



## Research Paper

## Grievable lives? Death by opioid overdose in Australian newspaper coverage

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## ABSTRACT

Opioid overdose deaths are increasing in Australia and around the world. Despite this, measures aimed at reducing these deaths such as safe injecting facilities and take-home naloxone continue to face obstacles to uptake. The reasons for this are manifold, but a key contributor is public discourse on opioid consumption and overdose. In this article we explore this public discourse using Judith Butler's work on 'grievable lives'. The article analyses mainstream newspaper coverage of opioid overdose in Australia to map key articulations of overdose and to consider how public understandings of overdose are shaped. It then goes on to consider ways these understandings might be reshaped, looking at what have been called overdose 'anti-memorials' and a new website *Livesofsubstance.org*. In concluding we argue that until the lives of opioid consumers come to be considered grievable, the measures known to reduce overdose deaths may struggle to find public support.

## Introduction

In the middle of 2017 a proposal put forward by one of Australia's inner city councils attracted extensive news coverage and, if that coverage is to be believed, significant community outrage. One article sets the tone with its headline: "Monumentally stupid": Richmond locals furious at planned overdose memorial' (*Houston The Age* 2017). Melbourne's Yarra City Council, we read, has proposed placing a memorial to mark the deaths by opioid overdose of scores of local residents. Critics of the initiative are many, we are told, and these include the Victims of Crime Commissioner, Greg Davies, and a 'spokesman' from the Department of Justice. According to Davies (as reported in the article):

A monument honouring people doing something illegal and incredibly stupid could serve as a rallying point for others considering doing the same thing.

A local business owner is further reported as asking,

Why are we building a monument for people who have committed what is a crime and died from their own stupidity?

Much could be said about these quotations, but perhaps most striking is the logical trajectory both construct – death by one's own stupidity. Looking at the article as a whole, also notable is the almost exclusive focus on critical voices, given the piece is published in one of Australia's respected news publications, *The Age*. The article raises important questions about news coverage of fatal opioid overdose, and

Australia's response to it. How, why and to whom does death by overdose occur? What kind of death warrants grief and memorialisation? What makes a proper life; a life worth preserving or mourning? How should overdose be understood and tackled? In this article we consider these questions.

Deaths by accidental opioid overdose are increasing in Australia and around the world. Fatal opioid overdose is preventable via access to safe injecting facilities, take-home naloxone and other measures, yet support for these measures remains limited and patchy. Why is this the case? In this article we aim to address this issue by looking at a key contributor to overdose public awareness and, by implication, to responses to it: opioid overdose-related media coverage. Identifying a lack of attention paid to the lives of those lost to overdose, we use the recent theoretical scholarship of Judith Butler, whose work on 'frames of war' and 'grievable lives' offers much for developing a conceptual basis for understanding the meaning of opioid overdose and responses to it (Butler, 2016 [2009]). We begin with a review of the social science literature on public perceptions of opioid consumers and opioid overdose, which highlights the centrality of stigma to experiences of opioid consumption, and of a metaphorical language of the monstrous in depictions of opioid consumers. Following this review we present the theoretical concepts on which our analysis will draw, and the methods by which the data were collected. The analysis then follows. Here we explore Australian media coverage of opioid overdose via newspaper articles to document and examine some of the widely circulating ideas and assumptions informing public perceptions of the lives of opioid consumers and overdose. We identify particular 'political teleologies' of

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overdose that shape how it is reported, how affected individuals are portrayed, and the kinds of responses and solutions given coverage. After this analysis we briefly consider important efforts currently underway to reshape public perceptions, looking in particular at overdose ‘anti-memorials’ and a new website *Livesofsubstance.org*. In concluding we consider how such initiatives might contribute to awareness of the ‘grievability’ of the lives of opioid consumers, thereby creating new openness to life-saving measures such as safe injecting facilities and take-home naloxone. In doing so, we highlight the role of drug prohibition regimes in overdose deaths, and we argue that, in Australia and elsewhere, unless and until the lives of opioid consumers come to be considered grievable – as real lives ‘not yet lost’ – the measures able to save lives may continue to be neglected.

## Background

The consumption of opioids, heroin in particular, has long been symbolically associated with criminality and moral decay (Fraser & Moore, 2011; Seddon, 2010). Assumptions and stereotypes – about opioids and opioid consumers – help shape policy and service provision and contribute to stigma (Fraser & Moore, 2011; Keane, 2002; Lancaster, Santana, Madden, & Ritter, 2015). The stigma encountered by people who consume drugs emerges in many different settings, including the workplace, general healthcare, harm reduction services such as needle exchanges in pharmacies, and interactions with police (Fraser et al., 2017; Lloyd, 2013; Van Boekel, Brouwers, Van Weeghel, & Garretsen, 2013). Drug consumption via injecting is especially stigmatised, particularly for marginalised populations such as those experiencing homelessness (Boeri, 2004; Radcliffe & Stevens, 2008). People who inject opioids are often automatically dismissed as ‘addicts’, and those labelled in this way are pathologised. Stigmatising discourses of addiction operate in a range of contexts. As Keane observed in 2005, ‘[a]ddiction [...] is described in the globalizing shorthand of news reports, popular psychology, and politicians’ speeches as a meaningless life of degradation’ (2005, p.91). This stigma shapes and reflects broader perceptions that those who consume drugs are less deserving of social and community support including quality health care (Tindal, Cook, & Foster, 2010; Van Boekel et al., 2013). As such their opportunities and resources are circumscribed by fear, pathologisation and legal constraints. Indeed, as is well known, Australian law criminalises the consumption of opioids outside the context of authorised medical intervention and treatment. It is within this politically charged and legally circumscribed context that responses to overdose, and indeed overdoses themselves, occur (Fraser & Moore, 2011; Moore & Dietze, 2005).

The last decade has seen worldwide increases in the use of heroin and pharmaceutical opioids (European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2016); Jones, Logan, Gladden, & Bohm, 2015). In Australia, increases have also been identified in the prescription and use of pharmaceutical opioids – both in opioid pharmacotherapy treatment for ‘dependence’ and in the general population (AIHW, 2017; Larance et al., 2017). Opioids offer benefits but are also associated with a significant risk of overdose. In Australian research, 41 per cent of people who inject drugs report experience of non-fatal overdose (Stafford & Breen, 2016).<sup>1</sup> Moreover, the number of accidental deaths due to opioids among people aged 15–54 years has

<sup>1</sup> A recent review found, worldwide, an average lifetime prevalence of overdose experience of 46 per cent among people who inject drugs (Martins, Sampson, Cerdá, & Galea, 2015). This same review estimated an average of 73 per cent of heroin consumers had witnessed an overdose (Martins et al., 2015). Overdose is also a risk for people receiving methadone treatment (Strang, 2015; CDC, 2012) or prescribed opioids for pain (Blanch et al., 2014; Coe & Walsh, 2015). The worldwide increases in opioid consumption correspond with worldwide increases in rates of heroin and pharmaceutical opioid overdose (European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2016); Rudd, Aleshire, Zibbell, & Gladden, 2016).

steadily increased, from 374 in 2005 to an estimated 689 among people aged 15–54 years in 2015. Of these, 68 per cent in 2013 were attributed to pharmaceutical opioids (Roxburgh & Breen, 2017). Overdose is also a risk for people receiving methadone for opioid pharmacotherapy treatment (Strang, 2015; CDC, 2012) or prescribed opioids for pain (Blanch, Pearson, & Haber, 2014; Coe & Walsh, 2015). A similar trend of high and increasing rates of opioid overdose deaths was recorded in Australia almost two decades ago. For example, in the year 2000, close to 360 people in Victoria died from a heroin-related overdose (Dietze, Fry, Rumbold, & Gerostamoulos, 2001). These overdose rates prompted a range of responses, many of which continue to this day. The primary response was the implementation of education and training activities to teach heroin consumers how to avoid, recognise and respond to opioid overdose (calling an ambulance, placing the person in the ‘recovery position’ and performing ‘rescue breathing’).

In 1992, researchers in the UK argued that the opioid antagonist drug naloxone should be made available to non-medically trained individuals, especially people who inject opioids who may witness opioid overdose (Strang & Farrell, 1992). Take-home naloxone programs now operate in many jurisdictions throughout the world (Clark, Wilder, & Winstanley, 2014; McDonald, Campbell, & Strang, 2017) and since mid-2018, programs of various scales have been operating in all but three Australian jurisdictions (Dwyer et al., 2018). Despite these developments, as with other measures able to reduce overdose, access to take-home naloxone remains limited and knowledge of its availability among people who consume opioids remains patchy (Dietze et al., 2017). Notably, Australia also has only one operating safe injecting facility, located in the city of Sydney (established in 2001). A two-year trial of a facility in Melbourne was approved in 2017 but is yet to begin serving the community.<sup>2</sup> The Melbourne safe injecting facility trial is extremely controversial despite the success of the Sydney facility. Why are measures able to reduce overdose deaths not more widely supported and taken up? This article considers this issue from the perspective of public perceptions of opioid consumption and overdose. The negative assumptions about opioid consumption noted above provoke consideration of the place of public perceptions and stigma in the status of responses to opioid overdose. This article begins to explore in more detail this issue, looking at a key forum in which ideas about opioid consumption and overdose circulate: the news media.

## Literature review

As already noted, substance addiction is heavily stigmatised. Significantly, stigma is identified as an obstacle for accessing drug treatment and harm reduction services, with some service users feeling that engagement with treatment works to publicly label them (Radcliffe & Stevens, 2008). Recent research indicates that negative public opinion and stigma are seen by people working in drug policy and service provision as key impediments to the establishment of pragmatic alcohol and other drug policy and more positive health interventions (Fraser, valentine, & Seear, 2018). Common stigmatising discourses, such as those circulating around the figure of the ‘junkie’, position those who inject drugs as having no legitimate ‘social roles’ or place in society (Boeri, 2004; Fraser et al., 2017). In this context, it is important to explore how the lives of those who may benefit from overdose prevention measures are socially constituted and understood.

Given illicit opioid consumption is heavily stigmatised, it is unsurprising to find it represented in stigmatising ways in the media. Research indicates that harms and dangers are exaggerated and those affected are depicted as losers and a danger to a healthy society (Cape, 2003; Taylor, 2008). According to Hickman (2002), the media focus on the bodies of drug users, presenting them with hollow cheeks, dark

<sup>2</sup> Victorian Health Department announcement can be viewed at: <https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/injecting-room>.

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