

Thesis:
“Crisis” in the Four Pillars:
A Mixed Methods Discourse Analysis of Human Security and Overdose in BC
by
James Fraser
A Thesis Submitted In Partial Fulfilment of the
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A Mixed Methods Discourse Analysis of Human Security and Overdose in BC

by

James Fraser

Supervisory Committee

Dr. Karen Urbanoski, Supervisor
Department of Public Health and Social Policy

Dr. Wilfrid Greaves, Co-Supervisor
Department of Political Science

Abstract

The crisis of overdose deaths in British Columbia (BC) continues into its seventh year. This thesis applies a human security lens to a mixed methods computer-assisted discourse analysis on a corpus of public-facing documents from drug enforcement organizations in BC, and one from community-run harm reduction organizations in BC. Analysis uses a “What is the Problem Represented to Be”? (WPR) approach to analyze conflicting conceptual logics and answer the question “What human security problems are constructed in Harm Reduction and Enforcement discourses surrounding the crisis of overdose deaths in British Columbia?” Conclusion: Both corpora construct different problematizations. Whereas enforcement discourses emphasize criminality and proximal substance use harms, harm reduction discourses look at enforcement as a structural threat to people who use drugs.

Keywords: Overdose, Drug Policy, Human Security, Securitization, Discourse Analysis, British Columbia

Territorial Acknowledgement

I have had the privilege of writing this Thesis as an uninvited settler on the traditional, ancestral and unceded lands and territories of the Lkwungen, Songhees, and W̱SÁNEĆ peoples. Drug policies have been at the forefront of the ongoing colonial project since its inception. I must acknowledge that I not only have the privilege of being someone whose substance use was not criminalized, not only someone who has not been marginalized by colonialism, but I am someone who has and continues to benefit from these processes that bring suffering to people(s) across Turtle Island.

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Abbreviations

AORD – Apparent Opioid-related Death

CAQDAS – Computer-Assisted Qualitative Discourse Analysis Software

CDA – Critical Discourse Analysis

DTES – Downtown Eastside (of Vancouver)

HR – Harm Reduction

HS – Human Security

MOUD – Medications for Opioid Use Disorder

NIMBY – “Not in My Back Yard”

OAT – Opioid Agonist Therapy

OPS – Overdose Prevention Site

PWUD – People Who Use Drugs

SCS – Supervised Consumption Site

SDH – Social Determinants of Health

SOLID – Society of Living Illicit Drug Users

SRO – Single Room Occupancy

ST – Securitization Theory

SUD – Substance Use Disorder

UNHDR – United Nations Human Development Report

VANDU – Vancouver Area Network of Drug Users

VPD – Vancouver Police Department

WPR – What is the Problem Represented to Be?

Introduction

The “Four Pillars” drug strategy, encompassing Harm Reduction, Enforcement, Treatment, and Prevention, is not simply inadequate, it is self-defeating. Though it served a necessary and progressive purpose by mainstreaming harm reduction approaches, the Four Pillars strategy is now more than two decades old in British Columbia (BC) and has proven insufficient to address the ongoing onslaught of drug poisoning overdose deaths. On average, six British Columbians die each day from drug poisonings in an ongoing “crisis” that has persisted for at least six years, and drug poisonings continue to be the leading cause of death in British Columbia (BC) for those aged 19 to 39, surpassing that of COVID-19 throughout the pandemic (*Statistical Reports on Deaths in British Columbia, 2022*). There are competing discourses that serve to represent, and even construct, the crisis. Some of these discourses can be categorized as Harm Reduction (HR) and Enforcement, corresponding with two of the Four Pillars. This thesis argues that Enforcement and HR are intrinsically in conflict, with HR seeking to reduce the harms generated by Enforcement. By analyzing HR and Enforcement’s conflicting conceptual logics through a Human Security (HS) lens, this interdisciplinary thesis answers the research question: “What human security problems are constructed in Harm Reduction and Enforcement discourses surrounding the crisis of overdose deaths in British Columbia?”

I answer this question by applying an HS lens in a discourse analysis of public-facing documents from Enforcement organizations and community-run harm reduction organizations through a process of computer-assisted line-by-line thematic coding and a “What is the Problem Represented to Be?” (WPR) approach. An HS perspective provides an alternative to the “traditional” security frameworks that inform the conceptual logic of Enforcement, allowing for HR perspectives on security concerns to be highlighted. This research shows how the

Enforcement and HR pillars do not simply recommend different solutions to the crisis, they construct entirely different and mutually exclusive problems.

Chapter 1 provides a background on the events being referred to as the “crisis,” and provides a three-part literature review. The present study is a contribution to research on security studies, the Social Determinants of Health, poststructuralist approaches to discourse studies, and critical drug policy studies. Chapter 2 covers key theories and methodologies: Securitization Theory (ST), Human Security (HS), Enforcement, Harm Reduction (HR), and discourse analysis. It subsequently discusses the importance of this research and its contributions to interdisciplinary scholarship. Chapter 3 explains the study design and rationale, the hybrid thematic coding strategy, the code book, and the WPR methodological approach. Chapter 4 provides mixed methods analysis of the findings from coding the corpora through an HS lens, guided by a WPR approach, highlighting conflicting conceptual logics from the Enforcement and HR corpora. Chapter 5 concludes by summarizing findings, acknowledging study limitations, and looking at directions for future research.

Chapter 1 – “Crisis”

Illicit drug overdose is the leading cause of unnatural death in the province of British Columbia (BC Coroners Service, 2022). This is attributable to ongoing content variability and the presence of adulterants, such as fentanyl and benzodiazepines among many others, in the unregulated drug market (Larnder et al., 2022). Detection of the adulterant fentanyl in BC’s illicit drug supply began in 2011 (BCOPPH and BCCDC, 2017). As of 2018, apparent opioid-related deaths (AORD)¹ have contributed to loss of 0.12 years in life expectancy from birth within British Columbia (Xibiao et al., 2018). In 2018, there were 976 fentanyl-detected deaths between January and September (BC Coroners Service, 2018).² Between January 2015 and March 2019 the rate of paramedic attended overdose events increased four-fold (*Overdose Response Indicators*, 2020).³ In 2021, a total of 7560 AORD were reported in BC (Public Health Agency of Canada, 2022). There is an ongoing “crisis” of deaths, but there are discrepant accounts of what this crisis *is*.

Since 2001 the City of Vancouver has adopted a “Four Pillars” drug policy strategy of Enforcement, Harm Reduction, Prevention, and Treatment that has come to shape much of drug policy provincially and federally. This policy “pillar” concept comes from Europe and can also be referred to as the “4 tier strategy” (Jourdan, 2009; MacPherson and Rowley, 2001). Drug policy “is not found in one particular aspect of government activity” and “...cuts across a number of domains, including policing, justice, law-making, the use of military force,

¹ An apparent opioid-related death (AORD) is “a death caused by intoxication/toxicity (poisoning) as a result of drug use, where one or more of the drugs involved is an opioid” (Public Health Authority of Canada, 2017)

² A “fentanyl-detected death” is defined as, “a drug poisoning death in which fentanyl was detected in the body during post-mortem toxicological screening” (CCENDU, 2015).

³ It is believed by many service providers that most overdose events are *not* attended to by paramedics, and more likely responded to by other people who use drugs or service workers when a response occurs.

interpretation of law and the decisions of judges” (Boyd, Carter, and MacPherson, 2016, p. 2). This, unfortunately, does not produce a coherent policy strategy for addressing overdose deaths. Blaustein et al (2017) ask if “efforts by police to reduce supply are fundamentally compatible with ideas like harm reduction and harm minimization?” This thesis argues that no, they are not compatible. Harm Reduction (HR) does not simply exist to reduce potential harms from substance use, it more importantly exists to reduce the effects of Enforcement and criminalizing drug policies. The pillars are intrinsically in conflict.

Emphasizing fentanyl and other adulterants within drug policy discourse implies that there is literally a “drug problem,” but there are other ways of representing or constructing the crisis that is occurring, including as a problem of drug policy that creates and incentivizes increasingly risky and/or harmful illicit market drug activities. The “crisis” of the increasing death toll related to overdose events after using illicit drugs has been conceptualized differently in HR and Enforcement discourses within BC, paralleling a broader conceptual split between liberal drug policies and prohibitionist approaches that have elsewhere been discussed as a conflict between drug enforcement and human rights (Barrett et al., 2008), between concepts of “order” and “chaos” (Fraser and Moore, 2008), “punishment” and “demand reduction” (Gostin, 1990), “evidence-based policies and “morality policies” (Hyshka et al., 2017), harm reduction and “non-harm reduction” (Jourdan, 2009), or even as “flexible approaches” and the framing of “evil” threats (Crick, 2012).

The conflict between HR and Enforcement implies an inverse relationship between HR and the “security” supposedly provided through the Enforcement of drug prohibitions. There is an implicit conflict between criminalized substance use and “public safety,” but that perceived trade-off can potentially be ameliorated by viewing security through a human security lens that

emphasizes the security of individuals and communities, including people who use drugs (PWUD)⁴ and members of HR communities. This also allows for the analysis of state-derived threats to them.

1.1 Temporal and Geographic Scope

In April of 2016 the Provincial Public Health Officer for British Columbia declared a Public Health Emergency under the *Public Health Act* in response to the rapidly increasing number of overdose deaths. The year 2016 is thus treated as the start of what is often referred to as the continuing overdose or opioid “crisis.” This thesis examines the period between April 2016, when the “Opioid Overdose Public Health Emergency” was declared, and October 2019, which was the end of the data collection period and soon before COVID-19 began to dominate much of public health discourse. This is a critical time period for understanding what is meant by references to the “crisis.”

BC is an important region for analysis. BC has the highest “crude rate” of apparent opioid-related deaths per population of any province in Canada (40.4 deaths per 100,000 people) (*Opioid- and Stimulant-Related Harms in Canada*, 2020), though it was recently surpassed by the territory Yukon (48.4 deaths per 100,000 people) (*Drug Overdose Fatalities*, 2021). BC is also home to a rich history of HR movements (S. Boyd et al., 2009; Lupick, 2018). Advocacy and growth within VANDU, as well as other organizations such as the Portland Hotel Society; led first to recognition of the validity of HR movements, and eventually to their inclusion in the

⁴ As it is prevalent throughout much of the literature, this term is adopted in place of the less common “people who use illicit drugs” (PWUID). Almost everybody uses drugs in some form, but here PWUD references people accessing criminalized drug supplies.

Four Pillars strategy and the creation of InSite, North America’s first legally-sanctioned supervised injection site (Kerr, 2003).

Much of the public, academic, and media focus surrounding overdose is on Vancouver and the Downtown Eastside (DTES) in particular, but the problem of overdoses spans the province and is not confined to urban areas. The Northern Health Authority and Vancouver Coastal Health Authority had almost the same rate of illicit drug deaths in the first 10 months of 2019, according to the British Columbia Coroners Service (2019). In March of 2017, Indigenous Elders and Chiefs in BC's interior declared a state of emergency in response to overdoses (Dickson, 2017). In the document collection process for this thesis, I have collected documents from across BC for analysis.

1.2 Literature Review

This interdisciplinary research project fills a gap in HS scholarship and builds upon existing scholarship on the “securitization” of drugs in Canada. It further makes a unique interdisciplinary contribution to research on the Social Determinants of Health (SDH) and on proximal and distal causes of overdose in BC, contributing to the rich body of critical drug policy scholarship and work done examining the “problematization” of drugs in Canada (the process by which “problems” are created as such through discourse).

1.2.1 Security Studies

This thesis fills a significant literature gap in the use of HS as a framework to analyze drug policy and Enforcement. Securitization Theory (ST) explains the process by which problems become identified as security issues, and this thesis builds on important work done by

Grayson (2008a) on the “securitization” of drugs in Canada. Grayson’s work parallels critical drug discourse scholarship on the “problematization” and criminalization of drugs in Canada (Bacchi, 2018; N. Boyd, 1984; S. Boyd, 2017; S. Boyd et al., 2016; S. Boyd and Norton, 2019) and these serve as complementary accounts of Canada’s drug prohibition history. Narvaez-Chicaiza (2020) has observed that in countries where drugs are presented in policy as a security issue, HR interventions are harder to implement, stating that “harm reduction policies are almost incapable of coexisting when drugs are seen as a security issue which constitutes an enemy that must be attacked by the State’s institutions” (p. 389). By contrast, Human Security (HS) is often presented as an alternative to “traditional” security frameworks that center the referent object of analysis on the state. HS instead focuses on the security concerns of individualities and communities. Research on drug securitization conducted with an HS lens has the potential to present “threats” very differently than securitization has traditionally done, with the opportunity to present policy itself as a threat to the survival and wellbeing of PWUD as individuals and communities.

Gautreau's (2012) HS analysis of American programs to wage the war on drugs in Mexico and Columbia looked at the deleterious effects that drug control has had on the seven dimensions of HS within those countries. Gatreau’s work does mention decriminalization and harm reduction approaches in the conclusion, but the paper primarily serves as a critique of the means and particular methods of supply-side drug enforcement, rather than as a critique of the foundational assumptions that underlie supply-side drug enforcement. It emphasizes the displacement of farmers and the threats of crop eradication, as well as the ways in which drug enforcement tends to aggravate violent, drug-related crime. Gatreau's analysis does examine the impact of drug enforcement on individuals as the referent, primarily farmers, but does not fill

any gaps regarding PWUD as a group experiencing insecurity. Elbe (2006, 2009) has written on the invocation of HS language to securitize the issue of HIV/AIDS in Africa before the United Nations Security Council, as well as the ensuing concerns with “governmentality” and the implementation of a traditional security response to a public health or health security issue. These concerns with governmentality are explored elsewhere in security studies (Bigo, 2002; Bigo et al., 2021) and have some parallels in drug policy research (Fischer et al., 2004; T. M. Watson et al., 2020). As with studies looking at drug trafficking as a “non-traditional security threat” (Das, 2019), terrorism, organized crime and drugs have been intertwined as popular subjects of securitization in Canada and abroad (Battaglino, 2019; Clarke, 2016; Csete, 2007; Felbab-Brown, 2018; Peters, 2010; Rashid, 2012; Tiwari, 2003).

This thesis explores the opportunity to use an HS lens for the analysis of drug policy *itself* as a threat, rather than drug production, trafficking, or other drug-related crime as several HS works have done (see, *inter alia*, W. Kim and Cho, 2003; McGee, 2013; Othman, 2017). Most other references to drugs in the HS literature are tangential, such as Newman's (2010) mention of drugs as part of “... a range of 'non-traditional' security issues – such as HIV/AIDS, drugs, terrorism, small arms...” Similarly, Battersby and Siracusa (2009) make one mention of drugs (as “drug addiction” and “drug trafficking”) in their 247-page HS text, under the heading of “Complex Crises” (p. 25). Barrett (2010) includes two paragraphs that reference HS and drug policy, alluding to a broadening of the definition of security to include individual rights. A review by Lisk et al. (2015) of attempts to operationalize the concept of HS to ensure the right to health over the past twenty years cited the invocation of HS language in efforts to fight the spread of HIV/AIDS, SARS, aiding in national emergencies, and even in combating

bioterrorism. That review did not associate HS in any way with the rights of PWUD, and only made a single off-hand mention of the challenges posed by “counterfeit drugs.”

Grayson (2008b) has written on how definitional debates surrounding human security have made it a Foucauldian “site of biopolitics,” which is “about the identification, classification and management of populations in order to ensure that the dimensions of life, that are said to define them, are amenable to specific forms of governance, systems of belief and cultural propensities” (p. 384). HS, by virtue of focusing on human life, must create a category of what does (and does not) constitute “human” and the range of threats those humans face. This aspect of HS, as it relates to drug policy, risks denying humanity to groups of people through a lack of inclusion but could also recognize the humanity of people otherwise marginalized, depending on how security concerns are framed and defined (and who is privileged enough to do the framing and defining). There is an opportunity here to highlight the (in)security of people who have been associated with threat and danger through Enforcement’s traditional security discourses.

The present study also contributes to the growing body of critical literature regarding the role of policing in society (McClelland and Luscombe, 2020; J. Boyd and Kerr, 2016; El-Sabawi and Carroll, 2020; Jacobs et al., 2020; Maynard, 2017; Nadelmann and Andreas, 2006; Stott et al., 2020), and scholarship critiquing the war on drugs (Antonopoulos, 2010; Beletsky and Davis, 2017; Linnemann and Kurtz, 2014; Linnemann and Wall, 2013; Minhee and Calandrillo, 2019; Murch, 2015; Netherland and Hansen, 2016). Inviting security studies into a further rethinking of the war on drugs could be a valuable part of the ongoing reimagining of public health and public safety.

1.2.2 Social Determinants of Health

The Social Determinants of Health (SDH) refer to both a set of variables and an approach to health research. The SDH became a regular feature of academic public health discourse following the 2008 World Health Organization conference on the SDH (WHO, 2008). The idea of structural determinants is premised on the observation that:

The poor health of poor people, the social gradient in health within countries, and the substantial health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people’s lives—their access to health care and education, their conditions of work and leisure, their homes, communities, towns, or cities—and their chances of leading a flourishing life. (Marmot et al., 2008, p. 1661)

This thesis is part of an interdisciplinary Graduate Program in the “Social Dimensions of Health” – essentially the same concept with less deterministic language. There is a serendipitous terminological link between the SDH and HS use of security “dimensions” for categorization, and this thesis also makes use of an HS lens and its dimensions for the type of multidimensional analysis often found in SDH works.

Link and Phelan (1995) made a significant impact when they challenged epidemiologists and other public health researchers to more deeply consider social conditions⁵ as having causal relationships with health outcomes and to distinguish between distal and proximate causes of disease and ill health more explicitly. SDH research has evolved beyond looking at “fundamental causes” (Link and Phelan, 1995) of ill-health toward looking at “causes of causes” (Marmot, 2018). As Marmot (2018, p. 197) points out, “...the causes of excess morbidity and mortality in

⁵ This is not to accuse researchers in these fields of neglecting socioeconomic and environmental factors, but as Link and Phelan state on page 81, “we believe there are conceptual pitfalls that sometimes lead medical sociologists and social epidemiologists themselves to unwittingly reinforce the emphasis on proximate individual-level risk factors.”

socially excluded populations (i.e., the Social Determinants of Health) are not so much different from the causes of health inequalities more generally but differ in their degree.” This is to say that the health of individuals and populations is not as simple as individual characteristics and behaviours and owes a lot to social and structural factors. Link and Phelan (1995, p. 90) also point out how a focus on individual factors shifts the “blame” on to individuals and always from structural factors, such as colonialism, criminalization, and stigmatization.

SDH perspectives help move away from the simple relationship between substance use and overdose and look at distal, multidimensional factors. Dasgupta et al. (2018) argue that within the SDH it is possible to identify the “root causes” of the crisis. Rather than look at one cause or phenomenon, Ciccarone (2019) outlines three different “waves” of the “epidemic” as it has unfolded in the United States, beginning with long-standing steady increase in heroin-related deaths, followed by the increased prescription of opioids for pain, followed by the adulteration of the illicit drug supply with fentanyl and analogues. With the SDH lens, there is a broader focus on the social and structural environment that may encourage substance use, or even potentially even push some subset of people toward Substance Use Disorder (Scutchfield and Keck, 2017). Dasgupta et al. (2018, p. 183) articulate a relationship between the SDH and problematic opioid use as such, “Poverty and substance use problems operate synergistically, at the extreme reinforced by psychiatric disorders and unstable housing.”

The SDH literature has helped to illustrate larger causal chains beyond simple use of substance and subsequent overdose. SDH literature often focuses on the relationships between specific variables and avoids monocausal explanations of population-level substance use phenomena like widespread overdose deaths prior to and during the current crisis. Research foci often include criminalization (Cicero et al., 2017; Lyons et al., 2017; Nadelmann and Andreas,

2006; Pauly and Fraser, 2020; Stevens et al., 2019; van Kempen et al., 2019), trauma (Anda et al., 2008; Bombay et al., 2014; Darke, 2013; Felitti et al., 1998; Pearce et al., 2008; K. Quinn et al., 2016) mental health challenges (Bogdanowicz et al., 2015; Padgett et al., 2011; Raphael, 2009), stigma (Anstice et al., 2009; Buchman et al., 2017; Bulls et al., 2021; Corrigan and Nieweglowski, 2018; Crapanzano et al., 2018; Fraser et al., 2017; Smye et al., 2011), physical and psychological pain (Anda et al., 2008; Case and Deaton, 2017; Choinière et al., 2010; G. MacDonald and Leary, 2005; K. Quinn et al., 2016) and socioeconomic status (Bharmal et al., 2018; J. Boyd, Richardson, et al., 2018; Darke, 2013; Dasgupta et al., 2018; DeBeck et al., 2007; Zhao and Stockwell, 2017), and these foci segue naturally into research on HR as a philosophy and a public health approach (Bartram, 2020; Carver et al., 2020; Du Plessis, 2019; Hunt et al., 2003; Keane, 2003; Miller, 2005; Pauly, 2007; Strike and Watson, 2019).

One key element of SDH discourse in Canada and in BC is the promotion of health equity in public health (MacKinnon et al., 2019; Marmot et al., 2008; Pauly et al., 2021). In BC, First Nations people represented 10% of all overdose deaths in 2016 despite only making up roughly 3.4% of the population (First Nations Health Authority, 2017). Access to substance use treatment is particularly inequitable for Indigenous people in Canada, who already face several other inter-related health inequities (Jongbloed et al., 2017; Urbanoski, 2017). In Canada, Indigenous people have poorer health on average than non-Indigenous people (Jongbloed et al., 2017) and health inequities are directly attributable to “social, economic, cultural, and political inequities” (Adelson, 2005, p. S45). Experiences of intergenerational trauma and colonial oppression are common among people treated with medications for opioid use disorder (OUD) (Smye et al., 2011), yet people who are Indigenous are less likely to receive withdrawal or addictions treatment (Wood et al., 2005) and less likely to complete treatment if they do (Li et

al., 2013). Indigenous people who use drugs have higher rates of HIV infection, hepatitis C infection, and homelessness compared to non-Indigenous people who use drugs (Adelson, 2005; Wood et al., 2008).

These health inequities are exacerbated by significantly racialized discourses that differently problematize drugs. Illicit opioids tend to be problematized differently based on whether or not the opioid is heroin or a prescription painkiller. Fellner (2009) points out the similarities between that distinction and the excessive criminalization of crack cocaine in the US in the 1970s, which penalized substances more closely associated with African American populations versus the association between whites and the use of powdered cocaine. Linnemann and Wall (2013) also document the co-construction of methamphetamine use and “White Trash” identities in the *Faces of Meth* anti-drug campaign in the United States. Just as SDH scholars have sought to examine possibilities for enhancing health equity (Adelson, 2005; Greenwood et al., 2018; MacKinnon et al., 2019; Marmot et al., 2008; Stol, 2015; Urbanoski, 2017) there may be some opportunity to promoting greater equity corresponding to the dimensions of HS. Outside the concepts of food security (T. Anderson and Thompson, 2016; Public Health Agency of Canada, 2020; Weiler et al., 2015) and housing security (D. Kim, 2021; Pauly et al., 2011; Richter et al., 2017) health scholarship has rarely, if ever, made use of security frameworks for analyzing the problem of overdose.

As with the tensions between HR and Enforcement, public health approaches also clash with Enforcement approaches. Zibbell (2012, p. 4) argues that “the modern history of disease epidemics reveals a consistent antagonism between those who want to help the infected, or those at risk of infection, and those who want to banish them,” and references Gostin's (2004) argument that within any epidemic, there are people looking to provide care and who

incur risk in doing so, and there are those who seek self-protection through quarantines or other forms of discrimination toward those who have acquired the disease. As soon as needles were discovered as a major vector for disease transmission, the split between “two contradictory policy logics” (Zibbell, 2012, p. 559) was fomented. The role of law enforcement in combating and controlling substances through the confiscation of paraphernalia (like syringes) and the arrest and incarceration of people who carry or disseminate it was directly at odds with the role of public health, which sought to reduce the spread of the disease and associated harms largely through the provision of sterile paraphernalia (Baldwin, 2005, pp 142-143; Turner et al., 1989; Vlahov and Junge, 1998). While public health saw the dissemination of sterile syringes as one of the most effective means of targeting a disease vector, and thus effectively reducing associated harms, prohibitive paradigms like law enforcement saw the syringe as a “metaphor for illicit drug use itself and associated with criminal activity, family disintegration, child neglect, economic ruin and decay” (Gostin, 2004, p. 248). Van Dijk and Crofts (2017, p. 262) highlight how protecting the “highly valued freedom” of the “freedom from the fear of ill health, of injury, of unnatural and untimely death” is the shared responsibility of both law enforcement and public health, yet, the disciplines of law enforcement and public health are, “two distinctly separate systems can be seen to have arisen from different motives with different imperatives, very different cultures, leading to social distance between them, occasional ad hoc cooperation but also mutual suspicion and even hostility.” Zibbell (2012, p. 4) explains the dual logic as such:

The logic of interdiction is so entrenched that even when faced with a mounting AIDS epidemic, the restrictive approach remains justified on grounds that “liberalizing” syringes poses a greater threat to society’s safety than a bunch of drug addicts dying from a virus that they should have avoided in the first place. This is the cultural terrain where the punitive logic of law enforcement becomes antagonistic to the epidemiological logic of public health.

Despite these practical and philosophical divides between Enforcement with its emphasis on safety and security, and HR and public health with their divergent foci, there is a conceptual nexus and a growing body of interdisciplinary research that links concepts of “health,” “safety,” and “security” through mutual concerns of “risks” and “harms” in fields such as social and urban planning (Heimplaetzer and Goossens, 1991; Johansson et al., 2006; Vlahov et al., 2004) as well as in the literatures on public health and environment (McCarthy, 1996) community health and well-being (Raphael et al., 2001) and pharmaceutical research (Hornberger, 2018).

Fundamentally, “health” needs “safety” to be sustained in order to be protected against threats. That safety is synonymous with “security,” just as one is not truly safe without being secure and vice versa. There is a common lexicon within “health and safety” just as there is between “safety and security,” though “health and security” do not hold the same ubiquity in common language. This does not mean the concepts are any less complementary. There is no reason why interdisciplinary health scholarship cannot critically explore the security dimensions of overdose, or the security needs of PWUD or HR organizations.

There is also important SDH and public health scholarship that reframes understandings of drug selling and drug sellers (J. Boyd, Richardson, et al., 2018; DeBeck et al., 2007; Kolla and Strike, 2020; J. Martin et al., 2020; Small et al., 2013), that explores increasing advocacy for drug decriminalization (Eastwood et al., 2016; Greer et al., 2022; Jesseman and Payer, 2018; Savehilaghi, 2020; Seear et al., 2021; Stevens et al., 2019; Vastag, 2009), safer supply programs (Boyd, 2013; Ivsins et al., 2020; Jozaghi, 2014; Young et al., 2022) and increasing scholarship recognizing the contributions of PWUD (Bardwell et al., 2018; Belle-Isle et al., 2016; Linden et al., 2013; Pauly, King, et al., 2020; Pauly, Wallace, et al., 2020).

This thesis makes a novel contribution by bringing together research on human security and the SDH as they pertain to PWUD and harm reduction communities. It serves as an invitation for health scholars to consider security, and for security scholars to consider critically the effects of security discourses on PWUD. Marmot (2018, p. 1155) quotes from Sen (1999), who is influential to both SDH and HS literature, in stating, “At the heart of the concern with social determinants of health, and health inequity, is concern for people without the freedom to lead flourishing lives.” The many shared concerns between HS and SDH provide opportunities for substantive interdisciplinary scholarship.

1.2.3 Critical Drug Discourse Scholarship

Critical drug discourse scholarship has many shared foci with SDH scholarship in its concerns with public health and substance use, but includes more research following from the “ontological turn” in social science that challenged traditional assumptions (Fraser, 2020; Rhodes et al., 2019). Grayson (2008a) looks at the securitization of drugs as part of the creation of the Canadian identity, which is very important for securitization and shapes actors’ ability to effectively depict issues as security threats. The delineation of borders to differentiate domestic sovereign and foreign other creates the original referent object (the state) that serves as the foundation of classical security studies. Identity also greatly affects how an actor(s) experiences security threats Hoogensen Gjørsv and Rottem (2004), and Grayson (2008a) unpack how national identity formation and drug prohibition are linked in Canadian history. Similarly, discourses in Britain and Australia have been shown to present “treatment” and “recovery” (sometimes code for abstinence from psychoactive substance use) as paths to “responsible national citizenship” for people with Substance Use Disorders (SUDs) (Lancaster et al., 2015). There is a significant body of research pointing to the conflation of “addiction” and illicit substance use, and how this serves

to justify the criminalization of drugs as a means of protecting people from the harms of addiction (Bartram, 2020; Du Plessis, 2019; Frank, 2018; Klein and Dixon, 2020; Lancaster, Duke, et al., 2015).

There are several examples of drug policy analysis conducted using Bacchi’s “Policy as Discourse” and “What is the Problem Represented to Be?” (WPR) approaches to analyzing the process through which policies “construct” problems rather than respond to problems. This process is referred to as “problematization” (Bacchi, 2006, 2009, 2012, 2018; Boland, 2008; Boyd et al., 2016; Klein and Dixon, 2020). The problematization creates taken-for-granted conclusions in discourse, particularly around substance use or concepts of “addiction” and SUD.

Bacchi (2018b) distinguishes and distances WPR from critical discourse analysis (CDA) (Fairclough, 2013, 1992b, 1995; van Dijk, 1993; Wodak, 2016) by stating they have a “different understanding of discourse.” WPR focuses on the Foucauldian (1994) notion of discourse as a sort of knowledge, versus the critical realist understanding of discourse as language (Fairclough, 1992b, 1995) often accompanied by “Corpus Linguistics” approaches to coding and discourse analysis (Baker, 2006; Bamford et al., 2013; Hatzidaki and Goutsos, 2017). The WPR approach maintains the same “critical” stance as Fairclough’s CDA, but within a poststructuralist framework. For poststructuralists, discourse is not simply found in language, it also found in “discursive practices” (Bacchi and Goodwin, 2016, p. 37) and as “socially produced forms of knowledge that set limits upon what it is possible to think, write, or speak” (p. 35). It is nonetheless common for studies to state that they take a WPR approach to CDA (Azbel et al., 2022; Fraser and Moore, 2011; Lancaster et al., 2017; Lancaster, Seear, et al., 2015; Lancaster and Ritter, 2014; Seear and Fraser, 2014), with Bacchi (2018a) having explicitly endorsed many examples (Fraser and Moore, 2011, 2011; Lancaster, Duke, et al., 2015; Lancaster et al., 2017;

Månsson and Ekendahl, 2015; Manton and Moore, 2015). This study simply adopts the term “discourse analysis” as the critical underpinnings of the analysis are already obvious.

Research on drug discourse in BC has shown how people are painted as undesirable or “dangerous” through discourse by actors who hold power. A survey of 99 publications (academic and grey) on the DTES from 2001-2011 found that some research, including Vancouver Police Department (VPD) research, had far more policy influence than other forms, with the provincial Ministry of Health and Ministry of Housing pulling from VPD documents in significant ways (Linden et al., 2013). Additionally, according to Boyd and Kerr (2016) documents created by Vancouver Coastal Health seemed to very clearly mirror key passages from VPD documents. Some of the documents from Linden et al.'s (2016) publication survey became the subject of critical discourse analyses (J. Boyd et al., 2015; J. Boyd and Kerr, 2016). In these VPD documents there was a frequent association created between mental illness, substance use, and dangerousness (J. Boyd and Kerr, 2016). The creation of a perceived association between mental illness and dangerousness has a long history in poststructuralist scholarship (Foucault, 1965; Knowles, 2000; Menzies, 1987) and Menzies (1986, p. 183) argues that “...the history of dangerousness has run parallel to the history of power (society’s capacity to eradicate its most threatening members).” Foucauldian power dynamics have elsewhere been studied in ethnographic analyses of the effects of policing on PWUD in Vancouver (Scher, 2020).

Critical discourse theorists and WPR analysts have largely been concerned with power relations, particularly with who is speaking and who has the power to construct discourse. For van Dijk (1993, p. 243), CDA places a focus on the “role of discourse in the (re)production and challenge of dominance.” Bacchi (2009) presents WPR as a normative rather than descriptive methodology because theorists “define ‘discourse’ in ways that accomplish goals they/we deem

worthwhile” (p. 46), and “are primarily interested in identifying the reasons progressive change has proved so difficult to accomplish” (p. 47). “Progressive change” here is treated as an undefined, somewhat given value, but implies that for Bacchi WPR is inherently tied to “progressive change” and opposing those with “power” who impede progressive efforts. Given that HR is so strongly associated with progressive drug policy efforts, and this work is in part concerned with how discourse can impede or aid those efforts, WPR is an appropriate approach for this thesis.

Chapter 2 – Theory and Methodology

In this section I introduce Securitization Theory (ST) as a theoretical perspective and Human Security (HS) as an analytical lens, Enforcement and Harm Reduction (HR) as key concepts and policy pillars, and discourse analysis as a methodology. I then explain the importance of this research and its contributions to security studies, research on the Social Determinants of Health (SDH), and critical drug discourse scholarship. This structure helps to emphasize how HS can be understood as a response to traditional security concepts, as represented by ST and observable in the implementation of Enforcement, and how HR can be understood as a response to Enforcement.

2.1 Securitization Theory

“Security” is a “contested concept” that since the 1990s has been increasingly challenged and broadened in its scope (Booth, 2005). Traditionally it has referred to a type of protection of the state against “threats” that are typically foreign or existential in their nature. Securitizing discourses can be useful in the governance of socially constructed “spaces” including states (Walters, 2004). The designation of a threat “is primarily an interpretive assessment that draws from subjective classificatory criteria shaped by a multitude of contextual factors, including our cultural, social, economic, and political circumstances” (Grayson, 2008a, p. 7), and therefore is not completely scaled according to level of threat or danger and is largely influenced by other elite considerations.

The process of elevating a political or policy concern to the status of a security threat, prompting the suspension of politics-as-usual and the initiation of extraordinary measures can be explained using Securitization Theory (ST). A “speech act” by a decision maker, made to a

relevant audience, lays out an “existential threat” to a “referent object” justifying “extraordinary measures” in response to the threat, and if the audience accepts the legitimacy of the threat and the justification for the measures and enact said measures, then the issue is effectively securitized, prompting a response that may be outside the confines of regular politics in the interest of protecting (Buzan et al., 1998).

ST has been criticized for having a problem with the “speech act” aspect of its framework, insofar as there can be “security as silence” when insecurity cannot be effectively voiced into a successful securitizing speech act, or be safely voiced at all (Hansen, 2000). However, ST is not designed to designate who *should* be able to successfully securitize, but rather, seeks to describe securitization in practice. Identity has been identified as an important component of the securitization process (D. Campbell, 1992; Hayes, 2012; Hoogensen Gjørsv and Rottem, 2004), and some have shown how identity can serve as an exclusionary criterion for participation in securitizing moves (Deiter and Rude, 2005; Greaves, 2012). Hansen (2000, p. 288) argues that to make “the actual definition of security dependent on its successful construction in discourse” excludes marginalized individuals who will find more security in remaining silent than in attempting speech acts. In addition, identities, which can be the foundation for political communities and thus for referent objects, can be “subsumed” into other categories vying for recognition. These restrictions apply to PWUD, who merely by identifying as such can face stigmatization and criminalization. Indigenous groups and scholars have sought to adopt the language of “security” to articulate concerns regarding climate change (Harrington, 2017), but Greaves (2018) argues these security claims tend to be either silenced or subsumed by similar or more dominant securitizing discourses. Alternatively, an HS lens may be helpful in

articulating security claims that are able to endure those processes through the power of “speaking security” (Donnelly, 2017; Downing and Dron, 2020).

ST is powerful on a descriptive level, and can thus explain a successful securitization, but “successful” securitization may not be desirable for all affected. Despite being a descriptive theory, ST places an implicit value on *desecuritization* as a return to being able to manage a concern within the scope of normal politics. By defining which values and behaviours are acceptable and which are not, and in legitimating the use of force in response to issues of bodily and mental health, the prohibition of drugs can be viewed as a successful securitization (Abrahamsen, 2005, p. 69).

Buzan et al. (1998, p. 27) present securitization as something to be avoided, “Basically, security should be seen as negative, as a failure to deal with issues as normal politics.” Where problematization entails the identification of “problems” and policy responses, securitization supersedes and elevates “threats” beyond normal policymaking processes. For Buzan et al. (1998, p. 29) this poses a concern, “Ideally, politics should be able to unfold according to routine procedures without this extraordinary elevation of specific threats.” Aradau (2004) argues securitization is negative not just for how it supersedes democratic processes, but also for it produces categories of enemies/“others,” and that it is important to instead move toward “emancipation” and the “democratization of security.” Aradau points to a normative conception of security that goes beyond the aspiration of returning to “normal” politics, which contain the same Schmidtian exclusionary and othering logics of securitization.

There are still potential benefits to securitization, such as enabling the state to quickly marshal resources toward a goal without getting slowed by political deliberation.

There are also more “positive” understandings of what security is. Gunhild Hoogensen Gjørsv (2012) has explained the distinction between positive and negative concepts of security as one where many wish to avoid “security,” as it represents a negative value in the sense of being related to a state of emergency, or being under threat, however, “security has also been known to represent something that is positively valued, or as something that is good or desired. It is a good which provides the foundation to allow us to pursue our needs and interests and enjoy a full life” (p. 846). Hoogensen Gjørsv (2012, p. 843) also states:

Positive security research additionally asks how, for whom, and by whom security is produced, exposing the values and contexts behind practices of security. An epistemology of enabling opens the field of practice beyond violent means, thereby exposing not only many more actors but also a diversity of practice. It prioritises non-state actors, attempting to ‘know’ security that affects individuals everyday.

Hansen (2000) critiqued the notion that securitization is necessarily negative (p. 297), noting that there are cases where securitization would certainly be a positive step forward. To advocate for that normative, positive value, requires more than a descriptive theoretical framework, and Hoogensen Gjørsv (2012) notes some parallels between concepts of positive security, and aspects of HS. HS captures both negative and positive security in its core concepts of “freedom from fear,” which brings in a wide scope of potential threats of violence, and “freedom from want,” which looks more holistically the wellbeing and rights of people. Under traditional, or negative security approaches, referents are often treated as passive and requiring the protection of the state, but there is “... some of the human security literature that recognizes individuals and communities as security actors. These actors endeavour to seek security, not just in relation to avoiding threats, but also to building their capacities” (Hoogensen Gjørsv, 2012, p.

483). This provides a concept of community capacity building that could be useful for framing the positive security efforts of HR organizations.

Within the ST framework securitization should be seen as a suspension of the normal state of affairs, but the length of time that the war on drugs has been enforced normalizes that suspension. Other security scholars expand on ways the securitizations processes can be interpreted. Abrahamsen, (2005, p. 59) discusses securitization and desecuritization as a spectrum rather than a binary. McInnes and Rushton (2013) argue that securitization happens at multiple levels in a highly nuanced process. Bigo (2002) looks at the power of securitization discourses having more to do with the *habitus* – the technologies, processes and technologies of security professionals and analysts – than to do with individual and distinct speech acts. ST is less clear on what happens when the securitized state of affairs becomes the normal state of affairs. Buzan et al. (1998, p. 27) note that in some cases, securitization “can become institutionalized,” and a century of drug prohibition with its internationalization into what Nadelmann (1990) calls the “global drug prohibition regime” represents a very long securitization.

2.2 Human Security

Human Security (HS) is a normative analytical security concept with seven dimensions: Community Security, Health Security, Economic Security, Environmental Security, Food Security, Personal Security, and Political Security. HS was introduced in the 1994 *United Nations Human Development Report*, largely in response to former UN Secretary General Boutros Boutros-Ghali’s call for a “new security” agenda after the end of the Cold War (Boutros-Ghali, 1992). During this new post-Cold War period, security discourses increasingly broadened the range of concerns away from the prevention of interstate war. The “war on drugs”

is a conflict distinct from classical wars between warring nations. It is a “war” against particular substances and the people who use them, executed against them rather than for their protection. HS presents an opportunity to analyze these conflicts without reproducing the harmful discourses that perpetuate them, yet there is very little literature applying a human security lens to the war on drugs. As a “people-centered concept” that centres individuals and communities as referents for analysis, HS “considers a broad range of conditions which threaten survival, livelihood and dignity, and identifies the threshold below which human life is intolerably threatened” (OCHA, n.d.). For Floyd (2007, p. 40), “...human security is the idea that the individual is at the receiving end of all security concerns,” and that emphasis on the individual invites analysis of security concerns that are different from those experienced by the state, and even those emanating from the state toward individuals and communities.

It is possible that the presentation of threats, examples given, and language used within the *United Nations Human Development Report 1994* (UNHDR, 1994), the foundational HS text, is partially responsible for the literature gap. The *UNHDR* (1994, p. 34) lists six “real threats to human security in the next century” including “drug production and trafficking,” and described “the trade in narcotic drugs” as “one of the most corrosive threats to human society.” Even when lamenting the ineffectiveness of supply-side drug enforcement strategies, the document still perpetuates Enforcement discourses by conflating illicit substance use with addiction and by emphasizing the role of drug production, “As long as the demand persists, so will the supply. The real solution has to lie in addressing the causes of drug addiction-and in eradicating the poverty that tempts farmers into drug production” (p. 37). This thesis instead uses an HS lens to highlight threats that are generally not identified in traditional security discourses.

The health security concerns regarding overdose are obvious, but there is an additional layer of concern here that makes PWUD insecure. There is a reasonable fear of criminal penalty, of judgment and stigmatization from (other) members of the public, and even the potential for violence when coming into contact with law enforcement or other instruments of the state.

“Freedom from fear” as a central component of HS helps in categorizing that concern as it relates to the potential for state violence, and “freedom from want” categorizes concerns relating to the need to access health services or other basic requirements for survival. These fears and wants highlight the central irony of drug prohibition and criminalization; the desire to protect people and the broader public from substances and the people who use them actually maximizes harms and creates the conditions of insecurity for specific members of said public.

Within the health security dimension of HS is an emphasis on the right of “primary health care for all” (UNHDR, 1994, p. 7). Research has shown that drug criminalization has a negative effect on HIV prevention and treatment (DeBeck et al., 2017) which is a foundational component of harm reduction. It is very difficult to have someone be secure in their health and simultaneously criminalized, particularly when as Csete and Cohen (2010, p. 816) have stated, “criminalization is a form of social marginalization that is little appreciated as a determinant of poor health.” HS also draws heavily from the work of Amartya Sen, one of the consultants for the 1994 *UNHDR*, who argued that studies of development need a shift in measurement away from household income toward a variety of factors, including health (Sen, 1999). Battersby and Siracusa (2009, p. 3) described HS as “...an integrated approach to human well-being... one that emphasized the interrelationships between poverty, human rights, public health, participation, education, and political participation.” As such, debates within HS have included experts in

fields previously thought unrelated to more traditional security discourses. This makes it an appropriate lens for an interdisciplinary study of security concerns surrounding the current crisis.

HS is a relevant theoretical framework not just because of the shift it provides in the unit of security analysis and its broadening of security concerns, but because Canada was previously thought of as a leader in HS. It was a central pillar of Canadian foreign policy in the late 1990s and the 2000s as a passion project of Foreign Minister Lloyd Axworthy (Donaghy, 2003; M. Small, 2016) though it never became a significant part of domestic policy agendas. Canadian Secretary of State (1997-2002) David Kilgour even gave an address to the Canadian Institute of International Affairs on the topic of “Human Security and Drugs” (Kilgour, 1999). HS was a stated value in Canada’s efforts to promote the doctrine of “Responsibility to Protect” (R2P) and supporting the International Criminal Court (Riddell-Dixon, 2005). R2P has been cited internationally as justification for military interventions into nations where governments are identified as threatening or harming their own citizens (Crossley, 2018). Coincidentally, Canada was also considered a harm reduction leader during much of that same time period, particularly after the opening of InSite in 2003 and before the initiation of the Conservative Federal government's *Anti-Drug Strategy* in 2007 (Geddes, 2012).

One of the strengths of HS is in its inherently interdisciplinary perspective that widens not only the scope of security threats, but also the scope of appropriate responses and does not require the use of “security actors,” such as armed forces, to form the threat response. Just as “food security” does not necessarily imply armed guards at grain silos nor “environmental security” a law enforcement-based tornado task force, “health security” should not necessarily imply the policing of the human body. ST uses the term “functional actors” to denote those who perform the response to a successful securitization, implying a wide variety of potential actors

and responses (Buzan et al., 1998, p. 36). Further, “threat” framing need not run contrary to the aims of activist groups attempting to destigmatize populations. HS’s shift of referent from states to individuals affords the opportunity to frame the threat as drug policy itself, rather than drugs or drug users, and can also imply a wide range of non-traditional responses. Should *this* type of securitization be possible – a securitization *of* securitization, then it could be desirable, if only to force genuine desecuritization to be understood as a plausible policy option.

One further distinction between HS and ST is the latter is a descriptive tool for analyzing how securitization occurs, whereas HS is positioned as a policy-making agenda. Another distinction is in how some view the role of the analyst in security analysis. In ST, the analyst is assigned a passive role, but “...instead of performing security analysis, those who work within the human security tradition perform securitizing moves themselves” (Floyd, 2007, p. 42). For Floyd (2007, p. 39) normative utility refers to the analyst’s “ability to influence the securitization process in a deliberate and thought-out fashion to a desired effect.” Floyd (p. 39) further states that, “...the objective is to highlight persisting insecurities of individuals.” This normative utility also makes it a fine fit alongside the “tactical usefulness” for advancing progressive change that Bacchi and Goodwin (2016, p. 28) seek in their approach to discourse analysis. While HS has been criticized for the vagueness of its holistic approach, that flexibility is also what grants its appeal in that it opens a wide variety of possibilities for what can be securitized (Paris, 2001).

2.3 Enforcement

In the first four weeks following its departure from the Canadian Forces Naval Base in Esquimalt in April 2019, the vessel HMCS *Regina* made four large drug seizures of hashish and heroin in the Arabian Sea. Afterwards, the Canadian Armed Forces released a statement: “These

seizures continue to ensure that the profits made from selling illegally smuggled narcotics are staying out of the pockets of terrorist and criminal organizations, while also protecting the legitimate global trade that Canada and the world depends on” (Coyne, 2019). The association of drugs with criminality and even terrorism is one tactic of discursive framing that occurs within Enforcement discourses. Ontario Senator and former Ottawa Police Chief Vernon White has expressed similar sentiments, advocating for measures to block fentanyl arriving from China, which he has referred to as one of the greatest threats facing Canada, stating, “I have been in policing 33 years and I have never seen anything with the profitability that fentanyl has ... This is a security threat. If terrorists were killing 5-6,000 people per year, we would do something about it” (Cooper et al., 2018). These are examples of a discourse wherein it is implied that interdicting these drugs has positive downstream effects. Further, it is implied that removing these drugs from the drug supply prevents them from serving as a proximal cause of overdose. Their consumption has been prevented, and thus the resultant harms have been prevented. It is also asserted that these interdictions remove the funding from violent criminal organizations, and this helps create “public safety.” This is the provision of security through “drug enforcement,” a type of law enforcement that is the mandate of the Enforcement pillar.

For more than a century, extraordinary measures have persisted which restrict the use of psychoactive substances under the threat of extreme and violent penalties throughout much of the world and in Canada. In 1908 you could buy opium from your local Vancouver apothecary (N. Boyd, 1984); today most opioids are available either through high-barrier medicalized systems, or through criminalized, unregulated and dangerous illicit markets. As per ST, the designation of drugs as a threat in speech acts is a “securitizing move,” which if the relevant audience accepts, creates a successful

securitization (Buzan et al., 1998, p. 25). The use of security language, the perceived legitimacy of the securitizing actor, and the features of the supposed threat make up the three “facilitating conditions” for a successful securitization (p. 33). Securitization is therefore not an objective assessment, but a series of claims made and perpetuated through discourses of drugs and security. This means “the security threats that are said to emanate from illicit drugs in Canada owing to their chemical properties or their effects on the body (politic) have not acquired an ontological status within security discourses prior to being interpreted as security concerns” (Grayson, 2008a, p. 7). The result of these discourses is a logic of protection wherein “good” Canadians must not only be protected from illicit drugs, but also from the people who use them. For Grayson (2008a, p. 31), “of utmost importance is how a set of discourses intermingled with and intertwined around the body of the drug user and how these dynamics changed, transforming the drug user from a pathetic but benign object of pity into a threatening, fiendish, and, most important, foreign contagion.” The word “foreign” is important because drug policy in Canada, the United States, and globally was founded on concepts of race, and thus control of specific drugs became an opportunity to control certain peoples associated with their use.

In Canada, opioids and their use have historically been associated with Asian immigrants in news media and government documents (N. Boyd, 1984; S. Boyd, 2017; S. Boyd et al., 2016; S. Boyd and Norton, 2019; Grayson, 2008a). Additionally, Nadelmann and Andreas (2006, p. 45) argue that the differential treatment of certain drugs like cannabis and opioids, versus alcohol and tobacco, evidence the normative cultural slant pushed by dominant Western forces against the constructed “other” of drug users, and implicitly, minorities and people of color. The categories of “licit” and “illicit” drugs are

social constructs that do not correspond with any pharmaceutical distinctions or any harm index, only with social constructs of what those drugs are and who uses them.

2.4 Harm Reduction

Harm Reduction International (*What Is Harm Reduction?* n.d.) defines HR as,

Policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws ... Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.

In the conceptual logic of HR discourses, drug supply crises can be understood as subject to “The Iron Law of Prohibition” (Beletsky and Davis, 2017). In this line of reasoning, when the HMCS Halifax interdicts a drug shipment, we are likely to see more overdoses and more violence at home, as enforcement efforts restrict supply and increase adulteration, or cause illicit market disruptions that instigate violence as competition for control of the unregulated markets ensue (Werb et al., 2011). From the “Iron Law of Prohibition” we get what Marks (1987) conceived of as “The Paradox of Prohibition,” wherein the tighter Enforcement becomes, the less control the state has over the market, and the more harm ensues. HR is not simply a response to potential substance use harms, it is more importantly a response to policies of harm *production*. According to Pauly (2007, p. 8) harm producing policies can include those relating to “policing, housing, income and employment policies, as well as organisational policies such as abstinence and zero tolerance policies.” As Ritter (2021, p. 38) explains:

Laws, regulations, and their enforcement by police have been a centre stage for drug policy and its controversies. From a harm reduction perspective, drug laws and their enforcement have been identified as producing significant negative harms and negative consequences, for individuals and communities. However, drug laws uphold the prohibitionist principles that have driven global drug policy to date.

HR does not simply represent a set of interventions like safe consumption sites (SCS) or distribution of clean paraphernalia. HR philosophy and discourses are highly concerned with the criminalization of drugs and PWUD, and HR’s opposition to oppressive drug policies and structural inequities tends to incline HR activists toward the liberalization of drug policies and new regulatory models. Policies that seek to remove the harm from drug use create a stark contrast from policies focused on supply reduction and harm production. What follows are discussions regarding drug policy approaches such as depenalization:

Full prohibition, Depenalisation, Decriminalisation, Legalisation, Full Legalisation, and Regulation are words that are frequently used across the literature and by governments and advocacy organisations, but there is no international consensus about the meanings (and the policy details) that sit behind these words. The most commonly adopted nomenclature uses the term ‘full prohibition’ to mean that both drug use and drug supply are criminal offences; ‘depenalisation’ refers to a lowering of the penalties for drug use but retention of drug use (and drug supply) as a criminal offence (Ritter and Stevens, 2017, p. 41).

Attempts to address criminality by targeting criminalization undermine the rationale of Enforcement, and this is even truer for more progressive drug policies such as decriminalization and legalization, which seek to further diminish the scope and role of Enforcement:

Following decriminalization, the possession, use, and acquisition of illegal drugs are no longer criminal offences. Anyone found with small amounts of drugs in their possession may receive an administrative sanction, such as a referral to treatment or fine. However, producing, supplying and selling drugs remain criminal offences... Legalization removes prohibitions on drug manufacturing, sales, possession and personal use, although it may impose some regulations, as will be the case for cannabis in Canada (Hosseiny and Janson, 2018, p. 5).

Much of the HR activism surrounding the crisis has been the fight for “safe(r) supply” programs that seek to provide substances with known contents as an alternative to the deadly polysubstance volatility of the illicit market (Ivsins et al., 2020). Programs that provide pharmaceutical opioids, like heroin or hydromorphone, have seen success in several European

countries (Lintzeris, 2009). Two important research trials have taken place in Vancouver’s DTES: The Study to Assess Long-Term Opioid Maintenance Effectiveness (SALOME), a randomized controlled trial that evaluated the effectiveness of prescription hydromorphone (Jozaghi, 2014), and the North American Opiate Maintenance Initiative (Project NAOMI), which evaluated the use of prescription heroin for treating opioid use disorders (S. Boyd, 2013). In the context of the COVID-19 pandemic, there have been some limited opioid prescription programs in BC and Ontario (Klaire et al., 2022; Laupacis, 2022; Young et al., 2022). The attribution of harms to drug laws in HR discourse inherently creates opposition between HR and Enforcement approaches, with Enforcement existing to uphold and enforce those laws.

The philosophy of HR focuses on PWUD and acknowledges that “they are worthy of respect without judgment of drug use” (Pauly et al., 2007, p. 6). It encourages a “value neutral” approach to substance use in policy and practice (N. Hunt et al., 2003), and some argue that one of HR’s strengths and a reason for its efficacy is its philosophical refusal of the moral judgments that permeate other approaches (Keane, 2003). While it is value neutral with regard to substance use, the philosophy does hold values, such as: “pragmatism” and “compassion” (*Harm Reduction and Illicit Substance Use: Implications for Nursing*, 2017), “goal-orientation” and “humanism” (Cheung, 2000), “cost benefit awareness” (Marlatt et al., 2001; Pauly et al., 2007) and the notion that all people are deserving of care that “meets them where they’re at” (Marlatt et al., 2001, p. 14) regardless of whether they’re unwilling or unable to stop using substances (Pauly et al., 2007; Smye et al., 2011). This pragmatic perspective argues: i) that all life activities carry risk and ii) that elimination of drug use is not necessarily attainable or desirable (Pauly et al., 2007). It is also a philosophy that emphasizes both personal responsibility and bodily autonomy, as well as skill such as the use of clean needles and proper injection

techniques both help individuals to safeguard their own health and combat the spread of infectious diseases (Fischer et al., 2004; Miller, 2005). As a normative framework HR can be nicely situated alongside HS and the poststructural aims of Bacchi’s WPR approach to discourse analysis.

Deeper HR critiques point to emerging advocacy for decriminalization, legalization, or other forms of regulation as still flawed, with the potential to lead to a “metamorphosis of prohibition” by merely attempting to ameliorate the negative effects of drug policy rather than address structural causes of harms that can be found in policy (Taylor et al., 2016). It has been argued the incorporation of an HR philosophy in public health settings could enhance health equity for PWUD and people experiencing homelessness, but that it would be inadequate for addressing the full scope of structural and systemic barriers they face (Pauly, 2007). HR’s incorporation into the Four Pillars framework can thus only ever be a partial implementation of the HR philosophy because it is done within a framework of internal policy contradiction. HR can be partially understood as a policy pillar, but it can be more fulsomely recognized as a resistance movement. This does not diminish the importance of public health implementations of HR interventions but recognizes that HR as a movement founded on resistance to drug policy is unlikely to maintain philosophical coherency as a set of policy interventions in the context of criminalization, prohibition, and Enforcement.

2.5 Discourse Analysis

Buzan et al. (1998, p. 25) state that, “...securitization can be studied directly; it does not need indicators. The way to study securitization is to study discourse and political constellations.” In Foucauldian understandings of discourse (Fornet-Betancourt et al., 1987;

Foucault, 1990), which inform Bacchi (2009), S. Boyd et al.'s (2016) and Grayson's (2008a) approaches to analyzing it, discourse can be understood as a product of “power relations” that “produce” our reality.

We must cease once and for all to describe the effects of power in negative terms: it “excludes,” it “represses,” it “censors,” it “abstracts,” it “masks,” it “conceals.” In fact, power produces; it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him (sic) belong to this production. (Foucault, 1984, p. 94, as cited in Bacchi and Goodwin, 2016a, p. 29)

Bové (1990, p. 53) argues that searching for a “correct” definition of discourse betrays the critical function that the usage of the term is trying to convey, as to define discourse is itself a form of participation within discourse(s). There are, however, some common ideas surrounding “discourse” that can help to explain how the term is being used for this research. Discourse is “both socially constructed and socially constitutive. Discourses are the means by which powerful groups exert influence in society, and the way in which dominant ideologies are propagated” (Spratt, 2017, p. 21). Studying securitization as a discursive activity highlights the power dynamics inherent in who gets to articulate securitizing speech acts and who gets to have them heard.

Grayson (2008) has done significant work analyzing securitizing drug discourses in Canada, and S. Boyd, Carter, and Macpherson's (2016) analysis of “problematizing” drug discourses in Canada runs parallel and is just as important to this thesis. There is also important critical scholarship that acknowledges how “institutionally-based claims makers” can use discourse to both define the nature of problems and prescribe solutions that provide them with the most advantages and best provide for their priorities (Best, 1999). Obviously, police departments are going to recommend policing-oriented solutions, obviously harm reduction organizations are going to recommend harm reduction-oriented solutions. More interesting,

Bacchi goes a step further by arguing that discourse creation doesn't just “frame” different problems, it actively “creates” them (Bacchi, 2006, 2009, 2012b, 2018a; Bacchi and Goodwin, 2016, p. 13).

For Howarth et al. (2000, p. 4) discourse analysis can be understood as a “the practice of analyzing empirical raw materials and information as discursive forms.” Discourse analysis generally places a large emphasis on the linguistic and contextual implications of passages within a particular document or set of documents (a “corpus”). Grayson (2008, p. 6) uses the term “drugs discourse” as “a signifier to describe the constellation of discourses that construct knowledge of illicit and licit drugs and those involved in their production, distribution, and consumption.” Grayson (2008, p. 189) elsewhere refers to the “constellation of knowledges, power relations, and governmental strategies that produce the category of the criminal addict.” In this way discourse constructs problems and identities in ways that could exacerbate actual lived effects and harms.

2.6 The Importance of this Research

The present study makes an important contribution to research on the securitization of drugs in Canada, the human security of people who use drugs in Canada, critical drug policy studies, and WPR approaches to mixed method discourse analysis. Innovating HS approaches to domestic drug policy could potentially return Canada to a position of HS leadership as well as place it at the forefront of HR-informed policy approaches.

In the year 2000, HS language was invoked before the UN Security Council regarding the spread of HIV/AIDS (Brower and Chalk, 2003). This helped divert new resources and engage different actors (Elbe, 2006; O'Manique, 2005), but some argue this came at a cost of

“governmentality,” extending the reach of invasive security and peacemaking efforts into matters of health policy (Elbe, 2006, 2009). Governmentality is a shared concern of HS researchers and researchers analyzing HR programs and interventions that are adopted by public health and other government agencies (Fischer et al., 2004; Rhodes, 2009; Souleymanov and Allman, 2016). If PWUD are threatened by securitization, then it could be beneficial to securitize securitization itself by highlighting the threats posed by Enforcement. Federal decriminalization of all drugs, for example, is a hypothetical “emergency” policy change that would be simultaneously a securitization and a desecuritization, depending on whether one views Enforcement as among the problems requiring a response in the crisis. Wæver (1993, p. 1) notes the benefits and liabilities that come with securitization:

Security, as with any other concept, carries with it a history and a set of connotations that it cannot escape. At the heart of the concept we still find something to do with defense and the state. As a result, addressing an issue in security terms still evokes an image of threat-defense, allocating to the state an important role in addressing it. This is not always an improvement.

There have been arguments that Canada should declare a “national public health emergency” related to the crisis under *The Emergencies Act* (formerly the *War Measures Act*). Until the February 2022 declaration of a Public Order Emergency in response to the trucker blockade of Ottawa, *The Emergencies Act* had never before been invoked (*Government of Canada Declaration of a Public Order Emergency, 2022*). Previously the *War Measures Act* was invoked for both World Wars and the 1970 October Crisis (Tetley, 2007). The October Crisis resulted in the death of one person prior to the invocation of the act, but the crisis of drug poisoning deaths in BC resulted in more than 4500 deaths between January 2016 and December 2019 (*Apparent Opioid and Stimulant Toxicity Deaths, 2022*). The current crisis has not been securitized to the same extent as the initiation of drug prohibitions on opioids more than a century ago, nor to the same extent as threats like terrorism that can be more clearly bound to the

traditional language of security. As McInnes and Rushton (2013, p. 116) state, “...what constitutes a ‘health security’ issue appears to be determined by something other than a ‘clear and present danger’ to life” and in this view securitization primarily tends to serve elite interests.

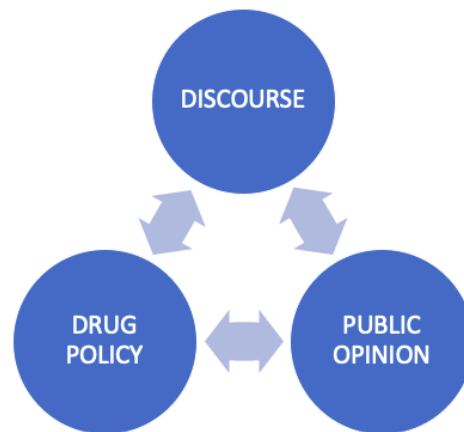
The threats faced by PWUD represent complex and multidimensional concerns not just for health, but for safety, and for security. It is beyond the scope of this thesis to determine if the security concerns of HR organizations *should* be securitized or desecuritized (or what the difference would actually be in this instance), but it will be shown that there are security concerns presented by the crisis and those concerns can be understood through the lens of HS. Further, an HS perspective does not imply a “traditional” security response, which is what is already present in the Enforcement pillar. For Buzan et al. (1998), desecuritization is a return to “normal politics” and a successful restoration of democratic processes, which in the context of the war on drugs would imply a return to policies that do not criminalize substance use. The possibility of a security framing being a useful tool for elevating concerns/threats to a level that provokes serious policy change is an important enough possibility for this to merit this research whether or not it is conceptualized as a securitization or a desecuritization of Enforcement.

Discourse is not limited to academic debate and has effects on policymaking. News media play an important role in both the creation and reflection of public discourse (Scheufele and Tewksbury, 2007) and engages in “issue framing” and “agenda setting” by highlighting particular aspects of a topic that holds widespread interest and defining possible policy responses (McGinty et al., 2015). Content analysis of English language print media coverage of HR across Canada has shown that while health perspectives were far more common than criminal justice perspectives (39% versus 3%), negative coverage of HR was more than ten times more common in opinion pieces than in news reports (Wild et al., 2019). This trend was particularly pronounced

in both BC and Alberta. While media coverage tended to be positive on the whole, it also primarily focused on supervised consumption in Vancouver, which was one of the more politically and legally contentious interventions. Less attention was paid to other less controversial harm reduction interventions, to harm reduction philosophy, and to the perspectives of PWUD. Similarly, an analysis of 673 news reports on opioid use from 1998-2012 in the US found criminal justice framing, emphasizing issues such as illegal drug dealing and solutions through law enforcement, was more common than health framing (McGinty et al., 2016). An analysis of 296 US newspaper op-eds, editorials, columns, and letters to the editor on harm reduction between 1990 and 2012 found that even though 75% of the coverage was positive, criminal justice perspectives were the most frequently mentioned (Eversman, 2013), and media coverage of the crisis in the US has been shown to shift according to the political leanings of the media outlet (Gratz et al., 2021). Analysis of Canadian newspaper coverage of harm reduction argues that the coverage may have undermined public support for a spectrum of harm reduction services (Wild et al., 2019).

Figure 1

Relationship between discourse, public opinion, and drug policy



As Figure 1 roughly illustrates, public opinion, public policy, and discourse all exert influence over each other. Prime Minister Justin Trudeau’s lack of support for proposals to decriminalize the possession of illicit opioid substances, for instance, is said by former Federal Minister of Health Jane Philpott to have been driven by how poorly it polls (Ling, 2019). Similarly, resources like needle exchanges and supervised consumption sites have a significant base of evidence supporting their efficacy in reducing harms associated with substance use and criminalization (Hunt et al., 2003; Loxley et al., 2004; A. Wodak and Cooney, 2005; Wood et al., 2004; Wood and Kerr, 2006), but nonetheless face political opposition and territorial opposition in the form of “Not in my backyard”-ism (NIMBYism) (Strike et al., 2004; Strike and Watson, 2019). Moreover, not only is policy influenced by discourse, it is constituted *as* discourse (Bacchi, 2006).

Chapter 3 – Methods and Approach

Research Question: What human security problems are constructed in Harm Reduction and Enforcement discourses surrounding the crisis of overdose deaths in British Columbia?

Paradigm/worldview: Poststructuralism.

Analytical lens: Human security.

Methodological approach: WPR strategy for discourse analysis.

Methods: Computer-assisted qualitative discourse analysis (CAQDAS), line-by-line thematic hybrid coding, Co-Occurrence Analysis.

This research applies a mixed methods study design to analyze data collected from the computer-assisted, thematic, line-by-line hybrid coding of two different corpora of documents selected using inclusion/exclusion criteria. Harrison et al. (2020) cite Johnson et al. (2007, p. 123) in defining mixed methods research as, “... the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purpose of breadth and depth of understanding and corroboration.” As Creswell (2014, p. 15) points out, one of the strong reasons for using a mixed methods study design is to “obtain a more comprehensive view and more data about the problem than either the quantitative or the qualitative perspective.” Mixed methods are useful for these large corpora, which do not represent single policies but instead represent entire policy pillars and are diverse in composition.

This thesis makes a methodological contribution to research in its mixed methods approach. Aranda et al. (2021) and Wodak (2016) identify the “manual processing and analysis of large text corpora” (Aranda, p. 198) as a “key challenge” to qualitative critical discourse analysis, and this thesis makes use of co-occurrence analysis to identify similarities and

differences between corpora that can be investigated qualitatively. This is accomplished within a poststructuralist theoretical orientation, through an HS lens.

Creswell (2014, pp. 3-4) explains specifically in six points what mixed methods studies *are not*:

1. *They are not simply the gathering of both quantitative and qualitative data; they must be integrated and play upon the strength that the combination brings to the study.* In this case, data are integrated through the way they are used to answer the WPR questions. Quantitative data helps to identify trends in the corpora that can be explained qualitatively.

2. *They are not simply a matter of using that label.* This use of mixed methods is not arbitrary. This thesis examines large corpora representing policy pillars, and to do this involves selecting excerpts and making analytical decisions regarding the most relevant themes. The use of quantitative data to illustrate trends and differences between corpora is a way of demonstrating that these decisions are not arbitrary or convenient but are linked to the data in ways that can be observed quantitatively.

3. *Mixed methods should not be confused with a mixed model approach to quantitative research.* Not applicable here, both qualitative and quantitative data are used.

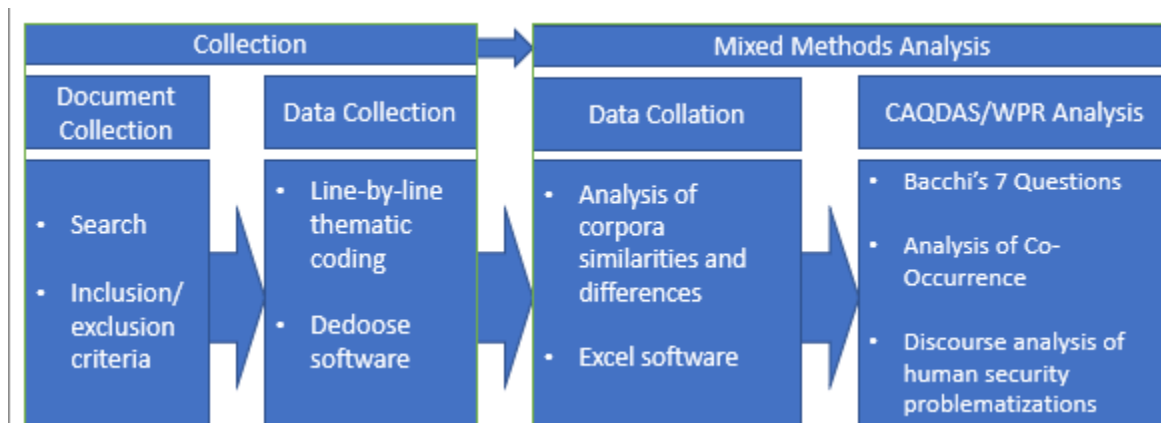
4. *Mixed methods is not simply an evaluation technique, such as formative plus summative evaluation.* Not applicable here as this thesis is not a policy or program evaluation.

5. *Mixed methods is not simply the addition of qualitative data to a quantitative design (or vice versa).* Not the case here as quantitative data is used to support the qualitative data by mooring it to larger observable trends in the corpora.

6. *Mixed methods is not simply the collection of multiple forms of qualitative data.* Both quantitative data and qualitative data are collected here. Since thematic coding can be used to collect both forms of data, the qualitative and quantitative data are collected concurrently.

In Leech and Onwuegbuzie's (2007) research design typology this is a fully mixed methods concurrent qualitative dominant study design, and in Morse's (1991) abbreviation scheme this is a QUAL+quan study. Analysis was conducted following a common data collection phase of coded excerpts from two document corpora, what Creswell, (2014, p. 6) refers to as “convergent design.” Coding was done by applying a code book derived from the seven dimensions of HS and important concepts from the literature review. Line-by-line coding was applied to excerpts for data collection. A WPR approach guides the concurrent/convergent mixed method discourse analysis of the data collected from coding the corpora, and that analysis is conducted through an HS lens. The study design is visually depicted in Figure 2.

Figure 2
Mixed method concurrent qualitative dominant study design (QUAL+quan)



3.1 Corpora Selection

The documents are collected from two distinct sets of organizations. The first set, here labelled ‘Enforcement’, consists of law enforcement, border control, intelligence, and military organizations. The second set, ‘Harm Reduction’, is based on community-run harm reduction organizations in British Columbia or are pan-Canadian organizations that have relevant documents pertaining specifically to British Columbia. “Community-run” refers to local non-profits, grassroots organizations, charities, and activist unions. These organizations are not run by the government, though they may be recipients of government grants and other forms of government support. They are also not private enterprises. These criteria exclude health authorities and other “official” actors that may implement harm reduction programs within the “official” capacity of drug policy implementation, but it does include collaborations between these actors and other included organizations. Further excluded are organizations that approach substance use with abstinence requirements as that is at odds with HR principles.

Bacchi, (2009, p. 54) notes that text selection is in and of itself an interpretive exercise, and the texts here differ from most WPR analyses in their numerousness and heterogeneity, and for not being policy texts. These texts do, however, contain distinct problematizations that are representative of the policy “pillars” they are representative of. Wodak and Meyer (2009) set out the following six specificity criteria for the selection of texts in order to avoid problems of “randomness” and “cherry-picking.”

Specific political units (region, nation state, international union)

The articles selected have relevance to the province of British Columbia and to sub-regions within BC. This includes articles Federal agencies, such as the RCMP, that have

documents specifically relevant to the crisis in BC, or pertain to a region within BC, such as Municipal Police Departments. Documents outside these geographic foci, such as Federal documents not explicitly pertaining to BC, or documents from other provinces, are excluded.

Specific periods of time relating to important discursive events.

Documents selected were published/released between April of 2016, when the Public Health Emergency under the Public Health Act was declared, and October of 2019, the official start of data collection. The Public Health Emergency declaration is in many ways a discursive act and serves as useful demarcation of when to begin the data collection. October of 2019 is roughly a time when COVID-19 coverage was becoming widespread, with an epochal shift in public health discourse occurring subsequently in March 2020. Annualized, or monthly documents will only have the most recent edition included in order to avoid replication and redundancy.

Specific social and especially political actors

The specific organizations are delineated in Appendix A and include organizations associated with their policy pillar, with the harm reduction corpus made up specifically of community-run HR organizations (excluding public health organizations).

Specific discourses, specific fields of political action

Documents will only be included if they also relate specifically and clearly to HR or Enforcement in BC during the designated timeframe.

Specific semiotic media and genre

The focus of study here is specifically on public-facing texts. Other forms of media, such as graphic posters, videos, podcasts, and anything other than text is excluded for the sake of methodological uniformity and keeping the scope of the study coherent. Academic papers are excluded due to their small and select target audience, but research summaries or other documents targeted toward the public can convey some of the same information and are included.

A within-site Google search, using the search command “site:www.website.com *search term*,” using the terms “overdose” and “opioid” was conducted on the website of each selected organization to find documents that meet the specific inclusion and exclusion criteria (Figure 2). A secondary search was done on each site by browsing any "Publication," "Documents" or equivalent site section to locate documents that may have been missed during the primary search.

The search is for documents that are not just publicly available but written and designed specifically for public consumption. These purposively public-facing documents are thus discursive documents. They are a means for organizations not just to try and inform the public, but to attempt to shape public conversations, and are examples of attempts to occupy the “enunciative position” in discourse creation (Chermak and Weiss, 2005; Maroney, 1992, p. 239). It is from that position that institutions frame, and even create, problems through discourse, and it allows certain actors to claim authority over topics and exert power and influence over policy.

Documents are limited to those that directly pertain to the overdose crisis in British Columbia. Documents are limited to those that are intended for physical distribution, which excludes web-only documents and social media documents. This emphasizes documents that are designed for the broader public, not just people who are already following or actively searching

out a specific website or group, emphasizing dissemination. Exceptions include documents that are digital representations of documents that are typically physical, and thus more widely disseminated than standard website entries or social media posts to followers, for example, e-petitions soliciting signatures with the intent of lobbying government, press/news releases. Documents which did not explicitly reference British Columbia, but were from BC, were included. Documents which were nationally focused but included specific references to the crisis within BC were included. The inclusion and exclusion criteria for document selection are detailed in Table 1, below.

Table 1
Inclusion/Exclusion Criteria for Document Search

INCLUSION	EXCLUSION
<ul style="list-style-type: none"> • From the selected agencies/organizations • Public-facing documents (not just publicly available, but clearly intended for public readership) • Specific to British Columbia • Specific to the ongoing crisis/epidemic of overdoses involving opioids • Public statements (different from news releases) • <i>Most recent</i> editions of relevant annual or monthly reports • Chapters or significant document sections that meet the above criteria, even if the full document does not • Intended for print and/or physical distribution (not limited to internet access/online discourse) 	<ul style="list-style-type: none"> • Before April 2016 • After October 2019 • No date given • News Releases • Instructional Documents (guides for administering naloxone, guides for accessing intake services, etc) • Internally focused (Job postings, memoranda, publicly available internal newsletters) • Drug policy documents not specifically related to opioid overdose • Other Media (videos, PowerPoint presentations) • Meeting Minutes • Academic papers, journal articles • Social media posts

3.2 Line-By-Line Thematic Hybrid Coding Strategy

As with Swain (2018) there is no distinction made between the terms “code” and “theme” here, and coding is “how you define what the data you are analyzing are about” (Gibbs, 2018, p. 54). The term “thematic analysis” is sometimes used to describe both coding and analysis (Xu and Zammit, 2020), though in this study coding is considered part of data collection, as the coded excerpts that result from that process of data collection are the units for the WPR approach to discourse analysis. Thematic analysis “involves finding repeated meanings across a data set, which is crucial to the interpretation of phenomena” (Braun and Clarke, 2006; Vaismoradi et al., 2013; quote taken from Xu and Zammit, 2020, p. 2), and thematic analysis can be used as a component of discourse analysis (Lin and Lee, 2013; Peterson, 2017; Singer and Hunter, 1999).

Coding began with a preparation phase that involved creating codes over the course of completing the literature review. During this phase a codebook a series of *a priori* codes were created and categorically assigned to dimensions of HS. Subsequently, a test coding phase was conducted on the first ten documents to test the codes put into the code tree and to generate any *a posteriori* codes that may have been missed during the during the initial code creation. This is adapted for large corpora, by using the first 10 documents for the test case, from similar code testing techniques used by Fereday and Muir-Cochrane (2006) and Boyatzis (1998). The codes were then “collapsed” into “code families” (henceforth referred to as “code trees”) as per Swain (2018). While the vast majority of the coding here is accomplished deductively, this phase is inductive, and so the coding strategy is referred to as “hybrid coding” (Swain, 2018; Xu and Zammit, 2020) combining both inductive and deductive coding, but not with equal emphasis.

Basit (2003) states that coding software selection is “contingent on the size of the project, availability of time and funds, and preference and expertise of the researcher,” and the Dedoose

software platform (*Home | Dedoose*, n.d.) was chosen for being easily accessible on multiple platforms. Dedoose was used for a priori coding, co-occurrence analysis and qualitative analysis by Mitchell et al. (2021) and Dedoose has been used elsewhere for co-occurrence analysis (Devine, 2017; R. Mitchell, 2015; Pitts et al., 2018).

Coding was conducted “line-by-line,” involving very close reading of all words, with codes applied to paragraphs, points, and passages (“excerpts”) rather than to individual words and terms. This allows for code applications to overlap for co-occurrence analysis, accommodates some of the PDF text selection limitations of the Dedoose software, and makes sure there is a single unit for code application and analysis. The concepts and phrases captured here are not uniform in context, phrasing, or application, and so the relationships between codes and Child Codes are not uniform as they might be in a corpus of documents with standardized formats. This strategy is not simple word matching and must account for context and placement, requiring coding through inference wherein the term of the code may not be used but the meaning of the passage still warrants the code’s application. Only text was coded, but in some cases the image coding function was used to accommodate uniquely formatted text excerpts or documents.

In the present study a co-occurrence is when more than one code is applied to an excerpt creating a relationship between the codes. The coding of excerpts rather than individual terms or phrases also allowed for coding co-occurrences as codes overlap on excerpts. This is advantageous as it allows for a comparison of how concepts are related to one another between the two corpora. Coding was an active process that required full and careful reads of each document. Excerpts are not meaningful when devoid of context.

The data collection phase is shared between the study components, but the data from coding is analyzed both quantitatively to find patterns and to look at code co-occurrence, and qualitatively to understand what it means, and to answer the research question which does not imply a quantitative answer. As Caracelli and Greene (1993, p. 197) explain, “One means by which qualitative and quantitative data can be integrated during analysis is to transform one data type into the other to allow for statistical or thematic analysis of both data types together.” The codes are analyzed in precisely this way, guided by WPR. The collection phase is shared and the integration of methods occurs in the concurrent analysis phase, as in Fetters et al. (2013).

3.3 The Code Book

The present study uses a computer-assisted qualitative discourse analysis (CAQDAS) approach to thematic coding using Dedoose software across two corpora of heterogeneous documents in PDF form⁶. This was accomplished using a line-by-line coding process with the below code trees.

Coding units were “excerpts” rather than individual applications of a term or single words. Most excerpts were paragraphs, but some were bullet points or other separated pieces of text. The coding of excerpts does not allow for the standard use of frequency analysis for code applications but does allow for co-occurrence analysis and for the use of frequency as one variable for sorting co-occurrences. Co-occurrences are found when more than one code is applied to an excerpt. Some codes are applied to terms and derivatives, some codes are applied more broadly to concepts and include inferences, and this is specified in the code tables below.

⁶ Two documents had metadata that interfered with them being uploaded as PDFs, and instead were coded as images using the image coding function.

This coding must be done line-by-line, it cannot be accomplished via simple text search and labelling.

Crisis Codes

Crisis	<p>Apply to all crisis framing excerpts, but remove from quant summary as it will co-occur with every single other crisis code application. This is useful for other co-occurrences, such as the relationship between ‘Addiction’ and ‘Crisis’ despite the lack of ‘Addiction Crisis’ applications.</p> <p>These codes refer to the different representations of what has been happening during the declared Public Health Emergency. The base ‘Crisis’ code was applied in all instances of crisis situation or description, even when Child Codes were applied. This makes analysis of code co-occurrence, which is useful for matching ‘Crisis’ Codes and Child Codes with other important descriptors and discourses of what is happening. ‘Housing Crisis’, a separate (but related) crisis, is coded as part of ‘Environmental Security’.</p>
Addiction Crisis	Includes “crisis of addiction” and other derivatives.
Drug Poisoning Crisis	Includes “crisis of poisoning deaths” and other potential derivatives.
Emergency	Includes “public health emergency,” “overdose emergency,” and other potential derivatives.
Epidemic	Includes references to overdoses as an epidemic; does not include references to other epidemics.
Fentanyl Crisis	Includes “crisis of fentanyl use” and other potential derivatives. If a term like “Fentanyl Epidemic” is used, code for both ‘Fentanyl Crisis’ and ‘Epidemic’ (and in all crisis framing also apply the ‘Crisis’ code).
Opioid Crisis	See above.
Overdose Crisis	See above.
Overprescription Crisis	See above. References could include mention of Oxycodone or other pharmaceutical opioids, as well as mentions of pharmaceutical companies. The belief that the prescription of opioids for pain has been a significant driver of the opioid crisis is widespread (Harocopos and Allen, 2015; Mars et al., 2013; Mui et al., 2014). Discourses of overprescription have led to a reduction in the prescribing of opioids for pain at the expense of people suffering with pain (Bulls et al., 2021; Oliva, 2021; Szalavitz, 2021).

Pandemic	Code for any reference to the crisis as a “pandemic,” though it does not actually fit the definition. Does not include references to other pandemics.

Freedom Codes

Freedom	The base code ‘Freedom’ exists to house a relationship between the Human Security concepts of ‘Freedom From Fear’, which is usually concerned with conditions of conflict, war, and violence, and ‘Freedom From Want’, which focuses on concerns surrounding poverty and inequality (MacLean, 2005, p. 48). These are highly related and interconnected concerns and they are relevant to drug policy and the ongoing crisis. Keane (2003, p. 229) states, “Prohibitionist policies threaten the freedom of users, damage their health and constitute them as marginal and stigmatized subjects excluded from normative categories of citizenship such as ‘the general public.’” ‘Freedom From Fear’ and ‘Freedom From Want’ are the most difficult codes to apply because relevant passages will be highly contextual. It is unlikely for documents to adopt the specific language that would easily align them with these concepts in particular, however, many other codes capture key elements of both freedoms. For example, a reference to poverty will be coded with ‘poverty’ but not necessarily with ‘Freedom From Fear’. Despite these difficulties, the codes are included as part of the tree because of their centrality to the concept of HS.
Freedom From Fear	“Freedom from fear: The narrower of the two seeks to understand human security as protecting individuals from violent conflicts while at the same time seeing these threats as strongly associated with poverty, lack of state capacity, and other forms of inequities” (Boulby et al., 2018, p. 10).
Freedom From Want	“Freedom from want: On the other hand, this view argues that threats involved in human security should be expanded to include hunger, poverty, disease, and natural environmental disasters because they are inseparable concepts in addressing the root of insecurity and they also typically kill far more people than war, genocide, and terrorism combined. This develops the focus beyond violence against individuals to emphasize human social and economic development as the optimum way to protect individual security” (Boulby et al., 2018, p. 10).

Person Codes

People	The ‘People’ code is not for use and just serves as a parent code to organize the Child Codes. It is important to identify individual actors in discourse and how they are portrayed, and this can help to identify subjectification and objectification effects.
Addict	Code for all uses of the specific term. ‘Addict’ is useful to code for as it has drastically different, loaded, contextual meanings. It is known to be a stigmatizing term (Ashford et al., 2018), but identifying with it is a significant component of many 12-step

	<p>programs (Narcotics Anonymous, 1988), and many treatment programs. Research shows that those who are comfortable adopting these labels “in the rooms” are often not comfortable with it in other settings (Ashford et al., 2018). Houborg et al., (2020) Levine (1978) and Valverde (1996) are but three examples of where differing problematizations of identities, such as “addicts” or “drug users” have been observed to lead to different policy responses.</p>
Allies	<p>People who support a cause that advocates for groups they may not themselves be a part of. Members of the group Moms Stop the Harm (MSTH) are an example as many do not themselves identify as ‘PWUD’. In that case, MSTH members would be coded as both ‘Families’ and ‘Allies’.</p>
Bylaw Enforcement	<p>Municipal employees that enforce ordinances. Could apply to “city workers” or derivatives depending on the usage. Bylaw enforcement can clash with people experiencing homelessness through enactments of no camping ordinances or other city policies that criminalize the activities of unhoused populations and PWUD.</p>
Cartels	<p>Similar to ‘Gangs’ this code refers to criminal organizations, but the term ‘Cartel’ is more likely to be used in specific reference to drug trafficking.</p>
Dealers	<p>Dealers, drug dealers, drug sellers, other derivatives.</p>
Families	<p>References to ‘Families’ may be in relation to ‘Allies’ as organizations such as Moms Stop the Harm occupy both categories, but ‘Families’ are also likely to be referenced in the context of loss and in stigma.</p>
First Responders	<p>This code has to largely be applied by context. While paramedics, firefighters, police officers are obvious applications, several documents referred to peers or people who use drugs as first responders. In these cases all relevant codes will be applied. This will create co-occurrences between 'First Responders' and the other categories.</p>
Gangs	<p>Criminal organizations in general. For criminal organizations specifically tied to drug trafficking, use the ‘Cartels’ code. If the context is reference to trafficking and the term ‘Gangs’ is used, code for both ‘Cartels’ and ‘Gangs’.</p>
Health Workers	<p>This code requires some context checking and inference as it encompasses wide ranging roles.</p>
Incarcerated	<p>People who are incarcerated.</p>
Indigenous	<p>Any and all references to Indigenous peoples or Indigeneity, Indigenous institutions and traditions. In BC this could include references to “First Nations,” “Inuit” and “Métis” Peoples.</p>
Offenders	<p>Apply for all uses, as well as for comparable terms such as “Criminal.”</p>

PWSUD	People With Substance Use Disorder, "person first" clinical language referring to what is more commonly known as “addiction.” Apply for this term and those that use clinical language to label people experiencing problematic substance use.
PWUD	“People who use drugs” (PWUD) is a commonly used term in the literature. Include references to similar terms, such as people who use illicit drugs (PWUID) or people who inject drugs (PWID), and so forth. Note that PWUD generally refers to people whose drug use has been criminalized (everybody uses drugs).
Parole Probation Officer	Covers both parole officers and probation officers, includes the abbreviation "P.O."
Peers	‘Peers’ is highly contextual and peers within PWUD organizations and peers within ‘Recovery’ organizations are different. Co-occurrence coding should cover the context of the ‘Peer’ role.
Persons In Recovery	Requires explicit identification of "Recovery."
Police	Includes references to “law enforcement.”
Policy Makers	Likely to co-occur with 'Politicians', which serves as a broader code. 'Policy Makers' may also include civil servants involved in the policy making process.
Politicians	Elected or appointed policymakers, not career civil servants.
RCMP	Royal Canadian Mounted Police, all references to.
Researchers	Code not just for relevant titles, but also relevant activities. For example, peers engaged in research should be coded with both 'Peers' and 'Researchers'.
Security Officers	Typically in reference to private security providers and visibly uniformed guards. May co-occur with 'Bylaw Enforcement'.
Youth	All references to “youth” or “young people” and other equivalents. Moore (2010) discusses the interplay of the category of ‘Youth’ with the problematization of drugs, particularly “binge” behaviours among “young adults.”

Dimensional Codes

The dimensional codes are parent codes created from the seven dimensions of HS: community security, economic security, environmental security, food security, political security, health security, and personal security. The UNHDR (1994, p. 32) states that “Among these seven

elements of human security are considerable links and overlaps. A threat to one element of human security is likely to travel like an angry typhoon to all forms of human security.” Many codes fit into multiple dimensions. ‘Colonialism’ and ‘Criminalization’, as but two examples, are pervasively structural and systemic, presenting broad ranges of security concerns across dimensions. Rather than place codes in multiple categories and overproducing co-occurrences, decisions were made to place codes in their most appropriate dimensions, and in those cases the rationale is included in the definition box. Dimensional parent codes, such ‘Food Security’ or ‘Community Security’, should be applied to all references to the first concept in the term, meaning all references to “food” or “community.” References to “security” are unnecessary for the application of those codes as determining the context will be part of the close read in the analysis.

The *UNHDR* (1994) did not rigorously define every single dimension of HS, but did contain specific sections that describe each dimension, shedding some light on their potential relevance to PWUD. A United Nations report, *Human Security in Theory and Practice* (n.d., p. 7) states, “Human security is also based on a multi-sectoral understanding of insecurities. Therefore, human security entails a broadened understanding of threats and includes causes of insecurity relating for instance to economic, food, health, environmental, personal, community and political security.” The assignment of Child Codes to parent (or “parent”) codes is not meant to delineate the only possible code parentage, but rather a best fit. Code assignments are not meant to bracket concepts off from possible applications, but to avoid over-coding. A code becomes meaningless if it is applied to all excerpts, so it is important to assign a broadly applicable code like 'Colonialism' to a limited set of possible applications, even if it is practically ever-present. That same United Nations document states (p. 7), “Moreover, human security

emphasizes the interconnectedness of both threats and responses when addressing these insecurities. That is, threats to human security are mutually reinforcing and interconnected in two ways.”

Community Security Codes

Community Security	<p>“Most people derive security from their membership in a group—a family, a community, an organization, a racial or ethnic group that can provide a cultural identity and a reassuring set of values. Such groups also offer practical support. The extended family system, for example, offers protection to its weaker members, and many tribal societies work on the principle that heads of households are entitled to enough land to support their family—so land is distributed accordingly” (UNHDR, 1994, p. 31). ‘Community Security’ is a particularly important dimension as the analytical unit shift from traditional security perspectives to HS encompasses not just switch from recognition of the nation-state to individuals as the unit of analysis, but also potentially to communities as the unit of analysis. ‘Community Security’ also holds a particular place in Enforcement discourses, wherein it is the “community,” and often ‘Families’, that can be threatened not just by drugs and the risk of addiction, but by PWUD, particularly ‘Dealers’ and ‘Traffickers’.</p>
Assembly	<p>Open gatherings of people. Relevant to people with stigmatized or criminalized identities. The freedom to assemble allows for organization, protest, community-building, and other group activities.</p>
Capacity Building	<p>Efforts to build community capacity. “Community capacity is the interaction of human capital, organizational resources, and social capital existing within a given community that can be leveraged to solve collective problems and improve or maintain the well being of that community. It may operate through informal social processes and/or organized efforts by individuals, organizations, and social networks that exist among them and between them and the larger systems of which the community is a part” (Chaskin et al., 2017, p. 8).</p>
Cultural Safety	<p>Code for all references. Likely to be mentioned in the context of training for healthcare providers. “Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care” (Stephen et al., 2015, p. 4).</p>

	Racism	Code for all references to racism and racial or cultural discrimination. Will co-occur with Child Codes.
	Racism In Healthcare	All references to racism, experiences of racism, identification of racism within healthcare settings. The <i>In Plain Sight</i> (2021) report documented significant discrimination against Indigenous peoples and other groups in BC healthcare settings.
	Racism In Law Enforcement	For racist/racialized encounters between law enforcement (police/RCMP) and PWUD.
	Systemic Racism	For references to racism and discrimination embedded in societal structures. Likely to be found in references to drug policy, health care, law, and law enforcement.
	Stigmatization	Stigmatization delineates people or behaviours as undesirable, thus excluding them from community.
	Ableism	Refers to discrimination against people with disabilities.
	Healthcare Stigma	Likely to be found in references to PWUD’s experiences of accessing healthcare services.
	Labelling	Refers to the ascription of labels or characteristics to people, whether pejorative, complimentary, or diagnostic.
	Law Enforcement Stigma	Most likely found in reference to law enforcement officers perpetuating stigma toward PWUD.
	MOUD Stigma	Medications for Opioid Use Disorder (MOUD), and Opioid Agonist Therapy (OAT) in particular, sometimes have their access and use stigmatized (McCradden et al., 2019).
	Pain Stigma	Refers to the stigma experienced by patients attempting to access substances for pain medication, see McCradden et al. (2019).
	Self Stigma	Refers to Link's (1987) findings that patients adopting psychiatric labels sometimes leads to self-devaluation or fear of rejection from others. Similar processes are elsewhere referred to as “conceptualized stigma” (Quinn and Earnshaw, 2013). “Self stigma” has been specifically identified as a relevant theme for people accessing opioids and people accessing healthcare settings (McCradden et al., 2019).

Economic Security Codes

Economic Security	The ‘Economic Security’ codes examine both the individual concerns surrounding a person's livelihood and income, but also the factors that support or inhibit illicit drug market activity. As Knapp et al. (2019) state regarding overdose deaths, “Economic insecurity may represent a population-level driver of US death trends.” In the UNHDR (1994, p. 25) this dimension is summarized as, “Economic security requires an assured basic income-usually from productive and remunerative work, or in the last resort from some publicly financed safety net. But only about a quarter of the world's people may at present be economically secure in this sense.”
Cheque Week	People who receive income assistance made more vulnerable by the observed increases of visible police in the neighborhood surrounding the disbursement of income assistance cheques during ‘Cheque Week’ (Collins et al., 2019) as well as the concerns surrounding potential upticks in illegal activity (Maxim et al., 2019).
Income	Earnings from work, including illicit economy work.
Job Security	“Job security is a significant aspect of employment that requires study and is based on several factors. Job security is an abstract concept and has implications to other facets of human rights” (Shabannia Mansour and Hassan, 2019, p. 1).
Money Laundering	Code any references to attempting to “launder” or disguise illicit market earnings as legal. It has been argued that the housing market has been used to launder money for people involved in the illicit drug market (Maloney et al., 2019).
Organized Crime	As one example a news report points to the "Big Circle Boys," an organized criminal network residing in Vancouver and being directed from the Chinese mainland that is said to be bringing fentanyl into Canada (Cooper et al., 2018).
Poverty	All references to “poverty,” “poor,” “low-income” and other potential equivalents. See Greve (2020, p. 12) for a taxonomy of poverty definitions. Likely to co-occur with parent code.
Production	‘Production’ refers to the production of illicit market drugs.
Pill Presses	In 2018, BC passed legislation introduced by Solicitor-General Mike Farnworth that banned the sale and ownership of pill presses to anyone who is not a pharmacist or authorized healthcare professional (R. Shaw, 2018).
Social Safety Net	Refers to social assistance programs.

Trafficking	‘Trafficking’ was made a child code of ‘Economic Security’ because it is a “black market” economic activity. Include references to “smuggling” or other identifiable equivalents.
Unemployment	Referring to individual unemployment and lack of employment more generally. Code for any reference.

Environmental Security Codes

Environmental Security	“Human beings rely on a healthy physical environment---curiously assuming that whatever damage they inflict on the earth, it will eventually recover. This clearly is not the case, for intensive industrialization and rapid population growth have put the planet under intolerable strain” (UNHDR, 1994, p. 28). Typically, ‘Environmental Security’ refers to the ecological environment. Recently, Indigenous groups and scholars have sought to adopt the language of 'security' to articulate concerns regarding climate change (Harrington, 2017). However, the physical or spatial environment that people experience insecurity within can be urban or rural.
Discarded Needles	Refers to the presence of discarded needles in the environment. These pose a small risk of disease transmission.
Gentrification	Code for all references. Can code for context, IE references to people being pushed out of the neighborhood. Code for references to “ghettoization” or equivalents should they be observed. “... gentrification has come to be understood as something much more comprehensive: a generalised middle-class restructuring of place, encompassing the entire transformation from low-status neighbourhoods to upper-middle-class playgrounds. Gentrifiers’ residences are no longer just renovated houses but newly built townhouses and high-rise apartments” (K. Shaw, 2008, p. 1698).
Hot Spot Targeting	Hot spot targeting refers to heightened policing in specific spaces (Wood et al., 2004).
Housing Security	Housing security was not formally referenced in the UNHDP (1994), however, it is a significant social determinant of health. 'Housing Security' represents a crucial subset of environmental security concerns and serves to capture the overlap between "crisis" concerns and concerns of homelessness, particularly as population growth and weak housing policies fuel an ongoing 'Housing Crisis' in BC (Bardwell et al., 2018; Collins et al., 2018; Lee, 2016).
Displacement	Happens to people during gentrification (a neighborhood process). Displacement is sometimes physically forced, as when encampments of people experiencing homelessness are demolished by police or bylaw enforcement officers (Olson and Pauly, 2021).

	Homelessness	“Homelessness can be defined as living "without suitable, stable and permanent housing, including those who are sleeping rough, living in hostels, with family/friends or in residential treatment programmes; living in insecure accommodation; and [] living in unsuitable housing" (Amore et al., 2011, p. 1). “Homelessness is often accompanied by narratives rooted in individual blame, criminalization, and reinforcement of substance use and mental health-related stigma. Visible homelessness, in the form of encampments, is a manifestation of government policy failures that neglect to uphold the human right to housing, and demonstrate eroding investments in affordable housing, income and systemic supports” (Olson and Pauly, 2021, p. 988).
	Housing Crisis	See parent code.
	Housing First	Housing First policies seek to provide housing without precondition, such as the precondition of drug abstinence (Aubry et al., 2015; Padgett et al., 2011).
	Incarceration	Placement into jail or prison.
	Institutionalization	Placement into mental health facility such as a psychiatric hospital.
	Penalization	Code for specific term, not for context.
	Police Presence	Refers to the visibility of police. "Operation 24/7" where VPD officers were posted outside of InSite is one good example (Wood et al., 2003b).
	SROs	Single Room Occupancy units (SROs) were the sites of more than 330 deaths in Vancouver between 2016 and 2019, but that number could be incorrect as the deaths have not been formally tracked, according to a <i>Georgia Straight</i> investigation (Lupick, 2019).
	Shelters	Shelters are not homes.
	Supportive Housing	‘Supportive Housing’ includes publicly subsidized housing for designated populations. Includes “Recovery Housing” which has been associated with a number of potential harms (Berman, 2017; Pond and Palmer, 2016).
	Tent Cities	Tent cities are ‘encampments’ occupied by people who are unhoused.
	Zero Tolerance	‘Zero Tolerance’ housing policies usually refer to abstinence-based environments where unpermitted substance use results in loss of housing and may also apply to abstinence requirements in other resources.
	Jail	Prisons too.
	NIMBY	Not-in-my-backyardism; when neighborhood residents oppose the local placement of harm reduction and related health services (Bernstein and Bennett, 2013; Takahashi,

		1997). May require coding for context as the term itself could be absent in passages describing community opposition to local placement of HR resources.
	Private Security	Refers to the use of uniformed private security providers such as Paladin Security or Securiguard Services, could include bylaw enforcement if the role is contracted to private providers rather than directly employed by the Municipality.
	Red Zoning	Spatial policing practices such as area restrictions or “red zoning” place PWUD at great risk by restricting their access to life-saving HR services (McNeil et al., 2015; Weisburd et al., 2018).
	Risk Environments	Risk environment theory, as per Rhodes (2009), focuses on spaces where PWUD have to navigate the relative and competing risks of overdose and law enforcement, having to find out-of-sight places to use whilst facing the risks of using alone or in places where help is not available.
	Surveillance	Physical surveillance, camera surveillance, digital surveillance, “bugs,” spying, watching, listening, eavesdropping. This is distinct from the public health usage of the term, which refers to data collection more generally, and should be excluded.

Food Security Codes

	Food Security	“Food security means that all people at all times have both physical and economic access to basic food... The availability of food is thus a necessary condition of security-but not a sufficient one. People can still starve even when enough food is available-as has happened during many famines” (UNHDR, 1994, p. 27).
	Access To Food	Code for all references to one’s ability to acquire food.
	Availability Of Food	Refers to the availability of healthy foods. The relative costs of processed and high sugar “junk foods” versus high quality nutrient rich foods has negative public health impacts at the global level (Popkin, 2011) and this has a more pronounced effect on individuals with low income (Chung and Myers Jr, 1999; Drewnowski and Darmon, 2005).
	Disordered Eating	Code for all references to eating disorders. Several studies have established correlations between Substance Use Disorder(s) and disordered eating and some have sought to frame disordered eating as “food addiction” (Gearhardt et al., 2014; Umberg et al., 2012).
	Malnourishment	Code for all references to illnesses resulting from lack of nutrition.

Political Security Codes

Political Security	“One of the most important aspects of human security is that people should be able to live in a society that honours their basic human rights.” (UNHDR, 1994, p. 32).
Activism	From Zigon (2018), “What I call the <i>anti-drug war movement</i> is a pluralist assemblage of diverse – and sometimes seemingly contradictory – groups and organizations that have created a counterhegemonic alternative to what I describe below as the global condition of war as governance.” Zigon et al. (2022) further note connections and distinctions between anti-drug war activism and “recovery” activism and how both are disrupted by the war on drugs. <i>Raise Shit!</i> (S. Boyd et al., 2009) and <i>Fighting for Space</i> (Lupick, 2018) provide good histories of drug user activism in Canadian contexts.
Border Control	Anti-trafficking efforts aimed at reducing smuggling by various means including by ship, air, or mail.
China	Placement as a child code of ‘Political Security’ reflects the international security dimensions of drug enforcement, as well as the sociopolitical-racial social construction of “Canada” as a political project.
Civil Disobedience	“On the most widely accepted account, civil disobedience is a public, non-violent and conscientious breach of law undertaken with the aim of bringing about a change in laws or government policies” (Delmas and Brownlee, 2021, p. 1).
Coercion	Code for all references to “pressure”/“pressuring” and other equivalents to coercion into substance use treatment. See (Wild, 2006; Wild et al., 2016) and (Urbanoski, 2010, 2020) for descriptions of legal and social coercion.
Collective Action	Code for references to protests, community organizing, and other organized efforts by PWUD. The creation of “Unions” of PWUD, such as the Vancouver Area Network of Drug Users (VANDU) and the Society of Living Illicit Drug Users (SOLID) are examples of collective action aimed toward political changes.
Colonialism	‘Colonialism’ has been made a Child Code of ‘Political Security’ because Canadian sovereignty, the foundation of statehood and political legitimacy, is a colonial experiment. Therefore ‘Colonialism’ is not a reference to Indigenous communities; it is a reference to Canadian statehood. This doesn’t negate the inherently political nature of colonization, nor the economic impacts, nor the outright annihilation of ‘Personal Security’ that is obviously a part of genocide.
Criminalization	Code all references. Include references to things being illegal or illicit.

Governmentality	Refers to the subsumption of harm reduction services by publicly-funded organizations, see Fischer et al. (2004), has also been raised as a concern in HS research (Elbe, 2006, 2009).
Human Rights	‘Human Rights’ is coded as a child of ‘Political Security’ reflecting its social construction, use of legalist language, and relevance to politics and politicking.
Media Bias	Code for references to media bias, not the appearance of bias.
Omission	An example would be references to the four pillars that emphasize only three of the four or works that omit crediting the contributions of PWUD.
Public Opinion	The relationship between public opinion and drug policy is talked about on page 40.
Public Safety	‘Public Safety’ was made a child code of ‘Political Security’ to reflect the political act of defining the “public.”
Recognition	The importance of ‘Recognition’ is not limited to policymaking, as communities of PWUD have been sites of knowledge extraction and PWUD are frequently put to work as researchers without receiving proper credit or ‘Recognition’ (Simon et al., 2021).
Speech Acts	Refers to “securitizing speech acts,” see Buzan et al. (1998).

Health Security Codes

Health Security	Within ‘Health Security’ is an emphasis on the right of “primary health care for all” (UNHDR, 1994, p. 7). HS also draws heavily from the work of Amartya Sen, one of the consultants for the 1994 Human Development Report, who argued that studies of development need a shift in measurement away from household income toward a variety of factors, including health (Sen, 1999). Battersby and Siracusa (2009, p. 3) described HS as “...an integrated approach to human well-being... one that emphasized the interrelationships between poverty, human rights, public health, participation, education and political participation.”
Access To Services	Should be coded alongside the code for the service. The Child Codes below can be coded independently of ‘Access To Services’ should the reference not discuss the actual accessing of the service.
Medication	Any references to medication.
Naloxone Training	Overdose response training, “Narcan” training.

	Outreach	“Outreach work ensures that health interventions are adequately implemented on the ground and often act as an entry point for people who use drugs to access a range of health services. It is a key component of all HIV/HCV prevention and HR programmes” (Khatmi et al., 2021)
	Supervised Consumption	Any references to “supervised consumption sites,” “overdose prevention sites,” “safe injection sites,” or any other identifiable configurations or derivatives. SCS of various types have a significant evidence base supporting their efficacy in reducing substance use related harms (Hunt et al., 2003; Loxley et al., 2004; A. Wodak and Cooney, 2005; Wood et al., 2003a, 2004).
	Supply Distribution	Refers to the distribution of harm reduction supplies like clean pipes, sterile syringes, hose, etc.
	Treatment	Any reference to treatments for substance use (disorder) or any interventions referenced as “treatment(s).”
	Abstinence	As in abstinence-based drug treatment or abstinence-based recovery.
	Carfentanil	Code for all references. “Ocfentanil and carfentanil are two potent synthetic opioids that are analogues of fentanyl and are actively involved in the recent fentanyl crisis” (Misailidi et al., 2018, p. 12).
	Drug Checking	Code for drug checking services. Services such as the “bad dope alert” (VCH, n.d.) and drug checking services (<i>Substance</i> , 2021; Kerr, Tupper, et al., 2017) to help to serve as a distant early warning system for drug poisoning risks.
	Fentanyl	Code all references.
	Fentanyl Exposure	Refers to the unlikely risk of being poisoned by fentanyl via exposure through things like inhalation (by being nearby), or the (not possible, but feared) penetration of the skin via touching.
	Health Equity	“Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided” (Whitehead, 1992).
	Mental Health	Any references to “mental health” or derivatives like “psychological well-being.”
	Addiction	Do not use for “problematic substance use” or “Substance Use Disorder(s).”
	Anxiety	Code all references.
	Depression	Code all references.

	Grief	Code all references.
	Isolation	Code all references.
	Trauma	Code for all references to ‘trauma’. People who have experienced significant trauma are more likely to be treated with medications for opioid use disorder (MOUD) (Smye et al., 2011). Popular discourses around trauma and substance use have largely been shaped by the bestselling <i>In The Realm of Hungry Ghosts</i> (Maté, 2018) and the well-known Adverse Childhood Experiences (ACE) study (Felitti et al., 1998).
	Needle Stick	Needle stick injuries occur when people are unintentionally poked by used syringes.
	Non Opioid Substances	Code for references to substances that are not opioids, such as benzodiazepines/benzos as but one example.
	Opioids	Code for all references. Opioids are a particular class of drug that binds to the brain's opioid receptors, and includes both “opiates” (naturally derived from poppy plants) and synthetic “opioids.” References to “fentanyl and analogues” would receive both the ‘Fentanyl’ code and the ‘Opioids’ code.
	Overdose	All references including those coded with Child Codes.
	Overdose Response	Code all references.
	Overdose Prevention	Code all references to the activity of overdose prevention, and for overdose prevention sites. OPS will be also be coded with ‘Overdose Prevention’ and ‘Supervised Consumption’. “Overdose prevention sites provide a space for people to inject their previously-obtained illegal substances with sterile equipment in a setting where staff (often peers) can observe and intervene to prevent overdoses.” (Wallace et al., 2019).
	Overdose Deaths	Code all references.
	Poisoning	Code all relevant references, omit when contextually irrelevant (“food poisoning,” for example).
	Pain	Code for all references to physical pain (omit figurative references, “pain in the ass” and so forth). ‘Pain’ is relevant for its relationship to opioid prescribing.
	Acute	“Acute and chronic pain are different clinical entities. Acute pain is provoked by a specific disease or injury, serves a useful biologic purpose, is associated with skeletal muscle spasm and sympathetic nervous system activation, and is self-limited. Chronic pain, in contrast, may be considered a disease state. It is pain that outlasts the normal time of healing, if associated with a disease or injury.

		Chronic pain may arise from psychological states, serves no biologic purpose, and has no recognizable end-point” (Grichnik and Ferrante, 1991, p. 1).
	Chronic	See above. Additionally, chronic pain is linked to high rates of depression, anxiety, and suicidality (Choinière et al., 2010) and this may manifest in co-occurrences.
	Prevention	Code all references, but do not code for ‘Overdose Prevention’. Refers to “prevention” in the Four Pillars. This could refer to prevention of harms or risk behaviours but could also refer to the prevention of substance use.
	Risk Behaviours	Code all references, and with associated codes.
	Safer Use Strategies	Strategies for reducing the potential harms of substance use, such as “start low, go slow” or buddy/spotter systems to prevent using alone.
	Perinatal SU	For references to substance use and pregnancy.
	Rushed Injection	May co-occur with ‘Risk Environments’. Code with ‘Risk Behaviours’.
	Impaired Driving	Code all references. Code with ‘Risk Behaviours’.
	Sharing Equipment	Refers to the sharing of drug paraphernalia and equipment, which can serve as a disease vector. Code with ‘Risk Behaviours’.
	Using Alone	Code all references. Code with ‘Risk Behaviours’
	Supply Reduction	Code for references to efforts to reduce the supply of drugs in order to prevent drug-related harms.
	Drug Bust	Refers to law enforcement events. Code for context as a press release announcing mass arrests or drug seizures may not use the phrase 'Drug Bust' but will capture what the code is designed to capture. Likely to co-occur with 'Arrest'.
	Withdrawal	Code all references.

Personal Security Codes

Personal Security	<p>“Perhaps no other aspect of human security is so vital for people as their security from physical violence. In poor nations and rich, human life is increasingly threatened by sudden, unpredictable violence. The threats take several forms:</p> <ul style="list-style-type: none"> • Threats from the state (physical torture) • Threats from other states (war) • Threats from other groups of people (ethnic tension)
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		<ul style="list-style-type: none"> • Threats from individuals or gangs against other individuals or gangs (crime, street violence) • Threats directed against women (rape, domestic violence) • Threats directed at children based on their vulnerability and dependence (child abuse) • Threats to self (suicide, drug use)” (UNHDR, 1994, p. 30)
	Privacy	Code for all references.
	Threats To Self	Parent code, not for application.
	Substance Use	All substance use references, including drinking alcohol or smoking cigarettes. Can omit references to coffee or comparably “everyday” substances unless their use is being framed as substance use.
	Relapse	There are multiple competing definitions and understandings of relapse, but it should be clear from context when this is referenced. Likely to refer to a return to substance use after abstinence.
	Problematic Substance Use	Code for exact use of term, do not code for context. This is a specific term that relates not simply to ‘Addiction’ but also related concepts such as “pseudoaddiction” or “therapeutic dependence” (Compton et al., 1998). Do not code for “addiction,” do code for aforementioned derivatives and for “Substance Use Disorder(s).” This helps distinguish between clinical language and colloquial language.
	Suicide	Specifically identified as a threat to personal security as per UNHDR (1994, p. 30).
	Threats From Other People	Parent code, not for application.
	Theft	Stealing property.
	Robbery	Coercively or forcibly stealing property.
	Violence	Drug enforcement practices are associated with heightened levels of drug-related ‘Violence’ (H. L. Cooper, 2015; Davis et al., 2005; Werb et al., 2011; Wood et al., 2003a).
	Threats From State	Parent code not for application.
	Arrest	As of 2018 the majority of drug-related ‘Arrests’ in Canada have been for ‘Possession’ of criminalized drugs (J. Boyd, Collins, et al., 2018; Statistics Canada, 2019).
	Assault	Code for all references.

		Possession	Code for all references to illegal possession of drugs.
		Drug Policy	As cited on pp 7-8 of the present document, drug policy “is not found in one particular aspect of government activity” and “...cuts across a number of domains, including policing, justice, law-making, the use of military force, interpretation of law and the decisions of judges” (S. Boyd, Carter, and MacPherson, 2016, p. 2).
		Harassment	Code for all references.
		Torture	Code for all references, even if they may appear figurative, such as descriptions of experiences that may not have been formally intended as torture (delays in access to medication, as a hypothetical example).
		Threats Toward Children	Parent code not for application. The Child Codes of 'Threats Toward Children' cover the potential for harms done by parents engaged in 'Problematic Substance Use', (Barrett, 2010) but it can also account for the way in which the Ministry of Children and Family Development ('The Ministry') uses 'Substance Use' as a justification for the dismantling of Indigenous families and the theft of children and money by the state (Leonard, 2020; Proctor, 2020).
		Child Neglect	Code all references. See parent code.
		Child Abuse	Code all references. See parent code.
		The Ministry	Refers to the Ministry of Family and Social Development, now referred to as the Ministry of Children and Family Development. Code all references, see parent code.
		Threats Toward Women	Parent code not for application.
		Domestic Violence	Code all references.
		Sexual Violence	Code all references.

3.4 Mixed Methods Analysis

Bacchi (2021) has cautioned against mixed method approaches, such as Van Aswegen et al.'s (2019) “good cop/bad cop” approach which attempted to combine WPR with the critical realist approaches to CDA that are associated with Fairclough (1995) and Hyatt (2013). Bacchi’s concern is that critical realism and poststructuralism serve different epistemological purposes and

are foundationally non-compatible. The present research ameliorates this concern by remaining epistemologically consistent. Here the quantitative data serves to provide “complementarity” (Greene, 2007) which uses one method to help enhance and illustrate the results from another method and does not make epistemologically inconsistent claims. Quantitative data is not being used to measure objective phenomenon experienced in reality but are instead used to detect differences and similarities between corpora for further qualitative analysis, thus ameliorating Bacchi’s concerns and making a novel application of WPR as a tool for large corpora analysis.

For Bryman (2006), using qualitative findings to illustrate quantitative data findings (in this case corpora differences and similarities) can put “meat on the bones” of “dry” quantitative findings (as quoted in Schoonenboom and Johnson, 2017, p. 129). In the present study quantitative findings would not be meaningful on their own for two reasons. First, the units being counted are coded excerpts, and not individual code applications and so standard techniques of “frequency analysis” are not applicable here. Second, the number of coded excerpts is not inherently meaningful either. Qualitative analysis is necessary for examining how terms are applied and referenced and what their meaning is. Counting code applications does not answer the research question and provides no intrinsic meaning, but it does illustrate patterns for investigation. This allows for the quantitative component to assist "in illuminating aspects of the analysis of the core project" (Morse and Niehaus 2014, p. 4).

Morse (1991) designed a notation system for mixed method studies that allows for a primary component to be emphasized. In their system this is a QUAL+quan study, wherein the core component is the qualitative analysis (represented in capital letters) even though it follows from the quantitative analysis sequentially. The designation of the primary component is based on the “theoretical drive” of the study (Morse and Niehaus, 2006, 2009). In Morse and Niehaus’

view, the core component must be able to stand on its own and must be implemented rigorously, whereas the supplemental component is there to support the primary component. This thesis could proceed without the quantitative component, but the large corpora and large code tree are difficult to work with for a deep qualitative analysis. Morse and Niehaus (2009, p. 19) say it can be a mistake to omit the supplemental component for fear of critical reviewers and they also state, “Although the core component is always dominant, complete (i.e., scientifically rigorous), and can stand alone, the supplemental component is conducted only to the extent that the researcher obtains the information needed and could not be published alone” (p. 24). Here, the intention is not to use quantitative data for empirical claims, but rather to use the data to sort through and delineate differences between the corpora. Having the differences and congruencies visually illustrated helps to inform the qualitative examination of the corpora. This is a deductive analysis that 'tests' the compatibility of HS dimensions with policy “pillar” discourses, and quantitatively identifying the presence of coded excerpts is very useful to this end. Further, co-occurrence analysis can be used to locate “important patterns of meaning construction” (Macdonald et al, 2021, p. 8), particularly with regard to how themes are related to one another and what aggregate meaning is constructed in those relationships.

Bacchi and Bonham's (2014) poststructuralist orientation and McEnery and Hardie's (2011) "collocate analysis" (elsewhere referred to as co-occurrence analysis) were adopted by MacDonald et al. (2021) in their mixed methods critical discourse analysis of a large corpus of Irish budget speeches. In their approach, “...quantitative tools provide a guide, once found, collocates across the entire corpus can be subjected to further examination” (pp. 5-6). Here, analytical functions in the Dedoose software are used to detect and illustrate differences within the corpora. MacDonald et al. (2021) used a periodization scheme involving coding the five

words to the left and right (5L5R) of key terms to co-locate them for analysis. In the present study, key terms (codes) co-occur with one another within coded passages or excerpts as more than one code are applied. Those excerpts and the multiple codes that may be applied to them form analytical units for further exploration within the context of the documents they are collected from. Quantitative data help to steer the qualitative data by making it possible to visualize large trends in code applications and excerpts and the differences between the corpora. Finding codes that are co-located within excerpts facilitates closer qualitative analysis. Here, rather than arbitrarily assign a distance identifier like 5L5R, co-occurrences within excerpts are used for analysis. The HR corpus is significantly larger than the Enforcement corpus so the number of codes applied relative to each corpus is indicative to relative frequency within corpus rather than across corpora. The size, content, and form of each corpus affects how passages are coded, as does the nuance and context of each code’s potential application. As Xu and Zammit (2020, p. 3) state, “An integration of inductive and deductive coding reflects a balanced, comprehensive view of the data, instead of purely relying on the frequency of codes decontextualized from their context.” The research question is best answered qualitatively, but the use of quantitative data is a useful supplement for sense-making with large and diverse corpora.

The terms “inductive” and “deductive” must be applied precisely here. The “theoretical thrust” (Schoonenboom and Johnson, 2017) of this research is inductive as the research question, “What human security problems are constructed in Harm Reduction and Enforcement discourses surrounding the crisis of overdose deaths in British Columbia?” is an exploratory question and not a theory testing question. HS is a theoretical/normative lens and not a predictive theory for testing. The deductive aspect of this research pertains to identifying excerpts and identifying

their relationship to HS concepts, rather than testing HS claims. The coding strategy, however, is hybridized, with the largest component of the coding being deductive. The “mode of synchronization” (Morse and Niehaus, 2009, p. 24), where the qualitative and quantitative components come together, occurs during the WPR approach. WPR allows for all of the QUAL+quan data to be analyzed in a structured and meaningful way, and because both types are analyzed concurrently in that approach, this study has “concurrent pacing” (Morse and Niehaus, 2009; Creswell and Piano Clark, 2007).

Other notable WPR drug policy works have focused on smaller corpora (J. Boyd and Kerr, 2016, 2016; Keane, 2017; Klein and Dixon, 2020; Lancaster et al., 2017; Lancaster, Seear, et al., 2015; Moore and Fraser, 2013; Seear and Fraser, 2014), or on interviews (Walker et al., 2020). This work is distinct in looking at two discourses as represented by large corpora and taking a WPR approach to mixed methods discourse analysis.

3.5 WPR Approach to Discourse Analysis and Poststructuralist Orientation

Bacchi’s (2009) “What is the Problem Represented to Be?” (WPR) approach challenges the assumption that policies and policy-makers solve or respond to problems, and instead explores how policies shape and actually create “problems” discursively. Bacchi and Goodwin (2016) refer to the WPR approach as an “analytic strategy” or “tool” to facilitate poststructural analysis, and it offers a systematic way of investigating problematizations critically (Bacchi, 2017). Bacchi’s poststructuralist approach is skeptical and Tanesinian in its approach to knowledge, and it treats the concepts that comprise knowledge as “proposals about how we ought to proceed from here” (Tanesini et al., 1996, p. 207) following from Foucault’s

understanding of knowledge as a function of power relations (Bacchi and Bonham, 2014; Foucault, 1990b).

Howarth and Stavrakakis (2000, p. 4) further describe poststructural discourse analysis as a process of “analysing empirical raw materials and information as discursive forms,” where meaning in discourse “is conferred by particular systems of significant differences” (Howarth, 2000, p. 101). Bacchi’s WPR approach follows in the poststructuralist tradition of Foucault (Bacchi and Goodwin, 2016). For Foucault, reality and the “things” in it are produced by power relations (Foucault, 1984, 1990 as cited in Bacchi and Goodwin, 2016, p. 24). He does not question the objective existence of things but emphasizes how their constitution into meaningful entities occurs as a discursive process. For Bacchi and Goodwin (2016, p. 28), to attempt to determine whether the meanings of a text are “correct” would “directly contradict a post-structural focus on knowledge production.” To “identify a discourse” is really to identify a “rationality,” or in policy-focused CDA, a “governmental rationality” (pp. 42–43). Discourse analysis has the potential to locate subjugated knowledges, such as knowledge of illicit substance use, with “tactical usefulness” that can subvert elitist “scientific” knowledges (p. 48). It is possible that some of that tactical usefulness could be applied through the securitization of HR concerns when viewed through an HS lens.

Academic research is cited throughout this analysis, but this section is not engaging in the truth testing of discourse, and is instead presenting research as another form of, and contributor to, discourse. Understanding a problematization’s relationship with evidence is important to several of Bacchi’s guiding WPR questions. Poststructuralism does not require an analyst to venture down an epistemological abyss where all knowledge claims are equal – evidence and science still matter even if the goal is not to measure conceptual logics against empirical reality.

Understanding the role of evidence in discourse is important, and as Strang et al. (2012, p. 71) state:

Much public debate in drug policy is only minimally informed by scientific evidence. Values and political processes (e.g., voting) are important drivers of drug policy, but evidence of effectiveness and cost-effectiveness can help the public and policy makers to select policies that best achieve agreed goals.

The focus is therefore on the problematizations found within discourses, as seen through an HS lens, and not on the “reality” that policies are ostensibly seeking to address. This further ameliorates the epistemological concerns raised by Bacchi (2021). As Floyd (2007, p. 42) states, “...human security entirely lacks a framework of analysis,” and so WPR provides that approach for structuring analytical findings.

Bacchi and Goodwin (2016) offer 7 questions/steps for guiding and structuring WPR analysis,

Question 1: What is the problem represented to be in a specific set of speech acts?

Question 2: What deep-seated presuppositions or assumptions (conceptual logics) underlie this representation of the “problem” (problem representation)?

Question 3: How has this representation of the “problem” come about?

Question 4: What is left unproblematic in this problem representation? Where are the silences?

Can the “problem” be conceptualized differently?

Question 5: What effects (discursive, subjectification, lived) are produced by this representation of the “problem”?

Question 6: How and where has this representation of the “problem” been produced, disseminated, and defended? How has it been and/or how can it be disrupted and replaced?

Step 7: Apply this list of questions to your own problem representations.

Here the approach is being used on the data collected through Dedoose from the two corpora. WPR is appropriate here as the security threats/policy harms under investigation are presented in discourse as problematizations. These stem from problematization and securitization processes that are constructed through discourse. Rather than looking at policy as discourse, this is simply looking at discourse as discourse, using an examination of documents intended to inform discourse from actors related to the relevant policy pillars.

The WPR questions guided the analytical process. The ‘Crisis’ codes were designed to help answer Bacchi’s first and second questions involving the identification of specific problematizations and conceptual logics. The selection of key passages and identification of trends within corpora was similarly informed by this process, as the identification of genealogical histories followed logically from the identification of different problematizations and differing trends across the corpora. Close reading of the codes and passages within documents helped to determine the meanings of these selections and answer the WPR questions with specific examples and cited evidence. The WPR approach allowed for a fulsome approach to answering the research question, “What human security problems are constructed in Harm Reduction and Enforcement discourses surrounding the crisis of overdose deaths in British Columbia?” by offering a structured way of interrogating the excerpts and documents.

Chapter 4 – Findings and Discussion

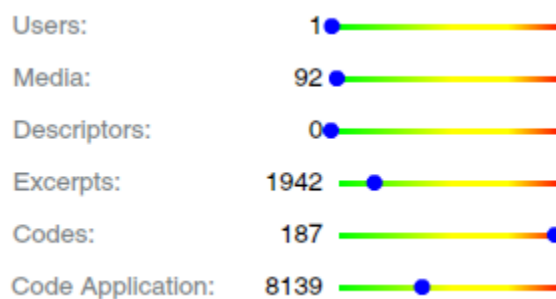
The first section of this Chapter looks at broad trends observed between the corpora. The second section looks more specifically at what the application of ‘Crisis’ codes revealed regarding descriptions of problematizations. As with several other WPR analyses this analysis is structured around key themes rather than around the WPR questions themselves; an approach to structuring arguments and analyses that Bacchi (2021a; 2009) has endorsed. Question 4 (What is left unproblematic in this problem representation? Where are the silences? Can the “problem” be conceptualized differently?) is answered throughout the analysis as comparing problematizations is central to the analytical processes. Evaluating “lived effects,” part of question 5, is usually accomplished by looking at policy evaluations, but since the present study is focused on policy pillars it looks at this question through references to lived effects within the corpora. Section 4.1 looks at trends in the corpora, 4.2 looks at crisis problematizations and HS dimensions, Sections 4.3 and 4.4 look at the differing conceptual logics found in each corpora’s problematizations, and 4.5 engages in a critical self-assessment in keeping with Bacchi’s recommendations for WPR.

4.1 Corpora Overview

As shown in Figure 3, across 92 documents (66 HR corpus, 26 Enforcement corpus, see Appendix A for a list of documents) 8139 applications of 187 codes were made to 1940⁷ excerpts. Most of the code applications (1493 of 1940) were in the HR corpus

Figure 3

Quantitative Overview

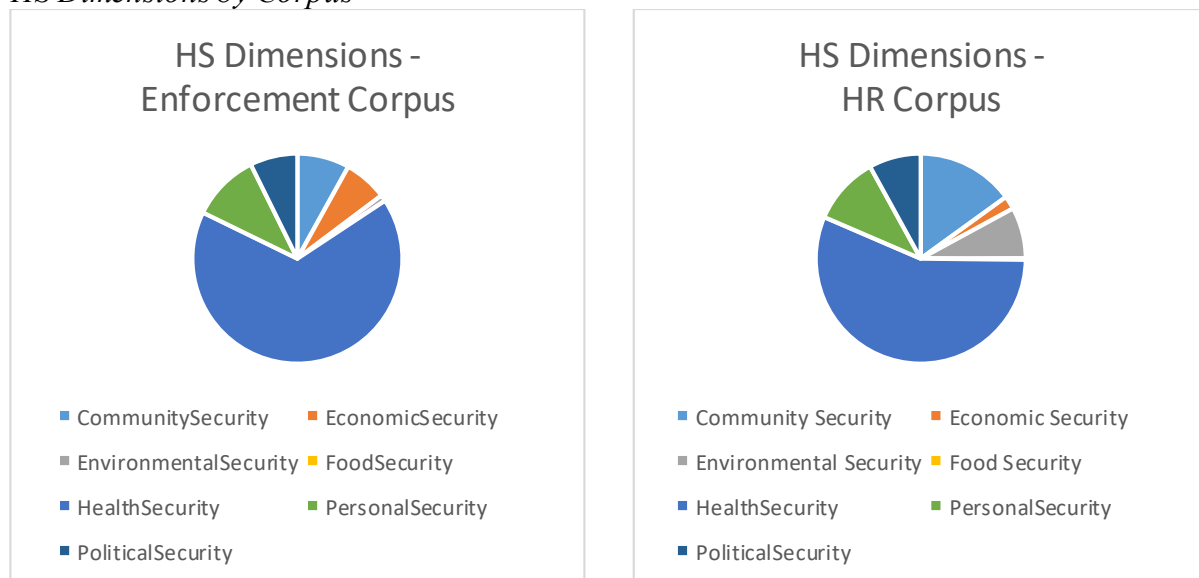


⁷ Figure 3 states 1942 because of two organizational codes that were used to separate corpora and are not part of the code tree.

and this likely reflects how much more straightforwardly the concerns of HR organizations are focused on the problem of overdoses, whereas Enforcement organizations had fewer relevant documents, and fewer coded passages, reflecting their much broader sets of concerns and more tangential relationship to overdoses.

Figure 4 illustrates the application of codes within HS dimension families (‘Political Security’ and all Child Codes, for example). Given that overdoses are events that occur in the body and have effects on bodily health, it is unsurprising that ‘Health Security’ is the largest code category and the HS dimension with the most coded excerpts (2641 HR vs 849 Enforcement). ‘Community Security’ had significantly more applications in the HR corpus (477 HR vs 21 Enforcement). Neither corpus had significant applications of ‘Food Security’ (9 HR vs 0 Enforcement). The HR corpus had more ‘Environmental Security’ applications (379 HR vs 18 Enforcement) and these were primarily in reference to urban spaces and health system access.

Figure 4
HS Dimensions by Corpus



There was wide variation in the number of coded passages per document and while the most codes and the most-coded document were in the HR corpus two of the top four documents with the most coded passages were from the Enforcement corpus. The VPD’s *The Opioid Crisis: The Need for Treatment on Demand* (2017) (592 code applications) and *Journey to Hope: An Update Report on the VPD's Continued Fight Against the Opioid Crisis* (Spearn and Gill, 2019) (669 code applications) were the most significant documents in the Enforcement corpus with a total of 1261 out of 1762 Enforcement code applications. These were standouts in that corpus, representing clear attempts at shaping discourse on overdose policy and public perception, versus many other documents that were brief in how they discussed the current crisis or they primarily focused elsewhere. The distribution of code applications was very uneven across documents and certain documents held the majority of code applications. PIVOT Legal’s *Project Inclusion* (2019) from the HR corpus had the most code applications (1263 out of 8155). This reflects the document’s concerns with intersections of stigmatization, homelessness, and criminalization – concerns found elsewhere in the HR corpus, but not the Enforcement corpus.

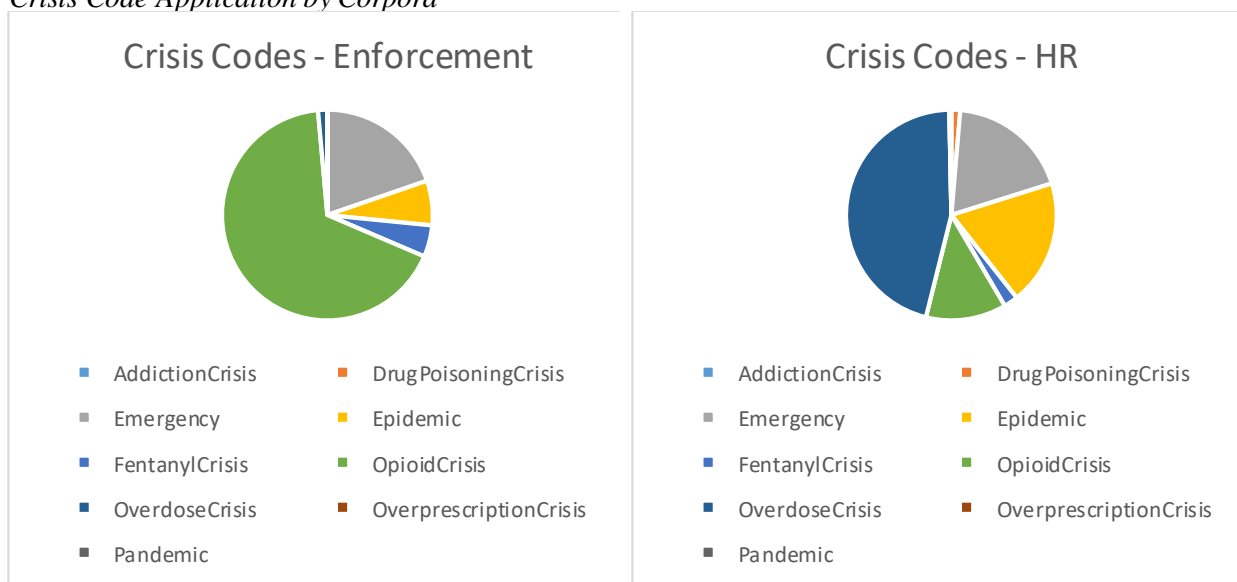
4.2 Crisis Problematizations and Corpora Trends

Bacchi’s first WPR question, “What’s the problem represented to be in a specific policy or policies?” is concerned with “meanings (presuppositions, assumptions, ‘unexamined ways of thinking’, knowledges/discourses),” and “possible patterns in problematizations that might signal the operation of a particular political or governmental rationality” (Bacchi and Goodwin, 2016a, p. 21). Applying ‘Crisis’ codes help to identify problematizations within the corpora and the policy pillars they represent as “crisis” framing reveals a lot of what problem is being constructed in either discourse. There are different implications depending on whether an “opioid

crisis” or an “overdose crisis” is being problematized. Further, the ability to declare what the crisis *is* represents potentially an example of what Carroll (2021) refers to as asserting “epistemic authority,” or what Chermak and Weiss (2005) refer to as occupying the “enunciative position” in discourse formation. This is a powerful position to occupy as the particular problematization, most obvious in the actual name given to what is happening, will imply the most appropriate policy response. It can be especially powerful when those declarations can be articulated as securitizing speech acts.

The ways in which these codes are applied can help to illustrate the "framing" of certain issues and this is a means in anthropological, linguistic, and sociological research for conveying the experience of "what is going on here" (Goffman, 1974; MacLachlan and Reid, 1994; Tannen, 1993). To see how problems are “framed” helps to answer the question of “What is the Problem Represented to Be?” (e.g., distinguishing between such alternatives as “Chinese fentanyl” or “addiction crisis” or “poisoned drug supply crisis”) and to see how the problematizations being constructed can be viewed as HS concerns.

Figure 5
Crisis Code Application by Corpora



The breakdown of ‘Crisis’ code applications is shown in Figure 5. In the HR corpus, ‘Overdose Crisis’ was the most commonly applied ‘Crisis’ code, though there was a wider range of applications overall and ‘Overdose Crisis’ did not occupy the majority of applications. In the Enforcement corpus, ‘Opioid Crisis’ was the most common code applied, occupying 70% of applications in that corpus. There were zero excerpts where the code ‘Addiction Crisis’ was applied in either corpus. ‘Addiction’ and ‘Crisis’ did co-occur 13 times, with 6 of those being in the VPD’s *The Opioid Crisis: The Need for Treatment on Demand* (2017) document, and once in their follow-up document *Journey to Hope: An Update Report on the VPD’s Continued Fight Against the Opioid Crisis* (Spearn and Gill, 2019). The 6 co-occurrences of ‘Crisis’ and ‘Addiction’ in the HR corpus were scattered across 6 documents, each referencing the desire for addictions treatment as part of a broad strategy including a variety of approaches. When looking at common and most common co-occurrences with the parent ‘Crisis’ code reflects an obvious and common concern with ‘Overdose’. ‘Police’ were present in ‘Crisis’ framing only in the Enforcement corpus (16 co-occurrences), which potentially suggests a differing normative view on law enforcement’s role in the crisis and crisis response.

The HR corpus was more concerned with ‘Drug Policy’ (231 HR vs 55 Enforcement) and there were differences in how corpora referenced the concept. This is similar to coding for ‘Substance Use’ (95 HR vs 27 Enforcement), ‘Arrest’ (61 HR vs 10 Enforcement) and ‘Possession’ (51 HR vs 10 Enforcement) with these codes all being referenced very differently within corpora. For example, ‘Arrest’ was presented as an accomplishment in the Enforcement corpus and as a concern in the HR corpus. ‘China’ and ‘Border Control’ were only coded for in the Enforcement corpus, with 5 and 13 code applications respectively. Both corpora were

concerned with ‘Public Safety’ (25 HR vs 23 Enforcement), but the context of the application was different between corpora.

The HR corpus was particularly focused on ‘Criminalization’, ‘Capacity Building’, and ‘Community Security’. The parent code ‘Community Security’ was applied to far more passages in the HR (116 code applications) corpus than the Enforcement corpus (12 applications), as were the Child Codes. HR documents had almost twice as many ‘Criminalization’ code applications (223 HR vs 71 Enforcement), and ‘Stigmatization’ was even more one-sidedly applied to the HR corpus (110 HR vs 1 Enforcement). ‘Trafficking’ was present in both corpora, but more excerpts were coded for it in the Enforcement corpus (19 HR versus 33 Enforcement). ‘Organized Crime’ had many more code applications in the Enforcement corpus (2 HR vs 21 Enforcement). ‘Production’ and ‘Pill Presses’ were not concerns at all in the HR corpus, but in the Enforcement corpus those codes were applied 12 and 10 times respectively. The inverse was true of ‘Poverty’, which was a significant concern in the HR corpus (29 HR vs 2 Enforcement).

Both corpora were highly concerned with ‘Overdose’ and Child Codes (538 HR vs 166 Enforcement). Both were concerned with ‘Addiction’ (87 HR vs 37 Enforcement) and ‘Opioids’ (156 HR vs 66 Enforcement). ‘Access To Services’ was important in both corpora but was much more highly emphasized in the HR corpus (289 HR vs 52 Enforcement), and in the HR corpus it co-occurred with a much wider variety of codes (Section 4.4). ‘Treatment’ was important in both corpora but was applied differently in them (Section 4.3). The Enforcement corpus had a greater focus on ‘Prevention’ (HR 14 vs 50 Enforcement) and a greater focus on ‘Fentanyl’ (48 HR vs 89 Enforcement). Some related codes like ‘Drug Bust’ (2 HR vs 15 Enforcement), ‘Supply Reduction’ (2 HR vs 33 Enforcement) and ‘Fentanyl Exposure’ (1 HR vs 11 Enforcement) were far more present in the Enforcement corpus (Section 4.3). By contrast, ‘Mental Health’ (121 HR

vs 11 Enforcement) and the Child Codes ‘Trauma’ (44 HR vs 0 Enforcement), ‘Isolation’ (19 HR vs 0 Enforcement), ‘Grief’ (37 HR vs 2 Enforcement) and ‘Anxiety’ (7 HR vs 1 Enforcement) had more code applications in the HR corpus. ‘Pain’ (24 HR vs 6 Enforcement) and ‘Supply Distribution’ (89 HR vs 10 Enforcement) also had more applications in the HR corpus. ‘Colonialism’ was applied 12 times in the HR corpus and none in the Enforcement corpus.

Based on crisis framing and broad application trends, there appears a health security problem involving bodily harms stemming from overdose. There is disagreement over whether this is an overdose crisis, or an opioid crisis, or something else like a drug policy or drug poisoning crisis. It may or may not centre on addiction, and it may or may not require a response involving law enforcement. The following sections unpack the conceptual logics of each corpus and respond to Bacchi’s WPR questions throughout.

4.3 The ‘Opioid Crisis’

Bacchi’s second question, “What deep-seated presuppositions or assumptions (conceptual logics) underlie this representation of the ‘problem’ (problem representation)?” focuses on the “presuppositions and assumptions that underpin specific problem representations, rendering them intelligible” (Bacchi, 2018, p. 5). ‘Opioid Crisis’ and ‘Overdose Crisis’ were the dominant ‘Crisis’ codes of Enforcement and HR respectively, and so they serve as useful signifiers and labels for the conceptual logics of each corpus. The two corpora draw on different underlying reasonings to explain their preferred crisis problematizations. These differences are most pronounced in the differing ways the corpora discussed the ‘Drug Supply’, ‘Stigmatization’, ‘Criminalization’, ‘Colonialism’, ‘Substance Use’, ‘Community Security’, and ‘Public Safety’. The ‘Opioid Crisis’ and the ‘Overdose Crisis’ emerge from the data as entirely different

problematizations, each favouring a different drug policy pillar and response, and each containing its own concerns that appear distinct under an HS lens.

Figure 6 gives an in-corpora example of where the conceptual logic of Enforcement is elucidated and showcases an example of crisis framing from the VPD, emphasizing the mission to “fight crime” and “enhance public safety.” In academic research Taylor et al. (2016) describe Enforcement’s rationale as following from the idea that prohibition can be used to reduce the supply

and demand for certain substances, thus protecting society from harms. As Ritter and Stevens (2017, p. 90) state, "a common assumption made in the enforcement of drug laws is that increasing the risk of detection will reduce drug law offending and consequent harms." If drugs are harmful/addictive/bad, they should be prohibited. This makes sense on an intuitive level. If you take them, you will get addicted, bad things will happen, therefore they should be made illegal, and the people who break the law will be punished. Drug enforcement is the strategy and set of institutions fit for accomplishing these tasks. This is a logic of “security protection” wherein the security state is protecting us (Canadians) from drugs and “others.” This involves actions such as using the Navy to prevent drugs from entering the country, thereby restricting supply. It involves the use of policy, security, and intelligence services to weed out traffickers and dealers, preventing them from selling to those seen as vulnerable, such as children.

There is some evidence to suggest that law enforcement can raise the prices of illicit drugs, and that if drug prices are high, then fewer people will begin using them, and Strang et al. (2012, p. 72) state, “Illicit drugs are ultimately consumer goods, typically produced and

Figure 6
Journey to Hope (Spearn and Gill, 2019, p. 15)

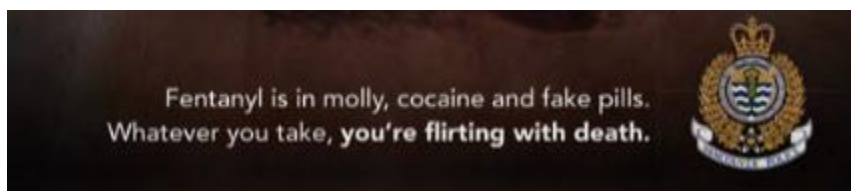
ENFORCEMENT: DISRUPTING THE DISTRIBUTION OF DRUGS

Supporting the departmental mission to *fight crime and enhance public safety*, the VPD’s enforcement efforts target those who manufacture and distribute opioids and other harmful drugs. The VPD is dedicated to enforcement strategies that target those who contribute to crime, violence, and disorder, as well as the victimization of the most vulnerable citizens in Vancouver. Furthermore, targeting individuals who manufacture and distribute illicit drugs is in line with the VPD’s current Strategic Plan.³⁴

distributed through illegal markets operated by people motivated by profit. The goal of supply control programmes is to reduce access to drugs by interfering with drug suppliers’ activities.” These academic descriptions of the conceptual logic of drug enforcement are congruent with what excerpts from the Enforcement corpus convey.

Figure 7

Journey to Hope (Spearn and Gill, 2019, p. 10)



The VPD’s *Journey to Hope* (2019) clearly emphasized the dangers intrinsic to fentanyl, rather than to any structural factors, and Figure 7 is another example of that emphasis, wherein the presence of fentanyl in the drug supply is highlighted absent of the facilitating preconditions for its introduction into that supply. This is about what *you* take and *your* “flirting with death.”

When prohibition fails to reduce supply, demand, or both, then the content and purity of drugs is not regulated by government agencies, laws, or policies, and as a result it is left to illicit market suppliers and dealers to ensure the relative safety of any product. Caulkins and Reuter (2010) argue that prohibition keeps drug prices high, and that if legalized they would be priced more like coffee. One of the mechanisms that supposedly inflates these prices is imprisonment and the risk of imprisonment (Rydell and Everingham, 1994), but it has also been shown that a four-and-a-half-fold increase in people imprisoned on drug-related offenses only amounts to a 5-15% increase in drug prices (Kuziemko and Levitt, 2004). The idea that high drug prices deter the initiation of drug use is partially supported by correlations between emergency department records, arrestees’ urinalysis, and changes in drug prices (Dave, 2006). Brief sentences, such as overnight (“drunk tank”) stays in response to positive urinalysis for those under criminal justice

supervision have a particularly strong correlation with reductions in substance use and related offenses (Kleiman, 2009), however and more importantly, they also exacerbate overdose risk (Alex et al., 2017; Victor et al., 2022).

4.3.1 The Drug Supply

A significant difference between HR and Enforcement discourses is how they approach the problem of the illicit ‘Drug Supply’. In BC the most detected drugs in illicit drug toxicity deaths during 2016-2020 were fentanyl (83%), cocaine (50%), amphetamines (34%), and heroin (15%) (British Columbia Coroners Service, 2020). In the Enforcement corpus, the *Vancouver Police Department 2018 Strategic Business Plan Report-Back* (2018, p. 35) states that “The ongoing widespread availability of fentanyl continues to contaminate the illicit drug supply, thereby increasing the risk of death for users,” and the increasing incidence of overdoses in BC has been correlated with the use of fentanyl and analogues as adulterants in illicit substances (N. Baldwin et al., 2018; Belzak and Halverson, 2018). According to Health Canada's Drug Analysis Service, the number of samples from seized illicit drugs that contain fentanyl has been drastically and continuously increasing since 2012 (*Drug Analysis Service, 2020*). Non-opioid adulterants have also been important contributors to what has commonly become referred to as a “poisoning” of the drug supply in HR discourses. ‘Drug Supply’ was a central feature of both corpora with high co-occurrences with ‘Crisis’ codes, and both corpora appear to agree that the ‘Drug Supply’ is related to the ‘Crisis’ in fundamental ways, but they account for those relationships very differently.

‘Drug Supply’ was applied 1023 times (620 HR vs 403 Enforcement). The ‘Drug Supply’ code seemed to mostly pertain the illicit drug supply, whereas the ‘Opioid’ code tended to

be applied more broadly. HR documents were more likely to talk about specific drug supply contents, whereas the Enforcement documents focused more broadly on the “illicit” supply. Of the 30 co-occurrences of ‘Crisis’ codes with ‘Drug Supply’ codes, 17 occurred in the HR corpus and 13 occurred in the Enforcement corpus, each with a wide distribution among Child Codes, indicating a relatively even split. ‘Criminalization’ and ‘Drug Supply’ had 76 co-occurrences (39 HR vs 37 Enforcement). Closer analysis reveals that in the HR corpus the drug supply harms are attributable to criminalization, but in the Enforcement corpus criminalization is attributable to the harms intrinsic to using substances. However, the term “illicit drug supply” does not convey any of the logic of that latter conception - it merely conveys that it is “illicit” or criminalized. As the term “illicit” triggered coding of ‘Criminalization’, the co-occurrence of terms in the Enforcement corpus is unlikely to be intended by the writers in the way that is found here as it indicates a relationship between criminalization and the drug supply rather than highlighting ostensibly intrinsic harms from substance use, such as addiction. This is a useful co-occurrence as it demonstrates the agreements and disagreements between the two corpora on how the ‘Drug Supply’ represents a threat.

There is agreement that there is danger in accessing the illicit drug supply, but the genesis and nature of that danger differs between the corpora. The Enforcement corpus presents the drug supply dangers as both *innate* and as a consequence of addiction. The innate dangers are represented in enforcement passages referencing ‘Fentanyl Exposure’ and are examples of how enforcers attempt to depict the ‘Drug Supply’ dangers as intrinsic to the substances. Of the twelve times ‘Fentanyl Exposure’ was applied, only one was from the HR corpus, and it was referencing it as a myth (*Responding to the Overdose Crisis in British Columbia*, 2017, p. 10). *Journey to Hope* references this mythical risk in five coded excerpts (pp. 17-19, two examples

are shown in Figures 8 and 9) and claim that in 2017 a “VPD police officer fell ill after being exposed to a suspected opioid” (p. 17). There is no evidence offered to support the claim made here.

Figure 8

Journey to Hope, (Spearn and Gill, 2019, p. 17)

Safe Drug Processing Facility

The emergence of fentanyl and carfentanil along with a growing list of other synthetic drugs has only added another stressor for first responders. Accidental exposure to these substances could induce an overdose. Police officers may be exposed to opioids when coming to the aid of someone suffering an overdose, or when conducting searches of vehicles, residences, or individuals who are in possession of drugs.

Figure 9

Journey to Hope, (Spearn and Gill, 2019, p. 18)

In 2017, when a VPD police officer fell ill after being exposed to a suspected opioid, it was determined that the VPD did not have an adequate space for officers to process seized drugs in a safe manner. In May 2017, the VPD began planning temporary solutions, including retrofitting a shipping container. By the summer of 2017, the CoV became involved and partnered with the VPD to fund and design a state-of-the-art drug-processing facility at the VPD Property Office, with construction beginning in October 2018.

Police departments making reference to the supposed dangers of fentanyl exposure has been noted by journalists elsewhere, particularly in the US (Daly, 2019; Gilmour, 2019). Many experts have taken to various forms of media to make it known that there is no risk inherent in simply touching fentanyl, and that it is highly implausible that anyone is coming into contact with aerosolized fentanyl (Szalavitz, 2018a). Some journalists consider the presentation of these risks by police representatives and policy makers to be a form of "drug war propaganda" (Brown, 2019). It has served to "[complicate] overdose rescue while rationalizing hyper-punitive criminal laws" (Beletsky et al., 2020). Treating the drug supply danger as innate and physically emanating from the substance diminishes the arguments in favour of safe supply by implicitly problematizing the very notion that "drugs" can be "safe" and removes the locus of threat away from criminalization and drug policy, which become obvious responses to the threat presented.

This leads into another central bifurcation of the corpora; the notion that rather than attempting to reduce supply or prevent (or punish) substance use, the supply itself could be made *safer*. Documents like the *Safe Supply Concept Document* (2019) talk about safe supply as a

project that goes beyond the provision of drugs in known quantities and compositions, and instead frames its need as an issue of human rights and bodily autonomy. The concept of safe supply is thus an opportunity to look beyond the drug supply to a holistic philosophy that views PWUD as occupying a legitimate category of identity. To acknowledge the possibility of the supply to be safe undermines the conceptual logic that the harms and threats are intrinsic to the drugs themselves. For the Enforcement corpus to describe the physical supply itself as an intrinsic form of danger creates a discursive impediment to the very term “Safe Supply” which is described in the HR corpus as:

“Safe supply” is an element of harm reduction, as it is a strategy designed to reduce the risks associated with drug use in a criminalized context. Like harm reduction, safe supply is based on a moral foundation that the individual choosing to use drugs has the right to do so and people who use drugs should not be treated as morally deficient, be criminalized, or deemed mentally ill for their drug use. (*Safe Supply Concept Document*, 2019, p. 6).

Similarly, rather than point to harms emanating from substances themselves, one summary of the crisis focused on a variety of overlapping factors and potential distal overdose causes in addition to other correlated harms, stating:

This year has been difficult. So many women have been lost as a result of the fentanyl crisis; services, programs, and supports continue to diminish or disappear; housing and homelessness continue to rise; and we are set to participate in the National Missing and Murdered Indigenous Women and Girls Inquiry which can reawaken much trauma and grief (*Safety Sisterhood Community | 2017 Annual Report*, n.d., p. 2).

4.3.2 Race, Colonialism and Substance Use

Bacchi’s third question, “How has this representation of the ‘problem’ come about?” is one that traces the “connections, encounters, supports, blockages, plays of forces, strategies and so on” (Bacchi and Goodwin, 2016, p. 34), and this question’s objective is to “examine how a specific problem representation has come to be” (p. 28). This question is meant to prompt

“consideration of the contingent practices and process through which this understanding of the ‘problem’ has emerged” (Bacchi, 2012, p. 22) and create a “genealogical mapping of the discursive practices—the mechanisms, procedures, etc.—involved in making some ‘things said’ sayable” (p. 37). Canada’s history of problematizing substance use goes back to its colonial inception, and the criminalization of opioids alongside their association with Chinese people can be traced to prior to the passage of the *Opium Act* in 1908 (Malleck, 2000). This subsection also relates to Bacchi’s sixth question, “How and where has this representation of the “problem” been produced, disseminated, and defended? How has it been and/or how can it be disrupted and replaced?” as it refers to several key discursive artefacts.

Discourses around substance use and identity are intertwined with Canada’s history of colonialism, theological oppression, and white supremacy. In 1835, Upper Canada banned the sale of alcohol to Indigenous Peoples, punishable by fine, and Lower Canada followed suit in 1860 (Campbell, 2008). With the *Indian Act of 1876* regulations became more restrictive and penalties became harsher, and at this time the colonial government had control over who could claim the status of “Indian” and one of the requirements for enfranchisement was to demonstrate the “character of sobriety” (ss. 86-88, as cited in Campbell, 2008). Some provinces began to implement “interdiction lists,” which sought to identify both problem drinkers and Indigenous Peoples, banning them from obtaining alcohol and conflating their Indigenous identities with those of “problem drinkers” (Valverde, 2004). It has been said that this period of Canadian prohibition had far more to do with the construction of contrasting identities of “Canadian” and “Indian” than with trying to reduce any health harms that stemmed from alcohol use (Campbell, 2008). The criminalization of Indigenous alcohol use was in part fueled by the discourse

stemming from the unproven and racist myth that Indigenous Peoples are unable to process the alcohol introduced by colonists due to genetic deficiencies (Alexander, 2008, pp 131-136).

The framing of China as a “primary source” (*The Opioid Crisis: The Need for Treatment on Demand*, 2017, p. 5, for example)

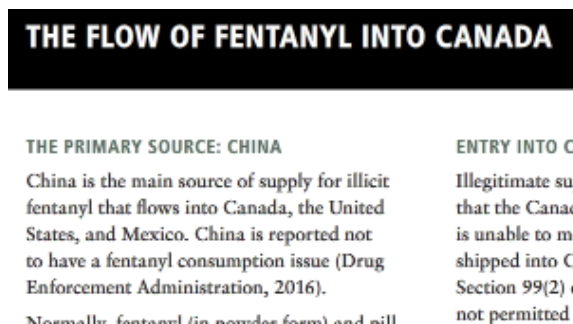
of fentanyl builds on a long history of associating opioid drugs with Asian people, and also frames the crisis as a matter of border

sovereignty and classical national security, inviting classical Enforcement responses (Figure 10).

In Canada, the discourse of Chinese fentanyl has been largely promulgated by news media outlets such as *The Globe and Mail* (Bracken, 2017; Woo and Howlett, 2016) and *Maclean’s* (Wells, 2017), and argues that much of the fentanyl that is tainting the illicit drug supply is coming from China through mail. According to the Canadian news magazine *Maclean’s*, about 92 per cent of the fentanyl seized by the Canada Border Services Agency since 2016 has come through the mail (Brownell, 2019a). The response implied by this discourse is one that favours stronger border security, stronger powers for law enforcement and other actors to seize illicit drugs, political action to restrict Chinese opioid production and export, and efforts to target producers and traffickers overseas.

Targeting the production of illicit drugs is a common “supply side” drug enforcement strategy. Production was not at all a concern for the HR corpus, and the four HR references to ‘Production’ all co-occurred with either ‘Arrest’ or ‘Criminalization’, illustrating their focus on criminalization as a threat to PWUD rather than ‘Production’ as a threat to ‘Public Safety’. The twelve Enforcement excerpts coded with ‘Production’ (*Evaluation of the National Anti-Drug*

Figure 10
The Opioid Crisis: The Need for Treatment on Demand (2017, p. 9)



Strategy: Final Report, 2018, pp. 14–17; *Vancouver Police Department 2018 Strategic Business Plan Report-Back*, 2018, p. 35; Spearn and Gill, 2019, p. 12) treated the importance of targeting ‘Production’ as assumed, with the clearest elaboration being this passage,

The objectives of the Strategy are to: reduce risk-taking behaviours related to illicit drugs and PDA [prescription drug abuse], particularly among youth; address critical treatment gaps in targeted populations and areas of need; enhance the federal enforcement capacity to disrupt illicit drug production and distribution, and reduce health, safety and security risks associated with the production of illicit drugs; and, under the expanded mandate, reduce risks associated with prescription drugs diverted for misuse (*Evaluation of the National Anti-Drug Strategy: Final Report*, 2018, p. 11)

This passage also highlights the supposed importance of targeting ‘Production’ within a broader strategy that includes other Enforcement measures as well as Prevention and Treatment measures (omitting the role of HR). The VPD’s *The Opioid Crisis: The Need for Treatment on Demand*, (2017) explains the supposed roles of suppressing ‘Production’ and the acquisition of ‘Pill Presses’ and the importance of ‘Supply Reduction’ in keeping opioids “off the streets.” Page 15 of that document references “the VPD’s enforcement efforts target those who manufacture and distribute opioids and other harmful drugs” and this is said to “enhance public safety.” That same report tied ‘Production’ to ‘China’,

The majority of fentanyl associated with the opioid crisis is produced in clandestine labs, primarily in China, where the precursors to create fentanyl are unregulated. Large amounts of fentanyl are produced or purchased by drug traffickers. It is mixed with a number of illicit street drugs to increase the high and expand profits or, sold alone as a cheaper alternative to heroin. (p. 7).

The prohibition of opium in Canada came from a concerted effort to link opium use with Asian immigrants after the completion of the Canadian national railway. Newspapers from the time describe the “horrors” of opium dens in Vancouver (Shore, 2017) and in 1901, the Royal Commission to Investigate Chinese and Japanese Immigration (sometimes known as the “Oriental Commission”) came to Vancouver and added to a growing anti-Chinese sentiment in

the area (S. Boyd, 2017). In 1903 the Commission’s report helped to justify a tenfold increase of the Chinese head tax from \$50 to \$500. Economic downturns following the completion of the Canadian national railway were blamed on Chinese Canadians, and the growing anti-Chinese sentiment led to a 1907 Vancouver race riot that destroyed several Chinese businesses and in which several residents of Chinatown were severely beaten (MacKay, 2018; Shore, 2017). William Lyon Mackenzie King, then Deputy Labour Minister, came to Vancouver in 1908 to investigate the causes and effects of the race riot and subsequent the *Opium Act* was passed into law. Prior to that opium had been sold openly in Vancouver. Newspaper headlines following the Immigration Commission’s report again referenced depictions of “opium dens” in Vancouver as a source of foreign nefariousness, and in response the federal government taxed imports of opium, and cities charged purveyors to acquire business licenses (S. Boyd and MacPherson, 2019; Shore, 2017).

In *Maclean’s* Magazine, Emily Murphy wrote a series of articles depicting the racialized menaces of drug traffickers and drug dealers which came to be published as *The Black Candle* in 1922. Aimed at a white Christian audience, the book focused on drug-induced sexual promiscuity with Black and Asian men. In 1923, then Prime Minister William Lyon Mackenzie King helped pass the *Asian Exclusion Act*, prohibiting Chinese people from entering Canada and making existing drug laws harsher. Canada clamped down on opioid-related offenses in the 1920s and 30s, and hundreds of Chinese men were deported on the grounds of drug-related criminal offenses (Carstairs, 2005). 1929’s *Opium and Narcotic Drug Act* then increased the penalty for trafficking from one year in prison to seven years (MacKay, 2018; Shore, 2017). In the 1930s Canada’s Narcotics Division Chief Colonel Sharman collaborated with American Federal Bureau of Narcotics Chief Harry Anslinger to better coordinate Canadian and American

drug enforcement efforts (S. Boyd, 2017, p. 57).

4.3.3 Omissions, Prevention and Treatment

Bacchi’s fourth question, “What is left unproblematic in this problem representation? Where are the silences? Can the ‘problem’ be conceptualized differently?” contains three components. Bacchi states that “Question 4 zooms in on the need to think about the silences in specific problem representations and about other possible problematizations” (Bacchi, 2021). Different conceptualizations of the “problem” are discussed throughout this thesis by comparing and contrasting two policy pillars and given that this work centres on the intrinsic conflict between two of the policy pillars, covering in the other two in equal depth would be unnecessary. However, many of the silences are found by the way certain documents situate themselves and their pillar within the overall Four Pillars framework. While Prevention and Treatment could likely both be viewed from respective HR or Enforcement perspectives, what is most relevant is the role of treatment within the Enforcement corpus. Treatment as a concept and approach is referenced in Enforcement documents in such a way so to help legitimize the role of Enforcement and minimize the role of HR.

Most significantly, distal causes of overdose deaths are omitted from Enforcement’s conceptual logic. No excerpts in the Enforcement corpus were coded for 'Colonialism', and twelve were coded in the HR corpus. As with ‘Access To Services’, the Enforcement framing of the crisis affecting specific individuals, rather than groups/community/society at large precludes clear reference to structural problems like colonialism. The mandate of “fight crime” and support “public safety” is not congruent with efforts to address structural problems like criminalization and stigmatization. In the pragmatic philosophy of HR, personal choices or compulsions

regarding whether or not to use substances are a complete non-sequitur when the discussion is whether or not to save lives and enhance wellbeing. Alternatively, the conceptual logic of Enforcement operates on the duality of PWUD needing to be either medicalized or criminalized, and HR resists both of those approaches.

A significant example of omission that was apparent in a crisis framing excerpt comes again from the VPD’s *The Opioid Crisis: The Need Treatment on Demand*, (2017, p. 6, Figure 11). This passage emphasizes the Four Pillars strategy, but only explicitly mentions three of the pillars, omitting HR, though the VPD do voice overtly support harm reduction elsewhere in the document. The passage also presents “addiction treatment” as a response to the problematizations of “morbidity, mortality, crime, and health care costs across Canada.” Again “crime” is emphasized where HR discourses instead focus on ‘Criminalization’.

Figure 11
The Opioid Crisis: The Need for Treatment on Demand (2017, p. 6)

5. Increase public awareness to support prevention through education – in line with the prevention and treatment pillars of the Four Pillars Drug Strategy.

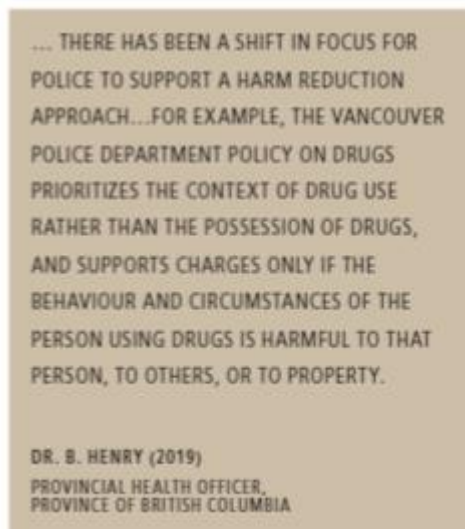
It is necessary to increase awareness about overdose symptoms with more messaging in high visibility areas where drug consumption is likely. There also needs to be more education for students – elementary through post-secondary – about the dangers of opioid use, overdose prevention, and responses to overdoses. The development and delivery of this information should be coordinated across the province to ensure students in all areas of B.C. are receiving this information.

Establishing a national and provincial continuum of care and necessary systems requires resources. Financial, community, public safety, and public health gains can be made by acting with urgency and implementing the required substance abuse care structures. Providing timely and accessible evidence-based addiction treatment can reduce morbidity, mortality, crime, and health care costs across Canada. Maintaining the existing ineffective system is no longer an option.

In *Journey to Hope* (2019, p. 15) the VPD quote Dr. Bonnie Henry in describing a “shift in focus” toward police supporting HR (Figure 12). Comparable passages in the HR corpus directed at Enforcement were not located during analysis. Though a strain on the term's meaning,

'Collective Action' was often applied for examples of inter-agency cooperation. This was particularly true of excerpts in the Enforcement corpus. Calls for cooperation across the pillars were an exclusive feature of Enforcement speech acts. HR speech acts were exclusive in calling out the harms of Enforcement and criminalization, “This is a very important report that highlights the critical need for amendments to the BC Police Act and to refocus

Figure 12
Journey to Hope (Spearn and Gill, 2019, p. 15)



policing efforts on harm reduction rather than criminalization” (Re: *Special Report Stopping the Harm: Decriminalization of People Who Use Drugs in BC*, 2019, p. 1). *Journey to Hope* (Spearn and Gill, 2019) makes reference to the *Understanding Fentanyl* documentary series co-produced by the VPD and Odd Squad Productions.⁸ *Journey to Hope* states, “The series features subject matter experts on addiction, enforcement, and recovery” (p. 9). The document also outlined ‘Prevention’ efforts in schools, “To prevent drug use in schools, the VPD’s Organized Crime Section (OCS), which includes drug specialization, and Youth Services Section hosted community forums on the fentanyl crisis at local high schools” (Spearn and Gill, 2019, p. 9).

Law enforcement enforces rules imposed by those who have power within society, and Bacchi (2009, p. 441) goes so far as to state that “the law can be understood as a realm within which addiction is constituted rather than simply reflected or addressed,” which is to say that the condition of "addiction" and the state of "addicted" are institutionalized and imposed through the

⁸ Odd Squad Productions was recently in the news after activists and academics succeeded in shutting down its exploitative “scared straight” tour of the DTES (Kulkarni, 2021)

rules of the state. In their WPR analysis of Australian drug laws, Lancaster et al. (2015, p. 1201) found that the ascription of illegality to injection drug use was associated with negative public health implications as it “constitutes illicit drug use as an inherently criminal activity, thus fundamentally delimiting the way all aspects of IDU may be thought about and discussed.” Seear and Fraser (2014, p. 826) have documented how law can have an interdependent role with policy in “compounding the stigmatization and marginalization of people who use drugs and drug ‘addicts.’” The framing of substance use was much more complex in the HR corpus, referencing it as related to a number of factors beyond addiction or criminality.

The VPD’s *The Opioid Crisis: Need for Treatment on Demand* (2017) was one of the most coded in the Enforcement corpus and provided a clear problem construction of the ‘Opioid Crisis’ as one of people with ‘Addiction’ needing ‘Treatment’. From page 5: “The opioid crisis has served to focus attention on the underfunding of addiction treatment that has contributed to the current crisis.” On page 7 they state, “The number of overdoses and deaths associated with opioid addiction is steadily increasing, and without significant intervention, they will continue to rise.” Here they are making it clear the issue is “opioid addiction” and not the toxic drug supply. This is reiterated on page 8,

The VPD recognizes that our expertise lies in public safety and not in addictions treatment. However, we cannot arrest our way out of the opioid crisis. As first responders, we routinely come across individuals who require addiction care but have nowhere to turn. First responders are uniquely positioned to help refer individuals to treatment services. Unfortunately, there is a lack of services that are immediately accessible. This usually means that the cycle of addiction and crime continues.

By contrast, references to ‘Addiction’ during ‘Crisis’ framing within the HR corpus tend to be part of multifaceted explanations or are minor references. “Treatment” can refer to many things. Many harm reduction interventions can also be considered “treatments” (Urbanoski et al.,

2019), but generally the popular usage of this term refers to bed-based, abstinence-based, disease model-oriented stays at inpatient facilities that make use of a treatment modality known as “Twelve-Step Facilitation Therapy” (TSF). It is common to conflate substance use and overdose with Substance Use Disorders (SUD) (Szalavitz, 2018b), however, overdose events can happen to people without the presence of SUD. Wakeman et al. (2020) found that inpatient detox combined with inpatient treatment did not reduce overdose risks when compared with no treatment. A large-scale meta-analysis of residential treatment centres in the United States found the average remission/recovery rate (abstinence-based measurements) across all studies was 47.6% (White, 2012), and Beetham et al. (2021) only found mixed evidence for the success of residential treatment. The initiation of opioid agonist treatment (OAT) during inpatient treatment is one of the most important tools for reducing mortality post-discharge, and not initiating OAT actually worsens outcomes (Morgan et al., 2020). Spithoff et al. (2019) showed that clients had poor access to OAT in Canadian residential treatment centres. Discussion of the effectiveness of treatment was not present alongside the endorsements of treatment found in the Enforcement corpus.

Contrary to the logic of prohibition, rarely does the use of drugs actually lead to “addiction” or SUD (Granfield and Cloud, 2001), or require a formal treatment (Siliquini et al., 2005), and there can even be beneficial uses of prohibited drugs (G. Hunt et al., 2010). It is not always clear that it is drug use that has resulted in experiences of homelessness, job loss, and ill health as is sometimes attributed, or if drug use is a response/symptom of these and other wider societal issues (MacGregor and Thickett, 2011), or even an unrelated and/or beneficial activity. In Fraser and Moore’s (2013) account, the problematization of addiction that treatment providers construct is a “bounded problem” – a problem that can supposedly be isolated from other

problems of structure and policy. Critiquing the social construction of addiction as disease is not a denial of the experience of problematic or compulsive substance use, but it does allow for examination of the power relations inherent in that social construction. If the problem is the disease and not the society, then the answer is the treatment and not structural change. For Karasaki et al. (2013, p. 2) “...‘addiction’ remains an ambiguous concept; what is meant by addiction depends on the context in which it is used.” Fraser and Moore, (2008; 2013) have done important WPR work on the construction of addiction discourses and the “bureaucratizing of disease” into countable units of sessions and numbers of “addicts” alongside other ostensibly arbitrary operations. The taking of unprescribed and illicit opioids is not inherently problematic for the user, but through what Reinerman and Duskin (1999, p. 81) call the “routinisation of caricature” all use of illicit substances becomes conflated with addiction and problematic use. Taylor (2011; Taylor et al., 2016) and Boland (2008) further note that the assumption that illicit substance use is always problematic, or synonymous with addiction, embeds itself in policy and becomes resistant to scientific evidence, instead following political inclinations and focusing solely on what is perceived on problematic substance use at the expense of beneficial use.

4.3.4 Public Safety

In an Enforcement document following the Public Health Emergency Declaration in April 2016 Minister of Public Safety and Solicitor General Mike Farnworth (*Mandate Letter*, 2017, p. 3) listed drug enforcement efforts as his first priority emphasizing the need to “Provide more support to police efforts to disrupt the supply chain and advocate for increased penalties for drug dealers who knowingly distribute death-dealing drugs.” Elsewhere, (*2018/19 Annual Service Plan Report*, 2019, p. 4 and Figure 13) Farnworth has similarly prioritized Enforcement

responses within the capacious scope of ‘Public Safety’. Juxtaposing substance use with criminality and danger creates an implicit need for policing, and through ‘Public Safety’ the VPD are able to attach themselves to something that they have deemed a “public health crisis.”

Figure 13
 2018/19 Annual Service Plan Report (2019, p. 4)

Minister of Public Safety and Solicitor General’s Message and Accountability Statement



As British Columbia’s Minister of Public Safety and Solicitor General, I am pleased to introduce this joint 2018/19 Annual Service Plan Report for my ministry and the Ministry of Attorney General. The report highlights some of the many significant accomplishments made throughout the justice and public safety sector in the last fiscal year.

The Ministry of Public Safety and Solicitor General successfully led the provincial government’s planning for the safe implementation of legalized, non-medical cannabis with the priorities of protecting children and youth, promoting public health and safety, reducing crime and the illegal market, keeping our roads safe and supporting economic development in B.C.

We continued to contribute to the Province’s response to the illicit drug crisis and public health emergency, including supporting police efforts to disrupt illicit drug trafficking and providing comprehensive data to inform evidence-based initiatives aimed at reducing overdose deaths.

12 of the 25 applications of ‘Public Safety’ in the HR corpus were from a single document, *An Injection of Reason: Critical Analysis of the Respect for Communities Act* (Kazatchkine et al., 2017) which argued that InSite did not pose a threat to public safety. This document is also notable for a shared concern with access to addictions treatment services. Here, however, the Enforcement pillar was presented as a deterrent to accessing those services rather than a facilitator of access.

Figure 14

Vancouver Police Department 2017-2021 Strategic Plan (n.d., p. 6)



Figure 14 shows the centrality of public safety to VPD mandate, and how they associate it with fentanyl, “the drug market,” and the “public health crisis.” Related concerns for ‘Organized Crime’ and ‘China’ were solely concerns of Enforcement with 21 and 5 applications respectively. This is to be expected as combatting ‘Organized Crime’ and enforcing ‘Border Security’ are the mandates of security agencies generally. ‘China’ and ‘Public Safety’ were similar in that they did not have a large number of code applications, but the excerpts that they were found in featured them prominently and in ‘Crisis’ framing (such as in Figure 14). The actual applications of the codes showed complex co-occurrences. For instance, the VPD’s *The Opioid Crisis: Need for Treatment on Demand* (2017, p. 6) ties ‘Treatment’, and explicitly not solely residential treatment, to reducing crime,

- 1) Expand and provide more funding for evidence-based addiction treatment, including opioid-assisted therapy programs. Opioid assisted therapy programs that provide people with substance use disorder with a range of effective opioid medications should be made immediately available in therapeutic and supported settings. The goal of this recommendation is to give addicted persons a “clean” opioid (with known contents) for their addiction and prevent them from

contributing to the organized and disorganized crime-fuelled drug market through the purchase and use of contaminated street drugs.

This is in sharp contrast to the HR corpus, where documents like the *Petition to Address the Opioid Crisis* (2018, p. 1) present ‘Organized Crime’ as a result of ‘Drug Policy’, rather than ‘Drug Policy’ as a response to ‘Organized Crime’,

The current war on drugs has been costly and grossly ineffective and resulted in widespread stigma towards addiction and against those who use illicit drugs. Criminalization of particular substances has resulted in the establishment of a drug trade that now traffics dangerous and lethal products, such as fentanyl. Regulating to ensure safe sources, with proper measures and bylaws, will reduce the criminal element associated with street drugs.

The ‘Opioid Crisis’ is thus a crisis where the intrinsic danger of opioids forces their illicit classification as a response. It is a health security crisis that threatens families and public safety. It is an economic security crisis wherein criminals are able to fund their enterprises through the sale of drugs to people who may get addicted or die. The enforcement of the criminalization of various dangerous drugs is necessary to protect families from dealers, and to prevent addiction and overdose. It has political security implications in that Canada must also be protected from foreign import and trafficking of opioids, particularly from China, where opioid-related harms have historically been associated with in the genealogy of Canadian drug discourses. Three of the Four Pillars - Enforcement, Prevention, and Treatment are thought to work in tandem to prevent substance use and promote abstinence from illicit substances. Since drugs have already been effectively securitized for a long time, the response implied here is more securitization, more treatment, more prevention, and “more beds” – more of the same. This inherently means a minimized role for HR and its philosophical values.

4.4 The ‘Overdose Crisis’

Referring back to Bacchi’s first WPR question regarding the identification of problematizations, ‘Overdose Crisis’ is used here as a signifier for the conceptual logic of HR. As with the section on the ‘Opioid Crisis’, both conceptual logics are referenced throughout, as are Bacchi’s WPR questions. For Foucault, tracing a discursive genealogy can illustrate its “effective history” and allow for “subjugated knowledges” to be highlighted (Bertani and Fontana, 2003, p. 7; Foucault, 2021 as cited in Bacchi and Goodwin, 2016, pp. 47–48). Despite HR’s “official” legitimization in approaches like the Four Pillars Drug Strategy, it has had to find its place as a philosophy and approach in opposition to a century of drug enforcement dominating the discourse and policy space. The conceptual logic here is distinct from that of Enforcement and represents a holistic approach to understanding a variety of structural and systemic factors that lead to drug overdose. This is not a crisis of “addiction” or “opioids” (to say nothing of all the non-opioid adulterants poisoning the drug supply) but of all the circumstances, distal causes, and ‘Drug Policy’ facilitating the overdose event.

Key to poststructuralist analysis is the concern not just with the social construction of discourse, but with “the effects in the real to which they are linked” (Foucault, 1980, as cited in Bacchi and Goodwin, 2016, p. 37). One of the important elements of Bacchi’s fifth question regarding lived effects is “The place of resistance in power relations” (Bacchi and Goodwin, 2016, p. 31) and understanding how discourse reinforces or disrupts power dynamics. The HR corpus presented a very different view of the Four Pillars as a whole than the Enforcement corpus did, and in one HR excerpt the Enforcement pillar was directly called out as uniquely problematic compared to the other pillars, “A disproportionate amount of society’s resources is being dedicated to enforcement (as opposed to treatment, prevention and harm reduction)”

(Report from the PAN 2016 Fall Conference: Canadian Drug Policy, Supervised Consumption Sites and Provincial Response to the Public Health Crisis of Overdose Deaths, 2016, p. 10). In

another excerpt, the prohibition of drugs and the Enforcement pillar are presented as obstacles to human rights,

HUMAN RIGHTS: Prohibition based drug policy is by nature dehumanizing and degrading to individuals, our society, and humanity, as the suffering it causes affects the least fortunate among us the most. Historically, prohibition has been a tool to stigmatize the poor as morally deficient by their choice to consume drugs, and therefore not deserving of even their basic needs. Safe supply changes that narrative by respecting the agency of individuals who choose to use drugs, removing the labels of “wrong” and “bad” in respect to drug using behaviour. The provision of a regulated drug supply is a necessary step to end the stigmatization of drug use and drug users (*Safe Supply Concept Document, 2019, p. 5*).

4.4.1 Stigmatization

‘Stigmatization’ was applied 111 times in the HR corpus, and only once in the entire Enforcement corpus. In one corpus it simply did not seem to be a concern, whereas in the other it was of paramount importance. A document from an HR symposium run by AVI Health and Community Services summarized the role of stigma as such,

Stigma permeates every part of the health care system and our communities and keeps drug use hidden. Stigma prevents people who use illicit drugs from accessing services, it makes it difficult to find neighbourhoods where new services can be located, and it impacts the families and friends of people who use drugs or who have died of overdose (*The Overdose Crisis: Where to Next?, 2017, p. 8*).

For the enforcers, ‘Stigmatization’ then is really only a concern of other agencies, and only referenced in the spirit of cooperation. Cooperation then serves as a means of maintaining legitimacy, by reinforcing Enforcement's place within the overall Four Pillars framework alongside HR. Presenting ‘Stigmatization’ in this way further omits any notion of stigma’s place

in overall crisis and omits any role police may have in reducing or contributing to the stigma of PWUD.

PIVOT Legal’s *Project Inclusion* (2019), which had the most coded excerpts overall, also had the most coded ‘Stigmatization’ excerpts, and PIVOT’s researchers explored it as a central feature of the crisis, “No matter where we went in the province, or what substances an individual was using, a clear theme that emerged was widespread stigma—from police, health services, and the public—which in turn leads to the internalized feelings of shame and self-blame” (p. 40). Stigmatization parallels criminalization by denoting behaviours, and people, as undesirable. Historically, “moral panics” have been reproduced by law enforcement agencies as a way of emphasizing potential dangers posed by the mentally ill and thereby conjuring fears and support for police protections and security (J. Boyd et al., 2015; R. J. Menzies, 1987). The continued association between morality and substance use results in “morality policies” that emphasize abstinence, and impede the implementation of “evidence-based policies” that emphasize harm reduction interventions (Hyshka et al., 2017). The close reads of the text afforded by line-by-line coding allowed for this example of inferred code application for ‘Stigmatization’, “The ambulance attendant said to me, with the guy awake in front of us, ‘I would have stopped working on him an hour ago.’ I was livid. That big cop who comes in here – he showed up after the ambulance, when I was getting up, he sneered at me and said, ‘you people’” (*Anita Place Tent City’s One Year Anniversary!*, 2018, p. 8).

A South Island Community Overdose Response Network (SICORN) document from the HR corpus makes reference to “drug-related stigma and the impacts of criminalization, colonization and racism, and internalized shame” (*Community Priorities for Action on Overdose*, 2018, p. 7). Some other references relate ‘Colonialism’ to the need for ‘Cultural Safety’ training

in services (*The Overdose Crisis: Where to Next*, 2017, pp 7-8) and to residential schools (*PHS 2019 Annual Report*, 2019, p. 20). *Project Inclusion* (2019, p. 70) refers to, “...a continuing epidemic of physical, sexual, and colonial violence against sex workers, trans, Two-Spirit and genderqueer people, youth in the foster care system, and Indigenous people— people who face intersecting barriers in all facets of their lives, some of whom participated in the Project Inclusion study.” *Project Inclusion* (2019, p. 94) also articulated a relationship between colonialism and the imposition of abstinence requirements on PWUD, as well as other structural factors, “What is clear from our interviews is that abstinence conditions do not properly account for the generational impacts of trauma, colonization, poverty, and addiction. They appear to be at odds with efforts towards reconciliation and remedying the overrepresentation of Indigenous people in our jails and courts.” The imposition of abstinence conditions is, in this context, is viewed as a harm rather than a means to reduce harm, and it is a harm that is most felt by particular communities.

4.4.2 Community and Criminalization

Communities of PWUD are communities of criminals. Criminalization has implications for them as individuals and as communities because their ability to form and maintain communities happens in the context of criminalization. Bacchi’s fifth WPR questions asks, “What effects (discursive, subjectification, lived) are produced by this representation of the ‘problem?’” Subjectification effects make “subjects,” often out of people or communities, through policy practices (Bacchi and Goodwin, 2016, p. 49). As per Hacking’s (1986) work on subjectification, the categories precede the categorization. The subject “selves” that are created are created not by the subject, but by what Dreyfus and Rabinow (2014, p. 110) call “meticulous rituals of power,” or perhaps in some cases by what Bigo refers to as the “habitus” and

“technologies” of security analysts and professionals (Bigo, 2002, 2006; Bigo et al., 2021). This is to say, that subjectification is found in many aspects of discursive practice and not simply within securitizing speech acts. The discursive ascription of identity labels is a form of “subjectification,” which Bacchi and Goodwin (2016, p. 30) discuss as “...the practices and knowledges that produce ‘subjects’ as ‘particular kinds of provisional beings,’” and those provisions appear to hinge on criminalization processes- the extent to which a subjectification is identified as criminal or victim. In either case, there is no recognition of agency for PWUD, and certainly no subjectification of any identifiable community. In this way, criminal charges and medical diagnoses (formal and informal) produce both subjectification effects and lived effects, as in the ascription of criminal and/or addicted/diseased identities. Similarly, *Report from the PAN 2016 Fall Conference* (2016, p. 10), discusses how “Being homeless is often written up as a ‘breach of probation’ which criminalizes poverty and public health.”

The Enforcement corpus makes an unclear distinction between the subjectifications of victims of addiction and of criminal pushers. The targeting of manufacturers and distributors is presented as effective, and announcements of ‘Drug Busts’ and ‘Arrests’ are presented as achievements. Enforcement documents never used the term “People Who Use Drugs,” despite its importance as an example of “people first” language. References to PWUD were usually to them as family members or implicitly as *otherwise* productive members of society/“community.” An Abbotsford Police Department News Release, “Five Fatal Overdoses in Less than 10 Hours” (2017, p. 1) referenced the deceased as loved ones and family members, but not as people who used drugs. “Of those who died yesterday three were men and two were women. Four of the five died indoors. All of them died alone,” and “Yesterday, we lost five citizens, and family and friends lost five loved ones.” To acknowledge their illicit drug use may portray an incongruence

between the subjectified criminal and the subjectified victim. Criminalization requires the perception of an undesirable behaviour or people(s), requiring a sort of security protection from them – in much the same way securitization designates a threat and implies a response.

Traffickers and dealers are frequently subjectified as threats in Enforcement discourses, which sometimes also seek to create victims of addiction; brain diseased and pathologized “criminal addicts,” versus the more nefarious dealers, traffickers, and pushers who will hook otherwise innocent people. Figure 15 provides a dramatic example

Figure 15

Journey to Hope (Spearn and Gill, 2016, p. 4)

Dear Dealer,

Since I don't know your name, I'll just call you Dealer. You had the greatest and most negative impact on my sister's life: You killed her...

Tell me who you are.

Were you with her when she died? Both her windows were rolled down when she was found. Were you in her passenger seat? Did you get scared and run? Did you sit there and watch her die?

Tell me. What were her last moments like? What were her last words? Do you think she knew that she was going to die that day? Do you think she was scared? I hope she wasn't scared...

*Yours Forever,
The Sister*

from Enforcement's *Journey to Hope* (Spearn and Gill, 2016). These nefarious depictions have historically been further perpetuated through Canadian media (S. Boyd, 2014). Yet, an emerging body of research shows that “trusted dealers” can substantially reduce harms associated with illicit drug markets (Carroll et al., 2020) and that there are actually potential benefits to incorporating people who sell drugs into harm reduction programming (Kolla and Strike, 2020), particularly as HR resources and staff can be constrained by the criminalizing policy environment they operate within (Kolla and Strike, 2019). For example, there is evidence to suggest that some have found benefits in self-treating OUD with illicit methamphetamine (Lopez

et al., 2021; Silverstein et al., 2021) effectively responding to the inadequacies of public health by navigating criminalized options. Drug dealing, sex work, and other forms of prohibited income generation are sometimes common among some groups of people who frequently use criminalized drugs (DeBeck et al., 2007). Many drug sellers primarily sell drugs just to support their own illicit drug use, however arrest, criminal justice involvement, debts, and drug market-related violence make the sale of criminalized drugs dangerous (W. Small et al., 2013). The targeting of visible dealers or high-level offenders often only results in the re-emergence of similar actors in different places or forms (Strang et al., 2012), and as Kleiman (1985, chap. 7) points out, attempts at targeting drug traffickers just eliminate the ones who are least effective at resisting law enforcement, leaving the more experienced traffickers in place with fewer obstacles to illicit monopoly and exacerbating organized crime related problems overall. It has also been shown that Enforcement efforts can actually contribute to increases in drug market violence (Werb et al., 2011). ‘Arrest’ was referenced positively in the Enforcement corpus, but it was framed as a threat on the HR side, as evidenced by this excerpt from *Project Inclusion* (2018, p. 52):

In some cases, this informal economy is exploited by police, resulting in the deliberate criminalization of the very people the public health response to the opioid overdose crisis is meant to protect. While conducting research for this project, we were contacted by a service provider who let us know that several residents of the low-barrier shelter where he worked had been charged with trafficking fentanyl. All of the residents identified as being addicted to fentanyl and were living in abject poverty in a homeless shelter. They had each been approached, over a period of months, by undercover RCMP officers who asked them to find them fentanyl. As a result of their own need to finance their substance use and/or willingness to help out another drug user in need, these people are now facing trafficking charges including newly increased jail time for fentanyl trafficking.

Rather than addressing distal structural factors that influence the contents of the illicit drug supply, in the Enforcement corpus activities such as ‘Arrest’ and ‘Drug Bust’ are understood

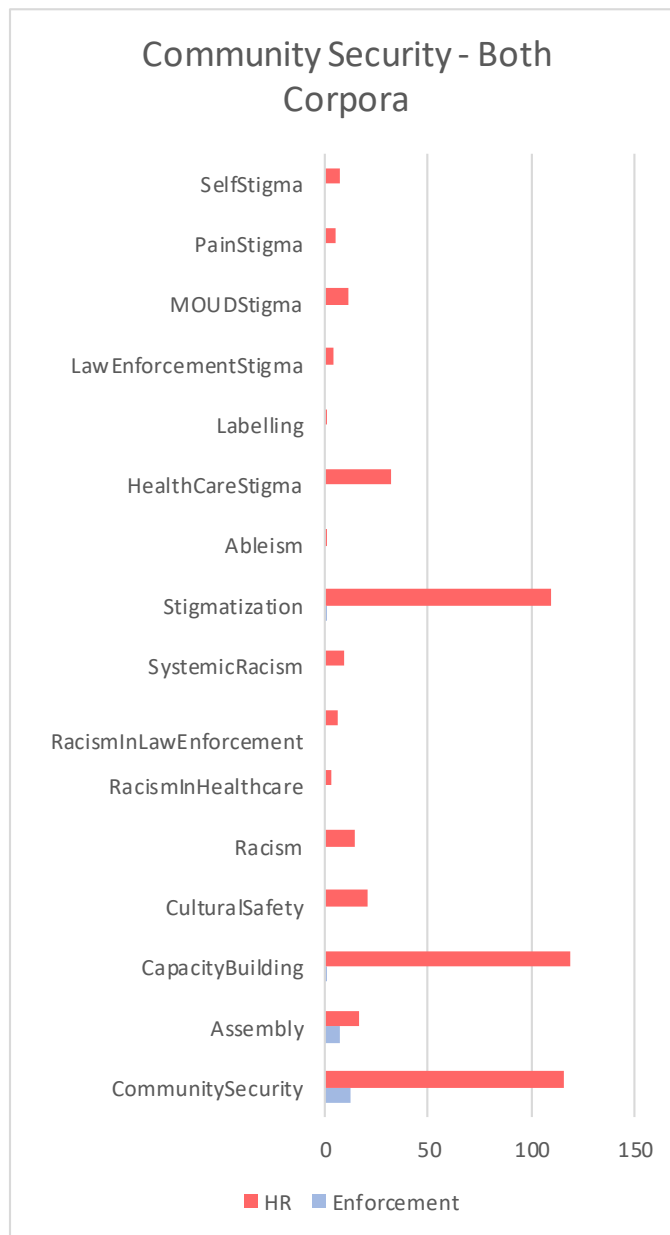
as achieving beneficial outcomes, particularly as they seek to directly engage with those poisoning the drug supply through the trafficking, adulterating, and selling of drugs. ‘Drug Bust’ was coded to more excerpts in the Enforcement corpus than the HR corpus (2 HR vs 15 Enforcement), but ‘Arrest’ was far more present in the HR corpus (61 HR vs 10 Enforcement), where it was presented more often as a concern than a resource. The conceptual logic behind the positive value of drug arrests involves putting away nefarious people and is laid out in a news release from that corpus (*Abbotsford Police Department News Release - Incident: Large Drug Seizure and Related Arrests*, 2017, p. 1),

“These arrests will have a significant impact on the drug trade in our downtown core. The presence of fentanyl and carfentanil in drugs is a clear indication that drug dealers have no regard for human life, and that they are only concerned with making a profit”, states Inspector Tom Chesley, Officer in Charge of the Criminal Investigation Branch.

In this conceptual logic it follows that removal of dealers and removal of drugs equals the removal of drug harms such as overdose. Supply reduction reduces supply harms. Security and law enforcement have “shared foci” (Fairclough, 1992, p. 215). “Law” can be defined as “the enforceable body of rules that govern any society” (Gooch and Williams, 2007). To break the law is to commit a criminal act, and to provide protection from criminals is to provide security. The law protects “us” from “them” – the criminals, foreigners, and otherwise deviant people. This protection is largely provided by police, intelligence agencies, private security companies, the military and defence establishments, and also through institutions like public health, social work, and education.

Critical scholars suggest that police sometimes use discourse to construct themselves as “frontline soldiers” between “order and chaos,” (Linnemann and Kurtz, 2014, p. 342). As Grayson (2008, p. 42) states, “...criminalization rests on much the same conceptual foundations as securitization.” Buchanan (2015) and Lenton et al. (2000) argue that criminalization is far more harmful and dangerous to PWUD than the substances they use, and that risks of overdose, disease, and death, have far more to do with the context of criminalization than with substance use. To securitize the substance use of particular groups is to criminalize both the substance and the groups, twisting the logic of security-as-protection into one of security-as-oppression.

Figure 16



As shown in Figure 16, ‘Community Security’ was used far more often on excerpts within the HR corpus than the Enforcement corpus (116 HR vs 12 Enforcement). The HR corpus, by contrast, showed a diverse set of ‘Community Security’ concerns and reflected PWUD as constitutive of “community.” Community Security is unique as a dimension of HS

because HS has primarily distinguished itself from traditional security studies by centering the individual rather than the state, but “communities” are not individuals. The state itself is frequently conceived of as an “imagined community” (B. Anderson, 1991), but it is important to remember that the state is distinguished from other communities by its’ “monopoly on the legitimate use of force” and the capacity to enact “legitimate” violence (Poscher, 2016). The enactment of violence is of the potential harms that can arise from the enforcement of drug policies, and in the HR corpus, *Mandate Letter* (2017, p. 1) stated, “These harms are disproportionately weaponized against people experiencing homelessness, and specifically racialized communities – namely Black, Indigenous and People of Colour.” This passage illustrates how it is particular communities who experience these harms most.

In J. Boyd and Kerr's (2016) critical discourse analysis of Vancouver Police Department documents, they note how reports visually and discursively coupled mental illness/mental health and addiction repeatedly. This coupling contributes to both stigmatization and criminalization and builds on the long-standing association of dangerousness with mental illness (Carter and MacPherson, 2013), even though it is well-documented that people experiencing mental illness are far more likely to be victims of violence than perpetrators of violence (Stuart, 2003; Thornicroft, 2020). It is noteworthy that the high-profile police killings of Chantel Moore (Martens, 2020) Ejaz Ahmed Choudry (BBC News, 2020) and Regis Korchinsky-Paquet (Cecco, 2020) all occurred during police-attended wellness checks in Canada.

Many of the coded excerpts for ‘Community Security’, particularly those co-occurring with ‘Drug Policy’ were excerpts referencing *The Respect for Communities Act*, a Harper-era anti-crime bill that is infamous in HR communities for making it much more difficult to attempt opening an SCS/OPS after InSite received official sanction. The title juxtaposes the notion of

“community” with the SCSs that the bill ostensibly seeks to protect said communities from. This code application was not applied simply because the word “community” was used. Here it illustrates the conflicting views/constructions of PWUD as a threat to “community” with all of its culturally ingrained Mayberrian connotations, versus PWUD as a community themselves.

4.4.3 Access to Services and Housing Security

With regard to spatial objects and environments, typically “Environmental Security” refers to the ecological environment and its relationship to a variety of security dimensions and concerns. Greaves (2020) has explored links between urbanization, the ecological environment and climate change, and human security. For many, environmental concerns relate to the urban, or rural, spaces where they spend their time and or reside (McLean, 2016). Those spaces may be policed, lack privacy, lack housing, or include other threats/harms that can be designated as HS threats. Of particular note here is the ‘Risk Environment’ theory and ‘Housing Security’ which are very significant Child Codes of ‘Environmental Security’. Many of these codes capture the challenges of PWUD in urban settings, but during analysis, particular attention was paid to potential connections between ‘Access To Services’ and ‘Environmental Security’ in order to make sure those rural access concerns were captured when they arose.

‘Risk Environments’ was applied 27 times overall and only once in the Enforcement corpus. The one Enforcement reference, from the VPD’s *The Opioid Crisis: The Need for Treatment on Demand*, (2017, p. 19), was an inferred application which created an interesting juxtaposition of ‘Access To Services’, ‘Treatment’ and injection drug use on the street, “...encourage people who use drugs to access health care services including primary care and addiction treatment, improve public order and reduce the number of injections taking place on

the street.” This was in reference to SCS, and the end of paragraph that began on the previous page- a paragraph voicing the VPD’s support for SCS/OPS.

The experience of homelessness is associated with overdose risk (Seal et al., 2001; Yamamoto et al., 2019), and

Figure 17 gives an example of crisis framing that juxtaposes the “twin crises” of housing and overdose. 'Housing Security' represents a crucial subset of 'Environmental Security' concerns and serves to capture the overlap between “crisis” concerns and concerns of insufficient

housing, particularly as population growth and weak housing policies fuel an ongoing ‘Housing Crisis’ in BC (Bardwell et al., 2018; Collins et al., 2018; Lee, 2016). The experience of homelessness is a multifaceted problem that is in part attributable to insufficient social assistance resources (S. Klein, 2017), and gentrification in areas like the DTES (Bardwell et al., 2019; Collins et al., 2018; Fleming et al., 2019). Poverty is often a central determinant of whether someone is likely to experience homelessness (Bramley and Fitzpatrick, 2018), and people who have experienced traumatic childhood experiences, been imprisoned, been placed in institutional care, experienced substance use disorders, lack healthy social supports, or experience mental health problems are far more likely than others to experience homelessness (Fitzpatrick et al., 2013; McDonagh, 2011; Piat et al., 2015). It has been argued that the relationship between homelessness and health is intrinsic, as the experience of homelessness incurs trauma that exacerbates existing traumas, exacerbates already present substance use, and aggregates these challenges in the form of “multiple exclusion homelessness” (Cornes et al., 2014).

Unemployment, lack of opportunity, spatial segregation, and the intensity of criminal justice

Figure 17
(Working Together in Challenging Times: 2016-2017 Annual Report, 2017, p. 1)



interventions can coalesce with the risks attributed to illicit substance use to create spaces of “advanced marginality” (Wacquant, 2016; 2008).

Homelessness represents another structural problem that is unlikely to be ameliorated by being problematized as requiring either criminalization or medicalization in its policy response. This assertion is congruent with J. Boyd et al.'s (2016, p. 78) observation that, “If people identified as homeless, addicted, and/or mentally ill are constituted as dangerous, out of control, and suffering from a biological disease or disorder, then housing and regulation will reflect such assumptions even when harm reduction services are available.” As an HR passage shown in Figure 18 notes, people who are marginalized are more likely to have drug policy consequences imposed upon them.

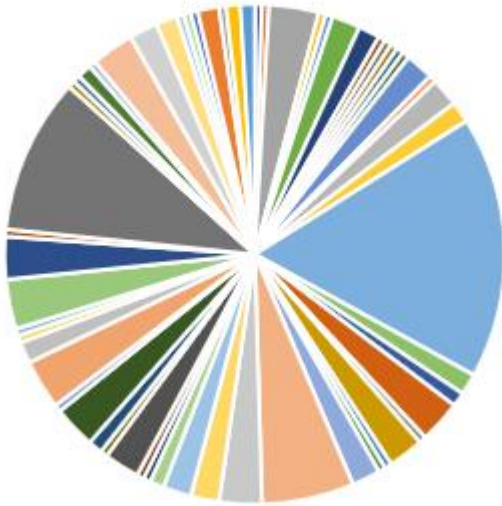
Figure 18
(Boyd, 2018a, p. 10)

The consequences of illegal drug use are linked to social status—people from poor and marginalized communities are much more likely to be severely criminalized, arrested, and imprisoned.

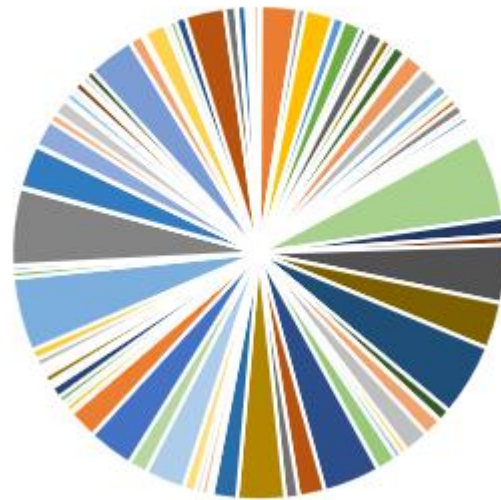
‘Access To Services’ was applied 1612 times (1303 HR vs 219 Enforcement). The majority of these applications were HR documents referring to accessing a wide variety of services, primarily HR services. ‘Access To Services’ co-occurred with a wide variety of codes in both corpora with 1391 total co-occurrences in the HR corpus and 218 in the Enforcement corpus. When trying to display this data (Figure 19) it is difficult to find meaningful patterns as the data is dense, but there are three noticeably prominent slices in the Enforcement pie.

Figure 19

AccessToServices Co-Occurrences -
Enforcement Corpus



AccessToServices Co-Occurrences -
HR Corpus



When co-occurrences that Dedoose classifies as uncommon are filtered out, there is suddenly a stark contrast between the corpora, and the broad focus of HR (Figure 20) and the narrow focus of Enforcement (Figure 21) are illustrated. In Enforcement’s conceptual logic the relevant services are more focused on ameliorating individual behaviour through treatment or justice, whereas the HR conceptual logic is focused on a more holistic set of diverse dimensions that represent a wider spread of threats and structural harms, as well as a wider set of potential resources and responses. There were still quite a few applications in the Enforcement corpus, mostly in the two key VPD documents, mostly in reference to addictions treatment.

Figure 20

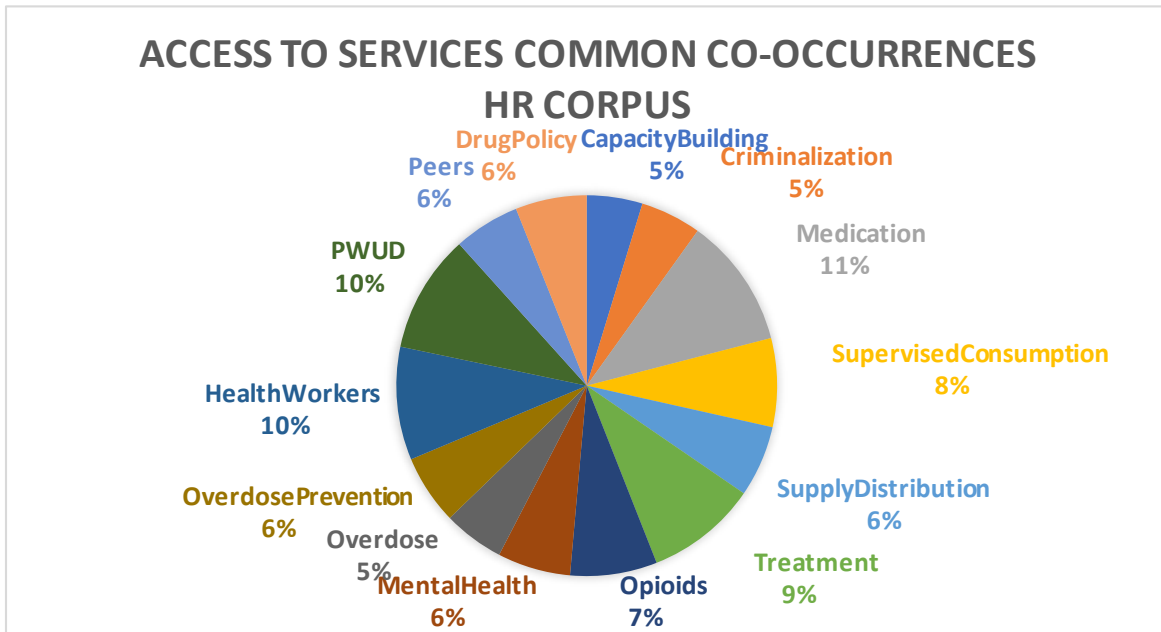
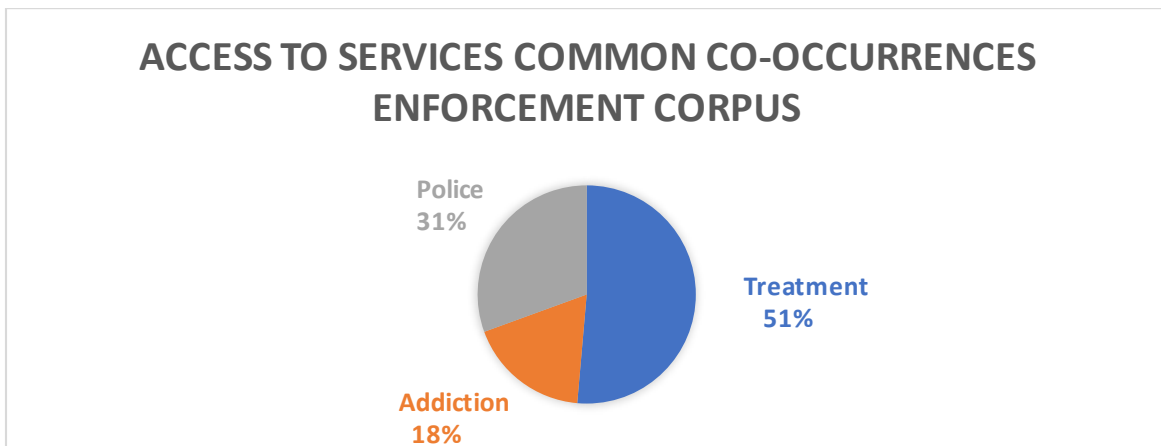


Figure 21



One of the strengths of SCS (as an example) is that they provide a space outside of Enforcement where drug policy's most malicious effects are spatially suspended (Fairbairn et al., 2008; McNeil et al., 2014; W. Small et al., 2012), but policing around SCS and other harm reduction services can impede 'Access To Services' ('Health Security') and place PWUD at even greater risk (H. Cooper et al., 2005; Kerr et al., 2005b; Kimber and Dolan, 2007; Petrar et al., 2006; Werb et al., 2007). It has been argued that HR interventions are most useful when placed

where drug use tends to occur (Moore and Dietze, 2005), but these areas also make obvious targets for Enforcement efforts (Bluthenthal et al., 1997; H. Cooper et al., 2005; Davis et al., 2005; Kerr et al., 2005a). Spatial policing practices such as area restrictions or “red zoning” place PWUD at great risk by restricting their access to life-saving HR services (McNeil et al., 2015; Weisburd et al., 2018).

Returning to Bacchi’s sixth question regarding how and where problematizations have been “produced, disseminated, and defended,” even prior to the Public Health Emergency declaration of 2016, Canadian police forces and the VPD in particular were at the forefront of discourse surrounding mental health and policy interventions (J. Boyd and Kerr, 2016; MHCC, 2014). Police discourses on mental health, addiction, and substance use have been observed to assert themselves above other policymaking discourses (J. Boyd and Kerr, 2016; Smart, 1989, p. 10). Police organizations are institutions that are able to use their enunciative position in discourse creation to convey their priorities and even influence policy discussions (Chermak and Weiss, 2005). HR groups find themselves in conflict with police and launch their own discursive responses. Groups like the Vancouver Area Network of People Who Use Drugs (VANDU), the Carnegie Community Action Project (CCAP), the Our Homes Can't Wait Coalition, and PIVOT Legal Society frequently protest proposed VPD budget increases and have voiced their concerns regarding experiences with street checks, incarceration, and “unrelenting” police pressure at Oppenheimer Park, which serves as an important community hub for residents of the DTES (Crompton, 2019).

Vancouver's DTES is overrepresented in research and was similarly significant in both corpora. The DTES purposefully gets portrayed as abundant in crime and poverty in the mainstream media and by the VPD (J. Boyd and Kerr, 2016; Culhane, 2003; Jiwani and Young,

2006; Liu and Blomley, 2013; Pitman, 2002; Pratt, 2005; Woolford, 2001). Liu and Blomley (2013, p. 127) note that the DTES is rarely framed by members of the local community or DTES residents themselves, further privileging the ability of the VPD and other actors to manipulate surrounding discourses, with the VPD occupying a particularly prominent role in print media.

The 'Overdose Crisis' is a multidimensional structural crisis of health inequities wherein people at risk of overdose face multiple overlapping layers of insecurity. There is a strong focus on health security, economic security, personal security, community security and housing security. Deaths attributable to the poisoned drug supply could be prevented by changes to drug policy, such as the abolishment of drug enforcement and prohibition, increased social services, but the institutionalization of the war on drugs is deeply entrenched. Colonialism, criminalization, and stigmatization drive health inequities across a spectrum of concerns, exacerbating mental health challenges, income inequality, physical health, personal wellbeing, and the housing crisis. This is more a crisis of human rights than of addiction. Nevertheless, access to addictions treatment and other important health services is further impeded by Enforcement efforts, making PWUD further health insecure, and HR activists and service providers seek to resist the negative health impacts of Enforcement and drug policy broadly.

4.5 Critical Self-Appraisal

Bacchi (2021a; 2009) allows for a lot of variation in how the WPR questions are addressed, and even states that it is permissible to omit some questions should it seem appropriate to the particular analysis, but she is insistent that the seventh step, critical self-inquiry or self-problematization be included. In order to properly adhere to Bacchi's WPR approach it is appropriate for me to address my own positionality in relation to this research. This

provides an opportunity to engage in reflexive discussion, recognizing that “the perspective and position of the researcher shapes every step of the research process” (Raskind et al., 2019, p. 37) and reflexivity is identified by Creswell and Poth (2013) and Patton (2015) as important for the quality of qualitative data analysis. I am not an unbiased researcher, but I have sought to offset some of that bias through the QUAL+quan research design, allowing me to moor my qualitative analysis to observable quantitative trends.

Over the course of writing this thesis I have been privileged with the opportunities to work in two overdose prevention sites, one mental health and substance use intake centre, one sobering and assessment centre, participate in implementing survey and focus group research on safer supply programs, collaborate on research on alternatives to policing and criminalization, work on a realist review of court-mandated substance use treatment programs, three COVID-19 sheltering sites, two COVID-19 isolation sites, and work in several abstinence-based addictions treatment and recovery environments. Much of the coding and writing of this thesis was done while in these places. I have been a frontline worker in the overlapping public health crises of overdose, housing, and COVID-19. I have lost friends. I am also extraordinarily grateful to have been able to access so many different vantage points for bearing witness to these times. These opportunities are informative, but they also steer my understandings and shape my biases in ways that could be considered both strengths and limitations.

I have sought to offset biases by being cautious against “strawmanning” or presenting select problematizations in their weakest forms. Though by virtue of my work and positionality I am much closer to people within HR communities than in Enforcement communities, both HR and Enforcement have their conceptual logics presented straightforwardly with

acknowledgement of the reasoning within those logics, and with no attempt made to present one as the weaker or the favourite.

I am perpetuating an academic discourse in much the same way harm reduction workers and advocates perpetuate HR discourse and enforcers will perpetuate Enforcement discourses. It is not my intention to present HS as a potentially useful lens patronizingly, nor to imply that PWUD have not as a community articulated their needs effectively. HS serves as another way to highlight the selective and structural disregard for PWUD. The emergence of HR as a pillar of drug policy is evidence of the effectiveness of hard-fought advocacy. For many people working on the front lines of the war on drugs the conclusions drawn here can be categorized as things they already know. As Kolla and Edmiston (2019) state, “Call it an opioid crisis or an overdose crisis – the reality is that thousands of Canadians are dying every year because drugs have been contaminated.” The work here is very much part of the “talk” in “they talk we die.”

Chapter 5 – Conclusions

The present study answered the research question “What human security problems are constructed in Harm Reduction and Enforcement discourses surrounding the crisis of overdose deaths in British Columbia?” by applying a Human Security lens in a discourse analysis of thematically coded documents from Enforcement and Harm Reduction organizations through a “What is the Problem Represented to Be” (WPR) approach. This thesis sought to argue that the Harm Reduction and Enforcement pillars of drug policy are incompatible, and what emerged from the data analysis was a clear juxtaposition of clashing philosophies and conceptual logics. The corpora contain distinct and separate problematizations with their own conceptual logics, genealogies, and effects. The “opioid crisis” and the “overdose crisis” emerged as separate and contradictory problematizations that imply very different policy responses and their juxtaposition revealed clashing conceptual logics. These are not differences that can be ameliorated, and the policy pillars with their accompanying conceptual logics occupy mutually exclusive positions with mandates to deter the effects of one another.

There are security claims being made in these problematizations, and it is possible to frame them as human security claims. People who use illicit drugs, for whatever reason, face risks imposed by the state. Those risks come in the forms of colonialism, criminalization, and stigmatization, across government policy and the Canadian cultural landscape, and manifest in a poisoned and dangerous drug supply which greatly increases overdose risk.

One crucial distinction between the two corpora is the Enforcement corpora represents a securitized response and the Harm Reduction corpora does not. While both Enforcement and HR corpora emphasize health security as a relevant dimension, they differed in how they emphasized other dimensions, particularly community security. Enforcement simply cannot

acknowledge people with criminalized identities as legitimate members of the public, and thus cannot acknowledge the stigmatization, nor the harmful effects of criminalizing said identity, and this further feeds implications for political and personal security. While Enforcement is able to present itself as a crucial component of an overall policy strategy, carries an underlying philosophy of resistance to policy. The Enforcement desire to cultivate “public safety” necessarily comes with an exclusionary understanding of “public” which excludes people who are criminalized, and “public safety” thereby becomes a tool for protecting not those who are most threatened by overdose, but those who are deemed members of the public. This further reinforces the inherent individualism inherent in Enforcement’s conceptual logic, that people are either making bad choices or are sick and must be treated. The conceptual logic does not address structural drivers of overdose deaths. It makes little sense to devise a policy strategy wherein one pillar exists to deter the effects of another pillar. If Enforcement is a source of harm and Harm Reduction is only there to reduce it, neither pillar makes sense. What we are left with is Prevention and Treatment. Treatment, if implemented based on evidence-based practices begin to just look like healthcare, education, housing, and personal autonomy and bodily freedom in an environment where currently illicit drugs fall into regulatory access and pricing schemes more similar to those that govern alcohol, tobacco, and cannabis.

The exercise of framing harm reduction concerns in human security language could be the start of securitizing move by translating harm reduction concerns into “security speak” but it is still unclear if that can be achieved to a desirable end. Serious consideration should be given to how the Four Pillars strategy is intended to work given the inherent contradictions. The differences in the corpora and the discourses demonstrate that the current crisis is problematized entirely differently by sets of institutions that are central to the crisis response.

Improving access to addictions treatment, including abstinence-based treatment, is a laudable goal. It should not, however, come at the expense of structural and/or systemic changes, or when it services carceral logic, opposes evidence-based medicine, or perpetuates discourses of misinformation. If securitizing language can play a beneficial role in drug policy discourse, then it should not be the sole domain of enforcers and prohibitionists, because if the harm reduction activists and experts are right that will only add to the harms being experienced in the crisis.

This study represents a novel use of an HS lens to highlight insecurities often overlooked in security scholarship. The interdisciplinary merriment of public health and global security approaches to the analysis of drug and drug policy-related harms allows for the adoption of new perspectives. It is hoped that the use of security framing highlights the insufficiency of medicalizing overdose problems as these are not solely health problems; health is compromised without safety, and safety is compromised without security. This has been accompanied by a novel mixed methods approach to analyzing large corpora, focusing on policy “pillars” and their conceptual logics rather than on individual policies.

5.1 Study Limitations

The chief limitation of this research is that people who use drugs were not centred. Harm reduction discourse was examined via documents from community-run harm reduction organizations, but harm reduction has its origins in the grassroots resistance of drug policy. The decision to exclude documents from public health is meant to excise the influence of governmentality from the discourse and make it more representative of “real” HR discourse as conveyed by people doing the work. Unfortunately, this “service provider” discourse may not be

representative of discourses emanating from PWUD – those most affected by the ongoing crisis. As T. M. Watson et al. (2020, p. 1) state, “Services appear to be most innovative, dynamic, and inclusive when people with lived experience, allies, and service providers are directly responding to fast-changing drug use patterns and crises on the ground, *before* services become formally bureaucratized.” Community-run organizations should not be thought of as benevolent, but rather, as another set of self-interested institutions just like law enforcement, security, public health, and academic institutions.

The lack of a secondary coder means the inter-rater reliability of the code book and coding could not be assessed. This analysis was also limited by its restriction to text-based corpora. There are several very important pieces of media that were not of a format that allowed for their inclusion, such as the *Fighting Fentanyl* web docu-series produced by the Victoria Police Department (Victoria Police Department, 2017). It is unclear if these corpora are representative of discourses in a scalable fashion, but the selection of service provision agencies within pillars should at least ensure the relevance of the documents selected to the nexus of discourse and drug policy in BC. The selection of service providers also reflects poststructuralism’s concerns with both the socially constructed discourse and lived effects from service provision. The addition of multimedia elements would require additional methodological considerations outside the scope of this study. Social media posts are also excluded as they too differ wildly in form, content, and target audiences in ways that are not possible to fully control for using these methods. There can also be difficulties in verifying the authenticity of their authorship. The exclusion of social media is an unfortunate, but necessary, study limitation.

For a study spanning BC, the data that emerged was unfortunately very focused on the DTES of Vancouver. The overrepresentation of that region is already noteworthy in research;

however, it has also historically been the site of significant harm reduction advocacy and innovation, and while as a region it may only occupy a certain amount of the overall harm reduction activity in the province, it almost certainly occupies more than its fair share of the discourse. Environmental security codes and a province-wide search strategy sought to capture the whole geography, but the discourse was primarily shaped by perspectives focused on the DTES.

The use of the HS lens, too, warrants some mention in this context. While presented here as a potential opportunity to articulate marginalized security concerns, Canada’s relationship with HS has historically been one of national interest convenience. Canada’s HS agenda was focused solely on foreign policy, centering human security concerns in the developing world, and emphasizing the role of violence- an emphasis that is necessarily state-centric as the state assumes monopoly on the legitimate use of force. As Greaves (2012, p. 220) states, “By marginalizing the socioeconomic and intersubjective dimensions of human wellbeing that are central to holistic human security, the Canadian approach ignores the radical reconceptualization of security that forms the core of human security studies.” It is optimistic to think that the addition of the word “security” to the harms experienced by PWUD is more than a new path to elitist indifference. Nonetheless, this work still serves as an invitation to security scholars (and policymakers) to consider the domestic effects of drug securitization more deeply on the people most effected by ongoing drug poisoning deaths. Elbe (2006, 2009) discussed how the human securitization of HIV/AIDS led to the framing of illness as dangerous and instead of a genuine human security response, precipitated a traditional security response of quarantine and protection, as well as the governmentality of services that may have otherwise been more

helpful. It is hoped that community-driven approaches to conceptualizing security can help ameliorate these concerns in the future.

5.2 Directions for Future Research

Structural problems require structural solutions. Drug policy is centered in the nexus between health, safety, and security. Over the course of writing this thesis, organizations working within public health and public safety have seen extraordinary challenges that are prompting a necessary rethinking of some of our foundational societal structures and institutions. Within these challenges there are opportunities for research that highlights silenced security needs within various communities that are subject to harms.

COVID-19 has exacerbated health inequities, including those related to the crisis of overdose deaths (Palis et al., 2021). Globally, COVID-19 also brings with it new and frightening concerns regarding the relationship between police and individual bodily autonomy wherein fears of increased surveillance and perceived economic and public health trade-offs create a “renewed governmentality of unease” (Bigo et al., 2021; Stott et al., 2020). The murder of George Floyd by St. Louis police officer Derek Chauvin in May 2020 deepened a renewed wave of interest in defunding and/or abolishing the police, and in looking at alternatives to criminalization in the US and Canada (Kaba et al., 2021; Maynard, 2017; Pauly and J. Fraser, 2020; Vitale, 2017). The looming potential for even more climate-related deaths of inequality such as BC’s “heat dome” tragedy (Bratu et al., 2022) or the complete destruction of Lytton, BC through forest fire do not invite public trust in government responses to emergency and crisis preparedness (Sucharov, 2022). The ongoing catastrophe of Canadian colonialism and the dissatisfaction, grief, and rage at the government ineptitude and indifference in response to

continued crisis of Missing and Murdered Indigenous Women and Girls (National Inquiry into Missing and Murdered Indigenous Women and Girls, Privy Council Office, 2019) and the recent detection of bodies of Indigenous children murdered in genocidal residential schools operated by the Christian churches and the Canadian government (Meissner, 2022) highlight how much of a threat the Canadian state can pose to people living within its declared borders. Similarly, the crisis of drug poisonings suggests government policies and institutions are structural drivers of harm and may be making problems worse.

Alternatively, community-based approaches to both public health and public could help to cease the death and misery of these crises. Future research may benefit from further unpacking the potential relationships and intersections between concepts of public safety and public health. There is an opportunity for critical security scholars to align with public health scholars in researching how issues of equity and insecurity coincide with increasing scholarship on the importance of health equity. It is important that future scholarship be effective at informing decision-makers regarding the urgency with which policy solutions and structural changes are necessary for the cessation of overdose deaths and other overlapping structural and systemic crises. As demonstrated by the present study, we have robust multidimensional lenses for both security and health, and these are overlapping concepts with innumerable feedback loops between one another. They are mutually reinforcing and any attempt at multidimensional or structural policy responses to “crisis” problems may be well-suited by adopting holistic and interdisciplinary approaches to framing and deconstructing problematizations and securitizations.

It is not controversial to claim that “security speak” can help to effectively marshal state resources toward a specific and dire concern. The far reach here is that an analytical lens can

help groups who are purposefully maligned by policymakers to achieve that same priority-setting ability of other security speakers who enjoy state-offered legitimization. In order for these attempts at security speak to not be subsumed or silenced, it is necessary to adopt a lens that can very clearly frame policy and the state, and ultimately subsumption itself, as security threats. Foucault was concerned with the “tactical usefulness” of “subjugated knowledges” and for that reason, it is important to look for silenced security claims, as the ability to have those claims heard “denotes membership in a political community” (Loader and Walker, 2007, p. 164). Future work could look at the potential of humanitarianism as securitization (S. Watson, 2011) given its similar potential for catalyzing drastic policy responses to state violence, and the pressure that framing can place on governments. Should the work be invited by communities of PWUD, HS may provide a good framework for working with human participants and allowing for them to identify the threats they face. For example, Stuvoy (2010) uses interviews in Russian women’s crisis centers to analyze subjective perceptions of human security, and similar research with PWUD could help catalyze progressive policy change by providing a framework for speech act formation. Similarly, Deiter and Rude's (2005) work with Indigenous Women in Canada asked, “what does human security mean to you?”

Given the inherent contradictions between the pillars, a broad rethinking of how drug policy is approached at all levels of government could be appropriate. Though the Four Pillars are officially a Federal strategy and a strategy of the City of Vancouver, they represent a broader juxtaposition of HR and Enforcement that is incongruent within BC and elsewhere. A reimagined strategy may focus on equitable health care, without a pillar devoted to enforcing harms, without a pillar reducing the harms of another pillar, without a separate “Treatment” pillar, and where “Prevention” is focused on education rather than the prevention of substance

use. If governments are to be sincere about reducing harms attributed to substance use, it could be beneficial to focus on where those harms are actually exacerbated by policy, and where policies actually reduce safety, health, and security for those most impacted by the current crisis.

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<https://doi.org/10.1016/j.drugpo.2022.103614>

Tables

Table 1

Inclusion/Exclusion Criteria for Document Search

INCLUSION	EXCLUSION
<ul style="list-style-type: none"> • From the selected agencies/organizations • Public-<i>facing</i> documents (not just publicly available, but clearly intended for public readership) • Specific to British Columbia • Specific to the ongoing crisis/epidemic of overdoses involving opioids • Public statements (different from news releases) • <i>Most recent</i> editions of relevant annual or monthly reports • Chapters or significant document sections that meet the above criteria, even if the full document does not • Intended for print and/or physical distribution (not limited to internet access/online discourse) 	<ul style="list-style-type: none"> • Before April 2016 • After October 2019 • No date given • News Releases • Instructional Documents (guides for administering naloxone, guides for accessing intake services, etc) • Internally focused (Job postings, memoranda, publicly available internal newsletters) • Drug policy documents not specifically related to opioid overdose • Other Media (videos, PowerPoint presentations) • Meeting Minutes • Academic papers, journal articles • Social media posts

Figures

Figure 1
Relationship between discourse, public opinion, and drug policy

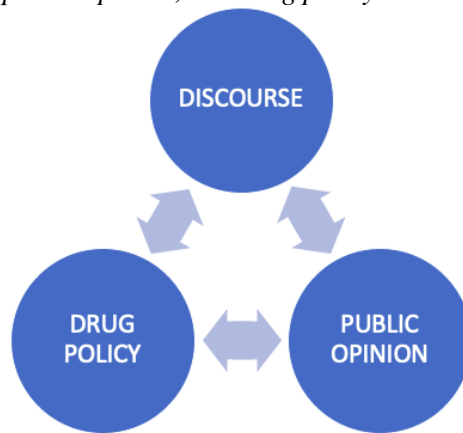


Figure 2
Mixed method concurrent qualitative dominant study design (QUAL+quan)

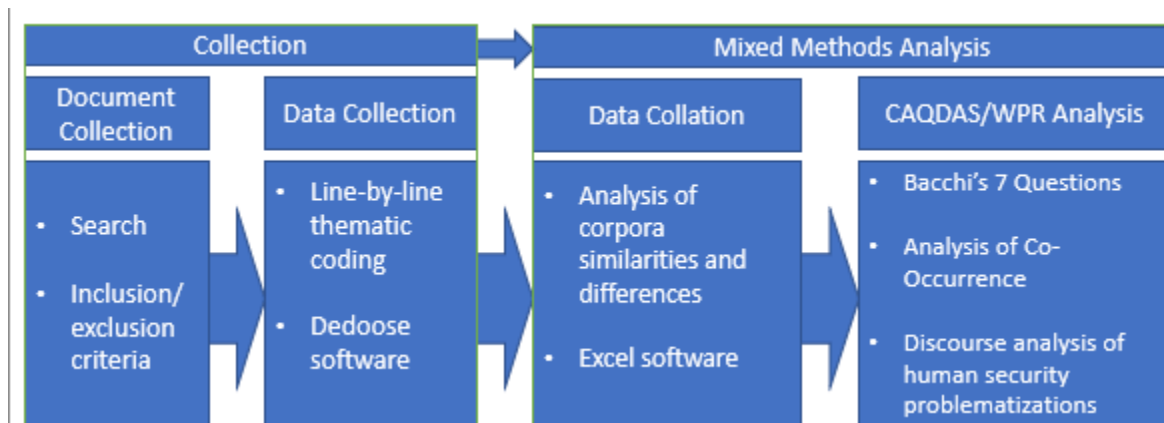


Figure 3
Quantitative Overview

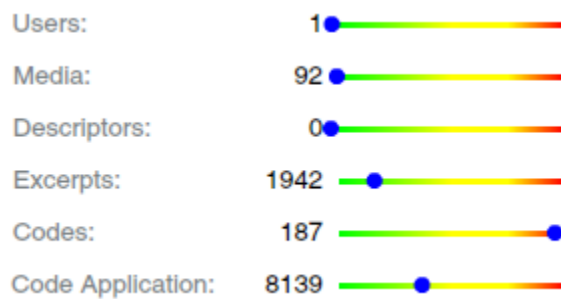


Figure 4
HS Dimensions by Corpus

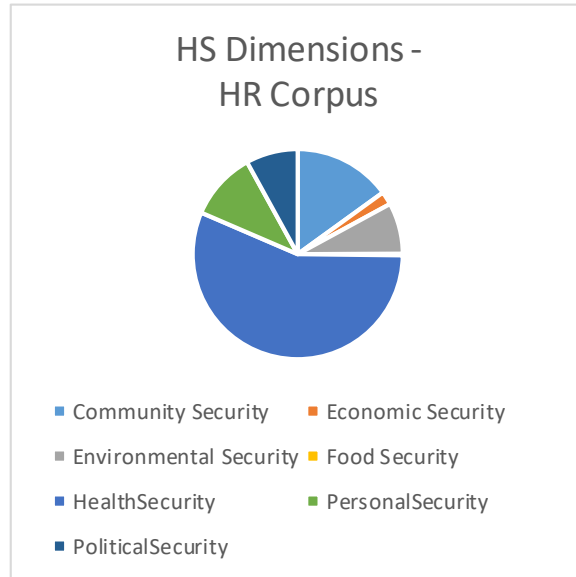
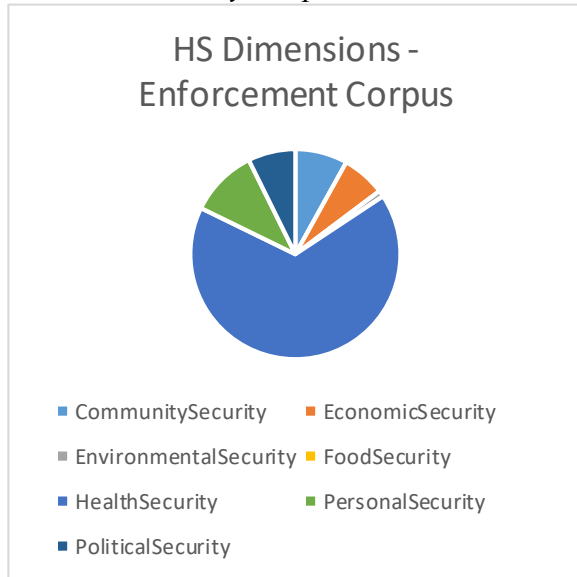


Figure 5
Crisis Code Application by Corpora

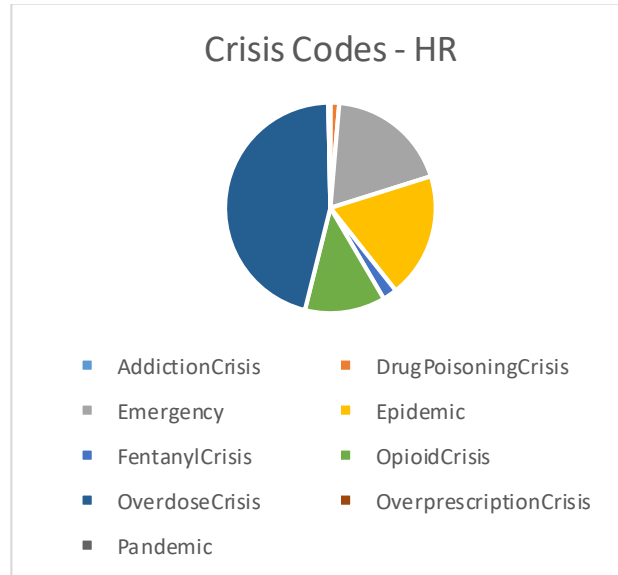
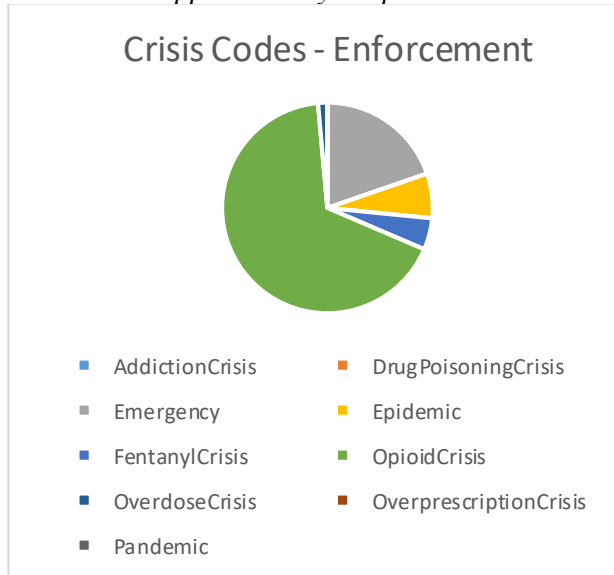


Figure 6

Journey to Hope (Spearn and Gill, 2019, p. 15)

ENFORCEMENT: DISRUPTING THE DISTRIBUTION OF DRUGS

Supporting the departmental mission to *fight crime and enhance public safety*, the VPD’s enforcement efforts target those who manufacture and distribute opioids and other harmful drugs. The VPD is dedicated to enforcement strategies that target those who contribute to crime, violence, and disorder, as well as the victimization of the most vulnerable citizens in Vancouver. Furthermore, targeting individuals who manufacture and distribute illicit drugs is in line with the VPD’s current Strategic Plan.³⁴

Figure 7

Journey to Hope (Spearn and Gill, 2019, p. 10)

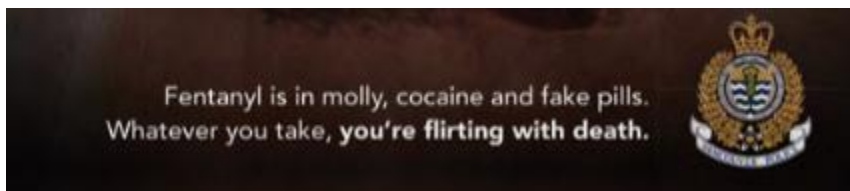


Figure 8

Journey to Hope, (Spearn and Gill, 2019, p. 17)

Safe Drug Processing Facility

The emergence of fentanyl and carfentanil along with a growing list of other synthetic drugs has only added another stressor for first responders. Accidental exposure to these substances could induce an overdose. Police officers may be exposed to opioids when coming to the aid of someone suffering an overdose, or when conducting searches of vehicles, residences, or individuals who are in possession of drugs.

Figure 9

Journey to Hope, (Spearn and Gill, 2019, p. 18)

In 2017, when a VPD police officer fell ill after being exposed to a suspected opioid, it was determined that the VPD did not have an adequate space for officers to process seized drugs in a safe manner. In May 2017, the VPD began planning temporary solutions, including retrofitting a shipping container. By the summer of 2017, the CoV became involved and partnered with the VPD to fund and design a state-of-the-art drug-processing facility at the VPD Property Office, with construction beginning in October 2018.

Figure 10
The Opioid Crisis: The Need for Treatment on Demand (2017, p. 9)

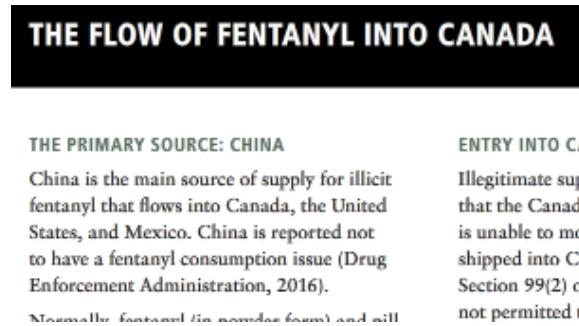


Figure 11
The Opioid Crisis: The Need for Treatment on Demand (2017, p. 6)

5. Increase public awareness to support prevention through education – in line with the prevention and treatment pillars of the Four Pillars Drug Strategy.

It is necessary to increase awareness about overdose symptoms with more messaging in high visibility areas where drug consumption is likely. There also needs to be more education for students – elementary through post-secondary – about the dangers of opioid use, overdose prevention, and responses to overdoses. The development and delivery of this information should be coordinated across the province to ensure students in all areas of B.C. are receiving this information.

Establishing a national and provincial continuum of care and necessary systems requires resources. Financial, community, public safety, and public health gains can be made by acting with urgency and implementing the required substance abuse care structures. Providing timely and accessible evidence-based addiction treatment can reduce morbidity, mortality, crime, and health care costs across Canada. Maintaining the existing ineffective system is no longer an option.

Figure 12

Journey to Hope (Spearn and Gill, 2019, p. 15)

... THERE HAS BEEN A SHIFT IN FOCUS FOR POLICE TO SUPPORT A HARM REDUCTION APPROACH...FOR EXAMPLE, THE VANCOUVER POLICE DEPARTMENT POLICY ON DRUGS PRIORITIZES THE CONTEXT OF DRUG USE RATHER THAN THE POSSESSION OF DRUGS, AND SUPPORTS CHARGES ONLY IF THE BEHAVIOUR AND CIRCUMSTANCES OF THE PERSON USING DRUGS IS HARMFUL TO THAT PERSON, TO OTHERS, OR TO PROPERTY.

DR. B. HENRY (2019)
PROVINCIAL HEALTH OFFICER,
PROVINCE OF BRITISH COLUMBIA

Figure 13

2018/19 Annual Service Plan Report (2019, p. 4)

Minister of Public Safety and Solicitor General’s Message and Accountability Statement



As British Columbia’s Minister of Public Safety and Solicitor General, I am pleased to introduce this joint *2018/19 Annual Service Plan Report* for my ministry and the Ministry of Attorney General. The report highlights some of the many significant accomplishments made throughout the justice and public safety sector in the last fiscal year.

The Ministry of Public Safety and Solicitor General successfully led the provincial government’s planning for the safe implementation of legalized, non-medical cannabis with the priorities of protecting children and youth, promoting public health and safety, reducing crime and the illegal market, keeping our roads safe and supporting economic development in B.C.

We continued to contribute to the Province’s response to the illicit drug crisis and public health emergency, including supporting police efforts to disrupt illicit drug trafficking and providing comprehensive data to inform evidence-based initiatives aimed at reducing overdose deaths.

Figure 14

Vancouver Police Department 2017-2021 Strategic Plan (n.d., p. 6)



Figure 15

Journey to Hope (Spearn and Gill, 2016, p. 4)

Dear Dealer,

Since I don't know your name, I'll just call you Dealer. You had the greatest and most negative impact on my sister's life: You killed her...

Tell me who you are.

Were you with her when she died? Both her windows were rolled down when she was found. Were you in her passenger seat? Did you get scared and run? Did you sit there and watch her die?

Tell me. What were her last moments like? What were her last words? Do you think she knew that she was going to die that day? Do you think she was scared? I hope she wasn't scared...

Yours Forever,

The Sister

Figure 16

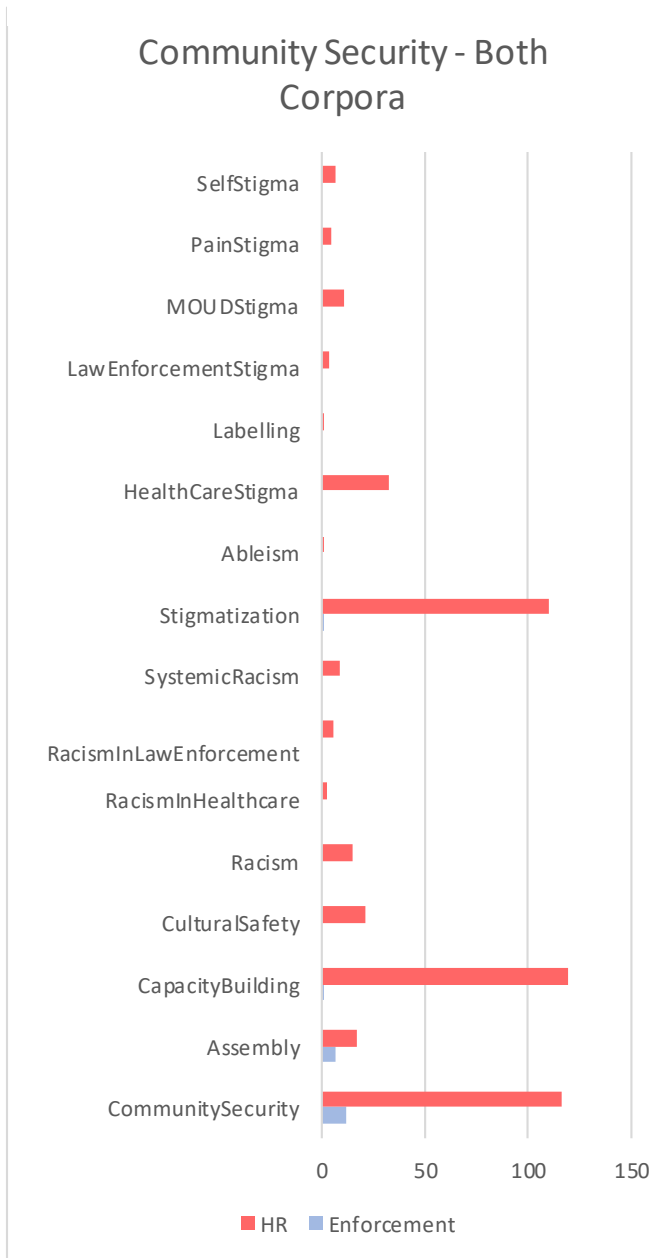


Figure 17

(Working Together in Challenging Times: 2016-2017 Annual Report, 2017, p. 1)

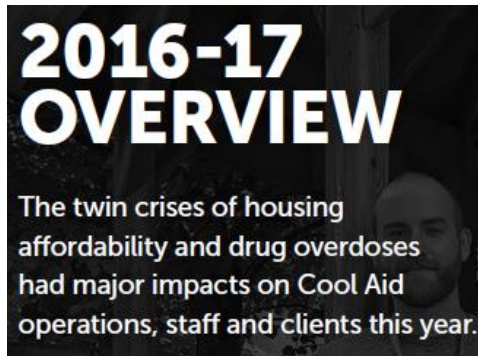


Figure 18

(Boyd, 2018a, p. 10)

The consequences of illegal drug use are linked to social status—people from poor and marginalized communities are much more likely to be severely criminalized, arrested, and imprisoned.

Figure 19

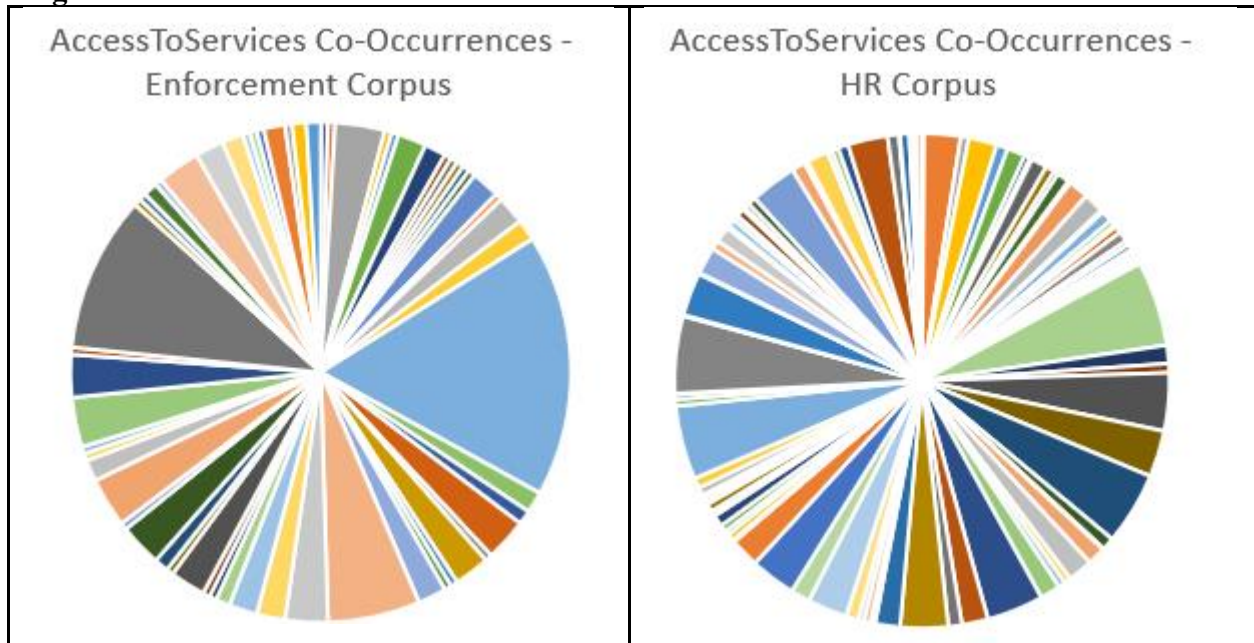


Figure 20

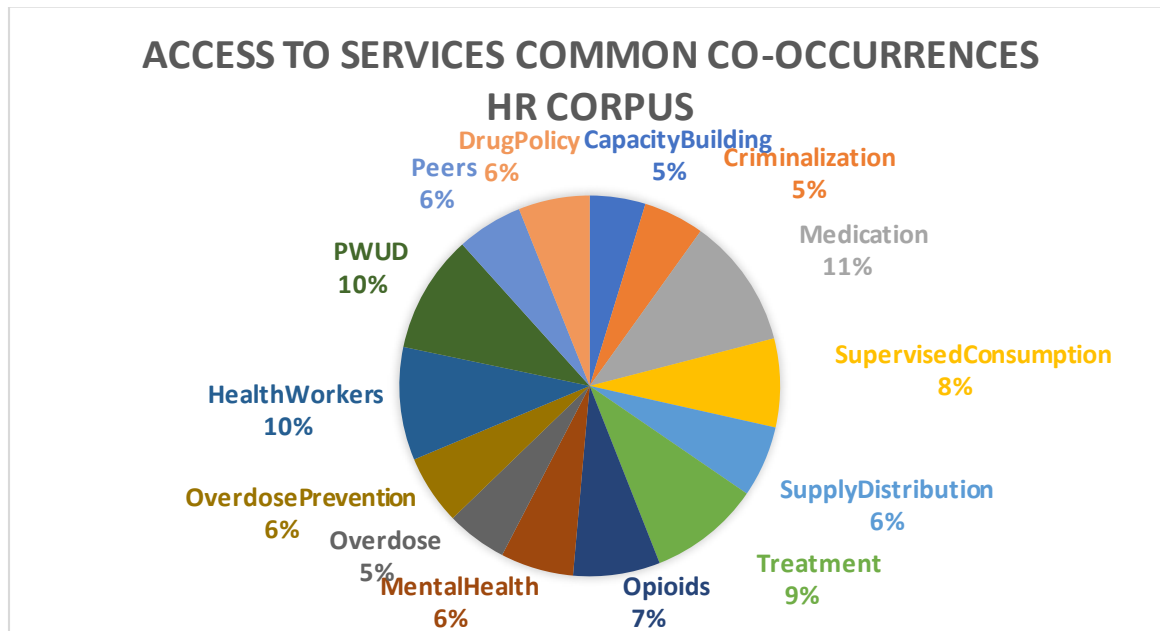
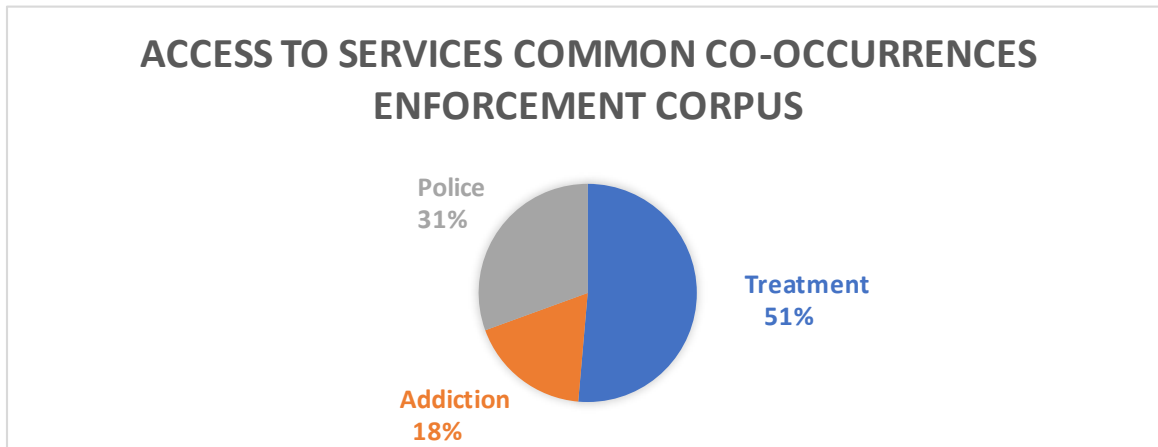


Figure 21



Appendix A – Organization and Document List

ORGANIZATION	DOCUMENT TITLE AND FILE NAME
Abbotsford Police Department	<p>Abbotsford Police Department News Release - Incident: Five Fatal Overdoses in Less Than 10 Hours (2017a) 2017-10-28 Five Fatal Overdoses in Less Than 10 Hours</p> <p>Abbotsford Police Department News Release - Incident: Large Drug Seizure and Related Arrests (2017b) NEWS RELEASE 2017-12-12 Drug Enforcement Unit Warrants lead to Arrest and Large Seizures</p>
Alliance Against Displacement	<p>Anita Place Tent City’s One Year Anniversary! (<i>Anita Place Tent City’s One Year Anniversary!</i>, 2018) MR-pamphlet</p>
ANKORS	<p>ANKORS Reaches Fundraising Goal and Buys FTIR Spectrometer (2018) ankors_x_shambhala_2019</p> <p>ANKORS now offers FTIR Spectrometer Drug Checking in Nelson and at Shambhala (Sage, 2018) ftir_press_release_1</p>
ASK Wellness Society	<p>ASK Wellness Society Invites You to Our Annual General Meeting and Education Forum (2019) ASK-2019-AGM-Invite</p>
AVI Health and Community Services	<p>AVI Annual Report 2017/2018 (2018) AVI_AnnualReport2017_2018_final_web_0</p> <p>The Overdose Crisis: Where to Next (2017) AVI_OverdoseSymposium</p> <p>AVI Strategic Plan 2018-2021 (2018) AVI’s Strategic Plan 2018 2021 final</p> <p>Dope Guide (2019) Dope Guide Sep. 24, 2019</p> <p>Petition to the House of Commons to address the Opioid Crisis (Hedican, 2018) Petition e-1586 – Petitions</p> <p>Wake up call for #safe supply. End the overdose crisis now! (2019) wake up call April</p>

<p>Canadian AIDS Society</p>	
<p>Canadian Association for Safe Supply</p>	<p>#safesupply factsheet (2019) CASS_factsheet-</p>
<p>Canadian Association of People Who Use Drugs</p>	<p>Form 1.1 – Individual Complaint (2018) BC HRT No. 18310 - Westfall obo himself, CAPUD, and a class of People Who Use Drugs v Aquilini Investment Group, Drew Hardisty and CBRE Limited (Consolidated Complaint Form_1 (1))</p> <p>Safe Supply Concept Document (2019) CAPUD safe supply English March 3 2019</p> <p>This Tent Saves Lives (2017) This tent saves lives_CAPUD_20170831</p>
<p>Canadian Drug Policy Coalition</p>	<p>Donald MacPherson, Canadian Drug Policy Coalition executive director, awarded honorary doctorate from Adler University (“Donald MacPherson, Canadian Drug Policy Coalition Executive Director, Awarded Honourary Doctorate from Adler University,” 2019) CDPC-Release-Degree-Oct-27</p> <p>Drug Arrests in Canada 2018 (S. Boyd, 2018) Drug Arrests in Canada 2017</p> <p>Drug Policy Coalition – Green Party Canada (n.d.) Green Party Answers</p> <p>Re: A harm reduction-based approach to policing (2019) Min_Farnworth_Letter_June_11_2019</p> <p>Respect for Communities Act: The Case for Repeal (2017) QA-Summary-English-v2-final</p> <p>An Injection of Reason: Critical Analysis of the Respect for Communities Act (QandA) (Kazatchkine et al., 2017) RfCA-QA-FINAL-EN</p> <p>Submission to the Senate Standing Committee on Legal and Constitutional Affairs (2017) Submission-to-the-Senate-Standing-Committee-on-Legal-and-Constitutional-AffairsFinal_Layout_April-5-2017_FINAL</p> <p>Drug use, arrests, policing, and imprisonment in Canada and BC, 2015-2016 (S. Boyd, 2018) Vandu-Report-Mar-9-2018</p>

Canada Border Services Agency	Canada Border Services Agency 2019-20 Departmental Plan (2019) 2019-2020 report-rapport-eng
Central Saanich Police Department	
Chinese Community Policing Centre	
Cool Aid Society	2018/2019 Annual Report Card (2019) 2018-19-Cool-Aid-Annual-Report-Card Annual Report 2018/19 (2019) Cool-Aid-2019-Annual-Report_June-14_rgb-email-res_single-page CoolViews #10 (2018) Cool-Views-10_email
Canadian Security Intelligence Service	
Canadians Students for Sensible Drug Policy	CSSDP Letter (2016) SDPemail 2019 Drug Policy Report Card (2019) 2019-Drug-Policy-Report-Card-final
Delta Police Department	2018 - 2022 Community Safety Plan Q3 KPI Report (2018) CSP-Q3-2018
Department of Justice Canada	Evaluation of the National Anti-Drug Strategy: Final Report (2018) ADS Evaluation Department of Justice Canada 2019–20 Departmental Plan (2019) Departmental plan An Act to amend the Controlled Drugs and Substances Act (assistance — drug overdose) (2017) Good Samaritan Act
Downtown Eastside Women’s Centre	Safety Sisterhood Community 2017 Annual Report (n.d.) DEWC_Annual_Report_Winter2017 A Safe Place for Survivors - Spring Newsletter (2019) FINAL-spring-newsletter-2019 Letter to Council: 100% Social Housing at 58 W Hastings (2018) Letter to Council_ 100% Social Housing at 58 W Hastings - Downtown Eastside Women's Centre Red Women Rising: Indigenous Women Survivors in Vancouver's Downtown Eastside (C. Martin and Walia, 2019) MMIW-Report-Final-March-10-WEB

<p>From Grief to Action</p>	<p>President’s Annual Report (2017) 2017PresidentsAnnualReport</p> <p>Voices of Hope: From Grief to Action (2017) AGM-poster-2017</p> <p>From Grief to Action Coping Kit (2018) FGTA-Coping-Kit</p> <p>From Planning to Action: Addictions, Mental Illness and Concurrent Disorders (2017) FGTA-Public-Policy-for-Legislators-2017.docx-1</p>
<p>Harm Reduction Nurses Association</p>	<p>Position Statement: Safer Injection (n.d.) HRNA_positionstatement_EN_181113</p> <p>Joint Position Statement - Harm Reduction and Substance Use (2018) Joint_Position_Statement_Harm_Reduction_and_Substance_Use</p> <p>Nurses and Nurse Practitioners of British Columbia (NNPBC) and the Harm Reduction Nurses Association (HRNA) call for the decriminalization of people who use drugs in B.C. (2019) nnpbc_hrna_statement_190806-2</p>
<p>Moms Stop the Harm</p>	<p>Moms Stop The Harm Advocates Handbook 2nd Edition (2017) 1+Advocates+Handbook_V6</p>
<p>New Westminster Police Department</p>	<p>Summer Report to the City of New Westminster (2019) Quarterly-Report</p>
<p>Oak Bay Police Department</p>	
<p>PACE Society</p>	<p>PACE Society Annual Report (2016) 2016-Annual-Report-PACE-Society</p>
<p>Pacific AIDS Network</p>	<p>BC People Living with HIV Stigma Index Project: Notes from the Knowledge-to-Action discussions, PAN Fall Conference, Oct 26, 2017 Organized according to health region (2017) 2017-PAN-Fall-Conference-Day2-KTA-Stigma</p> <p>Members and Stakeholders Survey Report (2017) 2017-PAN-Members-and-Stakeholders-Survey-Report-FINAL</p> <p>Over 700 Signatures in the First Week (2018) 2018-press-release-fentanyl-poisoning</p>

	<p>Report from the PAN 2016 Fall Conference: Canadian Drug Policy, Supervised Consumption Sites and Provincial Response to the Public Health Crisis of Overdose Deaths (2016) Final-PAN-Drug-Policy-Report_Dec-22-2016</p> <p>Working Together in Challenging Times: 2016-2017 Annual Report (2017) PAN_annualreport_2017_FINAL</p> <p>Executive Directors Summit October 25, 2016 from 1:00pm to 2:30pm Draft Notes on Roundtable Discussion: Fentanyl Crisis (2016) PAN-2016-ED-Summit-Roundtable-Facilitation-Notes-Overdose-Crisis_FINAL-3</p> <p>Letter for Deputy Minister Doug Hughes (2018) PAN-Letter-for-Deputy-Minister-Doug-Hughes</p> <p>Re: Special Report Stopping the Harm: Decriminalization of People Who Use Drugs in BC (2019) PAN-Letter-PHO-Report-Stopping-the-Harm-June-2019</p> <p>Responding to the Overdose Crisis in British Columbia (2017) PAN-Rapid-Assessment-Report_final-for-distribution</p> <p>Pathways to Care Additional Questions and Answers (2019) Pathways-to-Care-Additional-Q-and-A</p> <p>Petition to Address the Opioid Crisis (2018) Petition-180227-Addressing-the-Opioid-Crisis</p>
<p>PEERS Victoria Resources Society</p>	<p>Lessons Learned — Integrating Housing First into a Peer-Led Sex Work Organization (Shumka et al., 2017)</p>
<p>PIVOT Legal Society</p>	<p>Pivot Legal Society and Canadian Drug Policy Coalition Defend Access to Harm Reduction at Federal Court of Canada (2018) Pivot Legal Society represents Canadian Drug Policy Coalition at the Federal Court of Canada to defend access to harm reduction for people who use drugs - Pivot Legal Society</p> <p>Project Inclusion (2019) project-inclusion-digital</p>
<p>Port Moody Police Department</p>	<p>2018 Community Report (2019) 2018-PMPD-Community-Report-Web</p>
<p>Portland Housing Society</p>	<p>PHS 2019 Annual Report (2019) AnnualReport_Sept-24-19_FINALmm</p>
<p>Ministry of Public Safety and Solicitor General</p>	<p>2018/19 Annual Service Plan Report (2019) Annual Report</p>

	<p>Mandate Letter (2017) farnworth-mandate</p> <p>2019/20 – 2021/22 SERVICE PLAN (2019) Service Plan</p>
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