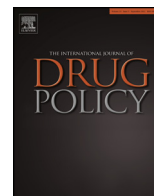




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Research paper

Is cannabis an illicit drug or a medicine? A quantitative framing analysis of Israeli newspaper coverage

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ABSTRACT

Background: Various countries and states, including Israel, have recently legalized cannabis for therapeutic purposes (CTP). These changes have received mass media coverage and prompted national and international dialogue about the status of cannabis and whether or not it can be defined as a (legitimate) medicine, illicit and harmful drug, or both. News media framing may influence, and be influenced by, public opinion regarding CTP and support for CTP license provisions for patients. This study examines the framing of CTP in Israeli media coverage and the association between media coverage and trends in the provision of CTP licenses in Israel over time.

Methods: All published news articles relevant to CTP and the framing of cannabis ($N=214$) from the three highest circulation newspapers in Israel were content analyzed. Articles were published between January 2007 and June 2013, a period in which CTP licenses granted by the Ministry of Health increased substantially.

Results: In the majority of CTP news articles (69%), cannabis was framed as a medicine, although in almost one third of articles (31%) cannabis was framed as an illicit drug. The relative proportion of news items in which cannabis was framed as an illicit drug fluctuated during the study period, but was unrelated to linear or curvilinear trends in CTP licensing.

Conclusion: The relatively large proportion of news items framing cannabis as a medicine is consistent with growing support for the expansion of the Israel's CTP program.

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Introduction

Cannabis is the most commonly used illicit substance worldwide (UNODC, 2012) and the subject of much debate. On the one hand, the 1961 UN Convention on Narcotic Drugs classifies cannabis as a Schedule I drug, meaning it has no accepted medical use, and high potential for abuse (Ballotta, Bergeron, & Hughes, 2008; UN, 1961). On the other hand, there is a growing basis of clinical research to suggest that cannabis can offer a range of medical benefits (Hosking & Zajicek, 2014).

Clinical evidence supporting the medical benefits of cannabis has developed alongside growing public and political pressure in many countries and in several states in the U.S. to enact policies and laws that would enable the legal use of cannabis for therapeutic purposes (CTP). To date, 23 states in the U.S. (NCSL, 2013), as well as other countries (Belle-Isle et al., 2014), have legalized CTP. In Israel, cannabis is defined as a Schedule 1 drug of abuse, and CTP is

not formally defined as a therapy. Its safety and efficacy for medical use has not been proven according to the requirements of the Ministry of Health (MOH, 2013a). At the same time, the Israeli health authorities recognize that cannabis may alleviate the symptoms of a number of medical conditions and reduce patients' suffering. Thus, Israel has been running a CTP program since the late 1990s (Nathan, 2009a) in which the Israeli Ministry of Health is responsible for CTP regulation. CTP licenses are only granted following the exhaustion of other "conventional" therapeutic options (most often the major classes of pharmaceutical treatments). Although CTP can be prescribed for a host of symptoms/diseases (MOH, 2013b) the two largest groups of patients currently receiving CTP in Israel are patients suffering from chronic pain and those diagnosed with cancer, respectively comprising 52% and 27% of the entire CTP patient population ("Personal communication with Dr. Yehuda Baruch, 2012").

CTP licenses are given to individual patients after approval from a specialist physicians' recommendation by medical professionals in the Medical Cannabis Unit of the Ministry of Health. The exception to this process is for oncology patients who can get a CTP license directly approved by one out of 11 authorized oncologists. CTP

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licenses specify the monthly dosage allowed (typically between 20 and 100 g), the CTP supplier and expiration date. Typically, licenses are given for 6 months after which the physician responsible for the CTP recommendation is required to apply for a renewal. CTP suppliers use registration systems which enable control that patients purchase CTP according to their license requirements and boundaries.

In recent years the rate of CTP licenses granted in Israel has grown significantly – from just a few hundred in 2007 to an estimated 12,000 in 2013 (MOH, 2013c; Shelef, Mashiah, Schumacher, Shine, & Baruch, 2011). The Israeli Ministry of Health is currently working on expanding the CTP program through investing greater resources and manpower. However, alongside these efforts, the CTP program remains contentious. Controversies are partially fuelled by the fact that cannabis is still classified as a Schedule 1 drug of abuse. Furthermore, medical professionals have raised concerns about lack of clear prescription guidelines for CTP. Concerns have also been raised that patients demand CTP treatment, placing the physician under pressure. A recent study found that although 42% of CTP cancer patients at an Israeli oncology clinic stated that cannabis was recommended to them by their oncologist, 45% reported that they were recommended cannabis from non-medical sources, and the most frequently reported non-medical source was the media (22%) (Waissengrin, Urban, Leshem, Garty, & Wolf, 2014). Although the study cannot shed light on the important differences between a CTP recommendation from a physician and a media source, the study highlights the potentially significant role of the media when it comes to informing the Israeli public about CTP.

Central to the debate surrounding CTP is the question of whether the media defines cannabis as an illicit drug or as a medicine. Indeed, how cannabis is commonly defined, spoken about, and the context in which it is featured in the press has political, legal and social implications; if cannabis is framed as a medicine, this would likely encourage public support or reflect public support for CTP treatment and licensing. In contrast, if cannabis is framed as an illicit drug, it may decrease public support or it may reflect public critique of the CTP program. In turn it may be expected that CTP treatment expansion and future CTP policy developments would face a great deal of public disapproval. This study examines the role of the media in this debate by tracking shifts in the framing of cannabis in Israeli newspaper coverage related to CTP from January 2007 to June 2013, and examining this in the context of changes to the provision of CTP licensing over time.

Media framing and drugs

Research has shown that analysis of media coverage can capture processes of political, social and cultural change (Fairclough, 1995) and that the media can be a powerful ideological apparatus that can shape government actions due to its power to represent social issues in particular ways (Lancaster, Hughes, Spicer, Matthew-Simmons, & Dillon, 2011). Effects of media framing are said to occur when (often small) changes in the presentation of an issue or an event produce (sometimes large) changes of opinion (Chong & Druckman, 2007). Media framing can affect public opinion regarding issues (including CTP) by encouraging audiences to think about the issue along particular lines. Indeed, research has shown that by emphasizing particular aspects of news, the media plays an important role in shaping policy support for various issues including drug policies (Forsyth, 2012; McArthur, 1999).

The process of framing is dynamic, and involves a continuous interaction between journalists and elite groups (Gans, 1979) and social movements. Journalists construct frames, in part, in response to external political factors such as elite discourses and changes in policy and public opinion. The framing does in turn have an effect on policy/public opinion in its own right. Thus, frames can be both

the independent variable in research (e.g. Barry, Brescoll, & Gollust, 2013) as well as the dependent variables, i.e. the outcome of the production process that includes organization pressures, journalistic routines, and elite discourse (De Vreese, 2005). This perspective is consistent with, Wolfsfeld's politics-media-politics (PMP) principle, which proposes that the media responds to changes in the political environment, and, in turn, influences further political changes in the political environment (Wolfsfeld, 2011). Thus, media framing of CTP is likely to be influenced by, as well as impact, political changes and shifts in public opinion related to CTP.

Various studies have examined media reports on drug issues. Research from Australia has, for instance, showed that the media coverage of heroin users as deviants played an important role in the rejection of an evidence-based proposal to prescribe heroin to a small number of dependent heroin users (Elliott & Chapman, 2000; Lawrence, Bammer, & Chapman, 2000). Other research has found that reporters tend to emphasize the threat of drugs and drug users to society when reporting on drug issues (Brownstein, 1991; Taylor, 2008), that reporters often use pejorative value judgments about drug use and users (Elliott & Chapman, 2000) and tend to demonize drug use and users (Slater, Long, & Ford, 2006). Furthermore, the negative framing of drug issues may reinforce negative attitudes toward drugs and drug use among the audience (Watts, 2003).

To our knowledge, only one study has examined how medicinal uses of cannabis are portrayed in the media. This study was part of a broader investigation of media coverage of issues related to cannabis in the UK during a time of cannabis reclassification (2004–2005) (Acevedo, 2007). The study found that in 2004, users were defined as 'otherwise law-abiding citizens' who happened to use cannabis for medicinal or recreational purposes. This description changed in 2005, when cannabis users were described most frequently as either addicted and in need of substance abuse treatment, or as criminals deserving punishment. As such, the study shows that the re-classification between 2004 and 2005 worked as a means to render invisible certain types of cannabis use, i.e., medicinal and recreational, while revealing the problems associated with its use.

In addition to the scarcity of research on CTP media coverage, only a few studies have examined the media framing and reporting relating to cannabis. One study has found that the press rarely refer to scientific studies when reporting on cannabis issues (Sheperd, 1981) and others have shown that cannabis use is sometimes condoned, and sometimes accepted, or even celebrated in news reports, depending on the race and gender of the cannabis user described (Haines-Saah et al., 2013; Lewis & Proffitt, 2012). Another study found that negative cannabis media coverage was related to increasing rates of adolescent cannabis abstinence over time (Stryker, 2003).

The current study

Media framing refers to the process by which certain bits of information about a social or political issue are highlighted, thereby elevating them in salience (Entman, 1993). A frame provides meaning to an issue and promotes particular definitions and interpretations of political issues (Shah, Watts, Domke, & Fan, 2002). In light of current changes to CTP policy in many parts of the world it is important to understand the extent to which cannabis in CTP newspaper articles is framed as an illicit drug or a medicine, and how CTP framing relates to CTP policy. It is also important to examine media framing of CTP at this point in time when CTP remains a relatively new issue on the public agenda in Israel and many other places worldwide. This is because framing effects vary according to the public's familiarity with an issue; the less the public knows about the topic, the more likely it is that media framing will influence public opinion (Chong & Druckman, 2007).

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