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## Article

Michael H. Eversman\*

# Harm Reduction and Illicit Drugs in U.S. Newspapers

**Abstract:** Illicit drug abuse remains a serious problem in the United States. While contemporary U.S. drug policies emphasize a prohibitionist “War on Drugs,” other countries have embraced public health based harm reduction. Whereas the current U.S. policy aims to eliminate drug use, harm reduction seeks to reduce its inevitable consequences, revealing an important ideological tension. Newsprint media depictions of drugs influence public opinion, discourse, and policy, particularly surrounding harm reduction programs and services. Combining textual discourse and qualitative content analyses, this study explores and describes discursive use of the term “harm reduction” with illicit drugs in a sample of 296 U.S. newspaper pieces published between 1990 and 2012. Typically describing harm reduction and “Drug War” strategies as incompatible, harm reduction supporters advocated a range of policy changes, whereas opponents described harm reduction as something to be avoided given the danger of drugs. A discourse theory framework situates the debate over harm reduction as tension in the U.S. drug policy hegemony, and considers domestic and international politic dynamics, and beliefs regarding the nature of substance use, addiction, and recovery.

**Keywords:** discourse analysis, illicit drugs, harm reduction, newspaper, qualitative

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## Introduction

Abuse of illicit drugs remains a serious problem in the United States, and is associated with multiple societal, public health, and legal problems including, for example, increased medical care costs, child and domestic abuse, homelessness, lost work productivity, crime and violence, accidents, and deaths

(National Institute on Drug Abuse 2012). Injection drug use (IDU) is a particular concern, and has been implicated in higher transmission rates of blood borne diseases such as HIV/AIDS and hepatitis C, while pediatric AIDS transmission commonly results from maternal IVDU or sex with an IV drug using partner (NIDA 2012). Having waged a War on Drugs for over forty years, drug prohibition remains the dominant policy ideology in the U.S. despite claims it has been a failure and imposed multiple social costs (Jensen, Gerber, and Mosher 2004). Why this remains the case in light of a large body of research supporting public health based harm reduction strategies (Keen and Oliver 2004) used globally is of interest; this study analyzes the U.S. newspaper discourse using the term “harm reduction” in reference to illicit drugs.

The influence of newsprint media on drug policy and public opinion has long been assumed despite little agreement on how (Golan 2010; Hartman and Golub 1999; Lancaster et al. 2011). Entman (1993) one described the likely mechanism as framing, which increases the salience of an issue for the reader by highlighting certain aspects of it while simultaneously obscuring others. Lancaster et al. (2011) identified additional mechanisms as agenda setting (i.e., telling readers *what* to think about) and co-constructing the public discourse, which influences community attitudes and the tenor of policy debate. Not surprisingly, strongly expressed and emotive coverage is believed to increase the chances of gaining and keeping attention needed to wield influence (Christie 1998–1999; Lupton 1992). Interestingly, some note that newsprint coverage may not necessarily inform about drugs so much as merely assume reader familiarity informed by societal stigma (Fraser 2006). A separate literature (discussed below) indicates that newsprint media is highly influential on the harm reduction programs and services for illicit drug users.

Considering illicit drug issues, the U.S. newspaper coverage at times has tended toward a framework of moral panic (Fan 1996; Leiber, Jamieson, and Krohn 1993; Weidner 2009). Either by suggesting or reinforcing the belief that leaders should take action in light of drug related news stories, newspapers enflame panic through citing “official” governmental sources of information (Beckett 1995; Denham 2008). In particular, drugs like cocaine, methamphetamine, and heroin have been cited in analyses invoking moral panic (Agar and Reisinger 2000; Cobbina 2008; Denham 2008; Fan and Holway 1994; Hartman and Golub 1999; Weidner 2009).

While the U.S. federal policy largely emphasizes a supply side, prohibitionist strategies, many other countries have embraced public health harm reduction policies and interventions focused on reducing the associated harms of drug use (Heller and Paone 2011; Riley and O’Hare 2000). For many reasons, harm reduction approaches to illicit drugs is subject to debate and controversy, and

are not as widespread in the U.S. as elsewhere (Appel et al. 2004; Heller and Paone 2011; McLellan 2003; Riley and O'Hare 2000). Yet, there is a large body of research demonstrating its efficacy in decreasing blood borne disease transmission, illicit drug use, and criminal activity, and its use for addressing illicit drug problems is far more empirically supported than abstinence-only approaches (Keen and Oliver 2004). This seeming rejection of harm reduction is of concern for the U.S. drug policies and a policymaking arena that may not appropriately understand or value empirically supported approaches.

## Harm reduction: background

Although methadone maintenance treatment for opiate dependence has existed in the U.S. since the 1960s (Marsch 1998), the onset of HIV/AIDS (and concerns about hepatitis) among intravenous drug users in the 1980s spurred contemporary harm reduction ideas and interventions (primarily needle exchange) geared toward preventing disease transmission (Tammi 2004). Although many nations, notably in Europe and Australia, quickly embraced strategies positing drug use as a public health problem during this era, U.S. federal policy moved toward a criminalization framework that instead cut funds for treatment and prevention (Heller and Paone 2011). For example, needle exchange programs in the U.S. have been designed, operated, and funded exclusively by state and local municipalities since the late 1980s, and a long-term ban on federal funding was recently repealed but then reinstated (Egelko 2011).

Ball (2007) describes prevailing tension in international drug policy as between public health (harm reduction) and drug control (prohibition). Some describe the hegemonic force of prohibitionist international policies as “a peculiarly Puritanical American paradigm about the role of law and government in controlling personal behavior” (Webster 1999, 303). Successfully fusing drug policy with other political-economic issues, and in hand with a propagandist campaign against harm reduction and “economic blackmail” committed in cahoots with United Nations drug control bodies, the U.S. has been seen as blocking harm reduction while thrusting prohibition on the world (Bewley-Taylor 2003; Room 1999; Webster 1999).

One objective of harm reduction strategies is prioritizing reduced individual and societal consequences of drug use over eradicating or even reducing drug use per se (Riley and O'Hare 2000). Harm reduction holds abstinence from drug use as an ideal worthy of policy and treatment efforts, but accepts substance use as a universal, inevitable behavior amongst segments of all populations

(Gleghorn, Rosenbaum, and Garcia 2001; Marlatt and Tapert 1993). Thus, harm reduction seeks to decrease consequences in the face of inevitable and continued drug use (Riley and O'Hare 2000). However, it is also important to note that harm reduction lacks an agreed upon, universal definition, and is viewed and utilized differently in varied international settings (Ball 2007).

Harm reduction for illicit drug users includes needle and syringe exchange programs (NEP/SEP's), methadone and Buprenorphine (brand name *Suboxone*) substitution for opiate dependence and Naloxone (brand name *Narcan*) access and administration for opiate overdose. Heroin maintenance programs and facilities for safe drug consumption are employed in various European countries, Australia, and Canada. Policies treating drug use as a public health, rather than criminal problem are also considered harm reduction, ranging from decriminalizing possession to fully legalizing drug possession and use, especially "softer" drugs like marijuana (Riley and O'Hare 2000).

## Harm reduction with drugs in newsprint

A review of relevant literature shows that newsprint media coverage has direct implications for harm reduction programs and services both in the U.S. and abroad. Broadhead, Hulst, and Heckathron (1999) did a case study on the closure of a needle exchange program (NEP) in Connecticut in 1997. Examining the discourse in local newspaper coverage and public remarks following news that a child was pricked with a discarded needle, the authors cited "inflammatory rhetoric" and "sensationalized coverage of a sad incident" (p. 51), showing how NEP opponents created a context of antipathy and anxiety to construe anecdote as evidence to support closing the program.

A larger body of international literature was also uncovered, notably (but not solely) from Australia. For example, Korner and Treloar (2003) examined coverage in four Australian newspapers of the closure of an NEP. In contrast to Broadhead, Hulst, and Heckathron (1999), these authors found no evidence of sensationalism or vilification of NEP's, yet cited as evidence of bias that the framing of these accounts highlighted potential dangers of these programs as opposed to valid alternative frames (i.e., public health benefits).

Others have examined print media impact on the Australian government's decision to first endorse, and then oppose, a heroin maintenance trial program in 1997. A case study by Christie (1998–1999) focused on Australia's largest circulated paper, *The Daily Telegraph*, criticized its "selective" coverage as "a process of social control" (p. 40), and concluded that the newspaper became

a threat to the government if they failed to act against the trial. Lawrence, Bammer, and Chapman (2000) examined 246 Australian newspaper articles on the heroin trial, and noted that coverage in *The Daily Telegraph* using themes of “demonization” (p. 262) lead government officials to reverse support. Miller (2010) examined 155 Australian newspaper items on the trial and concluded that oppositional articles used moralistic themes to support their position more than did those supporting the trial.

In contrast to the influence of newsprint on heroin maintenance, McArthur (1999) claimed that political support increased for methadone treatment in Australia due to newspaper coverage that emphasized the link between drugs and crime and presented methadone as a solution. On the other hand, an analysis by Blood, Williams, and McCallum (2003) of illicit drug coverage in eight Australian newspapers found supervised drug injection sites were depicted as posing health hazards rather than offering public health benefits, and “focused on the atypical or extreme case and generalized this to represent the ‘typical’” (p. 98).

Elsewhere, Fraser (2006) examined metaphor as meaning making in an international sampling of 77 newspaper articles on methadone in the *New York Times*, *The Times* (United Kingdom), and the *Sydney Morning Herald* (Australia). Described as typically negative, the author claimed methadone was formulated not as possessing “*a priori* attributes,” but rather was given meaning via “specific intra actions with other phenomena... profoundly implicated in methadone’s material becoming” (p. 693). An analysis of Swedish print media accounts of heroin maintenance in neighboring Denmark explored how constructions of heroin addiction and treatment determine legitimization of drug treatment policies and services (Ekendahl 2012). Describing this coverage as a “closed discursive field” (p. 430), the author claims these accounts passively accept and perpetuate as fact long held assumptions of any and all heroin use as pathological, and largely dismiss heroin maintenance as impractical and/or unsound.

Noto, Pinsky, and Mastroianni (2006) considered 964 Brazilian newspaper and magazine stories of drug-related issues and found depictions of “police repression” were most frequent, whereas “public health” approaches (including harm reduction) were “much less frequent ... and dealt with superficially” (p. 1267). The authors criticized this coverage for failing to consider the illegality of drugs as contributing to the problem, and suggested that newspaper coverage should speak more to the inefficiency of current illicit drug policy and offer “more mature discussions of public health interventions” (p. 1271). Torronen (2004) discussed Finnish drug policy history, claiming the country shifted from criminally based approaches to harm reduction in the 1990s. Examining 133

editorials from five Finnish newspapers, the author considered the problems identified in relation to illicit drugs and how the papers framed appropriate policy actions. By invoking concerns for crime and a need for more treatment, the author claimed these editorials "... helped... get rid of the punishment and revenge mentality that had been directed at drug users" (p. 79).

## Theoretical perspective

This paper uses Jorgensen and Phillips (2002) summation of Ernesto Laclau and Chantal Mouffe's discourse theory, a social constructionist perspective appropriate for examining "power relations in society" (Jorgensen and Phillips 2002, 25). Laclau and Mouffe start with the poststructuralist notion that discourse, or ways of communicating about the world, creates social meaning, but as language is inherently fluid, meaning is never absolute. Further, discourse is not neutral, and represents particular sociopolitical interests in exclusion to others; thus, text and communication constantly engage in a "discursive struggle" over competing social constructions of knowledge or what is "true" (Jorgensen and Phillips 2002, 6). Considering Antonio Gramsci's concept of hegemony as "the dominance of one particular perspective" (p. 7), the theory posits that the social construction of meaning is key to understanding power relations in society. Only through meaning making does hegemonic power ensure one set of views become accepted as "common sense" and thus prevail over alternative views (Jorgensen and Phillips 2002).

These ideas inform this analysis of harm reduction in the U.S. drug policy, in which prohibitionist ideology predominates; indeed discourse theory would suggest that socially accepted meanings about drugs and hence drug policy and harm reduction can change. The hegemonic force of this ideology can be said to have loosened over the past 50 years, first with methadone, later by greater acceptance of harm reduction in reaction to HIV (Ball 2007), and most recently with expanding state government sanctioning of medical marijuana and marijuana legalization. Yet prohibitionist policy serves particular U.S. institutions and interests including private industries like prisons, pharmaceuticals, and those selling alcohol, nicotine, and weapons, as well as ensuring social control over certain groups and behaviors, and for justifying interventionist foreign policies (Jensen, Gerber, and Mosher 2004; Room 1999; Webster 1999). These social, economic, and political forces need to be considered in analyzing relevant textual discourse. This textual discourse and content analysis explores and describes how the term 'harm reduction' has emerged and been used in

newsprint media content (editorials, op-eds, letters to the editor, and columns) about illicit drug policy in the U.S. between 1990 and 2012.

## Methods

### Discourse and content analyses

The study utilizes a mixture of textual discourse analysis and qualitative content analysis. Discourse analysis is both a theory and method of analysis which seeks to understand textual communication (Lupton 1992). By exploring textual communication patterns, it seeks to illuminate the consequences of competing, socially constructed depictions of truth, and understand why some depictions are accepted as knowledge and reality whereas others are not (Jorgensen and Phillips 2002). While similar to traditional content analysis, some claim discourse analysis differs by being less ambiguous, more explanatory, and willing and able to identify and challenge existing social power relations (Lupton 1992; van Dijk 1983). A form of qualitative content analysis, and in contrast to quantitative content analysis, discourse analysis is most useful because “the way in which an issue was represented rhetorically, or how it was said, can be more important than the number of times the issue is mentioned” (Lupton 1992, 147). Yet other techniques used are akin to traditional content analysis, such as reducing large amounts of textual data into categories or themes to explore the manifest and/or latent meanings and patterns (Zhang and Wildemuth 2009), as well as summative (qualitative) content analysis, such that the study emphasizes particular keywords of interest (“harm reduction” and “drugs”) and considers their related contextual content (Hsieh and Shannon 2005).

### Sampling

The study analyzed relevant textual content identified in 296 U.S. newspaper opinion pieces (editorials, op-eds, columns, and letters to the editor) using the term “harm reduction” in relation to illicit drugs; all pieces were published from 1990 (the earliest uncovered) through June, 2012. Sampling involved keyword searches (“harm reduction” and “drugs”) within seven databases (*Access World News*, *Campus Research*, *Ethnic News Watch*, *Factiva*, *LexisNexis Academic*, *Newspaper Source Plus*, and *Westlaw*). All database search and retrieval was conducted by the author.



Pieces were identified by reviewing the linked articles returned in each database search; articles were considered only if they endorsed a particular position or recommended action regarding illegal drugs in the U.S.; thus, inclusion criteria were referencing “harm reduction” with illicit drugs and expressing a first-person opinion toward it. Thus, while all included pieces expressed an opinion and referenced harm reduction and illicit drugs, not all pieces directly opined on harm reduction, nor was the harm reduction necessarily central. Included pieces were editorials, op-eds, columns, and letters to the editor; letters to the editor were included only when the writer indicated an institutional or professional credential (academician, policy expert, medical provider, etc.). Excluded from the sample were hard news stories, columns expressing no opinion or quoting opinions of others, profiles of individuals, treatment programs and services, announcements referencing harm reduction, and harm reduction efforts targeting different issues (i.e., tobacco, alcohol, pharmaceuticals, and sex). Redundancies – syndicated pieces appearing multiple times in a database, and pieces appearing in more than one database – were eliminated.

## Sample description

The sample consisted of 296 opinion pieces from 130 different U.S. local and national newspapers. Almost three-quarters (74%, 220/296) of the pieces appeared in newspapers based in Northeast or Western U.S. states and cities, and about two-thirds (65%, 190/296) appeared in newspapers with 2012 readership circulations of less than 200,000 (Audit Bureau of Circulations 2012). The modal distribution of the sample (Table 1) shows that nine newspapers published over one-third (35%, 103/296) of all pieces in the sample.

**Table 1:** Modal distribution.

<b>Newspaper</b>	<b>(N)</b>
<i>New York Times</i>	27
<i>Washington Times</i>	18
<i>San Diego Union-Tribune</i>	14
<i>Baltimore Sun</i>	11
<i>Boston Globe</i>	9
<i>Los Angeles Times</i>	6
<i>Seattle Post-Intelligencer</i>	6
<i>San Francisco Chronicle</i>	6
<i>Wall Street Journal</i>	6
	103/296

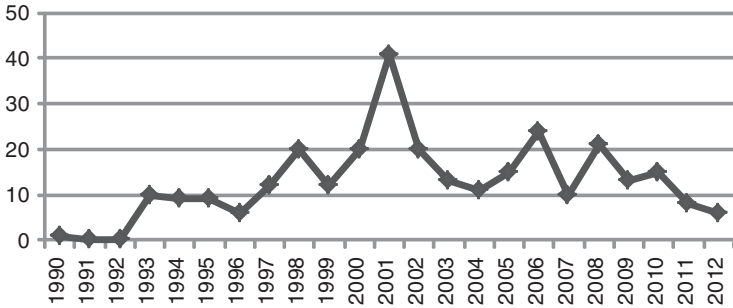


Figure 1: Opinion pieces by year (1990–2012).

Sampled pieces were published over a span of 23 years, starting in 1990 (the first year for which a piece was uncovered) through June, 2012 (Figure 1); yearly total pieces uncovered ranged from zero (1991–92) to 41 in 2001.

The formats of the sampled pieces were evenly divided among the four categories, with about 22% (65/296) editorials, 24% each (70/296) op-eds and columns, and 31% (91/296) letters. Three-quarters of the pieces (222/296) took an overall supportive stance toward harm reduction, while 20% (59/296) were opposed, and the remainder (5%, 15/296) expressed no direct opinion. Table 2 depicts the foci of the sampled pieces, with almost three-quarters (71.9%) focused on two areas of drugs legal issues: criminal justice concerns, including legalization and/or decriminalization, crime, and incarceration, and NEP/SEP programs.

Table 2: Focus of sampled opinion pieces.

	<i>N</i>	%
Criminal Justice	143	48.3
NEP/SEP	70	23.6
International Program/Policy	37	12.5
Naloxone/Narcan	13	4.4
Medical Marijuana	7	2.3
Methadone	5	1.6
Other	21	7
	296	

### Data analysis

All pieces retrieved from database searches were saved as word processing documents and input as qualitative data analysis software files (Atlas TI,

v. 6.2). Next, a Key-Word-In-Context (KWIC) search for “harm reduction” was performed. KWIC retrieval is appropriate for studies interested in specific words and their usage (Leech and Onwuegbuzie 2011). After identifying each keyword occurrence and examining its meaning and context, surrounding text (sentences and paragraphs) was marked and identified as a recording unit (Weber 1990). Recording units are discretely determined by “a definable boundary, or symbolic meaning” (Riffe, Lacy, and Fico 1998, 58); in this case, recording units were initially categorized and coded *a priori* as referencing either a supportive or opposing opinion of harm reduction. Sub-categories were created within these two categories, and were based on emergent descriptors derived from meaning inherent to the coded text (i.e. what the text referred to aside from supporting or opposing harm reduction). A total of 433 uniquely coded meaning units were identified in the sample.

A selection of data were assessed for inter coder reliability of first level coding, what Weber (1990) deemed “the consistency of shared understanding (or meaning) held by two or more coders” (p. 17). A systematic random sampling of 25% ( $n = 108$ ) of coded meaning units was conducted, enabling independent examination (a graduate student hired by the PI) of attached codes for each. A log was created, enabling the researcher and reviewer to note and discuss and clarify instances of disagreement, and the reviewer noted seven instances of disagreement amongst the 108 examined meaning units.

The kappa statistic was calculated to further gauge this assessment; kappa indicates the strength of inter rater agreement by estimating the likelihood of agreement occurring by chance, with perfect agreement (not by chance) equaling 1, and agreement by chance alone equaling 0 (Viera and Garrett 2005). Kappa was calculated at 0.87 indicating “almost perfect agreement” and thus that the coding and categorization of these data is credible.

Lastly, lists of *a priori* categories and emergent sub-categories enabled thematic organization. Examining the data in this way allowed the researcher to identify similarities and patterns beyond merely “support” or “oppose,” and facilitated theoretical synthesis. Commonly used words and phrases identified in the data are imbedded in the summary of results (below), while particular blocks of text (quotations) are used to illuminate identified themes.

## Results

Opinions supporting and opposing harm reduction strategies for illicit drugs were expressed in a range of socio-political contexts, both domestic and global.

Typically positing harm reduction and current federal drug control strategies as largely mutually exclusive, both sides used contrast to support their position and criticize the other. Supporters positioned harm reduction as offering a range of better policy alternatives, typically by embracing science over irrationality, and by the more humane appeal of public health over criminal justice approaches. Highly critical of a “Drug War” ideology and policy strategy, supporters invoked successful international experiences with harm reduction as a model for the U.S. policy, yet lamented it as largely ignored. On the other hand, opponents typically framed harm reduction as undermining drug users and threatening society. Invoking threats posed by illicit drugs and addiction, opponents claimed government and policymakers should send clear “no use” messages about drugs. Advocates of harm reduction were depicted as seeking to instill full legalization of drugs. Claims of harm reduction’s public health efficacy were also disputed, particularly in countries where HR was hailed by supporters; international harm reduction experiences were seen as cautionary tales not to be repeated in the U.S.

## Harm reduction supporters

Views supporting harm reduction claimed it is a better alternative to current Federal drug control policy, frequently termed the “War on Drugs.” The need for drug policy change was typically established by describing current policy as “utter failure,” “repressive,” and “harsh,” such that most anything would be better. The alleged “futility” of current policy was seen as steeped in the legacy of the early 20th century alcohol prohibition, and thus supporting claims that a “war strategy” is “unwinnable.” Touting harm reduction as superior, supporters urged lawmakers to learn from history with alcohol and accept certain “inevitabilities” of substance abuse, such as supply and demand. Supporters dismissed purported “drug-free” policy goals as “futile” and “irrational,” instead of endorsing “realistic” harm reduction policy goals. Consider this letter to the editor (a response to a previous letter critical of harm reduction as “conceding” drug use) in the *New York Times*, October 16, 2001:

The letter “Harm Reduction Is Deceptive” is correct in saying “harm reduction is an approach that concedes drug abuse prevention is impossible.” Surely neither the writer nor any other serious observer could believe otherwise, given the resistance of the problem to decades of costly commitment, “education,” and severe sanctions. And if one “concedes” that which can’t be denied – that drug abuse will persist despite all the measures that we can (and should!) take to try to prevent it – then what could be more rational, humane and consistent with the interest of Americans than to seek to reduce the harm with which it is associated?

Supporters cited harm reduction as a “pragmatic, enlightened” policy alternative, and criticized current policy for rigidly emphasizing abstinence as “sacred” or “moralistic,” and for supporting impractical “just say no” messages. Embracing harm reduction was made akin to embracing “science,” “sanity,” “wisdom,” and “honesty,” for example, while simultaneously rejecting the “hyperbole,” “rhetoric,” “absolutes,” and “preaching” of prohibitionist policy. While harm reduction was trumpeted as a call for “needed,” “urgent” change toward “democratic” drug policy discourse, pessimism has long persisted that policymakers can or will muster “political courage” and speak out against the “tough-on-drugs, drug war rhetoric”:

Given the historical precedent in America’s disastrous experiment with alcohol prohibition, harm reduction should be understood readily by Congress. Ironically, fear of appearing “soft on crime” compels many politicians to support a punitive drug policy that fuels organized crime and violence. (*Washington Times*, Letter-to-the-Editor, July 27, 2001)

By linking drugs with crime, some supporters claimed drug abuse is best managed as a public health problem that decriminalizes handling “otherwise law-abiding” drug offenders. Commonly invoking societal problems related to mandatory prison terms and criticizing efforts that target “non-violent,” “low-level street dealers” over “real criminals,” harm reduction was hailed as a remedy for existing “Draconian” policies and their destructive effects. Supporters also claimed harm reduction would help redress racial discrimination inherent to and stemming from current policies which are “unfair” and have a “disproportionate,” “more severe” impact on some populations in the U.S., but particularly people of color:

“Harm reduction” requires governments to keep public health precepts and objectives a priority in its drug control policies, and to banish the racist and xenophobic impulses that stirred prohibitionist sentiments and laws earlier this century.... Similar sentiments can be detected beneath the surface of contemporary drug wars. (*Washington Post*, Column, November 5, 1999)

By co-opting the militaristic rhetoric of current policy, some supporters put forth harm reduction as a way to end the Drug Wars, such that “surrender” is sensible. Noting ideological tension between prohibition/criminalization and prevention/treatment efforts, supporters advocated a range of policy changes, from decriminalization to regulated legalization. Yet this dynamic also divided supporters; on one hand, some merged legalization (especially marijuana) with harm reduction as a cornerstone of an “anti-war” (drug war) movement and solution to current policies that actually encourage a “gateway” effect from softer (i.e., marijuana) to harder (i.e., heroin, cocaine) drug use. Yet other

supporters shied away from legalization as too extreme, with some clarifying or refuting accusations that *harm reduction is legalization*, positing it instead as a “middle ground” approach of supply and demand reduction that was “smart on drugs” (as opposed to “hard” or “soft”):

Most proponents of harm reduction do not favor legalization. They recognize that prohibition has failed to curtail drug abuse, that it is responsible for much of the crime, corruption, disease and death associated with drugs, and that its costs mount every year. But they also see legalization as politically unwise and as risking increased drug use. The challenge is, thus, making drug prohibition work better, but with a focus on reducing the negative consequences of both drug use and prohibitionist policies. (*Arkansas Democrat-Gazette*, Column, January 18, 1998)

Harm reduction was also supported via descriptions as “cutting-edge,” “effective,” and “pragmatic” policies employed elsewhere, particularly Europe, Australia, and Canada; yet despite offering “compelling lessons” they are largely opposed or ignored in the U.S. Citing resistance to harm reduction, the U.S. policymakers were depicted as “nuts,” “puritanical,” “knee-jerk extremists,” and “impractical”:

By snubbing harm reduction, the United States has racked up the highest incidence of HIV infections among injectors of any developed nation... What foolishness. What cruelty... What moral precept justifies forsaking them? (*Star Tribune*, Editorial, August 19, 2006)

Supporters saw the U.S. political animus toward harm reduction as rearing “strong-armed” manipulation of international drug policy discourse, yielding powerful “censorship” and influence, notably within the United Nations, in blocking harm reduction elsewhere, but particularly in economically vulnerable or developing nations. U.S. led opposition to NEP/SEP was seen as contributing to increasingly high rates of global HIV/AIDS transmission:

Who knows how many people might not have contracted HIV if the United States had implemented at home, and supported abroad, the sorts of syringe-exchange and other harm-reduction programs that have kept HIV/AIDS rates so low in Australia, Britain, the Netherlands and elsewhere. Perhaps millions. And yet, despite this dismal record, the United States has succeeded in constructing an international drug prohibition regime modeled after its own highly punitive and moralistic approach.... (*Chicago Sun-Times*, Column, September 30, 2007)

Lastly, supporters endorsed decriminalization and/or legalization harm reduction policies that limit or eliminate illicit, “black-market” profiting from domestic and international drug production, trafficking, and sales. Related problems such as government corruption and drug cartel violence were typically linked to

Latin American countries, while Middle Eastern opium (heroin) production was linked to terrorist threats against the U.S.:

The reason there is so much money in the illegal drug trade is that the drugs are illegal. If we removed the penalties for simple possession of opium products, provided heroin to opiate addicts – as the Swiss government does – and treated substance users with harm-reduction policies, we'd dramatically lower the profits of the opium trade. Who threatens the fabric of our country more – Americans who use heroin, or anarchists who use terror as a weapon? (*USA Today*, Letter to the Editor, October 24, 2001)

## Harm reduction opponents

Opponents described harm reduction as an inadequate, inappropriate way to manage drug related problems, and an idea to be avoided. Invoking threats posed by the illegality of drugs and the pull of addiction, critics claimed that government officials and drug policy should prioritize safeguarding society from drugs and their hazards, while setting a tone that illicit drugs are inherently unhealthy and destructive, and should be avoided by citizens. The political organization of harm reduction advocates was seen as sinister and working in alliance with a threatening international element, of which U.S. policymakers and citizens should be leery.

Contrasting harm reduction with more appropriate “restrictive” or “aggressive” drug control policies, critics framed harm reduction as taking a “half-hearted,” “soft,” and “condoning” approach to drug use, a form of “surrender” that “accepts defeat” and “failure.” Labeled as “foolhardy,” “absurd,” and “irresponsible,” harm reduction was depicted as an “empty promise” that “coddles criminals” and makes “cartels and kingpins happy.” Commonly mocked as a euphemism (“so-called harm reduction”) or play on words, it was recast as a form of “harm redistribution.” Amid claims that harm reduction supporters were “abdicated responsibility,” government leaders and policymakers were charged with having a moral obligation to provide substance abuse treatment and devising drug policy that sends “a message of hope”; supporting harm reduction was equated with fostering “social nihilism,” in part because it treats only the symptoms, not the causes, of drug problems:

... with its learn-to-live-with-drugs approach, harm reduction offers no guidance on how to bring down the appallingly high levels of drug addiction in this country. (*New York Times*, column, September 6, 1998)

Commonly invoking fears of sending a “mixed message” toward drug use, harm reduction and abstinence were framed as mutually exclusive, and the idea that

“safer drug use” was possible or is a suitable policy goal was mocked. The belief that harm reduction undermines an addicts’ effort to change and seek recovery were commonly invoked, and the approach was criticized as “immoral” because it “condemns” addicts to “remain enslaved.” Specifically, because harm reduction “places no demands” on drug users and addicts, it “coddles,” “sabotages,” and “demotivates,” worsening addiction by lowering expectations and shielding users from consequences. Given this, critics argued that government and society, at large, should reject harm reduction, lest they become “complicit,” engage in “enabling,” or otherwise “accommodate” addiction by merely “teaching (addicts) how to use”:

Alas, this (needle exchange) is what passes for enlightened public policy-making not only in America’s sixth-largest city, but in cities throughout the once-fair land. No longer do city leaders attempt to discourage pathology – like drug abuse. They aspire to nothing more ambitious than “harm reduction.” (San Diego *Union-Tribune*, Column, September 15, 2000)

Denouncing the politics and formal organization of harm reduction as a controversial “movement,” critics described its advocates – both in the U.S. and abroad – as “dogmatic” and powerfully “financially endowed.” Rather than having public health interests, harm reduction was described instead as a “Trojan horse” for its advocates, who seek to clandestinely instill their “real goal” – drug legalization. Thus, harm reduction was depicted as encouraging drug use via “clever” public relations campaigns, “propaganda,” and “sleight of hand.” These “mechanisms of distortion” were criticized as “code” and “euphemisms,” meant to “misrepresent” and “obfuscate”:

The so-called harm-reduction approach to drugs confuses people with terminology. All drug policies claim to reduce harm. No reasonable person advocates a position consciously designed to be harmful. (Los Angeles *Times*, Op-Ed, July 27, 1998)

In light of these claims, opponents framed harm reduction as downplaying and misrepresenting the real danger posed by illicit drugs. Efforts to stem drug use by youth and children were seen as particularly undermined by harm reduction:

Pro-drug messages under the guise of “harm reduction” undercut the efforts of millions of individuals who work to prevent the devastation imposed on families and communities by illicit drugs. . . . We must continue to send clear and consistent messages about the dangers of drug use and empower parents to keep their children drug-free. (*St. Petersburg Times*, August 13, 2001)

Supposedly, our efforts to keep kids off drugs are futile, and our only rational choice is some version of what is called “harm reduction.” Stripped of its sheep’s clothing, this would mean teaching American kids how to use drugs “responsibly,” and promising treatment (only) for those who fail to do so. (*Washington Times*, Op-Ed, October 12, 2001)



Claims of harm reduction's efficacy were questioned by opponents, who typically denounced empirical support (particularly for heroin maintenance and NEP/SEP) as "skewed" and containing "half-truths." Claims that harm reduction has been effective elsewhere were disputed or otherwise described as non-transferable or inappropriate for the U.S. Other critics claimed harm reduction is largely un-American:

It is telling that harm reduction efforts have evolved in countries that provide addicts with a wide array of government benefits. . . . The Swiss and others should acknowledge the extent to which welfare services enable addiction by shielding addicts from the consequences of their actions, financing their drug purchases and encouraging dependency on public largesse. (*The Wall Street Journal*, Column, June 8, 1998)

Harm reduction efforts elsewhere were also seen to threaten the U.S. For example, Canadian harm reduction policies were linked to a flourishing illicit drug market in the Pacific Northwestern U.S., having originated in bordering Vancouver and eventually infiltrating the U.S. From a February, 2006 editorial in *The News Tribune* of Tacoma, Washington:

Parts of the city (Vancouver) had almost become a drug bazaar, thanks to a "harm reduction" approach that de-emphasizes law enforcement in favor of making addiction safer for drug users. Harm reduction has an important place in drug policy. . . . But some Canadian jurisdictions have taken the philosophy to absurd extremes, providing free heroin to junkies, for example, and free crack pipes to crackheads.

## Discussion

By considering discourse in the U.S. newspaper text, one can glean Laclau and Mouffe's notion of a "discursive struggle" between competing versions of "truth" surrounding what harm reduction is and the nature of drug use; both supporters and opponents claim to have "common sense," from which hegemonic power is said to derive (Jorgensen and Philips 2002). Prohibitionist policies remain dominant, yet this likely stems in part from mere incumbency and the difficulty faced by those who would change rather than abide by current policy. As noted, the past 50 years has witnessed an easing of the hegemonic power of prohibitionist ideology as harm reduction and tolerance have become more accepted (Ball 2007). While the greater frequency of the very phrase "harm reduction" in newsprint media since 1990 may reflect that trend, it should also be noted that prohibitionist policy serves particularly powerful institutions and interests vested in maintaining the status quo (Jensen, Gerber, and Mosher 2004; Room 1999; Webster 1999).

While supportive and opposing opinions construct different understandings of harm reduction, it is interesting that both views share several descriptive keywords and phrases, yet imbue them with different meanings and values, such that it is good or bad (to be desired or avoided) in the context of drug policy and strategy. In this way, both sides can be said to frame their position by “obscuring meaning” in the open by highlighting their interpretation over the other (Entman 1993). For example, whereas supporters see surrendering or conceding certain things about drug use as a good thing given its inevitability, opponents see these same things as quitting or giving up, and hence bad. Phrases like “diminishing consequences” of drug use and placing “minimal to no expectations” on drug users are harm reduction tenets embraced by supporters (Gleghorn, Rosenbaum, and Garcia 2001; Marlatt 1998); yet opponents framed these same phrases negatively, such that “consequences” and “expectations” are needed approaches to manage drug addiction and hence should be reflected in policy. Thus, the very nature of addiction and how best to treat it divides harm reduction supporters and opponents.

Although some sought a so-called “middle ground” reform to drug policy, supporters and opponents both err by framing harm reduction and current strategies as incompatible (Marlatt, Blume, and Parks 2001). This dichotomy is reinforced by political division in which support for harm reduction lies firmly on the left (liberal) of the political spectrum, and criticism mostly on the right (conservative) but also centrist (i.e., harm reduction “goes too far”), and notably on the issue of drug legalization. Supporters and opponents agree government should be involved in drug use and abuse, but disagree on how; thus, also evident on both sides was contradiction – by opponents, presumably conservatives who typically advocate less government, and supporters, who by calling for government intervention are somewhat at odds with the Libertarianism of harm reduction (Hathaway 2002).

Much has been made of the documented empirical support for harm reduction, particularly in contrast to abstinence only strategies (Keen and Oliver 2004). Yet while supporters commonly noted this, critics were seemingly effective at casting doubt. Newspapers serve a mainstream audience; thus, critical understanding of many issues, particularly drugs, are heavily influenced by societal stigma (Fraser 2006). Given that opponents framed the political movement of harm reduction as insidious, claiming that supportive research is biased is effective such that it reinforces the larger conspiratorial discourse of opponents.

Also interesting are differences in how opponents and supporters framed the nature of drug use, addiction, and recovery, assertions that serve as the bedrock of their arguments. For example, harm reduction opponents viewed recovery

from drug addiction as all (not using drugs at all) or nothing (using drugs) and merely enabled by harm reduction interventions, while supporters take a longer view of recovery that assumes smaller, intermediate steps toward change. This schism is but one fundamental difference in the two arguments; it is interesting to note Walsh-Childers (1994) findings that newspaper coverage of health problems for which consensus exists on the solutions have more influence than health problems that do not.

Limitations of this study include the non-probabilistic sampling; although reflecting all relevant articles found in the databases, it does not necessarily exhaust all such articles published in the U.S. newspapers. In addition, sampled articles do not proportionately represent views from newspapers in all regions of the U.S., especially the south. Looking solely at opinion content, the study did not consider so-called “hard” newsprint coverage, which also influences societal views and policymaking (Hartman and Golub 1999). In addition, the keywords used precluded exploring other relevant terms; for example, interventions and services synonymous with “harm reduction.” Finally, the shifting dynamics of media and news coverage and consumption make it hard to gauge the reach and influence of “traditional” newspaper content, particularly given steadily diminishing newspaper circulation rates (Plambeck 2010). Although Americans increasingly consume newspaper content on the internet, this shift has not balanced out diminished print readership (Pew Research Center 2009).

This study has implications for policy studies that consider the impact of polarized discourse such that it serves to prevent reaching any so-called “middle ground.” It also raises questions about the purpose served by maintaining such a fractured discourse and, for example, who would benefit and who would suffer if the U.S. drug policy were to shift further away from prohibitionist policies. These findings also have implications for harm reduction advocates, service users, and providers, particularly seen to need more knowledge of the impact of media discourse on attitudes toward substance abuse (Lancaster et al. 2011). Whether or not harm reduction becomes more accepted in the U.S. it will likely remain an uphill battle. Considering the hegemonic power of societal depictions of addiction and the entrenched political and economic interests, harm reduction services that challenge this will remain at the mercy of how the media and the public construct reality surrounding drugs (Broadhead, Hulst, and Heckathron 1999). Subsequent research should explore the discourse surrounding harm reduction in other media content such as internet news outlets and broadcast news. In addition, future studies of media coverage of harm reduction should broaden the idea to include specific harm reduction interventions and services, as their depiction likely differs.

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