CRITICAL DISCOURSE ANALYSIS:

HOW COLORADO’S POLICY CONCEPTUALIZES SUBSTANCE USE DISORDERS

A Thesis

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**Introduction**

*Background*

Substance use disorder continues to serve as a huge health obstacle for Coloradans. Persons aged 12 or older reporting substance use disorder was approximately 11%, whereas the national estimate was 9% (SAMHSA, 2019). Between 2017 and 2018, these numbers have increased to 11.9% of people 18 years or older in Colorado reporting having a substance use disorder, and the national rate is only 7.7% (SAMHSA, 2019).

Currently, substance use disorders are a key public health priority in the state of Colorado and have been identified as one of Colorado’s “10 winnable battles” (Keystone Policy Center, 2017). The Colorado Department of Public Health and Environment (CDPHE) recorded approximately 443 overdose deaths in Colorado from January to April of 2020, which is a 35% increase from the same time period in 2019 (Whittington, 2020). Drug- and alcohol-related deaths were most common among those aged 25-65, individuals of White, Hispanic, and American Indian/Native Alaskan descent, and those living in areas of high poverty (SAMHSA, 2019). According to 2019 statistics of Colorado, the rate of overdose deaths among Blacks was at an all time high since and was significantly higher than the rate of non-Hispanic whites in 2019 (Whittington, 2020). Also, the rate of overdose deaths among American Indian and Native Americans more than doubled from 2018 to 2019 (Whittington, 2020). Adults who have served in the military account for approximately 8.4% of Colorado’s population, which is the 19th highest percentage among the 50 states (The Center Square). Furthermore, studies show that veterans are more likely to report heavy use of alcohol and substances compared to non-veterans (National Institute on Drug Abuse). Also, in 2019, Colorado had approximately 16.7 homeless people per 10,000 residents and was the 10th highest rank among the 50 states (The Center Square) and those experiencing homelessness encounter higher rates of social barriers that impact their mental and physical health including an increase in substance use (Alvarez, 2021).

Furthermore, this COVID-19 pandemic continues to highlight the several inequities and disparities that already exist in substance use disorder treatment and recovery services across Colorado. The COVID-19 pandemic brings an increase in stressors which makes anxiety, depression, suicide, and people’s use of substances increase. Recovery and treatment programs became overloaded and struggled to be effective and accessible to the most vulnerable (Snouwaert & Wyloge, 2020). Access to treatment is not equitable so it is critical to address social factors such as unstable housing or jobs, as well as enacting policies that help address systematic discrimination that continue to reproduce these social factors to help tackle these disparities. Policies that fight for a culturally specific engagement strategy that include diverse voices can reduce barriers to substance use treatment, especially for vulnerable and marginalized communities. The purpose of this study was to understand how Colorado policies conceptualized substance use disorder. This study also highlighted the importance and implication of analyzing health policies, which can lead to a further evaluation of how they impact treatment and health outcomes.

This research utilized critical discourse analysis (CDA) to examine how Title 27 Article 81 conceptualized and framed substance use disorder. Findings revealed the policy conceptualized a person's health and wellbeing as an individual responsibility, and specifically framed persons with substance use disorders as passive agents and a risk to society.

*The Policy*

On July 13, 2020, Governor Jared Polis signed Senate Bill 20-007, which consolidated and modernized Colorado’s law regarding emergency treatment and voluntary and involuntary commitment of persons for treatment of substance use disorder (Colorado General Assembly, 2020). Title 27 Article 81 is part of the Senate Bill 20-007 and the prime sponsors were Senator Brittany Pettersen (Democrat), Senator Faith Winter (Democrat), Representative Bri Buentello (Democrat), and Representative James Wilson (Republican). This revised bill specifically created a new scope for Article 81, which included using the term "substance use disorder", which encompassed both drugs and alcohol (Colorado General Assembly, 2020).

*The Purpose*

This research paper specifically utilized CDA, a qualitative method that stems from a critical theory of language that analyzes language as a form of social practice, and was developed by Norman Fairclough (Janks, 1997). CDA reveals power structures and norms allowing for researchers to question and challenge the status quo. CDA examines how discourse are social practices where language functions to establish identities, relationships, and systems of knowledge (Rogers et al., 2005). According to Schmidt (2008) discourse is not just ideas or text, but also the relationship to the context. Referring to both the structure (what is said, where is it said and how) and personal agency (who said what to whom). Discourse in policy is involved in the creation, elaboration, and justification of different policy and program ideas. Research that has a critical focus on discourse in policies can help understand how policy and politics are created, viewed, and reinforced.

Critically analyzing grammatical structures and rhetorical tools can uncover what powers are at play and what norms are being reproduced that may impact the effectiveness and accessibility to treatment and recovery programs. More specifically, qualitative analysis of substance use policies can help one understand how substance use has been problematized, conceptualized, and how substance use policy can impact health outcomes. CDA allowed us to understand how Article 81 framed health in an individualistic approach while limiting the agency of persons with substance use disorders and labeling them as a risk.

These findings revealed that this Colorado policy continued to normalize the neo-liberal approach towards health, which framed structural issues of substance use disorders as an individual's problem. Furthermore, this policy framed persons with substance use disorders as passive agents and labeled them as a risk towards society. Findings revealed that by conceptualizing treatment users as victims and passive agents, the policy normalized and justified the authority of an administration to be the rational entities in the lives of "irrational" people. An assessment of these findings showed how powerful discourse in policies are and how they can have a direct impact on health outcomes by continuing to normalize power dynamics and further stigmatize already vulnerable and marginalized populations.

**Theoretical Framework**

In order to examine how this Colorado policy conceptualizes substance use disorder, I relied on the theoretical perspective of Michel Foucault’s governmentality theory and Deborah Lupton’s risk theory. Governmentality helps us understand how people are governed through policy by individualizing responsibility. In this case, Article 81 was framed in a neoliberal approach by making individuals responsible for their own health. Furthermore, risk theory builds on the neoliberal approach that normalizes the frame of health as an individual's responsibility, but also labeling one as “risky”, justifying governmental control and surveillance. This research paper utilizes these two theories to analyze how substance use policy defines persons with substance use disorders as passive and an at risk population.

*Governmentality.*

Foucault describes governmentality as a way of governing populations and individuals through the regulation of behavior and individualized responsibility (Foucault, 1991). Foucault and other governmentality scholars (Schee, 2009) have continued to grow this research to create an analysis that shifts from the ‘macro’ environment to a ‘micro’ perspective. More specifically, this micro perspective allows one to examine how power plays out on the details of everyday life (Schee, 2009), including how it plays out in our discourse. This connects to the importance of analyzing the discourse that is used to describe substance use disorders.

Neoliberalism brought the wellness revolution, which emphasizes the idea of “choice” (Greco, 2009). Through a neoliberal lens, individuals are seen as part of a continuous business to increase one's own health and wellbeing. Health that can be “chosen” has moral and cultural implications. This leads to health being able to define a person’s ability to function as a free, rational, and moral agent. It also frames poor health choices as deviant, and individuals who engage in behavior that risks one’s health are irrational (Greco, 2009). This reveals how we conceptualize individuals' health as a commodity rather than a fundamental right. This uncovers a paradox that underlies health promotion in a neoliberal context. Neoliberalism is a political rationality that governs through the idea of freedom. This form of governing calls upon the individuals to express that freedom by having several different options to choose from, however, not all options count as rational or healthy choices (Garland, 1997). In health policy and promotion discourse, governmental power is exercised through a form of *rationality* that is used to promote self-care and self-improvement. In this case, strategies that are utilized in public health policy mobilize the subject's capacity to govern themselves and also frame decisions surrounding health issues in the name of freedom and choice (Fullagar, 2002).

Foucault’s governmentality concept continues to be built upon to include how certain ways of thinking and acting serve as an alternative form of political power. Nikolas Rose and Peter Miller (1992) refer to governmentality as the “problematics of government” (p.174). Rose and Miller (1992) further explain that “[Political] power is not so much a matter of imposing constraints upon citizens as of ‘making up’ citizens capable of bearing a kind of regulated freedom” (p.174). Health discourse is framed as “personal choice”, but in reality, choice and freedom are essential governing tactics (Galvin, 2002). Definitions of health have become highly political due to defining particular perspectives and characteristics on persons who are healthy or ill.

Similarly to governmentality, the rhetoric of risk operates under a neo-liberal agenda of individualization and privatization (Greco, 2009). The rhetoric of riskand defining risk versus non-risky behavior constructs the reality of health.

*Risk.*

Deborah Lupton (1999) describes that before the era of modernity, risk was a neutral term that focused more on losses and gains. However, during the modern period, risk started to become co-opted as a term to define negative or undesirable outcomes. This led risk to become a synonym for the term’s *danger* or *hazard* (Lupton, 1999). Through the lens of risk theory, the definition of health becomes reliant on what is defined as a risk or a hazard. The construction of health risk itself is impacted by social perceptions and certain values of cultures. Lupton (1999) describes a postmodern perspective on health where the construction of risk creates the desire to achieve a state of safety. Risk became a highly political term that led to the justification of risk reduction (Fox, 1999). This study’s findings revealed discourse that utilized risk rhetoric when describing substance use disorders. The discourse in this policy labeled persons with substance use disorders as “dangerous”. This can lead to othering because social practices connected with risk assessment can target specific groups and frame them as dangerous (Carter, 1995).

In the public health field, health threats focus on risks that are caused by lifestyle choices that are made by individuals (Lupton, 1993). Risk discourse in health is used as a tool to advance neoliberal ideals such as rational choice and individual responsibility (Brown et al., 2013). This individualism framing brings the idea of freedom of choice, but also rests the responsibility of making the “right” choice solely by the individual ( Lupton and Tulloch, 2002:4). Risk is created as a set of factors that are involved in the decision-making process in order to help one make rational and productive choices. Utilizing risk discourse causes health risks to frame issues as an individual’s problem to solve (Brown et al., 2013). Individuals are responsible for making health choices, which overlooks the socio-economic and historical context that led to inequities in health. This normalizes the idea that the government is not responsible for the health inequities that exist in society.

*Conclusion*

Similar to how governmentality needs to define certain issues such as substance use disorders as a problem in order to justify intervention, risk relies on defining something that has the potential to cause harm which leads to strategies for risk reduction. Combining Foucault’s theory of governmentality and Lupton’s theory of risk reveals how health policy discourse defines and constructs health problems. This construction justifies government intervention that is disguised as choices. By utilizing these two theories, we can uncover how health policy discourse defines what constitutes a healthy and sane individual, versus individuals who serve as a problem and a risk to society.

**Literature Review**

This literature review focuses on past studies that examine the construction and problematization of drug policies, stigma and social inequality of substances, and discourse analysis of policy and drug education. Studies focusing on the intersection of health policy and substance use examine how texts can further purpurate and reinforce dominant discourses, which reinforces evidence-based policy that relies on “expert” and scientific knowledge, and how discourse can problematize and construct the narrative and norms of an issue. This study contributes to the literature health policy analysis by employing CDA. Most discourse analysis studies that focus on substance use analyze educational and medical texts. This specific study examined Article 81, a Colorado substance use policy, and how it conceptualized and framed substance use disorder.

*Policy Discourse*

Carol Bacchi (2000) examined several different scholars that describe policy discourse (Ball, 1993; Watts, 1993/1994; Phillips, 1996; Torgerson, 1996; Goodwin, 1996; Bacchi, 1999) and also scholars who described the implications of policy discourse (Beilharz, 1987; Jenson, 1988; Yeatman, 1990; Shapiro, 1992). Through this analysis, theorists explained how policy discourse represents issues in ways that replicate power relations and draw attention away from institutional change by creating the individual as responsible for their own failures. Furthermore, policy discourse can reduce participation in specific policies when it is constructed in a way that is inaccessible to the masses and underrepresented groups (Bacchi, 2000; Bailey, 2005; Lancaster 2014; Lancaster, Treloar & Ritter, 2017; Ritter, Lancaster, & Diprose, 2018; Schmidt, 2008; Wild, 2006). There is a privilege in those who are writing discourse policy, which creates disadvantages to those who are not able to participate in the policy discourse process.

Discourse policy is an interactive process that can exert casual influences out into society by reinforcing norms and values, while also persuading others of the necessity of a specific course of action. Schmidt (2008) described this process through the term “Discursive Institutionalism”,which examines the power of ideas through discourse in an institutionalized context. Through this idea, policymakers and policies are able to (re)construct certain values and beliefs of the world. Policymakers create “problem definitions” that set the stage for possible solutions (Schmidt, 2008). Through discourse, policymakers are able to define the problems that need to be solved by such policies, and also decide what norms and solutions apply. Ness Goodwin (1996) described how an approach to policy is not simply a response to existing problems, but rather as a process where both problems and solutions are created. Goodwin (1996) recognized how discourse (re)constructs policy problems, which produced the definition of policy as a set of shifting, diverse, and contradictory responses to an array of political interests. Policy is an active process, creating problems that can be solved through a specific frame. The construction of a problem and the frame it is being examined through can limit what solutions and approaches are being implemented. More specifically, through qualitative analysis of substance use policies can help one understand how substance use has been problematized, conceptualized, and how substance use policy can impact health outcomes.

*How Substance Use Disorders are Problematized*

Through qualitative research methods, several scholars have examined how issues of substance use is problematized and constructed (Bacchi, 2015; Brown & D’Emidio-Caston, 1995; Lancaster, 2014; Lancaster, Duke, & Ritter, 2015; Lancaster & Ritter, 2014; Lancaster, Treloar & Ritter, 2017; Tupper, 2008). Carol Bacchi (2015) introduced a qualitative method towards approaching policy analysis called “What’s the Problem Represented to be?” (WPR approach). Problematization is how issues are conceptualized as “problems”, and WPR analysis interrogates this process of problematization specifically in policy. This approach argues that policies are not simply a reaction to problems or issues, but rather policies produce or constitute problems. This builds on Foucault’s idea of governmentality and how society is governed through complex blends of sovereignty, discipline, and government (Bacchi, 2015). Our society is governed through the process of problematization, which is why it is important to shift our focus away from the problem and the solution to how this issue was constructed and problematized in the first place. The very existence of substance use policies indicates that substance use is being problematized in some way.

Lancaster and other researchers continue to be critical of the production of knowledge and address how knowledge or evidence is (re)produced and validated in the drug policy process (Lancaster, 2014; Lancaster, Duke, & Ritter, 2015; Lancaster & Ritter, 2014; Lancaster, Treloar & Ritter, 2017). Through the drug policy process, there are taken-for-granted truths that are implicit within evidence-based policy discourse that privilege a specific kind of objective and rational knowledge (Lancaster, Treloar & Ritter, 2017). Evidence-based policy discourse continues to legitimate voices of researchers, clinicians, and scientists, while excluding others. The knowledge being (re)produced and (re)constructed in this policy process impacts and affects policy response (Lancaster & Ritter, 2014). Monaghan et al. (2018) built on this analysis by examining how stigmatizing persons with substance use disorders continues to detract from the legitimacy and authority of their own personal accounts, which justifies their exclusion from the policy making process. Similarly, Bacchi (2015) found that alcohol problems were framed as individual issues, which justified further governing on these nonconforming individuals.

The representation of knowledge and facts that surround substance use generally go unquestioned, however knowledge is not objective, but rather a complex social construction of meanings (Tupper, 2008). Text can continue to perpetuate and reinforce dominant discourses and agendas. That is why it is critical to continue to examine policy discourse and to take account of the social, cultural, and economic context in order to reveal what power-dynamics exists, what knowledge is continuously being reproduced, and what is being normalized. The political process is not neutral, but rather a process that involves manipulation and exploitation of power. Moreover, policy discourse holds cultural, ideological, and political interests.

*Construction of Stigmatization*

Lancaster, Duke, and Ritter (2015) conducted a cross-national analysis to understand how the problem of drugs was constructed and represented in drug policy. Their findings showed that policies construct individuals as rational agents that are capable of control over problematic drug use, which reinforces the idea that the individual is responsible for their health. This has significant consequences including further stigmatizing and isolating certain individuals and target groups by labeling them deviant and incapable. Overall, both alcohol and drug policies based on the ideology of risk constitute the standard through which individuals' own behavior and lifestyle are conceptualized. Brown and D’Emidio-Caston (1995) analyzed how state policy that is directed toward students that are labeled at risk for substance abuse shapes perceptions, influences program directions, and affects both the students labeled “at-risk” and the students who are not labeled “at-risk”. Room (2005) analyzed how stigma and marginalization of psychoactive substance use is strongly moralized, which impacts health outcomes. For example, alcoholism and addiction are described as someone who lacks control, which has increased stigmatization. Due to health being individualized, this lack of control is seen as a weakness characteristic (Room, 2005). These moral norms continue to be reproduced through policy and through education and treatment programs. This strong moralization of substance use subject’s individuals to further stigma and social marginalization. Bailey (2005) used discourse theory to examine how a moral condemnation became attached to drug use and how discourse emphasizes personal freedom and self-control. Policies specifically about drug use reflects the idea that drugs cannot be consumed responsibly without a qualified expert, such as a medical or scientific application (Tupper, 2012). This idea further justifies the governing, control, and criminalization of drugs that have been deemed as irresponsibly consumed.

*Conclusion*

Overall, several researchers of substance use and policy discourse have found that the use of policy discourse is a privileged process that excludes the involvement of others in the policymaking practice. Substance use policy is driven by scientific evidence and “expert” knowledge, which ignores diverse voices and other sites of knowledge (Lancaster, Treloar & Ritter, 2017; Monaghan, Wincup, & Wicker, 2018; Ritter, Lancaster, & Diprose, 2018). Policymakers and actors are able to (re)construct specific visions of the world that allow them to continue to (re)instate the dominant discourse. By qualitatively analyzing how knowledge is produced by discourse reveals the taken-for-granted truths and norms that continue to reinforce stigma and social marginalization. This study continues to build on researchers who have analyzed alcohol or drug discourse in order to conceptualize substance use in the state of Colorado. Examining the way policy is written and how it is communicated is an essential component for comprehending the reality of that piece of legislation and how it impacts society.

**Methods**

*Critical Discourse Analysis.*

Critical discourse analysis is a research methodology that “sees the use of language as a form of social practice” (Janks, 1997, p. 329). Ideologies are transmitted, normalized, justified, and reproduced through language. CDA analyzes different rhetoric methods and discursive strategies that uncover ideologies and social norms expressed through discourse. According to Janks (1997), in order to conduct CDA, there are three levels of analysis that are required: text analysis (description), processing analysis (interpretation), and social analysis (explanation) (p. 329). These levels of analysis break down the ways in which language is used to create significance and meaning while placing aspects such as word selection, grammar structure, and verb usage into social and political contexts. Using CDA as a qualitative research method allows researchers to understand the intersection between language and social practices (Evans-Agnew et al., 2016). More specifically, CDA research is interested in how language used by those in power can either advance or impede a resolution on a particular social issue. This study specifically conducts CDA on a part of Colorado Senate Bill 20-007 (Title 27, Article 81) in order to uncover how the discourse of this policy conceptualizes persons with substance use disorder.

Language is able to construct knowledge and shape the meaning by which relationships and behaviors can be understood (Crowe, 2000). Discourse constructs, reinforces, and describes our reality, experience, knowledge, and our identities (Lupton, 1993). CDA in policy discourse allows researchers to go beyond the idea that all policies are “well-intentioned” and unbiased constructions. CDA can provide policy makers an alternative perspective for revising and transforming the social practices that influence policies. Researchers who use CDA start with a social issue and then analyze the discourse that is used by a specific group of people in a given place and time (Fairclough, 1992). In this paper, I decided to specifically analyze the discourse of a Colorado health policy surrounding substance use disorder in order to examine how substance use disorder and persons with substance use disorders are constructed.

*The Text.*

Utilizing the Colorado General Assembly database, I was able to find Title 27, which serves as a broad subject of Behavioral Health. One of the sub-categories under Title 27 is “Alcohol and Substance Use – Alcohol and Substance Use Disorder”. Within this subcategory, there were three articles: Article 80 “Alcohol and Substance Use – Alcohol and Substance Disorder”, Article 81 “Alcohol Use Education, Prevention, and Treatment”, and Article 82 “Substance Use Prevention, Education, and Treatment”. In this paper, I specifically analyzed Article 81 “Alcohol Use Education, Prevention, and Treatment”. This study specifically examined Article 81 because this is a policy that outlines both the issue (defining substance use disorders) and also what the state of Colorado is doing for prevention measures (plans for treatment and recovery programs). This policy outlines how the state of Colorado defines substance use disorder, the reason why it is seen as a health issue, and contains specific solutions and treatment measures.

Within this article, there were nineteen different sections and contained a total of 22 pages. Due to the limitation of this thesis, this research analysis specifically focused on four sections; section 101 “Legislative declaration”, section 102 “Definitions”, section 111 “Emergency commitment”, and section 114 “Rights of persons receiving evaluation, care, or treatment”. These four sections were a total of eight pages. I believe that these four sections give a well-rounded description of how Colorado defines substance use disorders, why substance use disorders are an issue that needs a policy, and what solutions this policy brings. Section 101 is the statement explaining the purpose of article 81. Section 102 describes how this piece of legislation defines specific vocabulary terms that come up throughout the article, such as defining “alcohol use disorder”. Section 111 describes the commitment that emergency services such as law enforcement must have when interacting with someone under the influence of substances. Finally, Section 114 describes the rights a person has when receiving evaluation, care, or treatment.

Conducting CDA analysis on Article 81 reveals the values that define substance use disorder and its treatment by the state of Colorado. Comparing and contrasting discursive patterns in how Colorado defines substance use disorders to the emergency commitment section and the rights of the person receiving treatment section can reveal the bigger picture of how this policy frames persons with substance use disorders. By utilizing CDA in all four sections, I analyzed how public discourse of substance use is constructed and the values inherent in such discourse. Findings revealed individualizing, passivity, and risk rhetoric.

*The Analysis.*

In this critical discourse analysis, I focused on the vocabulary and grammatical structure of the text, and found two overarching themes: passivity and risk.

I first analyzed the frequency of the specific words that appeared throughout the four articles. From analyzing the frequencies, I started to see a theme of persons with substance use disorder being framed as “incapable” of being a productive and rational human. Another theme observed was the use of war-like rhetoric where the policy emphasizes the need to “attack” substance use disorder because it serves as a threat to our society. From these themes, I created a table for each theme that listed the section, the vocabulary words that represent that theme, and the frequency. I categorized the two themes as “passivity” and “risk”.

After analyzing the words and frequencies themselves, I continued my discourse analysis by examining how these words are used grammatically and analyzed the grammar structure that was used in these sections. There were two grammatical themes that I focused on. The first was examining the use of prefixes, “in” and “un”. The second was evaluating the preposition use, specifically the preposition “by” and “of”. I also created a table that fell under the overarching theme (passivity and risk). From analyzing both vocabulary and also grammar structure and rhetoric, I found that this policy frames individuals as passive agents that are a risk to society.

*Positionality*

At Colorado College, I designed my own public health major that specifically focused on public health policy and culture. I am interested in approaching public health issues through an interdisciplinary lens that includes critically examining the social and cultural context, while also being critical of the systems and powers that are at play. Most of my research background came from the sociology department. This is where I learned what critical discourse was and how analyzing discourse can reveal power structures and normalize values. Furthermore, I learned how discourse can continue to perpetuate norms and power dynamics that impact health outcomes. I see policy as an upstream institution that continues to influence our societal and cultural norms. Furthermore, I want to go into a career that involves health policy. I think that it is critical to understand how law and policies act as a determinant of health, and how language plays a crucial role in reproducing norms. I started to develop a deep interest in how discourse analysis and health policies intersect, and how that may influence accessibility to treatment or care. This is why I specifically decided to do a qualitative critical method approach towards health policy research for this thesis.

During the summer of 2020, I had the opportunity to volunteer at a women’s shelter in downtown Denver. Working with this population, I was able to learn more about how the homelessness system and process worked. Most of the women I worked with were dealing with mental health and substance use disorders. This increased my interest in how substance use disorders are perceived and created in society. I had first-hand experience learning the stories of individuals with substance use disorders and what the city of Denver was doing. This helped further my interest into looking at a more upstream approach to substance use, including gaining a stronger understanding of what the state of Colorado plans on doing for persons with substance use disorders.

*Limitations*

The main limitation of this study is that I limited the text analysis by only analyzing eight out of the twenty-two pages of this specific policy to fulfill the requirements for this undergraduate thesis.

**Findings**

The CDA of the four sections of Colorado’s Title 27, Article 81 revealed two main findings: (1)the use of language that conceptualizes people with substance use disorders as passive agents through the use of the passive voice, prepositional phrases, prefixes, conjunctions, and (2) the use of war through frequency of certain verbs, and the overall grammatical structure. These findings revealed that passive agency and war is at the heart of the conceptualization of health as a risk.

Passivity

Under the passivity theme, I analyzed the use of the passive voice, othering, and the power dynamic that is being (re)produced from the discourse of this policy.Framing persons with substance use disorder as “incapable”, “impaired”, “incapacitated”, and “unable” defends the need for external control and also justifies the need to restrict or deny their rights. This type of labeling rationalizes the surveillance of people with substance use disorder. Below is an analysis of the passive voice, techniques of othering, and power dynamics that are created through verbs, prepositions, prefixes, and overall grammatical structure. This analysis reveals passivity in this policy due to the deletion of agency of persons with substance use disorders.

*Passive Voice.*

Findings reveal that people with substance use disorders are conceptualized as being passive agents in the face of substance use. Specifically this policy uses two linguistic mechanisms: passive voice and prepositional phrases.

First, I discuss the use of passive voice. Passive voice places the subject as the *receiver* of an action (Hamilton College). It’s grammatical use holds several discursive functions that can go unnoticed at the conscious level and places actors in the background and the victims in the foreground (Bohner, 2001). The use of prepositional phrases and the passive voice can impact who the grammatical subject is through discourse. The four sections of this policy used the passive voice to describe and define substance use disorders. For example, “incapacitated by alcohol” (Colorado Revised Statutes, 2020, pp. 162-164, 172) was used five times and “incapacitated by drugs” (Colorado Revised Statutes, 2020, p.163) was used two times In total, there were seventeen instances of prepositional phrases combined with the passive voice that conveyed passivity.

Second, prepositional phrases are used to modify nouns and verbs to classify and specify its context. Prepositional phrases indicate relationships and help readers understand connections and positions (Learn Grammar). Using the passive voice and prepositional phrases can allow the subject of the sentence to be deleted and deemphasized. Deemphasizing the subject is commonly achieved through using a *by-*phrase (Baratta, 2008). Prepositional phrases using the word “by” plus the passive voice indicates who or what is doing the action (EnglishClub). When describing a person with substance use disorder the preposition “by” and the passive voice was also used. “Intoxicated *by* alcohol” was repeated seven times and “incapacitated by substances” was repeated nine times throughout the four sections of the policy. The use of the preposition, “by'', reveals that alcohol, drugs, or substances are doing the action of “incapacitating” individuals. Similarly, this policy also used the preposition “of'', which is the most common preposition to use that expresses a relationship of a part to its whole (“Use of Prepositions: Of, About, For, With, By: Learn English”). This preposition is commonly used to describe the “use *of* substances” or a person “under the influence *of* or incapacitated *by* substances''.

These two prepositions, “of” and “by”, put the agency on the substances, which reinforces the idea that individuals are incapable of controlling themselves and are unable to make rational decisions. This policy utilizes the passive voice and prepositional phrases in order to frame persons with substance use disorders as passive actors. The grammatical structure of this policy has actions happening *to* that individual, which takes away one’s autonomy and reduces the focus on structural issues that play a role in substance use. This framework describes how substances are in control of these individuals, which leads to the justification of external control and regulation.

The use of language explained below, conveys that this policy conceptualizes substances as having the ability to “incapacitate” an individual and therefore renders them out of control. This justifies the need for external control on persons with substance use disorders. Furthermore, these propositions also put agency and emphasis on the inanimate object, “substances”, which erases the structural issues that are at the root cause of substance use including homelessness, lack of mental health resources, etc.

*Othering.*

The discourse in these four sections define and label persons with substance use disorder as the “Other” through the use of negative prefixes, and the repetition of verbs such as “incapable”, “impaired”, “incapacitated”, “unable”, and “lack”.

The use of negative prefixes including “in”, “im”, and “un” are used to mean “not something” (Lingualista, 2017). These prefixes are used to give opposite force in an adjective. The prefix “un” is the most commonly used prefix to negate words to mean “not + word” (Lingualista, 2017). The prefix “in” can be used to emphasize or intensify a word. The prefix “in” and “im” was used approximately twenty-one times with adjectives to describe individuals suffering from substance abuse disorder, including “incapable”, “impaired” and “incapacitated”.

“Incapacitated” and “impaired” was used a total of sixteen times, and it was used to define people with substance use disorders to be incapacitated by alcohol, drugs, or substances. The definition of incapacitated is: “deprived of strength or power; debilitated” (Lexico), while impaired is defined as “weakened or damaged” (Lexico). Furthermore, “incapable” and “unable” were used a total of seven times when defining persons with substance use disorders. The use of these prefixes to describe people with substance use disorder normalize a standard of *ablebodiness*. Framing people with substance use disorders as lacking an ability is othering. In addition, the use of the verb “lacks'' in sentences such as, “Persons with substance use disorder lacks self-control” (Colorado Revised Statutes, 2020, p.162) or “lacks sufficient understanding” (Colorado Revised Statutes, 2020, p.163) add to the framing of people with substance use disorder as unable to be rational. “Incapable”, “impaired”, “incapacitated”, and “unable” are verbs that describe “not being able to” and implies that persons with substance use disorders do not have the capacity to care for themselves, justifying the government taking action and control over these individuals.

The definitions section in Article 81 alone uses “impaired” seven times, “incapacitated” seven times, “incapable” twice, “unable” twice, “failure” twice, and “lack” three times. This shows how the policy is constructing and labeling persons with substance use disorders, which leads to othering. The constant repetition of verbs meaning “not able to” in this policy normalizes the concept that it is not the alcohol, drugs, or other substances themselves that are addictive, but rather it is the lack of “in/ability” and “in/capacity” of the individual that is the cause of substance use problem. The words “incapacitated”, “incapable”, and “unable” imply that substance use disorder leads to social harm which establishes, reinforces, and justifies a foundation where additional legal action against individuals suffering from addiction is needed.

*Power Dynamic*

In the “Emergency Commitment'' section, three paragraphs start with “If the administrator approves…”, “If the administrator determines…”, or “When the administrator determines…”. This shows that actions are being decided *conditionally* and *for* persons with substance use disorders. The conjunction “if'' can serve to introduce a condition (“Conditionals: If”). “If the administrator approves/determines'' is always followed by “the administrator shall…”. The verb “shall'' is used to express a command, and when used in law it usually is used to express what is mandatory (“Shall”). This grammatical structure is used to state that under the condition that an authoritative figure (the administrator) there will be mandatory action to persons that are committed under this section. This type of discourse normalizes a power dynamic that exists between the administrator who is given the ability to make decisions and the individual that has a passive role in this exchange.

Furthermore, when this policy references treatments and rights, the term “afforded” is used twice. First, it is used in the legislative declaration, stating that persons under the influence of [substances] should be afforded treatment so they may lead normal lives” (Colorado Revised Statutes, 2020, p.162). The second is in the right’s section of this policy, stating that the person “is afforded the following rights…” (Colorado Revised Statutes, 2020, p.177). Afford is defined as “provide or supply” (Merriam-Webster). Similarly, Merriam-Webster defines afford as “to make available”. The use of the verb “afford” when describing one’s rights shows that rights are a privilege that must be given to someone, and this normalizes the idea that the state is the one providing rights to the people. In this case, the rights of the person receiving evaluation, care, or treatment are given to them by administrators or facilities that the state of Colorado provides. This establishes a power dynamic between the external forces and persons seeking treatment and care. By conceptualizing treatment users as victims and passive actors, this policy normalizes and justifies the authority of an administration to be the *rational* entities in the lives of *irrational* people.

An example of some rights that a person would be afforded are: “to have reasonable opportunities…” or “to have reasonable access to…”. The adjective “reasonable” was used four times throughout the rights section. The emphasis that persons with substance use disorders lack control and are incapable is the basis for defining what is normal. However, this policy defines those with substance use disorder are not reasonable due to their inability to make *rational* decisions. This justifies the need for guardianship and control from the government. Persons only have access to what is deemed reasonable by an external factor. Again, this emphasizes the power dynamic that exists and also reinforces the passive role that is given to persons with substance use disorders.

Risk

Under the risk theme, I analyzed the use of war metaphors, the use of war rhetoric, and aggression discourse. Through the analysis of war-like metaphors and utilizing Robert Ivie’s (1980) concept of pro-war rhetoric, this analysis reveals how these rhetoric tools used by this policy frame persons with substance use disorders as a risk towards society. Risk rhetoric helps justify the need for external control and creates a sense of urgency that implies that immediate action is necessary.

*War Metaphors.*

Metaphors are used to turn complex and abstract information into more simple and concrete information (Thibodeau & Boroditsky, 2011). Military-like metaphors have become deeply embedded in the public and professional discourse of medicine, public policy, and social programs (Nie et al., 2016). During the Nixon administration, the Comprehensive Drug Abuse Prevention and Control Act was launched. This act was coined as the “war on drugs”, which has become a popular metaphor since, especially politically. Substance use disorder is a societal issue with a complex sociopolitical issue that intersects between several different causes and consequences. In order for substance use disorder to become a more digestible issue, this policy used war-like discourse.

War-like metaphors were used throughout the legislative declaration, stating that “Article 81 provides a base from which to launch the attack and reduce the tragic human loss” (Colorado Revised Statutes, 2020, p.162). This war metaphor frames that this policy is the “base” or the solution that will “launch the attack” and successfully fight against substance use disorders. Another example of the use of militaristic metaphor is in the emergency commitment section, which describes scenarios when law enforcement and emergency service patrols can step in and detain individuals in order “to prevent a breach of the peace” (Colorado Revised Statutes, 2020, p.172). Furthermore, this declaration states that this attack is necessary in order to “reduce the tragic human loss”, which continues to reinforce the idea that this policy is needed and necessary in order to save lives. Militaristic metaphors help emphasize the urgency and the need for this policy. The use of militaristic metaphors by political representatives helps serve to prepare the public to accept exceptional measures.

*War Rhetoric.*

Robert Ivie identifies three themes to create pro-war rhetoric: force vs. freedom, irrational vs. rational, and aggression vs. defense (Ivie, 1980). Force versus freedom is a rhetoric tactic that is achieved by implying that the opponent is violent (Ivie, 1980). In this policy, persons who are under the influence of or incapacitated by substances are defined as “clearly dangerous” (Colorado Revised Statutes, 2020, p.172). Throughout these four sections, “dangerous” is stated four times and “endangered” is stated three times. By framing substance use disorders as dangerous, it justifies the need for protection that is provided by this policy. Specifically, in the “emergency commitments” section, “protect” was used five times and “peace” was used three times. These nouns normalize and justify the need for external forces to provide protection from the threat, which this policy defines as persons with substance use disorder.

Irrational versus rational is a tool that frames the enemy as irrational, which helps justify the argument that the opponent is a threat to the well-being of the world (Ivie, 1980). “Rational” was used four times in the definition section. This policy defines those incapacitated by alcohol or drugs as unable to make rational decisions. “Reasonable” is used six times throughout this policy, stating that persons with substance use disorders will have “reasonable” access to their own rights. However, this policy also labels persons with substance use disorders as unable to be reasonable and rational, which means that their access to their own rights are determined by a higher authority. Labeling persons with substance use disorders as irrational frames these individuals as a threat to the well-being of the society.

*Aggression*

Finally, aggression versus defense is used to portray the enemy as the aggressor, which frames the rest of society as the victim. The purpose of this tool is to place the blame on the enemy and justify reasons for the government to engage in action (Ivie, 1980). “Attack” was utilized three times in the legislative declaration section. The declaration states that “The general assembly believes that the best interests of this state *demand* an across-the-board, locally orientated *attack* on the massive problems of drug abuse and substance use disorders” (Colorado Revised Statutes, 2020, p.162). Similarly, the declaration claims that article 81 will help “launch the *attack* and reduce the tragic human loss” (Colorado Revised Statutes, 2020, p.162). This type of war rhetoric frames substance use disorder as the clear enemy that must be eliminated.

This policy uses risk discourse to define persons with substance use disorders as the enemy. This is reinforced by the use of the verb “declare”, which was used twice in the legislative declaration. Also, the repetition of “problem”, which was used four times. This war-like rhetoric is purposefully used in order to create a strong sense of urgency and need to “defeat” this declared war on substance use disorders. This is further emphasized by the use of the adjectives “massive” and “tragic”. These adjectives are describing how substance use disorders are “massive, tragic, and no longer acceptable”. These adjectives help increase the message of urgency that this legislation wants to convey when addressing substance use and how persons with substance use disorders serve as a risk toward society, which justifies government intervention.

**Discussion**

By critically analyzing the discourse of a Colorado substance use disorder policy, the results of this study indicate that this policy continues to individualize this structural health issue and framing persons with substance use disorders as passive agents that are a risk to society. These findings examined grammar and rhetoric structures including the use of the passive voice, prepositional phrases, prefixes, and conjunctions to uncover passivity and risk themes.

This policy reveals passivity, which individualizes substance use disorders and detract from the structural issues, such as homelessness or the mental health of veterans. The individualization of substance use disorders allows this Colorado policy to exempt the state from addressing the structural issues that intersect substance use disorders. By using the passive voice to describe persons with substance use disorders allows for this policy to justify controlling, labeling, and defining this population. This policy defines normal individuals as actors who are able to function productively in society, while labeling persons with substance use disorder as someone who “fail[ed] to meet major responsibilities at work, school, or home” (Colorado Revised Statutes, 2020, p.162). Since persons with substance use disorders are labeled as lacking control and incapable of being rational and productive beings, there needs to be an external source that controls these individuals. These findings build off of Foucault’s idea of governmentality by revealing how governmental power is exercised through a form of rationality (Fullagar, 2002). This type of discourse normalizes a power dynamic that exists between the administrator who is given the ability to make decisions and the individual that has a passive role in this exchange.

Also, these findings show how the policy utilizes war-like metaphors and rhetoric that created a discourse of risk. This policy describes people with substance use disorder as individuals who “lack self-control”, are “dangerous”. By framing substance use disorders as dangerous and a risk to society further justifies the need for surveillance that is provided by this policy. Risk rhetoric continues to reproduce social norms and further stigmatizes persons with substance use disorder as dangerous and a threat. Risk rhetoric also moralizes substance use disorders. This policy reinforced the moral argument by centering on how substances impact an individual’s character and ability to be rational and productive. Building off of Lupton’s theory of risk, this policy constructs the problem and risk of substance use disorders as individuals who become dangerous, irrational, or unproductive due to substance use. Furthermore, risk discourse normalizes the surveillance of individuals who are othered and justifies external forces, such as the police or emergency services to act as part of the health system, in the name of providing safety. It also continues to individualize this structural problem and reinforce norms of what is considered acceptable and healthy life choices versus what is considered risky life choices.

**Conclusion**

This study utilized critical discourse analysis to understand how a Colorado substance use policy conceptualizes persons with substance use disorders. I analyzed four sections for a total of eight pages of discourse and rhetoric. This policy constructed persons with substance use disorders as passive agents that serve as a risk to society. Findings from this study revealed that this policy’s discourse continued to reproduce the norm of individualizing health, while also moralizing substance use disorders. Individualism brings a freedom of choice, but also a responsibility to make the *right* life choices. Building upon Foucault's idea of governmentality, this freedom of choice is how individuals' health is being governed. Furthermore, the discourse in this policy continues to build on the common public health frame that views an individual’s health-status as a result of their actions or inactions. This individualist approach suggests that poor health outcomes are due to poor comprehension, unwillingness, or other inadequacies of the individual. This lens leads to ineffective health interventions and increases patient-shaming and condition-associated stigma.

The state of Colorado continues to battle against rising numbers of substance use, and the COVID-19 pandemic has made access to resources and treatment much harder, while further isolating individuals and increasing the inequality gap that already existed. Colorado statistics showed a small decrease in rates of overdose deaths between 2017 and 2018, which started to give hope that policy initiatives were starting to make a lasting impact. However, these numbers have started to increase again, especially in different communities. For example, since 2016, the death rates for Black Coloradans more than doubled (Whittington, 2020). There is still an unequal prevention and treatment distribution and a lack of culturally responsive care. The discourse from this policy individualizes health and labels persons with substance use disorders as a risk while using rhetoric to construct them as passive agents. This oversimplifies the complex social structures and systems that impact substance use disorders and places the responsibility on the individual to make healthy life choices instead of the government being accountable for the health inequalities that structures and systems produce. By conceptualizing health and persons with substance use disorders in this way, the state of Colorado normalizes surveillance and policing, while further individualizing this structural issue and justifying the control of marginalized populations including people of color who are overrepresented in substance use treatment.

*Future Applications*

Laws and regulations have a lasting impact on society and how it fundamentally functions. A key mechanism that achieves this end is through legal language and rhetoric itself and its ability to continue to (re)produce social norms, power-dynamics, and justify control. By critically analyzing the discourse of law, it uncovers how policies preserve and advance the historical biases of society and perpetuates the infrastructure necessary for a future of systemic inequity. A broader understanding of how discourse can reinforce stigma and social norms through policy, and how that rhetoric can impact community’s health outcomes is a necessary first step in the work to improve equity for vulnerable populations, including people of color who are experiencing disproportionate rates of overdose deaths due to unequal access to prevention and treatment programs. Public health interventions should shift the focus from an individual-based approach to addressing broader cultural and contextual aspects of a patient's lives in order to promote positive health outcomes.

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