH INSULTS THE AMERICAN PEOPLE WITH HIS SELECTIVE PARDONS AND COMMUTATIONS	Tancredo, Thomas G.
2008	CREC-2008-06-18-pt1-PgH5551	INTERDICTION OF ILLEGAL DRUGS	Cummings, Elijah E.
2008	CREC-2008-07-15-pt1-PgH6477-5	GOOD WAR--BAD WAR	Kirk, Mark Steven
2009	CREC-2009-01-08-pt1-PgH84-2	THE FORGOTTEN WAR	Kirk, Mark Steven
2009	CREC-2009-05-07-pt1-PgS5274	AMERICA'S GLOBAL DEVELOPMENT CAPACITY ACT	Durbin, Richard J.
2010	CREC-2010-05-11-pt1-PgS3533	NATIONAL ALCOHOL- AND OTHER DRUG-RELATED BIRTH DEFECTS WEEK	Johnson, Tim
2010	CREC-2010-07-13-pt1-PgH5524	UPHOLDING THE RULE OF LAW	Carter, John R.
2011	CREC-2011-12-08-pt1-PgH8299-3	CHINA ORGAN HARVESTING	Pitts, Joseph R.
2012	CREC-2012-08-01-pt1-PgH5529-2	PRESCRIPTION DRUG ABUSE	Rahall, Nick J., II
2012	CREC-2012-08-01-pt1-PgH5529-3	THE MEDICINE CABINET EPIDEMIC	Rogers, Harold
2013	CREC-2013-04-16-pt1-PgH2030	KEEP CRUSHABLE PAIN PILLS OFF THE MARKET	Rogers, Harold
2013	CREC-2013-07-16-pt1-PgS5706	COMBATING PRESCRIPTION DRUG ABUSE ACT	Boxer, Barbara
2014	CREC-2014-02-05-pt1-PgH1601-5	ADDICTION AND MENTAL HEALTH	Murphy, Tim
2014	CREC-2014-02-05-pt1-PgH1649-5	HEROIN ABUSE	Foster, Bill
2015	CREC-2015-07-07-pt1-PgH4778-4	FAMILIES IMPACTED BY OPIATE ABUSE	Kennedy, Joseph P., III
2015	CREC-2015-10-20-pt1-PgH7013-3	HEROIN TASK FORCE AND STOP ABUSE ACT	Guinta, Frank C.
2015	CREC-2015-10-21-pt1-PgH7036	WEST VIRGINIA'S DRUG CRISIS	Jenkins, Evan H.
2015	CREC-2015-10-28-pt1-PgH7267	WE MUST COMBAT THE HEROIN EPIDEMIC	Kuster, Ann M.
2016	CREC-2016-02-01-pt1-PgH420-5	GRANITE STATERS COPE WITH HEROIN EPIDEMIC	Guinta, Frank C.
2016	CREC-2016-02-02-pt1-PgS459	PRESCRIPTION DRUG ADDICTION	Markey, Edward J.
2016	CREC-2016-02-04-pt1-PgS654	PRESCRIPTION DRUG ABUSE	Leahy, Patrick J.
2016	CREC-2016-02-11-pt1-PgS883-3	NOMINATION OF ROBERT CALIFF	Markey, Edward J.
2016	CREC-2016-02-24-pt1-PgH862	HEROIN EPIDEMIC	Dold, Robert J.
2016	CREC-2016-02-29-pt1-PgS1063-6	PRESCRIPTION DRUG ABUSE	McConnell, Mitch
2016	CREC-2016-04-27-pt1-PgH2001-2	CONFRONTING HEROIN AND OPIOID ABUSE CRISIS	Zeldin, Lee M.
2016	CREC-2016-05-10-pt1-PgH2161-4	MARIJUANA V. HEROIN	Cohen, Steve
2016	CREC-2016-05-10-pt1-PgH2195-5	NATIONAL NURSES WEEK	Guinta, Frank C.

2016	CREC-2016-05-11-pt1-PgH2223	HEROIN OPIOID CRISIS	Zeldin, Lee M.
2016	CREC-2016-05-11-pt1-PgH2225-3	OPIOID AND HEROIN EPIDEMIC	Kuster, Ann M.
2016	CREC-2016-05-12-pt1-PgH2288-2	2016 CALL TO ACTION: COMBATING OPIOID ABUSE	Gabbard, Tulsi
2016	CREC-2016-05-12-pt1-PgH2290	OPIOID BILLS	Black, Diane
2016	CREC-2016-07-07-pt1-PgS4840-4	IMMIGRATION LEGISLATION, OPIOID CRISIS, AND ZIKA VIRUS FUNDING	Reid, Harry
2016	CREC-2016-07-13-pt1-PgH4826-6	ADDRESSING OPIOID PROBLEM WITHIN MEDICARE	Bilirakis, Gus M.
2016	CREC-2016-09-22-pt1-PgS5971-2	PRESCRIPTION DRUG AND HEROIN EPIDEMIC	Portman, Rob
2017	CREC-2017-03-01-pt1-PgH1449-3	OPIOID CRISIS AND PHARMACEUTICAL COMPANIES	Grisham, Michelle Lujan
2017	CREC-2017-03-21-pt1-PgH2250-7	THE AMERICAN HEALTH CARE ACT AND OPIOID ADDICTION	Schneider, Bradley Scott
2017	CREC-2017-04-25-pt1-PgH2819-3	COMBATING OPIOID ABUSE	Bilirakis, Gus M.
2017	CREC-2017-05-02-pt1-PgH3011-4	COMBATING OPIOID CRISIS	Tsongas, Niki
2017	CREC-2017-10-25-pt1-PgH8150	OPIOID EPIDEMIC	Wagner, Ann
2017	CREC-2017-10-26-pt1-PgH8258-6	THE HURRICANE AND OPIOID CRISES	Jackson Lee, Sheila
2017	CREC-2017-11-29-pt1-PgH9473-2	OPIOID CRISIS AND EFFORTS IN ARKANSAS	Hill, J. French
2017	CREC-2017-12-01-pt1-PgH9587-2	WORLD AIDS DAY	Payne, Donald M., Jr.
2018	CREC-2018-02-12-pt1-PgS887-4	OPIOID CRISIS	Hassan, Margaret Wood
2018	CREC-2018-03-22-pt1-PgH2031	THE OPIOID EPIDEMIC	Messer, Luke
2018	CREC-2018-04-26-pt1-PgH3588	OPIOID EPIDEMIC	Gabbard, Tulsi
2018	CREC-2018-04-27-pt1-PgH3710-2	OPIOID USE DURING PREGNANCY	Curtis, John R.
2018	CREC-2018-06-13-pt1-PgH5105-4	AMERICA'S OPIOID CRISIS	Kildee, Daniel T.
2018	CREC-2018-06-14-pt1-PgH5163-2	BATTLING THE OPIOID EPIDEMIC	Poliquin, Bruce
2019	CREC-2019-01-08-pt1-PgH279-5	BORDER SECURITY	Gohmert, Louie
2019	CREC-2019-01-09-pt1-PgH294	PRESIDENT TRUMP'S IMMIGRATION LETTER TO CONGRESS	Brooks, Mo
2019	CREC-2019-01-10-pt1-PgH367-2	END THE SHUTDOWN AND REOPEN GOVERNMENT NOW	Pappas, Chris
2019	CREC-2019-01-11-pt1-PgH510-3	STRENGTHENING BORDER SECURITY	Dunn, Neal P.
2019	CREC-2019-01-15-pt1-PgH552	PUT THE PEOPLE FIRST AND END GOVERNMENT SHUTDOWN	Trahan, Lori
2019	CREC-2019-02-28-pt1-PgS1585-2	OPIOID CRISIS	Leahy, Patrick J.
2019	CREC-2019-03-11-pt1-PgH2618-2	THE ONGOING OPIOID CRISIS	Katko, John
2019	CREC-2019-04-30-pt1-PgS2510	THE OPIOID CRISIS	Alexander, Lamar
2019	CREC-2019-06-13-pt1-PgS3463-2	Workforce Development (Executive Session)	Portman, Rob
2019	CREC-2019-12-04-pt1-PgH9230-2	THE OPIOID EPIDEMIC IS A PUBLIC HEALTH CRISIS	Thompson, Glenn
2019	CREC-2019-12-05-pt1-PgH9259-5	STEMMING THE TIDE OF OPIOID OVERDOSES	Foxx, Virginia

TABLE 5.1 DEVIANCE FRAME, 1994-2019 (N=53)

	1994-2000 (n=29)	2001-2007 (n=11)	2008-2013 (n=7)	2014-2019 (n=6)
Opioids are associated with foreign countries				
Origination & Trafficking	44% (15)	26% (9)	17% (6)	12% (4)
Illegal Immigration	29% (2)	29% (2)	29% (2)	14% (1)
Terrorism	17% (2)	58% (7)	25% (3)	0% (0)
Opioids are associated with deviant groups and behaviors				
Criminality	94% (12)	17% (3)	11% (2)	6% (1)
Violence	100% (1)	0% (0)	0% (0)	0% (0)
Deviant values	50% (1)	50% (1)	0% (0)	0% (0)
Opioids are under the authority of law enforcement				
Stopping trafficking	62% (8)	8% (1)	8% (1)	23% (3)
Using law enforcement	89% (6)	11% (1)	0% (0)	22% (2)

Note that multiple themes may appear in a speech. Percentages may not sum to 100% due to rounding.

TABLE 6.1 MEDICALIZATION FRAME, 1994-2019 (N=22)

	1994-2000 (n=0)	2001-2007 (n=1)	2008-2013 (n=1)	2014-2019 (n=20)
Opioids are associated with medical need				
Medical Use	0% (0)	0% (0)	0% (0)	100% (8)
Opioid Use as Disease	0% (0)	0% (0)	0% (0)	100% (9)
Opioids are associated with the medical system				
Medical Professionals	0% (0)	17% (1)	17% (1)	67% (4)
Medical Institutions	0% (0)	0% (0)	25% (1)	75% (3)
Opioids are under the authority of medical professionals				
Treating Opioid Use	0% (0)	10% (1)	0% (0)	90% (9)
Medical Reform	0% (0)	0% (0)	0% (0)	100% (8)

Note that multiple themes may appear in a speech. Percentages may not sum to 100% due to rounding.

TABLE 7.1 BOTH DEVIANCE AND MEDICALIZATION FRAMES, 1994-2019 (N=30)

	1994-2000 (n=6)	2001-2007 (n=1)	2008-2013 (n=4)	2014-2019 (n=19)
Opioids are associated with foreign countries				
Origination & Trafficking	40% (2)	20% (1)	0% (0)	40% (2)
Illegal Immigration	0% (0)	0% (0)	0% (0)	0% (0)
Terrorism	0% (0)	100% (1)	0% (0)	0% (0)
Opioids are associated with deviant groups and behaviors				
Criminality	63% (5)	0% (0)	0% (0)	38% (3)
Violence	100% (2)	0% (0)	0% (0)	0% (0)
Deviant values	33% (1)	0% (0)	0% (0)	67% (2)
Opioids are under the authority of law enforcement				
Stopping trafficking	43% (3)	14% (1)	14% (1)	29% (2)
Using law enforcement	14% (3)	5% (1)	14% (3)	68% (15)
Opioids are associated with medical need				
Medical Use	0% (0)	0% (0)	50% (2)	50% (2)
Opioid Use as Disease	11% (1)	0% (0)	11% (1)	78% (7)
Opioids are associated with the medical system				
Medical Professionals	29% (2)	0% (0)	14% (1)	57% (4)
Medical Institutions	0% (0)	0% (0)	60% (3)	40% (2)
Opioids are under the authority of medical professionals				
Treating Opioid Use	11% (2)	6% (1)	11% (2)	72% (13)
Medical Reform	14% (1)	0% (0)	29% (2)	57% (4)

Note that multiple themes may appear in a speech. Percentages may not sum to 100% due to rounding.

Figure 7.1 Distribution of Speech Frames by Grouped Years, Percentage

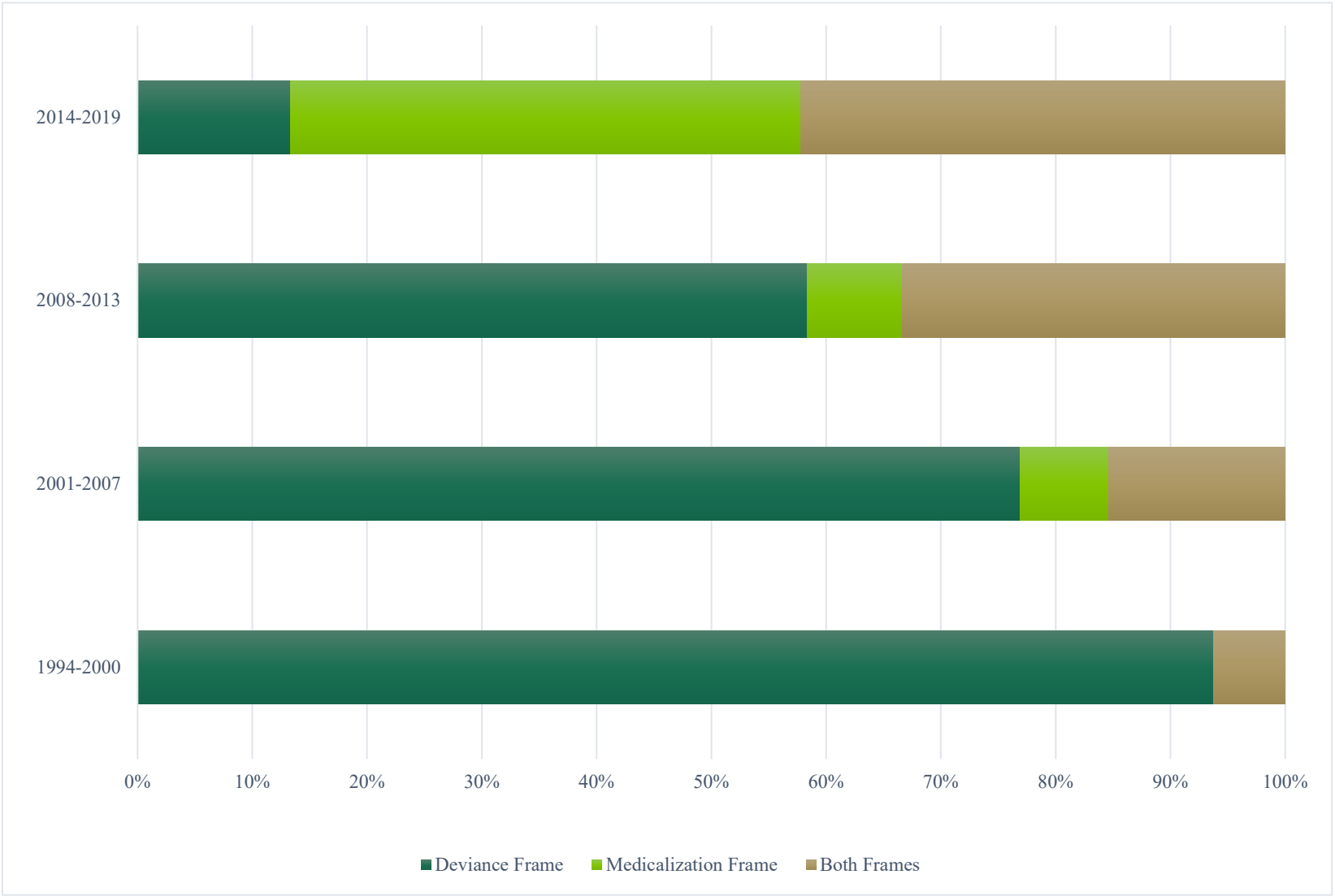


FIGURE 7.2 TIMELINE OF HISTORICAL EVENTS AND SPEECH FRAMES. 1994-2019