Article

Qualitative Social Work
2014, Vol 13(1) 85–107

DOI: 10.1177/1473325013507736
qsw.sagepub.com

Social work and netnography: The case of Spain and generic drugs

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Abstract
In this study, we examine a key issue for the sustainability of our welfare state: the patterns of consumption of generic drugs, the Internet, and healthcare social work. Taking the online context (netnography) as an object of ethnographic analysis, we analyze climates of opinion in relation to the consumption of generic drugs. We identify and analyze the linguistic framing and social discrediting of generic drugs via misinformation and the creation of risk perception to curb the social acceptability and consumption of these medicines in Spain. Based on the results obtained, we provide strategies that can be used by healthcare social workers.

Keywords
Brand drugs, generic drugs, health, Internet, netnography, social work

Introduction

A basic starting point of any intervention project in the field of social work is to analyze the behavioral patterns of users, their survival strategies and their socio-cultural environment. As a helping profession, the goal of social work is to provide expert knowledge in order to improve people's skills so that they can pursue opportunities and cope with problems more successfully. Since the beginning, social workers have applied the available technology to group dynamics (Meier, 2004: 479) and assessed users' environments with the aim of designing social intervention programs. From this perspective, there is a strong correlation between ethnography and social work given that assessing the context, behavioral patterns and social interaction in the field, or *being there*, is a necessary step to developing

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appropriate programs targeted at promoting individuals, groups and communities (Block, 2012; Burke, 2007; Iversen, 2009; Stanhope, 2012; Trotter et al., 2006). Critical ethnography is a convergence point between ethnography and social work, which 'begins with an ethical responsibility to address processes of unfairness or injustice within a particular lived domain [. . .] a compelling sense of duty and commitment based on principles of human freedom and well-being, hence, a compassion for the suffering of living beings' (Madison, 2005: 5).

As society evolves and technology becomes increasingly integrated into all aspects of human activity, it is essential that ethnography and social work in the 21st century investigate new forms of sociability that are arising in a new space without place: the cyberspace. The social changes resulting from technological innovation have modified the structure of interpersonal relationships. The expanded social context of the Internet gives rise to climates of opinion on any number of topics and social behaviors in an intersection between mass media and social media, while incorporating emic cultural interpretations to avoid misinterpretations and erroneous decision making with the aim of providing alternative solutions to problems. Unlike the mass media, which is a professional communicator, social media is a collective and interpersonal communicator. As a result, traditional mass media as an intermediary has lost ground to the Internet as a channel of communication. This has enabled the creation of a social interaction continuum, where offline and online social interactions are individually and collectively experienced (Del Fresno, 2011a).

Although there exists a basic extant literature on digital ethnography (Campbell, 2006; Del Fresno, 2011a; Hine, 2001; Kozinets, 2009; Markham, 1998, 2005; Miller and Slater, 2001; Wilson and Peterson, 2002), very little relevant research has been conducted on digital ethnography or netnography in the field of social work. Here, we focus on a specific problem in the Spanish welfare state: healthcare assessment to promote more appropriate medicine consumption patterns. User assessment is one of the main functions of social workers in the healthcare field (Zastrow, 2010: 478–484). In this article, we present research we have performed over the last four years (2009–2012) on the evolution of online climates of opinion regarding a key issue in the field of healthcare social work: the consumption of and access to generic medicines and its relationship to universal access to healthcare.

Generic medicines are defined as products with no intellectual property or other protection after the protection expires on the originator medicine. They have the same qualitative and quantitative composition in active substances, same pharmaceutical form, and same bioavailability as the originator medicine (Godman et al., 2010). As a member state of the European Union (EU), Spain adheres to the criteria agreed upon across the EU to evaluate bioequivalence studies. These criteria are published in the guidelines of the European Medicines Agency (EMA), which specify the requirements for the design, conduct, and evaluation of bioequivalence studies (EMA, 2010). In Spain, the body responsible for evaluating bioequivalence studies is the Spanish Agency of Medicines and Health Products (AEMPS), under the Ministry of Health. The AEMPS does not use its own criteria,

but those established by the EMA. Hence, Spain follows the same criteria as the UK, Germany, France, Italy, and other EU countries for the evaluation of generics, thus ensuring that the quality, safety and efficacy of drugs is the same in all European countries and for all medicines, whether branded or generic.

It is important to understand how climates of opinion on the consumption of medicines are formed online in order to analyze social behavior. This is particularly true in healthcare social work as a significant share of government resources are targeted at two theoretical objectives: to achieve the efficient use of healthcare resources, and promote the rational use of medicines with a view to ensuring the long-term sustainability of the healthcare system (which involves increasing users' scientific and technological literacy, promoting healthy behaviors, and improving the management of resources, in our study, medicines). However, these two objectives have not always guided the behavior of public institutions due to significant pressure from the contemporary medical-industrial complex on governments and doctors (Brownlee, 2008; Healey, 2013).

Our study examines patterns of Internet interaction and the formation and evolution of climates of opinion (Jadad et al., 2006). From a social work perspective we use the findings to design a social intervention program that incorporate strategies for improving scientific and technological literacy focused on the efficient use of available resources. In this article, we present the results of our research. First, we analyze the characteristics of ethnographic research in the online environment. Second, we present our netnography research findings in a very specific field within healthcare social work: the consumption of medicines. Finally, based on the results obtained, we provide a list of ten recommendations for healthcare social workers.

Netnography and social work: A new field of research

The Internet has changed the social research scenario; whether one studies the Internet as a social structure or uses Internet-based technologies as research tools (Markham, 2005: 793). In the methodology section, we capture and analyze climates of opinion on generic drugs in Spain. We seek to understand the role of communication networks in power-making in society (Castells, 2009) via language framing (Lakoff, 2004, 2008), and to identify the implications of climates of opinion on generic drug consumption.

Internet research

Online social interaction is part of the everyday life of millions of individuals. As such, the social sciences must take into account this new medium as a natural environment for research. The launch of Web 2.0 applications has given rise to the phenomenon of online sociability or 'infosociability' (Del Fresno, 2011b) by facilitating 'mass autocommunication' (Castells, 2009: 88) as a new form of network communication. The growth and popularity of online social media, or Web 2.0,

has created a new context for communication and participation, which is both global and local at the same time. These new social media provide individuals with 'pro-social platforms in cyberspace to improve their operational capabilities and relationships' (Del Fresno, 2011a: 46), while providing access to diverse information from multiple sources. Because these interactions are the objective and function of online social media and networks (Cheung and Lee, 2010), it is appropriate to consider the use of such media as an intentional collective social action (Cheung et al., 2011).

The Internet, or to be more precise, cyberspace – as a space without place – is a field of research yet to be explored using social science methodologies to describe its key relationships and develop new theories or conceptual extensions from already existing ones. The ethnographic research of digital environments, or netnographic research, is characterized by: 1) a new methodology that is unrelated to and has not been used previously in the context of social work; 2) research subjects who do not adhere to a standardized questionnaire containing pre-conceived questions designed by a researcher that limit and restrict their experience, but instead state their opinions through what we refer to as a 'climate of opinion'; and 3) an innovative and original methodology via a naturalistic approach in which the researcher does not influence the behavior of the research subjects and where the results are not contaminated by the direct, indirect, deliberate or causal inference of the researcher.

The healthcare and pharmaceuticals sector and the welfare state

Pharmaceutical consumption is a key aspect in ensuring the present and future sustainability of the welfare state. In European welfare states, and obviously in Spain, spending on pharmaceuticals represents a very large share of total health expenditure. Total health expenditure, along with investment in education and pensions, account for more than two-thirds of the total expenditure in the Spanish welfare state (Navarro, 2009). Rather than lowering wages and pensions, or cutting back on healthcare and education, replacing brand-name drugs with generic drugs would be a more effective strategy for reducing drug spending and have a less negative impact on the population. By contrast, if a large share of public funds continues to be targeted at paying the price difference between brand-name drugs and generic drugs, these funds cannot be used to maintain healthcare services for citizens. From an ethnographic and social work perspective, it is important to analyze collective behaviors and beliefs in relation to these drugs, including the online context (Hughes and Cohen, 2011), as they have a huge impact on consumption experience patterns. Analyses of this kind are a preliminary step towards designing information strategies that promote appropriate attitudes and behaviors regarding the demand for and consumption of drugs. In general, an important part of the daily responsibilities of social workers (and other social intervention professionals) is to promote healthy behaviors and in particular, the rational and

appropriate use of drugs (and other healthcare resources). Therefore, social workers should seek to engage with service users in a process of negotiating meaning through intersubjectivity and attention to individual experience (Butler et al., 2007; Longhofer et al., 2004) where pharmaceutical information and knowledge dissemination is an important issue (Gomory et al., 2011). In this regard, it is important to highlight the relevance of drug-related information and interpretation of drug effects to social work practice (Longhofer et al., 2004).

How we behave depends on the information we have at our disposal, as well as our perception of reality. Hence, a key issue in our research is the influence of brand image and generic medicines in relation to drug quality, effectiveness and safety. These perceptions, which are influenced by communication and image campaigns, interactions between users, and the information provided by medical professionals, determine our beliefs and decisions. This is a controversial issue, and the opinions analyzed here reflect the growing partisan debate and position of various institutions and pressure groups in relation to the social adoption or rejection of generic drugs (Del Fresno and López, 2012).

In a context in which public healthcare budgets are insufficient, reduced spending on drugs via the use of generic drugs would free up resources for other needs. The conclusions and recommendations of the High Level Pharmaceutical Forum[1] launched by the European Commission point in this direction, stating that, 'medicines should be equally accessible at an affordable cost to all concerned patients. Generic medicines provide an opportunity to obtain similar treatments at lower costs for patients and payers, while liberating budgets for financing new innovative medicines' (European Commission, 2009a: 1). In this same line, the European Commissioner for Competition, Neelie Kroes, stated that 'we must have more competition and less red tape in pharmaceuticals. The industry is too important to the health and finances of Europe's citizens and governments to accept anything less than the best [. . .] when it comes to generic entry, every week and month of delay costs money to patients and taxpayers.' (European Commission, 2009b: 1, 2009c: 1).

Generic drugs, especially in the current economic crisis, are presented as a mechanism to: a) ensure prompt access to valuable innovations in public health; b) ensure the availability of and access to more drugs by more sectors of the population at an affordable price; c) control prices and create the right environment to maintain price competition; d) achieve savings in healthcare expenditure in drug reimbursement and prescription systems; e) control the budgets of national healthcare systems; and f) maintain required levels of market competition to facilitate pharmaceutical innovation.

At the opposite end of the spectrum from generic drugs are the manufacturers of branded medicines or brand-name drugs. The editorial titled 'Countering delays in introduction of generic drugs' published in *The Lancet* in January 2002 stated that 'however safe and effective, a drug is of little use if it is not affordable,' and added that 'the longer generic versions of their drugs take to be licensed, the greater their profits. Their delaying tactics have been a focus of interest in the USA in

recent years' (*The Lancet*, 2002: 181). *The Lancet* reported that by using such means, branded drug laboratories 'can hold off generic-drug competitors in the USA by obtaining new patents on their products' or obtain 'a 6-month patent extension when a drug has been tested in children. But some companies may be going beyond these means.' *The Lancet* reported that these tactics 'delay by 30 months FDA approval of a generic product,' although it highlighted that this was not only an issue for the United States but also for the European Union and warned that 'these experiences in the USA hold lessons for drug regulators elsewhere too. In particular, the European Medicines Evaluation Agency, a mere fledgling at 6 years, should be preparing itself to face similar problems when the 10-year patents on drugs it has so far licensed approach expire' (*The Lancet*, 2002: 181).

On 8 July 2009, the European Commission presented a Communication from the Commission of the Pharmaceutical Sector Inquiry Report (European Commission, 2009b: 1) that stated, 'originator companies use a variety of strategies to extend the commercial life of their medicines [without generic entry] for as long as possible'. The report included data for the period 2000–2007, which revealed that 'citizens waited more than seven months after patent expire for cheaper generic medicines, costing them 20% in extra spending'. The Commission also urged member states to: 1) 'ensure that third party submissions do not occur and in any event do not lead to delays for generic approvals'; 2) 'significantly accelerate approval procedures for generic medicines'; and 3) 'take action if misleading information campaigns questioning the quality of generic medicines are detected in their territory' because 'generic delays matter as generic products are on average 40% cheaper two years after market entry compared to the originator drugs' (European Commission, 2009b).

The importance of the market entry of generic products becomes clear when analyzing expenditure on pharmaceuticals. In 2007, 'on average approximately €430 was spent on medicines in 2007 for each European and this amount will likely continue to increase as the population in Europe ages' (European Commission, 2009b: 2). To provide a more accurate picture of the overall dimensions, in that same year 'the market for prescription and non-prescription medicines for human use in the EU was worth over €138 billion ex-factory and €214 billion at retail prices' (European Commission, 2009b: 2), which represented 2 percent of EU GDP. As regards healthcare spending 'pharmaceutical expenditures in ambulatory care rose rapidly in Europe in the 1990s and early 2000s. This was typically faster than other components of healthcare spending, leading to reforms to moderate future growth' (Godman et al., 2010). Faced with increased spending and seeking to ensure the sustainability of public healthcare systems, governments have introduced various reforms to control and moderate future growth with the aim of ensuring social equity in access to healthcare and medicine.

In this context, Spain is the country in the European Union with the lowest consumption of generic drugs. Based on data from the IMS and the European Generic Medicines Association (EGA, 2011), in 2010, Spain ranked 16 out of 21 European countries in terms of generic drug consumption (Figure 1) with low

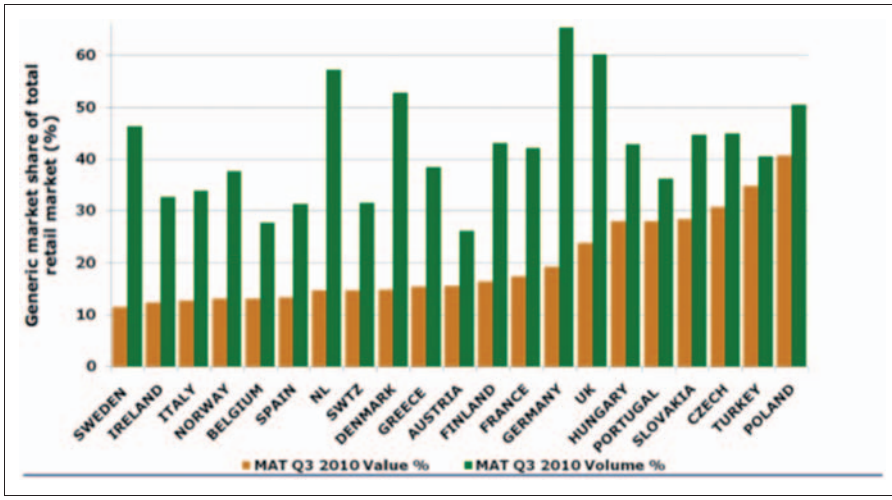

Figure 1. Generic market share of total retail market (2010, Q3).
Source: IMS and European Generic Medicines Association (2011).

levels in values such as volume of total drugs consumed, advancing only one position since 2006.

In this study we identify and analyze the linguistic framing and social discrediting of generic drugs via misinformation and the creation of risk perception to curb the social acceptability and consumption of these medicines. Of the many alternative analytical approaches used to research online climates of opinion on generic drugs, we have opted for linguistic framing (Brandom, 1998, 2008; Castells, 2009; Lakoff, 2004, 2008; Lakoff and Johnson, 1980).

As formulated by Ulrich Beck, our societies can be defined as risk societies (Adam et al., 2005). We live in a context of constant anticipation of the future and risk assessment, in which people develop individual strategies aimed at mitigating the potential risks (from life insurance to pension plans). In the healthcare environment, people react very quickly to a perceived potential risk (from new diseases to food risks, among others). Precisely because of this it is important to analyze the collective perception of generic drugs, and how some communication strategies attempt to associate them with potential health risks, or at least portray them as being less effective in fighting the disease. Healthcare social workers in particular must often cope with ailing people who do not properly manage their health, or have poor health literacy which can adversely affect their situation. In this sense, immersed in a culture of risk where associating certain drugs with risks may lead to their being rejected, while associating them with safety and health is a good predictor of their acceptance and adoption, our research shows that the creation of perceived risk about generic drugs is the effect sought by explicit misinformation strategies.

According to Lakoff, 'frames are mental structures that shape the way we see the world. As a result, they shape the goals we seek, the plans we make, the way we act, and what counts as a good or bad outcome of our actions' (Lakoff, 2004: XIV). Thus, 'the information processing mechanisms that associate the content and the format of a message with framing (neural network patterns) that exist in the mind are activated by messages generated in the field of communication' (Castells, 2009: 197). However, frames are not just fortuitous set phrases: they have the potential to create ways of thinking, and hence the ability to influence behavioral patterns. Linguistic frames are mental structures that shape our worldview, that is, they are 'neural networks of association that can be accessed from language via metaphorical connections. Framing means activating specific neural networks' (Castells, 2009: 197), yet 'framing is about getting language that fits your worldview. It is not just language. The ideas are primary – and the language carries those ideas, evokes those ideas' (Lakoff, 2004: 4). For example, as when someone states 'that he thinks they can cut the deficit in half by cutting out ''wasteful spending'' – that is spending for ''bad'' social programs' (Lakoff, 2004: 9). Thus, frames are created intentionally in order to activate, via language, the way we think and act. In our study, we have identified and analyzed frames in order to determine perceptions in relation to the prescription, choice, recommendation, selection and use of brand-name versus generic drugs.

Methodology and data analysis

The first step in the research methodology was to define the field of study using online monitoring technology or web mining,[2] which was then delimited via the selected variables. Specifically, we extracted blocks of text or references,[3] which were manually filtered to remove references that did not conform to the research objective in order to obtain the final references that would constitute the research data.

In order to identify online climates of opinion on generic drugs, we limited our search using the Spanish keywords *genéricos*, *medicamentos genéricos*, *fármacos genéricos*, *medicamento EFG*, *EFG* and *EFG's*.[4] The study period spanned from 2009 to 2012, the tracking language was Spanish, and the geographical scope of online tracking was limited to URLs with registered activity relating to the subject in Spain. The size of the universe for the study period was 213,794 references. We then conducted a simple random cluster sampling to obtain clusters of references based on Google indexing (findability) and the date of the reference. The final size of the reference sample was $n = 551$ references.

The references were disaggregated into opinions whenever they contained evaluative elements regarding the research objective. An opinion is the smallest significant unit of textual, iconic or audio-visual analysis expressing an evaluative opinion and representative of the object of study. As a result, from the 551 references extracted, we identified 3,692 opinions on generic drugs.

All the tracked references were then analyzed as empirical material, which was treated as textual narrative and a distinctive form of discourse (Chase, 2005). The extracted material is understood as a voluntary and intentional narrative arising from the perceptions, interpretations and expressions of thought of the subjects in the study. The online social context allows researchers to retrieve a narrative in its entirety, which is retrospective, naturalistic, full of meaning, and constructed via a type of aggregate narrator, whose individual, subjective, flexible, and transversal sub-narratives interact with each other in a unidirectional and multidirectional manner to construct a final objective narrative.

In what follows, we present the results of our analysis of the references. We first examine the general discourse about generic drugs. We then go on to analyze the discourse on innovative drugs as opposed to generic drugs in the media (sections 'The innovation frame' and 'The imitator or white-label frame'), providing explicit references from online media. Finally, we analyze the creation of perceived risk (sections 'The risk frame' and 'The confusion frame'), and provide some references that we also consider relevant as they reveal the features of the online discourse on generic drugs. For references taken from online media, the name of the media is expressly indicated. The references corresponding to individuals have been coded P1, P2, and so on to ensure anonymity. Although a large number of references were analyzed, only the most relevant ones have been included in the article.

Findings: Frames and the creation of perceived risk

Brand-name drug manufacturing laboratories and their trade associations, which act as lobbies, most often refer to themselves as 'innovative laboratories' and their products as 'innovative drugs' or 'innovative medicines'. This selective use of language is aimed at the appropriation and social viralization of the 'innovation metaphor' and its image is in clear opposition to manufacturers of generic drugs and generic medicines. As a result, a metaphor is created that constructs a persistent and rational narrative, which is ubiquitously repeated in all channels of communication. Framing reformats the message, and the Internet provides a channel of amplification that extends the shelf-life of the message. By remaining in a textual format over time, the effectiveness of framing is increased. Consequently, the aim of user-generated content (UGC) on the Internet is to capture the attention of target interest groups such as doctors, pharmacists, government representatives and journalists throughout time in order to influence patients and public opinion.

As mentioned above, the most widely used terms in English are 'branded medicines' or 'brand-name drugs'. The direct competitor of these terms is 'generic drug products', which first appeared in *The Lancet* in 1972 (Smith, 1972: 528). The term 'innovative drugs', which is used much less often, is reserved exclusively for drugs derived from important biotechnology innovations. In Spain, however,

this term is so widespread that it has become almost equivalent to the entire range of brand-name drugs, irrespective of whether or not there is a generic alternative on the market. It is clear, therefore, that the use of the term 'innovative drugs' for brand-name drugs is prevalent in Spain, and that the term did not always exist, but was created as a metaphor at some point in time and with it the linguistic frame. This may have occurred at the same time that generic drugs began to become a viable alternative to brand-name drugs on the market.

In 1995, *The Lancet* published an article titled 'Call for generic drug policy in Spain', which stated that '[i]n May, Rafael Temes, from the Health Ministry, had declared the government's preference for increasing the manufacture and use of generics. However, substantial change will be difficult to achieve since generic drugs make up less than 2% of drugs prescribed in Spain – a sharp contrast to the practice in countries such as Germany, Netherlands, or Denmark' (Banos, 1995: 366). In Spain, the term 'innovative drug' was first recorded in 1998 in the journal *Información Terapéutica del Sistema Nacional de Salud* [National Health System Therapeutic Information] published by the Directorate General of Pharmacy and Healthcare Products of the Spanish Ministry of Health. The term appeared in an article titled 'Aclaraciones al concepto de genérico [Clarifications on the concept of generic drugs]' (Díez and Errecalde, 1998), which proposed categorizing medicines as innovative, licensed, copies and generics.

The term 'licensed drugs' (drugs licensed for sale by manufacturing laboratories) has not been adopted in everyday use. However, it is interesting to note that the term 'copy drugs', defined as 'all those products that enter the market after the release of an innovative drug, which contain the same active ingredient, but without the consent of the innovative drug manufacturer' (Díez and Errecalde, 1998: 69) and generic drugs, which 'must demonstrate therapeutic equivalence to the reference product through appropriate bioequivalence studies' have come to be equated. However, by 1998 a 'confusion between the concepts of generic and copy' had already been detected (Díez and Errecalde, 1998: 69).

Much of the success behind linguistic framing lies in a very simple aspect: by creating a metaphor and reformatting the message, language is normalized. Thus, the objective of those responsible for brand-name drug communication is to maintain and normalize their own frames (the innovation frame) and the frames created for generic drugs by medical and pharmaceutical professionals, the media, society and end consumers. In our study, we have identified five large frames in relation to drugs in the climate of opinion analyzed over four years: the innovation frame, the imitator frame, the risk frame, the confusion frame, and the generic drug abuse frame. From the perspective of healthcare social work, the analysis of these frames allows us to consider the elements that create user perceptions, and in so doing, would foster the development of public scientific and technological literacy programs (which have the effect of increasing accurate information about drugs).

The innovation frame

The innovation frame has proved so effective that medical and pharmaceutical professionals, public healthcare services and even generic drug laboratories have been inclined to use it, recurrently and uncritically. On its website and in its communications with the media, AESEG, the trade association for the generic pharmaceutical industry in Spain, officially refers to brand-name drugs as innovative drugs.[5] By doing so, AESEG fails to fulfill a basic principle of framing as Lakoff observes, 'when you are arguing against the other side: Do not use their language. Their language picks out a frame – and it won't be the frame you want' (Lakoff, 2004: 3).

> According to AESEG's CEO, it is a widespread practice among manufacturers of innovative molecules to subject generics to 'legal harassment'. (libertadbalear.com)

> [AESEG management] conveys two clear messages: . . . AESEG dedicates much of its time to dispelling what they call 'myths': that 'new' drugs provide patients with better care; that generic drug companies simply copy the innovative products using data from the patent company and do not allocate R&D resources. Their major weapon is price, almost 60 per cent cheaper than the original product. (larazon.es)

In other words, if you use someone else's frame in your own discourse, even accidentally, you are contributing to strengthening the rival frame. In doing so, you maximize and reinforce your competitor's brand and contribute to its normalization and rationalization. Once a frame is accepted within the discourse, everything you then state 'is just common sense. Why? Because that's what common sense is: reasoning within a common-place, accepted frame' (Lakoff, 2004: 115). Thus, when using the competitor's frame, it is normalized and strengthened via language and its omnipresence in discourse. In addition, this eventually leads to the media accepting the frame as normal, rational and objective when, in reality, metaphors created by frames are not neutral, given that language rarely is. A frame becomes a moral frame via repetition, viralization and normalization, and once the frame is accepted, only those arguments and facts that fit into the frame are considered legitimate.

> 'It is not a matter of crisis,' [stated a senior regional-level official in relation to the prescription and use of generic drugs], who argued that generics 'are subject to the same controls' as innovative drugs and whose use 'has grown over the last five years, when there wasn't a crisis'. Furthermore, generic drugs account for up to 35% of all prescribed drugs in Europe. Therefore, the aim of this initiative, which has a budget of €2.1 million, is to raise public awareness about these products by 'enhancing their use and reputation'. (xornal.com)

> Acting on demand is the main solution proposed by trade associations of the innovative pharmaceuticals, generics and over-the-counter drug industry. (correofarmaceutico.com)

The imitator or white-label frame

Framing is also used to misinform by means of inverting the innovative frame, what we call the 'imitator frame'. This frame appears in different guises: generic drugs, generic medicines, generic drug manufacturers, etc. This strategy is clearly associated with mass produced white-label products, which consumers identify as low quality products due to their lower price. This imitator frame is adopted and viralized by the media.

> In a statement made by the CEO of the AESEG generic pharmaceuticals industry trade association, 'generic drug manufacturers have once again emphasized the need to change the current Spanish pharmaceutical model, given that it has proved to be ineffective in tackling the high expenditure on drugs supported by the public health-care system and does not have an impact on the true origin of the problem'. (eldiadigital.es)

> At the same time, the department headed by Leire Pajin continues to promote generic and non-branded drugs . . . (publico.es)

> Negotiations were taking place with two laboratories to substitute current antiretroviral drugs for other non-branded products. The Health Service is considering investing in generics, but the fact is that the explanations offered are not very convincing . . . (noticiasdegipuzkoa.com)

> Pharmacies approve non-branded products, but warn of the dangers of continued cuts to the sector's profit margins. The consumption of generic drugs now accounts for 18.05% of the total, but is still far below the national average, which is around 26%. (elperiodicomediterraneo.com)

> According to figures from the Ministry of Health and the Pharmaceutical Supervisory Board, 'Galicia continues to lag behind the rest of Spain in prescribing generic drugs despite the *Xenéricos de Farjas* action plan'. (xornal.com)

> While in January only 7% of the products prescribed by the medical profession were non-branded drugs, in August this figure had increased to 14%. In other words, in the space of eight months, the use of generic products has doubled. (lavozdegalicia.com)

By using the 'innovation frame' and its inverse version the 'imitator or white-label frame' reference is made to the onto-technological superiority of brand-name

drugs over generic drugs via a seemingly natural metaphor. In addition, the narrative leads to misinformation and doubt, which reduces the social acceptability of generic drug use. Framing creates a climate of uncertainty and psychological and physical fear about the potential effects of generic drugs, creating the likelihood that doctors and pharmacies would reject them.

The risk frame

The climate of opinion in opposition to generic drugs is structured and organized in such a way as to associate generic drugs with a potential health risk. Perceived risk is constructed on three axes:

1. Physical risks associated with potentially harmful effects of generic drugs on health:

> If generics are allowed then we can no longer pursue piracy. (P11)

> White-label drugs. Yes friends, [. . .] generics. It could be said that they are own-brand drugs but here things get complicated [. . .] generics are medicines that are equivalent to brand-name drugs [. . .] They should not differ from the original by ±20% because otherwise they could have adverse effects and as a result they are never used in hypnotic type drugs, sedatives, etc. [. . .] however, there are many nuances. (P79)

> The most important difference is in the excipients, the active ingredient is the same but the quality of the excipients or the type used is not. Another difference is the quality; some laboratories manufacture their own generics, subjecting them to a less rigorous quality standards than brand-name drugs. It's like buying an own-brand or white-label supermarket product, the same company makes them, the taste is very similar but those that do not pass certain quality standards are sold as own-brands. (P92)

> In theory, the active ingredient, that is, the chemical that will solve your problems by attacking the corresponding part of the body, is the same in both products, generic and non-generic. However, as with fake perfumes, the rest of the product may undergo variations (color, taste, size . . .), which could lead to side-effects. Since everybody is different, some people tolerate generics well, while others suffer a number of allergic reactions . . . (P211)

> . . . the active ingredient, the drug itself, is not 100% of the product. In addition, there are other chemical compounds that are responsible for making the product available to the organism, for coating it and other compounds used in manufacturing the drug. [. . .] Does this make generic drugs worse? No, at least not systematically. Most people won't notice any difference, but there may be people who are sensitive to some of the drug's components, which will diminish its effectiveness and could even cause them mild side-effects [. . .] I think it's more likely for generic drugs to have defects [. . .]

it's understandable that the companies that develop such products try to solve the issues of some of their components more efficiently [. . .]. (P32)

2. Functional risk associated with a potential lack of therapeutic efficacy. Part of this functional risk is reflected in the growing number of references in 2012 to the alleged 'therapeutic risk' associated with 'any change in medication' and especially by associating such risks with the elderly in particular.

On the other hand, there are the large multinational pharmaceutical companies that ensure that the development and production of drugs is not like following a cookbook, because although the active ingredient remains the same, the inactive ingredients (pill coating, colorants, flavors etc.) vary, and these are added for a reason. They are usually harmless substances, but can cause allergic reactions [. . .] one thing is clear and that is that when it comes to health . . . it's best not to take chances, because the human body is wise enough to reject what's not good for it. And although it's not always the case, when a generic is rejected it's for a reason . . . (P160)

Just because they have the same active ingredient doesn't mean they are the same drug. (P24)

Industrial processes and quality controls are not the same between brand-name drug companies nor are they the same between generic drug companies. (P37)

Do generic drugs work as well? Are generic drugs the same as the originals? [. . .] Some controversy has arisen both among professionals (doctors, nurses, pharmacists, scientists) as well as consumers [. . .] There are pharmacological parameters to measure their effectiveness, which are considered to be equivalent as they fall within the range that, as I said before, is the same used by brand-name drugs. However, this does not mean that they are the same. (P14)

We must take into account that even though there is a generic drug that treats a particular problem, it will not solve it as effectively for all patients. (P223)

Perhaps the healthcare authorities could promote more comparative studies of bioequivalence. Proving that brand-name drugs are more effective than generic drugs (bearing in mind that they might be less effective but sufficient to achieve the desired effect), would force the latter to reformulate their composition in order to be more effective. (P41)

The expert added that some patients continue taking their brand-name medication together with the generic drug; 'a duplicity that causes serious problems'. (51)

And finally,

3. Psychological risk associated with the issue of not making the right choice and potential adverse health effects.

> . . . these professionals rely on being able to prescribe any drug that is approved, in other words, a brand-name; there is a computer program that automatically changes certain prescriptions to turn them into a prescription with an active ingredient, that is, a generic. Even though this is just a measure to encourage savings in pharmaceutical spending, CC [head of public health services] was opposed to it. You cannot drive people crazy by prescribing them different pills in different boxes. (P8)

> . . . this requires the complicity of doctors, some of whom believe it is better to prescribe brand-name drugs. (P162)

> . . . I think that generics are fine, but it's perfectly possible that for some people the original or the generic could work better, since it's not all about the active ingredient. (P211)

> My father just changed one of his drugs and his surgeon (a friend of mine) advised us, off the record, to pay for a brand-name drug while others test if the generic works or not, and that's exactly what we're going to do. If it works I won't have a problem with him changing it, but if it doesn't work, then let others die. (P143)

The confusion frame

The confusion frame is related to formal aspects common to all medicines: the wide range of brands, colors, layouts, packaging, shape and appearance of the drug, etc., which give rise to a potential problem of non-compliance with treatments or confusion about when to take medicines. This frame blames generic drugs for this variability, and holds them responsible for 'increasing confusion' and 'non-compliance with treatments' such as 'complications are more frequent and severe in older patients.' The variety of shapes and other aspects is actually more market driven and an effect of pharmaceutical marketing. As a result, if the drug is harmful or poses some sort of a risk to people, it is a responsibility shared by all drug manufacturers. This frame is organized by three types of arguments or narratives:

1. The wide variety of medicines is due to generic drugs only, making them a potential health risk. If there were fewer generic drugs, there would be less risk.

> The drugs might be the same, but their packaging, shapes and colors might be different each time for the same patient. These changes could lead to increased non-compliance with treatment, either because of inefficiency or toxicity; complications that are more frequent and severe in elderly patients. (P256)

2. Alleged cases of confusion relating to consumption, although they are only viewed as a potential risk.

> For older people, consumption of generics could be curbed owing to the difficulty involved in changing drugs, remembering a new name, etc. (P287)

> As regards the most frequent mistakes in the use of generics, Dr. [. . .] explained that, just as with all medicines, the design of a brand's image on packaging can lead to mistakes in dispensing. (P39)

3. Non-adherence and non-compliance with treatment due to the existence of generics.

> According to the Elderly Care Group of the Spanish Society of Primary Healthcare Physicians, a change in packaging can certainly be a real problem. (P6)

> Changes in the color of generic pills may cause non-compliance with treatments. (abc.es)

> Generics could lead to non-compliance with treatments. (europapress.es)

The generic drug abuse frame

We identified an emerging frame that first appeared in late 2011 and 2012 and is associated with an alleged 'positive discrimination' (in itself a metaphor) that relates to generic drugs with potential adverse health effects. The most notable aspect about this frame is the fact that it has come from an unexpected source: a number of regional medical associations.

> Primary healthcare physicians warn of the overselling of generics. Physicians have detected 'delays' in visiting a doctor and 'reluctance' to take a few days off work due to the crisis. (europapress.com)

> The Physicians' Union of Aragón has warned about generic drug abuse when brand-name drugs are available at the same price. The group claims that the practices of some pharmacies are adversely affecting the health of patients. (P71)

> Primary healthcare physicians warn of the overselling of generics when brand-name drugs of the same price and quality are available. (P53)

> Positive discrimination toward generic drugs concerns doctors in Aragón [. . .] positive discrimination in the case of PPP and equal pricing has been controversial since the adoption of the 'Law of Guarantees' in 2006. (P79)

Conclusions

While there is clear consensus among the scientific community regarding the effectiveness, equivalence and safety of generic drugs for collective and individual public healthcare, there is less consensus in the social sphere, which has led to the normalization of a pseudo-controversy. What are the reasons for this? Why do such a large number of individuals seemingly reject or distrust the consensus of the scientific community and governments? How should we interpret and validate the opinions of the scientific community when risk perceptions are so strong regarding health, communication and corporate interests? What assessment strategies should healthcare workers develop about the gravity of this problem – which leads to disproportionate spending on brand-name drugs, thus jeopardizing the sustainability of the healthcare system as a whole given the huge impact of pharmaceutical spending on the overall healthcare system? The answers to these questions must be found not in chemical or medical science, but in the social science disciplines.

To understand how a general negative perception of generics is generated, we must accept that public opinion on this and other scientific issues of certain complexity is based on ideological preferences, values, personal experience, risk perception, the influence of the media, lobbying strategies, and others. The scientific community and governments can set the stage for understanding the technical aspects of public health in relation to generic drugs, but they do not have the final say on whether society accepts or understands its findings, or that the playing field is not being influenced by players with their own interests. Our research suggests that the social debate and available information go beyond scientific standards and technical aspects of generic drugs. It is important to recognize that the debate on generic drugs is ultimately about access to healthcare and goes deeper than a mere technical issue. The creation of the perceived risks of generic drugs via social activation and deactivation seems to be the cornerstone of the debate with a single aim: to curb the social acceptance and consumption of generic drugs.

We understand the linguistic frames analyzed in this research to be intentional forms of communication, and that those who have the power to create and expand frames have more opportunities to harness and govern the conduct of what is and is not of value and what is privileged or suppressed in public debate. By creating feelings of trepidation or fear, the risk perception of end consumers can be influenced and reorganized, making them question the appropriateness of their choice and the use of generic drugs. The fact that the assessment of perceived risk is transferred, to a large extent, to the end consumer rather than experts (physicians and/or pharmacists) makes it difficult for end consumers to gauge the risk factor. In general, the ability to calculate the overall perceived risk of drugs is beyond the analytical capacity of the average consumer. Moreover, the potential risk to health, either because of unwanted effects or the absence of desirable effects, once again fuels fears about unintended, unpleasant or harmful consequences to health. This is

how the perceived risk associated with the consumption of generic drugs, via framing, could decrease the purchase intention of generic drugs.

The frames examined in this study are not accidental and although they appear to be simple, they are not. Indeed, the effectiveness of a frame lies in its ability to create a metaphor via language that means the opposite of what is being said; thus framing is about choosing language that fits a particular worldview. Frames, however, are not only about language: the most important aspect is the agenda, ideas and intentions they promote via the language that transmits those ideas and only those ideas. The aim behind framing is not to explicitly present an idea, but for that idea to be inferred via a frame. The idea is, first, to reduce or decelerate the social normalization of generic drugs, and secondly, to encourage professionals – prescribers and dispensers – to not prescribe certain drugs and pharmacies to not substitute brand-name drugs for generics. And finally, to equate generic drugs with risky drugs so that consumers will reject them. What can be inferred from this strategy and the frames analyzed in our study is that there is no need to lie given that the social acceptability of generic drugs can be curbed by increasing the perceived risk of generic drugs among consumers.

The strategy to discredit generic drugs can be summarized in a graphical manner by deconstructing the frame (Figure 2). The molecule, which is the active ingredient, is never directly questioned, since it would be a difficult argument to sustain. Frames lean more towards the production and viralization of the potential risks of the drug excipients and overrate their functions. Excipients are usually presented in a biased manner as the cornerstone of the drug's efficacy, quality and safety, and

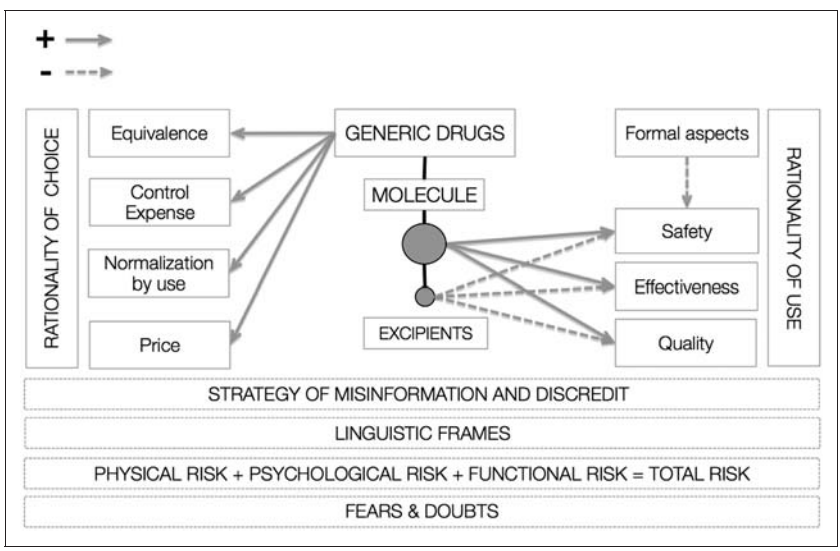

Figure 2. The construction of the risks of generic drugs.
Source: Authors.

not the molecule (whose bioequivalence is assured). An additional strategy to increase perceived risk is to emphasize the risks regarding the formal aspects of generic drugs (colors, packaging, names, shapes, etc.) among minority segments of the population (i.e. the elderly or less educated), when in fact a brand-name drug may also be marketed in a variety of forms.

It can be said that the controversy between brand-name drugs and generic drugs is a pseudo-controversy since, as we have shown, the aim of the frame is to create a strategy of continuous misinformation via the synchronization of negative perceptions and perceived risk in order to delay social acceptability and curb the consumption of generic drugs. By doing so, healthcare systems will be unable to reduce drug expenditure and people who are recovering or trying to maintain their health will encounter barriers to accessing healthcare. To put it another way, it could be argued that the communicative practices and the effects pursued by the frames identified in this study are, in fact, to promote and encourage dysfunctional behaviors in relation to public health; an issue which should not be underestimated.

Our research and its analytical framework (Figure 2) is perfectly applicable to markets where generic drugs still have a low market share (below 20 percent by value), that is in Latin American countries where similar misinformation about generic drugs and strategies to increase perceived risk has been identified. Consequently, the theoretical framework presented in this article could provide a basis for further research in Latin American countries, and by extension, in all countries where generic drug use has a low market share.

Implications for practice

A legacy from the Enlightenment is the tendency to believe that 'the truth will set us free. If we just tell people the facts, since people are basically rational beings, they'll all reach the right conclusions. But we know from cognitive science that people do not think like that. People think in frames' (Lakoff, 2004: 17). Indeed, people make decisions based on how they understand reality. Beyond frames and decision making, it is also likely that the network of social relationships in which individuals find themselves is also consequential to the choices that are made in regard to a host of decisions (Daly, 2010). Social workers can only rely on the truth, but the truth will not always automatically set them free. For this reason we propose ten recommendations to identify how communication strategies and intentional frames might be contributing to dysfunctional beliefs and behaviors in individuals, families, groups and communities, and how to intervene:

1. Assess the reference group's access to medicines in general.
2. Analyze existing perceptions in reference to brand-name drugs and generic drugs in the reference group.
3. Identify the potential frames that might be conditioning the perception of generic drugs in the reference group.

4. Define the objectives, strategies and tactics required to change the frames if they exist and if there is a potential risk of inappropriate drug consumption in the reference group.
5. Define a strategy to improve scientific and technological literacy and identify acceptable limits of manageable information from a technical, social and therapeutic point of view. Make this information available in an understandable format that can be gradually introduced to the reference group.
6. Deconstruct the frames by demonstrating the benefits of rational drug use from an economic, functional and psychological perspective.
7. Be on the alert to possible doubts regarding the efficacy, safety and quality of medicines.
8. Create alternative frames aimed at improving rational drug use and health in general for individuals, families, groups and communities.
9. Create and maintain a collaborative dialogue between social workers and the reference group in relation to healthy practices and drug use in the reference group.
10. Regularly review how social workers – as social researchers and fieldworkers – can make the maximum possible contribution, with high standards of ethical responsibility, in relation to equity, freedom and justice by changing existing frames as part of social change.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Notes

1. The following individuals took part in the forum: Health Ministers from the Member States, MEPs, EFTAs, Secretary General and senior representatives from the Forum and ten stakeholder organizations. All the documentation from the Pharmaceutical Forum at (available 30 July 2013): http://ec.europa.eu/enterprise/sectors/healthcare/competitiveness/pharmaceutical-forum/index_en.htm and http://ec.europa.eu/enterprise/sectors/healthcare/files/docs/pharmaforum_final_conclusions_en.pdf
2. The tracking tool used was webrunner 2.0. This is a public non-free technology developed for the systematic monitoring of climates of opinion via keyword filtering.
3. A reference is the basic unit of publication, that is, all blocks of text containing any of the selected keywords; for example, articles in media with online editing, posts in blogs, comments in forums, opinion aggregators publications in social networks, etc. A reference may contain different opinions, in other words, the smallest unit of evaluation is an opinion.
4. The translation of the keywords into English is generics, generic drugs, generic medicines. EFG is the Spanish acronym for 'generic pharmaceutical products'.
5. The AESEG website (www.aeseg.es) contains 43 references using the word innovative: 20 explicit references (in Spanish) to 'innovative medicines', 18 to 'innovative medicine', two references to 'innovative pharmaceuticals', one to 'innovative pharmaceutical', one to 'innovative laboratories', and one to 'innovative laboratory' (data retrieved 30 April 2011).

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Qualitative Social Work
2014, Vol. 13(2) 326

DOI: 10.1177/1473325014526482
qsw.sagepub.com

Corrigendum

The Editorial of the special issue 'Ethnography' published in Qualitative Social Work volume 13, Number 1, January 2014, pp. 3–7, DOI 10.1177/1473325013510985, incorrectly attributed the authorship of two articles included in the same issue.

'Social work and netnography: The case of Spain and generic drugs' doi: 10.1177/1473325013507736 was in fact co-authored between Miguel del Fresno García and Antonio López Peláez.

'Ethnography in social work practice and policy' doi: 10.1177/1473325013507303 was in fact co-authored by Wendy Haight, Misa Kayama and Rose Korang-Okrah.

The final paragraph page 5 and onto page 6 of the Editorial should have read:

Miguel del Fresno García and Antonio López Peláez stretch the imagination of our methods with their application of netnography, ethnography applied to Internet interactions. Starting with the assumption that the online context is both live and a natural setting, they analyse climates of opinion in relation to the consumption of generic drugs in Spain, and use linguistic theory to understand the myriad ways that Internet information is related to a reduction in the use of less expensive generic drugs – a particularly remarkable finding in an era of climbing healthcare costs. ... Wendy Haight, Misa Kayama and Rose Korang-Okrah use ethnographic studies conducted in the U.S. and globally as illustrative cases of the opportunities and challenges of ethnography in social work.