Voices in the Media:
Key Stakeholders and the Overdose Crisis

by

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BSW, University of Calgary, 2015

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We acknowledge with respect the Lekwungen peoples on whose traditional territory the university stands and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with the land continue to this day.

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Abstract

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Opioid overdose deaths have impacted the lives of countless Canadians at unprecedented rates and have taken the lives of over 19,000 people since 2016, over 4,000 of those deaths occurred in 2017. The overdose crisis has been repeatedly represented in the media and how the issues are represented by key stakeholders is an area left primarily unresearched. Online news media articles stemming from International Overdose Awareness Day in 2017 were collected and methodologically reviewed via Critical discourse analysis to answer the following: What messages, and from which key stakeholders, how key stakeholders challenged or accepted constructions of substances and PWUD, and how messages converged and/or diverged amongst key stakeholders. Loved Ones most the most cited, then Frontline Providers, followed by Experiential People, Government Officials, and Indigenous People the least. Themes that emerged included the Stigma Experience, Sharing Experience of Grief, Loss, and Substance Use, and Problems and Solutions. Competing and divergent views also presented themselves through the stakeholder voices and often revolved around similar goals but different approaches. The voices in the media for International Overdose Awareness Day advocated and disrupted pre-conceived notions yet also contributed to constructions directly connected to the stigma and oppression PWUD face.

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Dedication

I would like to dedicate this work to all the invaluable community members who are loved, have been lost, and needlessly harmed via the war on people who use drugs. I see you, you matter, and will never be forgotten. I would also like to dedicate this to all those who care so deeply for the community, who work tirelessly to make the world a place where human life is paramount, judgement is unnecessary, and love is distributed freely. I also see you, you matter, and your fight to make positive changes in this world inspires and motivates me every day.

Chapter 1: Introduction

Summary of the Problem

Canada is currently experiencing an illicit opioid drug overdose crisis that has taken the lives of over 19,000 people between 2016 and 2020 (Special Advisory Committee on the Epidemic of Opioid Overdoses, 2021). Focusing specifically on 2017, this crisis took the lives of over 11 people a day, far surpassing in magnitude the previous overdose crisis Vancouver experienced in the 1990's. In 2017, 4100 people died of accidental opioid related overdoses across Canada, up from 3017 deaths in 2016 (Special Advisory Committee on the Epidemic of Opioid Overdoses, 2021). Such evidence indicates that rates of overdose and associated mortality are increasing significantly, not only in British Columbia and Alberta, but across the country. Every province and territory has been impacted by the current crisis and three provinces have been disproportionately impacted. In 2017 British Columbia, Alberta, and Ontario reported 1518, 741, and 1265 opioid overdose deaths respectively and in the first nine months of 2020, BC reported 1243, Alberta 810, and Ontario 1693 deaths, making up 85% of deaths across the country (Special Advisory Committee on the Epidemic of Opioid Overdoses, 2021). Some efforts are in place to help minimize the death toll, but there are many areas in which changes need to materialize if we will ever have hope of slowing the needless loss of life via unintentional opioid overdose.

People who use substances are at increased risk of a multitude of harms related to health and the person (Hunt et al., 2003), including overdose and death. Health risks associated with substance use vary person to person, are dependent on numerous

variables such as drug composition and consumption practices and can include: transmission of Human Immunodeficiency Virus (HIV) and Hepatitis C (HCV), bacterial infections, overdose, death, and so on (Hunt et al., 2003). Many additional and intersectional factors contribute to the harms related to substance use and include: stigma, racism, classism, sexism, elitism, trauma – including personal and intergenerational, historical and current cultural conditions, health inequities, and social determinants of health, among other things (Ahern, Stuber, & Galea, 2006; Pauly, 2007). At this point in time, there is not just a toxic drug supply crisis, there is a policy crisis in Canada that can be seen to be just as dangerous as the substances themselves.

Risks exist when consuming substances, yet not all substance use is inherently harmful. Since time immemorial people have used plant-based medicines for a variety of spiritual, medicinal, and pleasure related reasons (Boyd, 2017). Often consumed with few concerns, addiction, as constructed in today's terms, has not been around as long as the substances themselves. In response to increased harms over time a large base of harm reduction activities have become a reality by activists, people with lived experience, dedicated groups, and impacted individuals mobilizing to prevent harms associated with drug use, including overdose deaths (Boyd, Osborn, & MacPherson, 2009; Lupick, 2018). Largely, emerging in the 1980's and 90's, harm reduction became an innovative way to respond to the increased rates of HIV, Hepatitis C, and overdose deaths affecting multiple communities (Boyd et al., 2009; Hunt et al., 2003). Harm reduction innovation and implementation emerged, and continues to emerge, in several ways. One way is from grassroots activism including initiatives created by and for people who use drugs (PWUD). PWUD, activists, and allies have been at the forefront of implementation of

overdose responses, including naloxone distribution, supervised consumption services, federally unsanctioned supervised consumption/OPS, and inhalation rooms (Boyd et al., 2009; Lupick, 2018). For over 30 years, activists have maintained constant pressure in contesting governmental responses to drug use and overdose crises, promoting harm reduction approaches to care, and challenging drug policies that criminalize and marginalize both people who use drugs and drug use itself (Boyd et al., 2009). The increasing magnitude of injury and death has intensified pressure and opposition to current drug and overdose policy/response and attention to the issue is starting to accumulate. International Overdose Awareness Day is one mechanism through which voices have emerged and become a part of public discourse, conveyed by key stakeholders including Loved Ones, Experiential People, Frontline Providers, Government Officials, and Indigenous People.

Loved Ones, Experiential People, Frontline Providers, Government Officials, and Indigenous Peoples are grouped together in this work and called “key stakeholders”. As the reader will see, many voices and messages emerged from groups in similar ways, yet many differences exist as well. The grouping of stakeholders in this project was not intended to assume that all groups or individuals within groups would align, it was a way to identify groups of people who had something to say about the current opioid overdose crisis regardless of positioning. To date, there are no known studies that look specifically at the above key stakeholder voices in the media and comparisons of perspectives, language, and voices provides an opportunity to contribute to critical research on opioids and the crisis we are currently experiencing. With great curiosity, I wanted to know what people said and how they said it. I wanted to know whether there was agreement amongst

many stakeholders on goals towards a better future, one free of opioid overdoses and deaths. To explore some of the emerging issues and the similarities and differences, I will examine the messaging by key stakeholders, including individuals, organizations, and various levels of government published in news media surrounding International Overdose Awareness Day (IOAD) 2017 in Canada.

Many voices and views from the key stakeholders emerged on IOAD2017, some positive and looking for change, some with messages that could be seen as harmful to the cause, whether intentional or not. Messages from key stakeholders have power, power to challenge the status quo or perpetuate it, especially in the media where voices of diverse stakeholders can be heard. PWUD and substances have been negatively represented in the media for over a century (Boyd, 2017) and continued negative representation enables those in positions of power and change makers to justify deadly inaction. Key stakeholders can change the narrative and speak publicly against such biased inaction. In this project, I take a closer look at these messages from a place of love and accountability, not with the intent to push anyone out, but rather to create an opportunity for dialogue, growth and change amongst allied forces. Gagnon (2018) discusses accountability within movements involving displaced persons, she states:

> instead calling each other out or being aggressive, or you know, kind of punitive towards each other, they basically have an accountability process in their movement to make sure that people are not pushed out. They're not treated in ways that are negative, and the very things that we criticize in social justice, but they are actually brought in and that is tackled as a movement.

This project takes a similar approach. The intention is to pull people in and tackle the issues as a movement, focusing on growth and inclusion, not from a position of judgment or exclusion. Our collective voices matter and how those voices are used matters. Our messages are important yet imperfect, and when we know better, we can then do better.

Research Purpose and Question

News media has the ability to influence and shape discourse (Wild et al., 2019), including policy and practice (Lancaster, Hughes, Spicer, Matthew-Simmons, & Dillon, 2011), and has reach beyond traditional academic channels to include messaging available to diverse Canadians. The objective of this thesis is to identify and analyze key stakeholder messages that emerged from IOAD 2017 in Canada. I analyze the discourses within the messaging of IOAD 2017 via news media. Guiding this project are the following primary and secondary research questions:

Primary Question: What messages, and from which key stakeholders, emerged within online news media coverage of International Overdose Awareness Day 2017?

Secondary Questions: How do key stakeholders challenge or accept the social construction of substances and the people that use them?

How do messages converge and/or diverge amongst key stakeholders?

Theoretical Framework

Critical Social Theory (CST) has many streams and is the theoretical underpinning of this project. The main tenants of the CST framework chosen for this research asserts that knowledge is not something to be discovered, rather that it has been created by people in various positions making assumptions and constructions about what they encounter (Agger, 2013). The assumptions and constructions used to create knowledge are based on a variety of sources and experiences, from the intrapersonal to the societal level, and are not value-free. CST places great emphasis on the difference between the past, present, and future using the past to draw from to create a better future free from structural oppressions (Agger, 2013). CST argues that a future free from domination, exploitation, and oppression exists and the answers to how to get there are contained in the past or the present. CST acknowledges social institutions and the structures they represent are often oppressive and the roots of this domination are found in areas such as “politics, economics, culture, discourse, gender, and race” (Agger, 2013). CST argues when people are aware of, and understand the roots of their oppression, only then can the status quo be challenged. CST argues fixed patterns dictating behaviour – e.g., Laws – were created and are reproduced within ourselves via false consciousness propagated by positivist methods that leave much unchallenged (Agger, 2013). CST also sees the future as dialectical and with enhanced understanding of structure, and of the structures that dominate us, social conditions can change (Agger, 2013). Finally, CST rejects further oppression in the name of progress. People are seen as capable and responsible for their own liberation but never at the expense of others’ rights or lives (Agger, 2013).

Research Epistemology

Social Constructionism is the epistemology guiding this research. Social constructionism focuses on how meaning and knowledge are created via language and discourse, meanwhile not denying the independent realities of the world (Walker, 2015). Like Critical Social Theory, Social Constructionism challenges the positivist view of knowledge as something innate to be discovered. Observations of the world are biased, and social constructionism encourages objectivity and critical thought. Ways of knowing are culturally and historically bound and the constructions of today rely on those of the past. Social constructionism also argues that knowledge is sustained by social processes and through our navigation of the world and interactions within it, our versions of knowledge can be distorted (Burr, 2003). According to social constructionism, power and structure sustain some social patterns and disavow others, implicating what is allowed for some and not for others. Social constructionism states there is no such thing as total objectivity. People view their world based on many individual experiences and through those pre-established constructions embedded within society which are historically and culturally bound. Language is seen as both "a pre-condition for thought" and as "a form of social action" (Burr, 2003). As we grow and learn language, we download pre-constructed concepts and we re-construct our world when we use language within it. Language is action and by using it, we are either constructing, re-constructing, or de-constructing the world in which we live. Social practice and interaction are a focus of social constructionism, and it aims not to examine the nature of people or society but to look at processes and "how certain phenomena or forms of knowledge are achieved by people in interaction" (Burr, 2003, p. 7). Finally, social constructionism has sociological

influences in that people construct both their own and each other's identities through interaction and the everyday moments alongside those views and experiences that have already been constructed. Not only does this build and maintain the social constructions, but it also provides opportunity to de-construct or create alternative views away from domination, colonization, and oppression.

Research Method

Utilizing Critical Discourse Analysis (CDA) for this thesis is congruent with both the theoretical perspectives and epistemological approach of this research. Discourse is present in all that is said, done, and experienced. Discourse is constructed and interpreted consistently with new meanings made and old meanings reinforced. As with Critical Social Theory and Social Constructionism, Critical Discourse Analysis intends "to uncover and bring to conscious awareness such usually taken-for-granted knowledge" (Gee, 2014b, p. 13). Utterances and statements are more than just the words of which they are comprised. Knowledge is created and imparted via language and critical discourse analysis asks of the statement, what is the person saying and what are they trying to do? The critical component of CDA asks the researcher to consider not only what is said but the contextual and historical implications of why something is said the way it is said and how that contributes to or detracts from the issue. Critical studies ask for nothing be taken "as it is", and considerations be given to the performative action of language. Utilizing CDA presents the opportunity to view the discourses that emerged for IOAD 2017 in a way that considers context, history, social structures, social constructions, and social politics.

Critical Discourse Analysis, specifically applying Gee's method, is a framework allowing the examination of the data in a way which can uncover the inner workings of power, structure, and constructions during a point in time of the current overdose crisis (International Overdose Awareness Day 2017). Gee's method proposes the use of a set of tools and a set of tasks to consider in the process of conducting a critical discourse analysis. The tools and tasks help the researcher conceptualize what is said, what is unsaid, what context and/or historical implications are relevant, and what the person is trying to do or say. Critical Theory and Discourse Analysis can also be intersectional and consider the implications of multiple and overlapping discriminations including race, class, sexual orientation, gender identity, and ability (Gee, 2014a; Kincheloe, Hayes, Steinberg, & Tobin, 2011). Intersectionality is an important tenet in this work and this analysis includes the principle that identities and experiences are not isolated and instead overlap and intersect. The building tools from Gee's (2014b) CDA ask of the texts how language used to build "significance, activities, identities, relationships, politics (the distribution of social goods), connections, sign systems and knowledge" (p. 95-97). The theoretical tools from Gee, stemming from multiple theoretical disciplines (e.g., sociology, psychology, etc.), help the researcher consider how language is connected to the world and culture that include "situated meanings, social languages, intertextuality, figured worlds, Discourses, and Conversations" (Gee, 2014b, p. 156-157). The combination of the theoretical and building tools enable the researcher to explore the "taken for granted truths" within the data and explore them in ways that the average media consumer may not. The focus of this project is to see how things were done in the

past and what can be done differently in the future by focusing on the messages from people that are invested in the issue for a myriad of reasons.

The Researcher, Situated

What I see every day influences me as a person and social worker, the trajectory of my career, and undoubtedly influences this project. I did not begin this project with a blank slate, my experiences and biases are woven within the fabric of this work, yet I attempt to acknowledge them throughout. I am a part of this research and with that comes parts of me which will influence the research outcomes. As a White, middle income, able bodied, cis gender, heterosexual, formally educated woman I have directly benefited from my privilege. I vehemently oppose oppressive drug policy. I believe in treating people who use drugs with as much dignity, respect, and care as any other human being. I believe in equity, equality, and human rights. I believe in self-determination and freedom of choice, that services and supports should be available to all. I do not necessarily believe substance use to be a choice. I struggle with the over-medicalization of the body and how it pertains to treatment of a "disease", though acknowledge that self-identification of "addiction is a disease" can be beneficial for some individuals.

I am not completely an onlooker of what is happening right now, I am somewhat in the middle of it. I am a frontline service provider and I feel pain and frustration alongside those with whom I work. I routinely feel paralyzed and rendered helpless by the structures I am forced to work within. Yet, undeniably, I come from a position of privilege and my experiences are different from those who are on the real frontlines of this War on Drugs (and the people who use them). I am complicit in the functioning, and reproduction of oppressive structures which often demonize people who use drugs and

view people who overdose as a part of the problem rather than the solution to this crisis. I am bound by policies and structures with which I vehemently disagree, all in the name of having personal employment and operating within the rules of a criminalized society.

As a social worker, I fight for social justice and against the marginalization and oppression of any person or peoples; my role (and personal intent) is not to contribute to exactly the thing I fight against. It is uncomfortable to say I engage within these structures and systems, but I do and until structural violence and oppressive policy no longer exist, I will continue to do harm despite my best efforts. In many ways I get to choose what I do with my privilege in this fight, and I choose to contribute to anti-oppressive discourse. Through this thesis I plan to do my best to shine the light on how we as a collective can do better in the fight we all want to win; the one where people who use substances live and live well.

Problem Summarized

With the wave of conservatism and ideological movements moving across North America it is important, now more than ever, to unite our voices for what people who use substances want and need. We need to get on the same page as allies in this fight for fundamental rights and life. We scream for people to listen and to understand something we all see so clearly but how do we get them to see what we do? By ensuring we are sending messages via news media – which have the opportunity to reach the general public – that are anti-stigma, non-judgmental, and full of the humanity that every person, alive or dead, deserves now and always has, could be extremely beneficial to the cause. We know media can impact the general public, many of whom are voters; therefore,

health matters can become political matters and therefore it matters what the general public thinks about people who use drugs and the current opioid overdose crisis.

It can be easy to call someone out on stating something with which one disagrees. That is not the intent of this project. It is vital that we attempt to change the way things currently are. Our voices, individually and collectively, can make a difference. The spirit in which the movement above is explored is the spirit in which I have embarked upon with this project as well. It is vital for us to do better and to be better but never at the expense of reproducing the exact things we are fighting against, such as stigma. This is about accountability and love for and with each other as key stakeholders with great responsibility, especially when disseminating information via media capable of influencing the general masses, and, in turn, the politics and policies that can dictate the world around us. How do we do this? Gagnon (2018) encourages “a dialogue to take place always, and to then develop our own transformative processes as opposed to punitive processes within our movement” and when we can see where these moments are happening in the media, we find ways to make positive changes in the future.

Chapter 2: Literature Review

Social constructionism, critical discourse analysis, and similar poststructural approaches have steadily emerged in substance use related research since first appearing in social science approaches approximately 40 years ago (Burr, 2003). Such poststructural lenses have made an impact by disrupting previously considered "truths" and "knowledges" and providing alternative understandings to complex and intersectional issues related to drugs. As will be discussed below, a large range of qualitative poststructural studies and reviews have been conducted looking at both substance use and the media yet few answers to questions I wanted to ask emerged. Additional content analysis studies were quantitative in nature yet still provided input and context to this work. Gaps were identified and combined with current research I was able to use the available understandings as a guide to develop my study – a focus on key stakeholder voices in the media surrounding International Overdose Awareness Day. The areas of academic literature I review below are divided into three key areas: PWUD and drugs in the media, the media and voices in substance use, and media coverage and change.

PWUD and Drugs in the Media

Explorations of how PWUD are portrayed in media has been a focus for multiple studies and reviews (Boyd, 2017; Ekendahl, 2012; Fraser, Farrugia, & Dwyer, 2018; Taylor, 2008) yet the studies concentrate primarily on journalistic tone and writing. Less is known about how the issues are portrayed when respondents are primarily people who have some investment in the issue: allies and Loved Ones, Experiential People, Frontline

Providers, Government Officials, and Indigenous People, those who may have different views than what is often represented in mainstream news. Media tone and construction is important to understand as ultimately decisions of what is included or not included or considered important or unimportant within articles are made by the media and shape what the public actually gets to see regardless of who spoke and what they said, key stakeholder or journalist alike (S. Hall, 1974).

Death. Looking specifically at opioid related deaths in the media, Fraser et al. (2018) found that in the media "death by overdose emerges as a logical consequence of drug use and of individual psychological distress" (p. 34). Individualizing the issue ignores the role of systemic oppression and criminalization in overdose deaths even when attempts are made to discuss harm reduction and other public health measures. Fraser et al. discovered that when solutions or supports such as harm reduction are discussed by journalists, such topics often appear later in the article which makes them less likely to be read. The researchers also found that death via opioid overdose is often reported in relation to other issues or in terms of loss to others (primarily family and loved ones) thereby virtually erasing the individual value and devastating loss of the lives of people who use drugs (p. 33). The authors describe how opioid related deaths are often framed by the media in terms of others, other issues and implications of use, and in terms of loss to other people. Absent was discussion of the loss of life for the person that died and instead "these deaths are significant not because of the injustice of life denied the deceased, but because of the suffering they cause those left behind, and because they can be mobilized for political change" (p. 33).

Subject positions. Subject positions of PWUD arose often in research and were found to be assigned within media articles utilizing distinct binaries. Ekendahl (2012) looked at how a Danish heroin substitution program was reported in the Swedish media and found that two subject positions were made available to people who use heroin: that of a passive victim or active villain (p. 426). Similarly, Elliot and Chapman (2000) found that PWUD were represented in Australian media as one of two subject positions, the "ill us" or "threatening other" (p. 200). Taylor (2008) explores the representation of PWUD in a review of British media over time and found that PWUD (heroin and crack in particular) are framed in the media as "criminal outsiders and a threat to middle-class sobriety, and the fabric of mainstream society" (p. 371). Taylor also found by framing PWUD as criminal outsiders, the media frequently connected substance use with criminal activity and therefore reinforced attempts by policy and lawmakers to control the "risk" to society, which further entrenches the criminal outsider subject position the media produces and maintains.

Another subject position that was highlighted in research was that of the "mothers". Included in the two studies are both grieving parents (primarily mothers) of people who have died via opioid overdose and mothers concerned for their children's safety upon finding syringes near a school. While both positions of mother in these two cases are different (one grieving and the other opposed to harm reduction services), multiple similarities emerged. In a small study Korner (2004) found that the subject positions of the mothers were that of fear and blame embedded within an emotional response, fear about the danger of the needle for their children and blame towards the school administration for not protecting the students alongside dismissing the emotional

pleas. Another study by Fraser (2018) found that mothers were depicted as campaigners and allowed a voice that could be used to advocate for political change. Meanwhile equating the loss of their child specifically as loss to loved ones as opposed to the life actually lost. While on opposing sides of an argument (anti harm reduction or pro harm reduction), both studies found that mothers have a voice whereas other key stakeholders did not necessarily.

Treatment. Ekendahl (2012) found that treatment for people who use heroin was framed by the media as necessary but when prescription heroin was discussed as one of those treatments, opposition framing between "real treatment" (methadone) and "free drugs" (heroin) emerged (p. 428). In this same study, methadone was found to be framed as the benchmark of comparison for all Opioid Agonist Therapy (OAT) which erases the concept of pleasure from substance use (as methadone does not produce euphoric effects but heroin does) and undermines the value of choice and alternative treatments despite the option of non-methadone based viable and humane therapies. Elliot and Chapman (2000) found that treatment was also framed as required for people who use heroin but often framed as a required medical response with eventual abstinence as the goal.

Reading about the stigmatized self. When people who use drugs read about substance use in the media, they are reading representations and stigmatizations of themselves and the substances they use, without opportunity to counter the claims and depictions made. A study by Fraser et al. (2017) found through interviews with experiential people that multiple PWUD report avoiding the media specifically to avoid seeing themselves in stigmatic discourse and misrepresentations/associations. Others in the same study report having experienced negative implications in personal relationships

stemming from stigmatizing connections made between substance use and criminal behaviour in the media and consequently having friends or loved ones categorize them as criminals.

Race. Netherland and Hansen (2016) conducted a content analysis of American opioid use related media for the years 2001 and 2011 and found that "drug use in Black and Latino urban communities is not considered newsworthy" and when present, the focus was on the criminalization of people and substances, specifically "trafficking, arrests, and link[s] to violence" (pp. 671-672). Conversely, substance use in white suburban America was extensively covered and found by the researchers to be framed as "a new and dangerous phenomenon" intimating that substance use was previously only an issue for People of Colour despite rates of use between populations being similar (p. 672). Interestingly, they found that race is seldom mentioned by media unless referencing the racialized "Other" and a new category in coded terms is being constructed as more white, middle income, suburban folks are established as people who use opioids. Netherland and Hansen also found that stories of white substance use and subsequent death were framed as especially tragic, innocent victims worthy of empathy, deserving of less punitive policy responses, and as lives and potential wasted, whereas no media coverage was found representing the loss of lives in BIPOC communities despite knowing that they can and do occur.

Language. Kelly et al (2016), in a study about language and substance use, found that stigmatizing terms such as "abuser" and "abuse" often used by people who work in the field of addiction can create cognitive bias against PWUD and influence views of whether people are deserving of support over criminalization. Kelly et al. (2016) attribute

substance use related stigma as influenced by two specific factors: “cause and controllability” (p. 118). Cause refers to views on responsibility and when less responsibility is attributed to any “attribute, behaviour, or condition”, less stigma is imposed (p. 118). Similar to cause, controllability refers to the degree in which the “attribute, behaviour, or condition is beyond the individual’s control, stigma is lessened” (p. 118). The authors surmise that stigma is perpetuated when substances, the people who use them, and associated attributes, behaviours, or conditions, are framed as either within the control of the individual or at-fault binaries are present. Differences in framing between whether a person *has* a particular condition or *is* the particular condition can mean the difference between suggesting treatment or punishment, judgmental or non-judgmental care (Kelly et al., 2016). McGinty (2019) looked at American media 2008 – 2018 and the prevalence of stigmatizing terms within substance related articles and found that almost half (49%) contained at least one or more terms found to be stigmatizing with “addict” being the most used term, whereas only 2% of articles used one or more less stigmatizing terms (p. 111). The researchers introduce the Associated Press Stylebook as guidelines for journalist integrity and ethics and note that a change in the 2017 guidelines include recommendations on avoiding stigmatizing language related to substances and the people who use them but found little impact in changing media practice (further discussed below).

In a UK drug media accountability study, Coomber et al. (2000) found that concerns about codes of practice or journalistic ethics in drug use reporting were valid and many reporters were not aware of any guidelines that supported anti-oppressive language and that “facts” were created by “good journalistic practice” and concerns

within the story were limited to concerns about legal liability to the news outlet and not "accurate and reliable" reporting (p. 220). The researchers also found that either the editor or sub-editor dictated the style of the article and lead to more "uninformed" comments (such as mothers speaking of losing children) that were presented over "facts" (e.g., mortality statistics) (p. 222). The researcher reliance on "facts" as true and lived experience as "uninformed" is not a view that I share as it highlights the reliance of enlightenment based discoverable truths and the privileging of some voices as true and informed over others. That said, the authors do acknowledge that certain "givens" in the world of substance use remain unquestioned in media reporting which perpetuates misrepresentation and harmful constructions of PWUD in media. Without understanding or acknowledging journalistic standards that seek to remove stigmatizing and problem perpetuating language, media will continue to misrepresent the actual scenario in which people exist.

The Associated Press, an organization that provides news to about 15,000 media organizations (including many included in this data), changed their stylebook that dictates appropriate language use and reporting guidelines in news media in June of 2017. From traditional vocabulary used in reporting, the use of the term "addict" as a noun was eliminated, the term "use" with an appropriate modifier is to be used over terms such as abuse or problem, and the word "dependence" is no longer to be used as synonymous with addiction (Szalavitz, 2017). By not using the term "addict" as a descriptor, the writer is forced to use another identifier or noun such as person, name, or pronoun. "Abuse" and "problem" are value laden terms whereas "use" is simply an action and serves to frame the substance use in a neutral manner. Physical dependence on a substance is often

differentiated from substance use disorder (addiction), where dependence is classified as people using a substance as required to function and substance use disorder is where people compulsively use a substance despite negative consequences (Singer & Page, 2014). The argument to separate the terms is twofold: to shelter folks who use opioids for pain management from being lumped with those who use problematically to avoid "legitimate users" from being cut off their required medications; or to shelter those undeserving of the term "addicted" such as babies exposed in utero from those who the stigmas typically impact. The attempt to distance substance use from the identity or essence of a person and focus on person first language, using "use" instead of abuse, and not lumping all addiction and physical dependency together were big changes in acknowledging problematic language that journalists use when depicting PWUD and associated events. There are numerous calls to support or endorse all the changes made by the Associated Press though McGinty et al (2019) found that in practice, little has changed. Analyzing the language used by journalists was beyond the scope of this study but there has been a push to view language related to how PWUD are represented as performative in nature and its role in either maintaining, increasing or decreasing stigma.

Drugs and their Use. Hughes et al. (2011) looked at how Australian media depicted consequences of substance use and over half of all media attributed legal problems to substance use and significantly smaller percentage discussed health concerns (addiction, overdose/death, mental health), social concerns (reputation, family breakdown, employment), or "cost to society" and benefits of substance use were largely ignored (p. 287). The researchers also found that almost half of all articles held an "explicit moral evaluation" and almost a third "implied that drug use was bad or

unacceptable in all circumstances" (p. 288). Media discussion of opioids (heroin) was highly connected to criminal and legal issues and other substances less so, though the researchers found that heroin was less likely to have moral evaluations imposed within the article. That said, Hughes et al. found that the overall tone of articles was less sensationalized than anticipated, as has been found in similar studies (Körner & Treloar, 2004). Orsini (2017) conducted a study that analyzed drug narratives on American network news coverage between 2000 – 2015 and found that the focus on substance related news media was on "violence, crime, addiction, and health risks" and favored prohibitionist policy responses/approaches (p. 204). They found that individual actions and drug properties were framed as responsible for risks and negative impacts of use meanwhile treatment was framed as necessary and effective as a response to substance use over criminalization or policy change (pp. 200, 203). Individualization of issues related to substance use serves to erase the culpability of systemic injustice that has little to do with the substances themselves or the people who use them but rather refers to oppressive policy that reinforces and maintains problematic responses to identified issues.

The Media and Voices in Substance Use Related Research

In this review of the literature, many academic studies have looked at professional perspectives and lived experience and the voices of PWUD in a variety of areas such as perspectives on substance policy (Lancaster & Ritter, 2013) but little literature was found to look specifically at voices and messaging from key stakeholders as presented in the media and their subsequent contributions to public discourse. Two studies I found (Fraser et al., 2018; Körner & Treloar, 2004) cited results from key stakeholders in the media yet

the overall focus was on media representation and framing, the media article as a whole, and less about voices and stories that were included in the article writeup.

Journalist when citing interviewees and voice of speaking subjects. Korner and Treloar (2004) conducted a Critical Discourse Analysis based upon a sample of seven media articles from three newspapers. The researchers were curious about media representations of a needle exchange program after syringes were found at a nearby school and examined intertextual links and asked "which speaking subjects are included, whose messages are foregrounded or backgrounded, how are these messages represented by the reporters, and how are alternative positions negotiated" of the data (p. 47). Thirteen speaking subjects (other than the journalists) were included in the study including: mothers of students that found discarded syringes, admin at the school where syringes were found, community members in the school area, politicians, and the media. Korner and Treloar (2004) found that even without sensationalist language and outward vilification of people who use drugs and the issues that stem from use, journalist tone and news framing allowed for negative illustrations of people and issues to appear via how key stakeholder statements were included. The researchers found that counter argument voices (pro needle exchange e.g., drug educators) were least represented in the articles and where present, their statements were minimized by contradictory or ambiguous language inserted by the journalist voice. Conversely, the researchers found that mothers' messages were represented clearly, and direct quotes were used as opposed to being written in third party journalistic voice. They found that political and media voices were privileged over other voices in both quantity (more representation) and quality (more integration of what they said via reporter voice). Clearly missing were voices of needle

exchange service users as well as people who work at the site, voices not necessarily absent in general discourse but absent in the media, nonetheless.

Fraser et al (2018) viewed data in their study of opioid related deaths in the media following the work of Judith Butler and “grievable lives”. The researchers (2018) asked “how the lives of drug users are presented in public discourse (as depicted in the news media) and in turn, how these media, themselves co-produced within and through networks of power, constitute the particular ontology of life for drug users” (p. 30).

The Australian study on how the loss of life via opioid overdose is represented in media included voices from a small subset of moms of people who died via opioid overdose, one partner of someone who had passed away, a prisoners advocate, a coroner, etc. but found that the research focus was on the story itself as opposed to the voice that told it (Fraser et al., 2018). They found that via including and excluding details of a person’s life that was being featured because of their death, scant details were available about the person as a whole and while some relatable details were discussed, the depictions were primarily framed around the expectedness of their death as “if not inevitable, [was] the predictable outcome” and “implies that loss is somehow within the natural order of things” (p. 31).

The researchers found repeated use of natural disaster references in opioid overdose deaths which also contributed to “natural order” discourse of deaths and implies that the issue is naturally occurring therefore not influenced by government inaction, or poor “policies, laws, or social conditions” (p. 33). The researchers also note that depictions of individual lives lost also maintained and reinforced commonplace connections made between substance use, addiction, and criminality and the notion that

people need to deal with the consequences of their actions, even (especially) if the consequence is death.

Privileging voices. Lancaster, Treloar, and Ritter (2017) discuss the role of evidence-based practice in public health policy, with a focus on Naloxone, using a poststructural lens via Bacchi's "What is the Problem Represented to be" (WPR) method. Lancaster et al. (2017) found that what was said ("knowledge" and "evidence-based"), what hierarchal status it occupied (proven over experimental), and who said it ("professionals" over experiential groups) mattered in both policy-making discussions and creation. Evidence was not questioned and lived experience was discounted (Lancaster et al., 2017). "Taken-for-granted 'truths' implicit within evidence-based policy discourse privilege particular kinds of 'objective' and 'rational' knowledge and, in so doing, legitimate the voices of researchers and clinicians to the exclusion of others" (Lancaster et al., 2017, p. 11). Voices deemed to be rooted in "evidence-based" dialogue and professionalized subject positions were privileged over those with experiential or alternative knowledge, leaving silence the only option for many.

Media Coverage and Change

Media can be a tool for change, whether that be positive or negative, intentional or otherwise. International Overdose Awareness Day is a day of advocacy, support, and change so media was invited to attend and cover many events across Canada. Multiple studies have attempted to look at how change can happen from media events/interventions and also what changes have happened due to both positive and negative media coverage in the past.

Coverage

People who use drugs are often vilified, misrepresented, and made a spectacle of in the media. For over a century, media has played a vital role in the construction and demonization of drugs and the people who use them (Boyd, 2017). From the early 1900's in Canada, the media was publicly constructing the conditions required for prohibition which included anti-Asian attitudes and the promotion of a white province (British Columbia) and country (Canada) meanwhile specifically demonizing People of Colour that smoked opium (Boyd, 2017).

The role and impact of media works in multiple ways, it frames and constructs problems and people and creates an output of information available to the public which in turn is often used as "evidence" in individual/collective efforts used to garner more support for change. Boyd (2017) highlights that sensationalist media surrounding substances (cocaine) was used as supportive tools in the initial attempt to criminalize opium and those who smoke it in Canada. More recently, Tieberghien (2013) found that when data from the media is used, policy makers often do not seek out additional information about scientific knowledge. "The media has the necessary platform to quickly put issues on the public agenda and has access to policy makers, who in turn have easy access to the media" (Tieberghien, 2013, p. 280). Tieberghien (2013) found that "a major way in which policy-makers hear about scientific knowledge is through the media" (p. 280) and therefore subject to ideological assumptions, connections, and interpretations made by journalists rather than experts in the field. Lancaster (2011) argues that media tells us *what* to think about by setting the agenda, and *how* to think about it by framing

the issue, which creates the opportunity to influence both public attitudes and drug policies in either positive or negative ways.

Change

Studies show that media attention to substances and their use can have an impact on attitudes, practice, and outcomes (Borwein, Kephart, Whelan, & Asbridge, 2013; Körner & Treloar, 2004; Glenda Lawrence, Bammer, & Chapman, 2000). Borwein (2013) found that after a deluge of primarily negative North American media surrounding OxyContin and framing of the substance as a “street drug and a social problem”, rates of OxyContin prescriptions by physicians declined meanwhile other opioid based prescriptions remained either stable or increased due to a developing aversion to Oxy prescriptions (p. 1691). Lawrence (2000) looked at media particularly in relation to an Australian heroin substitution program and found that while both “opposition framing” and “supportive framing” existed, in the program’s cancellation, the government mirrored the arguments made in the media supporting opposition without acknowledgement of alternatives”. Korner (2004) found that overt judgements and sensational reporting was less evident in media coverage of syringe programs, meanwhile value laden reporting was ever present. Explicit and sensationalist reporting in media surrounding substances is often anticipated and easy to identify but when interwoven into the fabric of the article, the implications are no less.

It can be difficult to anticipate the outcome of media coverage of issues and events but nonetheless, change can happen following media attention. Cited information and voices become “fact” to change makers and the responsibility of key stakeholders is

great. Voices and language matter, whether included or not in common discourse around substances and their use by the media.

Inviting the Media Attention

Media interventions are not a new phenomenon in substance related advocacy and can be used to educate, promote awareness, and destigmatize actions and people. Many events and occurrences happen in the world without garnering any attention from the media, other events happen and gather all the media attention and sometimes events need to be brought to the media's attention. Media around International Overdose Awareness Day is one event where organizers and attendees bring attention and media to an advocacy event that is intended to support, educate, and challenge preconceived notions of what PWUD experience. An early example of this in Canada is in 1997, people with lived and living experience alongside allies and other organizers in Vancouver got together and decided that the media had long been ignoring the devastation of deaths due to HIV and heroin overdose and decided to come up with a plan to entice media coverage (Lupick, 2018). The group planned a protest and event specifically with visual significance and journalist attention in mind and hammered 1,000 white crosses in to ground at Oppenheimer Park to represent the largely unnoticed and immense loss of lives at the time due to overdose and HIV. The neighbourhood was dubbed the "Killing Fields" and a large banner was placed at Main and Hastings to represent it. The Oppenheimer event was very successful, over 200 people attended, media took notice, and the event is still talked about today. Specifically related to health policy and change via media, Bou-Karroum et al., (2017) recommend planned media events be used "as accountability tools leading to prioritizing and initiating policy discussions, as tools to

increase policymakers' awareness, as tools to influence policy formulation, as awareness tools leading to policy adoption, and as awareness tools to improve compliance with laws and regulations" (p. 11). While their research specifically pertains to health-related policy change, the possibility of change to a multitude of systems exists and events in the media can be used for change.

Limitations.

Little is known about how experiences are translated when presented to the general public via the media directly from people on the ground, those fighting in the war on drugs. Few academic articles reference key stakeholder groups such as moms who have lost children but where people (key stakeholders) were directly quoted, government and change-maker voices were more likely to be included over others (Fraser et al., 2018; Körner & Treloar, 2004). I am curious to see what the data of this project will contribute to this area of inquiry and who's voices we will hear from.

The work discussed in this literature review covered a variety of topics and locales. Caution needs to be exercised in generalizing data and results among different locations due to differences in regulations, cultural connections and meanings, local contexts etc. Much of the current research on drugs, policy, and the media from a poststructural lens originates in Australia and looks primarily at Australian and international organizational policies (Lancaster et al., 2017). Comparative contrasts between Australian and Canadian drug policies can be made but not assumed to be identical as policies are political, rooted in local context and involve local history, power, structures, politics, and so on (Fraser et al., 2017). A review of the literature demonstrated multiple gaps in research including an understanding of what identified

groups (such as key stakeholders) say to the media and how they say it, whether groups agree or disagree, and how their messages contribute to or challenge the way PWUD and the substances they use are constructed in the media and beyond. Insight and increased understanding of messaging and language used within the media, which has been demonstrated to be impactful on both social opinion and public policy, has the opportunity to contribute to the growing bodies of critical substance use research and especially important in this time of increased need for substantive change.

Chapter 3: Background, Context, and Reflection on Language

The theory, epistemology, methodology, and methods that are the foundations of this work, critical social theory (CST), social constructionism, and critical discourse analysis (CDA), all acknowledge the importance of exploring and considering historical and contextual factors of discourses in order to understand dominant discourses today meanwhile making room for a different future. Burr (2003) argues that “all ways of understanding are historically and culturally relative. Not only are they specific to particular cultures and periods of history, they are seen as products of that culture and history” (p. 4). Culture and history, and other influences such as religion and politics etc., have constructed the categories, concepts, and discourses that we have access to today. Therefore, current discourses can be seen as dependent on many historical and cultural factors such as economics, societal views, and active movements of the time. To accurately understand what message or discourse is being presented to the audience, we need to look at both what the person says but also the context within which it is said to truly understand what the speaker truly means to say (and do) (Gee, 2014a). When we “fill in the blanks”, a process people do in regular interactions as language in use is intended to be concise and requires of the listener (reader) to add in additional components to understand the meaning of what is being said. Much of what people use to “fill in the blanks” is historically and culturally bound and often remains unquestioned until the spotlight is shone directly upon injustices and oppressions previously normalized within workings of today.

Drug prohibition and policies in Canada have impacted substance use and views on substance use today. Unintentional overdose deaths in Canada are not a new

phenomenon but never before has the magnitude of the losses and impacts been so great. Below I discuss both a brief history and current context of substances and policies in Canada, explore International Overdose Awareness Day both globally and in Canada, and establish the language that will be used throughout this project.

History of Substance Use and Drug Policy in Canada

Throughout the long history of substance use in Canada, there was a long period of understanding and minimal concern with substance use. There have also been times of fear, stigma, and death. We have seen these things occur and change over time and today, we find ourselves in a position of crisis, of deaths in epidemic proportions. Historical changes and context drive the policies and regulations we have today with perceptions and social constructions of the substances and the people that use them driving policy.

Drug policy and prohibition in Canada was highly political in its beginnings and remains so today. Race and racist ideology, thoughts, and beliefs guided the first prohibitionist drug policy in Canada, and it all began in Vancouver, British Columbia (Boyd, Carter, & MacPherson, 2016). Following the completion of the railway to the West coast, many Chinese Canadians who were workers on the rail line settled in Vancouver where many White settlers were out of work and blamed the migrant workers for their unemployment. This incited a riot in September of 1907 in the city's Chinatown where a large group of White settlers congregated and marched, damaging storefronts and businesses along the way. After some convincing from the neighbourhood, the government of Canada sent future Prime Minister William Lyon Mackenzie King to Vancouver to assess the damages of the riot and evaluate reparations. The outcome of the visit was dramatically different. Mr. King was approached by anti-opiate supporters who

encouraged Mr. King to support their plight and remove opium dens and use from the Canadian landscape. It is said that Mr. King was moved by their movement and stated “we will get some good out of this riot yet”, (Boyd, 1984, p. 115, as cited in(Boyd et al., 2016) and he took it as his personal mission to enact drug policy, the first prohibitionist drug policy in Canada in which was enacted in 1908 entitled the Opium Act (Boyd et al., 2016, p. 17).

Over the years, drug policy has changed but changes have been primarily to include additional substances beyond raw opium to the prohibited list and little to lessen its impact on the people who use. It is important to note that not all forms of opioids were targeted in this initial drug policy and raw opium was the initial target. Drug prohibition policies ignored restricting “medicines” often used by White upper-class people and opiate derivatives are still legally prescribed today (Boyd et al., 2016). Raw opium was mostly consumed by Chinese Canadians and infrequently by white settlers. White settlers that did consume raw opium were considered to have been corrupted by the Chinese and Black Canadians, especially if it was a woman who used the substance. Emily Murphy, a suffragette and the first female magistrate, was influential in the demonization of both substances and the people that used them. Canadian prohibitionist laws around substances and their use have been largely stable since they were introduced over a century ago. The impact of the current crisis alongside political and societal shifts have created some change thus far and opened some policy windows in recent years.

Crime, disease, and death are three of the top things that people fear about substances and the people that use them. Demonization of substances and the people that use them is time, place, and culturally bound. Granfield and Reinarman (2015) state that

“the notion that drinking or other drug use can cause people to neglect other important activities makes sense in ‘the context of a culture attuned to the clock, a cultural frame in which time is viewed as a commodity that is used or spent rather than simply experienced’” (p. 23). Capitalism plays a major role in the culturally bound nature of how society sees people who use drugs and the drugs they use. If people use substances and therefore do not work in traditional roles making money and contributing taxes, then they must be lazy, weak, or lacking in self-control. In today’s society, pleasure has retaken its spot in the consciousness and is not demonized in the way it once was. Modern society and economy promote mass consumption and instant gratification, but the socially acceptable ways in which people consume and feel does not include substances and the people that use them (Granfield & Reinarman, 2015). This further marginalizes people who use drugs as they engage in what is considered acceptable for others but not for them.

Two major models have been used to conceptualize and pathologize substance use over time: the moral (criminal) model and the disease (medical) model. The moral model emerged in popular culture of the early 1900’s with the temperance movement and remains the predominant way of viewing substance use for some systems like the criminal justice system as well as in the minds of many, some in positions of power. Boyd, Carter, and MacPherson (2016) state:

> The moral model of drug use emerged alongside early efforts to prohibit some drugs and remains a chief way that many people understand illegal drug use: All illegal drug use is bad and using drugs to alter one’s perceptions is the result of poor decision making and lack of personal discipline. (p. 11)

When substance use is attributed to individual factors such as decision making or discipline, the solution via the moral model is also often individual resulting in punishment via imprisonment or on a grander scale via social isolation. The medical model was an attempt to counter the moral model by attributing “the origins of drug dependency [to] the biological and neurological processes of the body and the brain, rather than in the failures of the soul” (Boyd et al., 2016, p. 12). Medical implications within substance use were not a new concept but the model primarily emerged in the mid 1900’s and was greatly impacted by the formalization of the medical profession and “alternative views on OAT [Opioid Agonist Treatment]” (Boyd et al., 2016). The moral (criminal) and disease (medical) models all focus on some, or mainly, aspects of the individualization of the “problem” of addiction (Boyd et al., 2016), and often ignore the social implications related to substance use such as poverty, trauma, inadequate social services, racial biases, etc.

Pleasure is a concept often excluded from the conversation of substance use. The simple fact is that the use of psychoactive substances feels good. Now that can change over time where people use mostly to avoid the displeasure of withdrawal without experiencing the “high” usually associated with substance use but in general, drugs feel good. Pleasure is human and something that all humans seek. Pleasure is also demonized. In the 19th century, religious institutions called for its renunciation “for the sake of religious piety” (Granfield & Reinarman, 2015) and the concept of losing self-control while seeking pleasure due to substance use was born. People that regularly used substances were seen as people who loved to use the substance more than others but not necessarily as a weak-willed person or one lacking self-control. Once economic fates

were also tied to views of self-control, religious and economic conditions lead to the growing temperance movement where intoxicating substances were considered “a destructive ‘demon’ that they believed to be the direct cause of crime, violence, poverty, insanity, divorce, and most other problems” (Granfield & Reinarman, 2015, p. 23).

The social construction of drugs is everchanging. Depending on classification (legal vs. illegal), some are seen as beneficial and “safe”, and others are seen as “bad” and “dangerous”. Boyd, Carter, and MacPherson (2016) state that “the meanings associated with substance use… are not necessarily a result of inherent unchanging qualities of drugs but develop through interactions between human beings over time” (p. 7). This needs to be connected to the changing landscape of drugs. If they were seen as demon drugs then, they are seen and framed as even worse now that Fentanyl and other analogues are present in many substances. When this happens, the social construction of the people who use them changes to something of people that cannot control themselves, take risks, not that of people trying to survive.

Gender is relevant when we speak of the social construction of people who use drugs and the drugs they use. Women who use substances are often more marginalized than men and are often considered “more deviant” by law enforcement, and medical and social work professionals, and “have long been constructed as the ‘Other’ who is outside the norms of proper moral and gendered female behaviour” (Boyd et al., 2016, p. 11). Despite research that suggests otherwise, low-income women who used drugs were often connected to sexual immorality and sex work and seen as incapable to parent or be good partners (Boyd, 2017) further suggesting that substance use, is worse when the use is by a woman or female identified person.

Substance Use and Drug Policy in Canada Today

All substance use is not inherently bad. People use substances for a multitude of reasons including medicinal, spiritual, and pleasurable. As mentioned above, substance use in Canada has been present for hundreds of years and people have consumed them in a variety of forms including tinctures, teas, tablets, etc. and these were not the substances initially targeted by policy (Boyd, 2017). Substance use was considered a personal matter, legal and non-legal drugs was not yet a concept, and prior to prohibition and the social construction of addiction was not yet formed in the way it is seen today. Once substance use became a state matter (criminalized), some were disproportionately impacted, meanwhile others continued to use their substance without concern of repercussions. While the disproportionate and negative impacts on some over others is less obvious in policy, it greatly persists within our criminal justice system today. Moments in history, and changes that have occurred that surround them, have created many issues that persist today. Moments in history have also provided opportunities to do things differently, to think outside the box and oppose the prevailing norms seen to contribute to the issue rather than help solve it. The rise in opioid overdose deaths added fuel to an already lit fire

Some developments have allowed exceptions to the rules in the criminal code such as the exemption that allows supervised consumption sites (SCS) to exist. SCS's save lives. Period. They allow a person to use their pre-obtained substance while being monitored by people who know how to respond if the person overdoses yet do little to address the larger structures that make some environments safer or more dangerous than others. They are reactive, in the moment and successful. They connect people to

resources that they may not have accessed without that connection and relationships that are built with staff and people with lived experience. Alternatively, overdose prevention sites (OPS) which are not federally sanctioned, but can be by the province, serve to reduce overdose related deaths and connect folks to services if and when appropriate.

Opioid poisoning is not new in Canada though not all parts of the country have been historically impacted in the same way as in Vancouver, BC. In the 1990's, people were dying at alarming rates and have far surpassed those figures now 20+ years later. Historically, British Columbia has seen various peaks and valleys related to illicit drug deaths with the fewest deaths prior to 1993. In the 1990's, drug overdose deaths were on the rise. In 1990, 80 deaths were reported to be caused by drug overdose and at its peak in 1998, 400 people died of illicit drug overdose in British Columbia (Boyd et al., 2009). With increased tragedy often comes increased awareness and action, even for and from those experiencing high levels of stigma and discrimination. As the death toll increased, a collective movement of experiential people began to come together to fight for survival and mobilize action, and in 1997 the Vancouver Area Network of Drug Users (VANDU) became an active group in the Downtown Eastside (DTES) (Boyd, 2017). VANDU has been integral in numerous changed in the DTES including unsanctioned lifesaving work despite risk of criminalization, mobilizing community care when services that are available today were only a dream and all they had were each other, among many other achievements. VANDU was the first drug user organization in Canada but now there are experiential groups across the country working both locally and collectively. Another group that has been vocal in times of crisis are the parents and loved ones of people who use(d) drugs. These voices are strong and are often heard. Many formal family groups

now exist that advocate for positive change and were integral in Insite becoming North Americas first Supervised Injection Site (SIS) (Lupick, 2018). IOAD2017 in Canada was heavily connected to these family and loved one's groups and their voices were ever present in the data collected and analyzed.

International Overdose Awareness Day

"International Overdose Awareness Day started in Melbourne, Australia in 2001 with a small backyard event. The number of world-wide events registered on the IOAD website has grown to 483 events held in nineteen countries in 2017." ("International Overdose Awareness Day Stakeholders Report," 2017, p. 6). In Canada, the number of events has grown exponentially since IOAD's inception and unfortunately so have the numbers of overdoses and deaths. It is difficult to establish when and where the first IOAD event was in Canada but as seen below each year the number of Canadian events has grown, likely in response to increased opioid overdoses and death.

2013	2014	2015	2016	**2017**	2018
5	4	16	34	**49**	68

The number of registered events is always less than the actual number as not every group registers their event with the international IOAD organization, yet we can clearly see the number of registered events increasing each year.

"IOAD's purpose is to focus on overdose awareness and prevention and fight stigma including acknowledging the grief felt by families and friends. The day spreads the message that the tragedy of overdose death is preventable and empowers people to come together to tackle overdose as a community." ("International Overdose Awareness

Day Stakeholders Report," 2017, p. 6). The following are the specific goals identified by the global IOAD 2017 campaign for events across the world:

- To provide an opportunity for people to publicly mourn for loved ones, some for the first time, without feeling guilt or shame;
- To include the greatest number of people in International Overdose Awareness Day events, and encourage non-denominational involvement;
- To give community members information about the issue of fatal and non-fatal overdose;
- To send a strong message to people who currently or have used drugs in the past that they are valued;
- To stimulate discussion about overdose prevention and drug policy;
- To provide basic information on the range of support services that exists in the local community;
- To prevent and reduce drug-related harm by supporting evidence-based policy and practice, and;
- To remind all of the risks of overdose. ("International Overdose Awareness Day Stakeholders Report," 2017, p. 7)

The goals of IOAD listed above were some of the reasons that this particular day was chosen as a media event to study as it was anticipated to garner both attention and counter arguments to some of the media depictions on other days not focused on advocacy and grief.

In a report completed after the event on August 31, 2017, results of a post event survey were compiled from event registrants across the world. From the 85 responses, the following was learned:

- Half of the event holders were a friend or family member of someone affected by overdose;
- 75 per cent of event holders listed their event as a memorial or awareness raising;
- For more than 40 per cent of event holders, this was their first time holding an IOAD event;
- 95 per cent of event holders thought their event was a success and;
- 100 per cent of event holders intend to hold an event in 2018;
- Most survey participants ticked multiple answers, meaning most events had several purposes (e.g. memorial and awareness raising);
- Most participants that ticked memorial or remembrance, also ticked awareness, demonstrating that when it comes to overdose, remembrance and awareness raising are intertwined;
- Training and naloxone training were also popular, demonstrating the appetite for action and change. ("International Overdose Awareness Day Stakeholders Report," 2017, p. 12)

Language

This project primarily focuses on language and discourse and its use in media by a variety of key stakeholders, so I feel it is imperative I discuss and define the language I have chosen to use throughout this document. Terms, definitions, and language change

over time. Words I have used in the past no longer feel relevant or appropriate as my understanding of issues and intersectional factors increase. As I continue to grow as a person and social worker, I acknowledge I may look back at this project and cringe at the language I chose to incorporate and have in fact already made changes as some of the terminology I used in the beginning this project is different today. I hold myself accountable throughout to use the most appropriate and inclusive language to which I have access at this moment, while remaining open to change and continued critical thought. Openness to learn and a willingness to do things differently when or if we understand that the ways we have been speaking can altered to fit within a history that we are proud of is something I ask of both myself and others while engaging in this work. We have the ability and opportunity to engage within the current crisis in ways that create a current view and point in history directly related to substance use that reduces stigma, is inclusive, ethical, and creates positive change in a society where not everyone is considered worthy.

People who use drugs do not have the option they once had to access clean and regulated opioids (whether sourced illicitly or via a healthcare provider). When tamper-resistant opioids replaced those which were commonly snorted, smoked, and injected, stable and known dosing became something of the past for many. Opioid use is not new. Acknowledging a poisoned or toxic supply is one step towards breaking down stigma and moving the responsibility from that of people who use drugs on to those holding the power to change what the world looks like for those who use and are at risk of injury and death because of the lack of safer substances. I use the term overdose when discussing statistics, medical events, and as used in statements by key stakeholders. I also use the

term toxic or poisoned in reference to the unstable drug supply as I feel it is more representative of what people actually have access to.

Another way of using overdose as a term is incorporating intent into the expression. The use of unintentional overdose is a way of denoting the person did not use opioids as a means of completing suicide, but instead accidentally overdosed on opioids, causing death. Intentional death due to opioid overdose (and other substances) has been, and is, used as means for suicide. One reason to separate intentional vs. unintentional overdose relates to intent. The person who uses opioids as a means for suicide intends to die. The person who uses opioids for other reasons such as to relieve pain or avoid withdrawal etc. does not intend to die, but, rather, intends to live with less pain or to feel well. It is impossible to know how many suicides by overdose are unreported or misclassified as unintentional overdose, but the focus of this project is on the people who use drugs and do not want to die. Suicides by overdose are an issue and an important one, but for the purposes of this project, the data and analysis focus on unintentional opioid overdoses and the issues surrounding them, such as a dangerous drug supply.

In order to honour and give credit to people who use drugs or have used drugs in their past, I will use the following terms depending on context: experiential people, lived or living experience, and people who use drugs. Experiential denotes the experience and expertise that comes with living it. Lived experience is a term I have used for some time but the implication of it being a past tense, “lived” meant the only people who to whom this term applied were people who had used drugs but were no longer using, whether that be because they stopped using by choice or death. Past tense using “lived” excludes people who currently use drugs, and vital voices in this crisis. Therefore, when I heard a

person use the term “lived and living experience”, I felt it to be a more inclusive term or even identity some people occupy. People who use drugs are not excluded from their peers who now abstain. People with lived or living experience have an understanding that I do not and are uniquely qualified to have a credible voice and majority say in all which relates to their lives and wellbeing.

I believe what I have described is thoughtful language and what I have at my disposal right now but at times I may unintentionally use an incorrect or inappropriate term. I strive to maintain an open mind and heart to feedback and continually learn about and adapt the language I use in both academic and everyday settings. Language is powerful and is used to construct or deconstruct meaning in both positive and negative ways. The foundation of this project is understanding what we truly represent to the world, mobilized within in our statements and terms so I must engage in continual critical thought and humility throughout the process.

Reflection, Position, and Language Summarized

I come to this project with the notion of caring and community and both personal and professional accountability and growth. I hope to look beyond what I see in my day-to-day practice and challenge dominant theories which create the notion of having to choose between the “noble argument” and the “winning argument”. My hope is for this project to spark dialogue and positive change, to bring us together in a difficult time. I do not embark on this work to offend or to create a divide, but I acknowledge we all need to be challenged and accountable. I believe we are stronger together, as a collective, and we have an opportunity right now to be heard.

Chapter 4: Theoretical Framework

Critical Social Theory

Critical social theory (CST) first emerged in Germany following World War I, in a time of postwar conflict and social change (Kincheloe et al., 2011). It has since evolved from its origins of primarily challenging the German theoretical traditions of Marx, Kant, Hegel, and Weber to expand by looking at the role of discourses, power, and contexts within the human experience (Kincheloe et al., 2011). Some of the ruling themes, during the time of critical social theory's inception, focused on subjugation of the common person via economic power of the elite (economic determinism) and scientific knowledge as "true" but times were changing. In a time of post-Enlightenment, challenges to what is considered "knowledge", "truth", and changing economics, critical social theory offered an alternative way to look at the world from a postmodern epistemology.

By the 1960's, and during the Vietnam war, critical social theory was becoming well used in academia and research after "the outbreak of other new social movements such as the civil rights movement and women's movement politicized a younger generation" (Agger, 2013, p. 26), and was seen as an emancipatory approach, one which challenged the rigidity of previous frameworks and presented a way to question the status quo. Kincheloe et al, (2011) imagine contemporary critical social theory as a "social theory concerned in particular with issues of power and justice and the ways that the economy, matters of race, class, and gender, ideologies, discourses, education, religion, and other social institutions, and cultural dynamics interact to construct a social system" (p. 288). In a way, CST allows for a more intersectional analysis by acknowledging the

multitude of factors concurrently in action within the construction of topics which otherwise may not have been seen as impacted by multiple forces and not singular and isolated issues.

Critical social theory is not a singular concept or theory alone, it relies on numerous tenets to support it as a whole. One of the main and enduring principles of CST is its opposition to positivism and positivist methods (Agger, 2013). “Critical social theorists have questioned the ideology of scientific objectivity and have explored the social construction of knowledge” (Finn & Jacobson, 2003, p. 65). Positivist research relies on the concept that knowledge can be discovered as it naturally occurs in the world and is value-free. CST argues that knowledge is constructed, and assumptions must be made, therefore nothing is value-free. Manias and Street (2000) believe:

> critical social theory approach[es] abrogate positivist methods; [they] explore phenomena by judging the contextual effects of power, knowledge and values, not by adopting rigorous tests that are deemed to be verifiable and replicable. Such an approach seeks to actively free individuals to question the prevailing norms. (p. 51)

When using positivist theory, knowledge and truth are gained by observing some “natural laws of society” but instead CST argues “society is characterized by historicity (susceptibility to change)” (Agger, 2013, p. 5). By questioning power, knowledge, and values, individuals, groups, and communities can occupy positions of emancipatory change and movement towards new postmodern worlds.

Followers of critical social theory give weight to what has occurred in the past as a way to understand not only what has already transpired, but also to establish current contexts, and future possibilities in relation to a particular topic. CST sees the past, and

often the present, as "largely characterized by domination, exploitation, and oppression, [with] a possible future rid of these phenomena" (Agger, 2013, p. 5). Critical social theorists believe that within the past and the present lies answers for the future, with changes brought about by social action and movements (Agger, 2013). A good example of this would be the beginning of Canadian drug prohibition in the early 1900's, discussed in detail in Chapter Three, where racial tensions of the time influenced policymakers and immediately placed judgement on only certain substances and those who use them, with the same judgement persisting today.

Questioning the origins and context of a particular issue in terms of both past and present allows space for critical thought, the opportunity to either accept or challenge the historicity of the issue and change via social action becomes possible. Terms such as "fixed" and "universal" social laws are challenged within society and discourse which enables the opportunity for new histories to be born (Finn & Jacobson, 2003). Unearthing and exposing the origins of "truths" and "knowledge" embedded within society, and imposed upon marginalized peoples, helps to emancipate those oppressed by these "truths". CST is political and intent on social change by raising consciousness about past and current oppressions by taking a step back from society and looking in (Agger, 2013). Many social and criminal laws operate as accepted forms of societal control, disproportionately impacting marginalized communities including people of colour, people experiencing poverty, people who use drugs, and women, among many others. Exploring the role of social experience, power, discourses, and what constructed them within "social and historical contexts" allows for an in-depth view on multiple levels that follows postmodern philosophy of question everything (Kincheloe et al., 2011). Critical

social theory poses that the taken-for-granted should be questioned, challenged, and not assumed, and change is the ultimate intention.

According to CST, domination is structural and "people's everyday lives are affected by larger social institutions such as politics, economics, culture, discourse, gender, and race" (Agger, 2013, p. 5). Domination, or oppression, via larger structures such as culture, all levels of politics, economic conditions etc. are experienced across the span of a person's existence and such social structures impact people in all aspects of how they live and exist. Systems that people interact with such as healthcare, social services, public services, and criminal justice are often largely dictated by the broader structures such as government and economics which are often designed to cater to some over others. Oppressions within systems can be direct such as discriminatory service provision, for instance being denied pain management within a hospital because a person uses drugs, or on a larger scale such as living under a conservative government that opposes supervised consumption or overdose prevention sites. Regardless of how these oppressions are experienced, they matter and need to be addressed under critical social theory. Understanding and acknowledging the roots of various forms of oppression within structures and systems can be emancipatory for those who experience them and those unwilling to accept their existence.

Structures of domination are reproduced through false consciousness for critical social theorists (Agger, 2013). "Today false consciousness is fostered by positivist social sciences such as economics and sociology that portray society as governed by intractable laws, suggesting to people that the only reasonable behaviour involves accommodation to these allegedly fixed patterns (Agger, 2013, p. 5). Fixed patterns such as social

expectations and criminal laws have historical and contextual influences, as discussed above, but are also reinforced by today's positivist sciences claiming to have discovered some related "truth". Dictated by these social "truths", larger structures enact laws and policies (both social and criminal) that dictate social order and behaviour. False consciousness is the acceptance of social and criminal laws as they are, maintaining confidence in their creation and implementation for valid reasons, and therefore such laws continue with unquestioned legitimacy. CST argues that such "truths" are to be questioned and that ideology can play a large part in their creation, obscured under the guise of science, which denies people the opportunity to think differently (Agger, 2013). Once the values and ideologies are illuminated, people are empowered to consider alternatives and begin to retract seeming unretractable laws used to subjugate and oppress.

Change can exist on multiple levels yet fundamental change often originates within interpersonal contexts and interactions, according to CST (Agger, 2013). When people begin to act and interact differently at home, challenging the very oppressions enacted by systems, systemic change and personal emancipation becomes possible. It is not uncommon for unquestioned reproductions of oppressions to be present within the home and within what people believe they should or should not do, yet this is the very place where many questions can develop. The home, in theory, is where a person and persons are free to be themselves, free from external judgement and pressures, yet in reality this is not often the case. Systems and structures can impact every part of a person or community's existence, yet the home offers a modicum of freedom. When people in their home lives feel free to choose and be different than social expectations have

constructed, changes can occur in the way people think, act, and navigate the world around them. Such fundamental changes happening at home have the opportunity to filter up to the systems that are run by people, voted in by people, funded from taxes paid by people, and so on. Oppressions only continue as they are allowed to by the people and systems supporting them. When changes exist on the intrapersonal and interpersonal levels, happenings within the structures get called out from both the inside and out. Changes that begin at home are often done in the spirit of voluntarism over determinism (Agger, 2013). People choose how they interact within their own small worlds, acknowledging that interactions are often influenced by social "norms", family discourse, public discourse, etc., but greater freedoms within the home uninhibited from constant social and structural pressures, allow for personal freedoms not experienced elsewhere. From the home, likeminded individuals and communities can emerge forming social action and movements intent on challenging oppressions from the systemic level which in turn can free others from the same or similar oppressions.

The bridge between structure and agency is dialectical according to CST (Agger, 2013). Dialectical refers to discussion via dialogue but more importantly looks at the interconnectivity of phenomena, social processes, development, and transformation while considering the "relationship between empirical conditions and human consciousness" (Agger, 2013, p. 7). Structure refers to the large systems such as politics, social and public services, and agency refers to a person's capacity to make free choices and to act independently. Early and Marxist CST contends that people's agency is impacted by structure, particularly economic determinism but is rejected by more contemporary and intersectional theorists. In brief, economic determinism posits that the possession of

political and social capital (power) is determined based on which competing economic class one belongs to (worker/owner) therefore power is class based (Resnick & Wolff, 1982). By rejecting economic determinism and instead considering intersectional (dialectical) forces meanwhile acknowledging the importance of economic conditions, CST builds a bridge between the micro and the macro and views discourse in terms of interconnectivity instead of hierarchy based on class alone. Agger (2013) argues that "although structure conditions everyday experience, knowledge of structure can help people change social conditions" (p. 5). The negative impact of systems and structure on people who use drugs is undeniable but once those systems of oppression are understood, one (or a community) can fight against such oppressions and change can happen on all levels over time.

Finally, Agger (2013) states "by connecting everyday life and large-scale social structures, CST opposes the notion that eventual progress lies at the end of a long road traversed only by sacrificing people's liberties and even lives" (p. 6). The dialectical bridge between structure and the everyday promotes individual emancipation but never at a cost to others experiencing oppression. When power, within an attempt in liberation of an oppressed person or community, is used over others in the fight for liberation oppression remains reproductive (whether intentional or not) which is in direct opposition to CST's goals. Alternative options for liberation exist within CST that do not involve domination or subjugation of others and rely on the dialectical connection between structure and every day to be present. For example, in opposing the subjugation of people who use drugs, often unaddressed are race, gender, and culture etc. Omitting some oppressive forces to focus on others has implications of continued oppression to those

who fit within the intersectional lens of drugs plus other factors and therefore sacrifices the emancipation of some while fighting for liberation of others. Maintaining the dialectical or intersectional relationship within all emancipatory work is not only abiding by CST's principles, but also simply the right thing to do in a world where human value is not given equally to all.

Critical Social Theory Summarized

By using the foundational concepts of critical social theory reimagined to accommodate the world of today, the researcher is less bound by tradition. In line with the "critical" nature of critical social theory, the researcher is required to view and analyze the complexity of the social today and question the construction of the issue in focus. CST allows the researcher to look at competing power interests, expose what prevents emancipation, and look beyond economic factors as the sole inclusionary or exclusionary factors and focus additional intersections such as race, gender, and sexual orientation to be able to view the issues on a deeper level and consider social power and forces of domination within analysis. CST reminds us of the purpose of social research, which is ultimately human, and returns us to the importance of thinking about the person and all that personhood entails alongside constructed structures of power and identity. The focus is on power as in empowerment or disempowerment of the individual or community amongst aspects of the complex sociopolitical sphere. We can then upset discourse within power that imbeds itself within consciousness, considering the role of culture (both traditional and contemporary) and the often-changing nature of it over time.

Chapter 5: Research Epistemology

Social Constructionism

Social Constructionism is the epistemological approach of this work, the way in which the production of knowledge is understood. Social Constructionism “makes visible the social dynamics that help constitute conditions as problems” (Fraser & Moore, 2011, p. 3), where “knowledge and truth are created, not discovered by the mind” (Walker, 2015, p. 37). As with critical social theory (CST), social constructionism falls under the umbrella of post-enlightenment thought. Social constructionism looks at how meaning and knowledge is created via language and discourse meanwhile not denying independent realities of the world such as disease and disaster (Walker, 2015). Independent realities are looked at not for whether they are constructed but, more importantly, what meaning has been constructed surrounding them. Social constructionism also “invites us to be critical of the idea that our observations of the world unproblematically yield its nature to us, to challenge the view that conventional knowledge is based upon objective, unbiased observation of the world” (Burr, 2003, p. 2). Addressing what knowledges are created via personal observation and via the observations of others, allows the critical thinker to deconstruct messages (discourses) and challenge the biases that were instrumental in creating them.

Social constructionism is epistemologically focused and strives to look less at the existence of things or what they are (the ontology), and more to the way we know things (the epistemology) to be. In this sense, social constructionism can be realist at times but chooses not to accept what presents at face value, such as simply existing, but instead

strives to look at the constructions of the meanings within such existence. The overdose crisis undeniably exists, but what meanings have been constructed that surround, create, and perpetuate the crisis? Questions such as these are what social constructionism poses we ask via various methodologies, of which language and discourse were utilized here.

Methodologically, discourse is not just what is said, stated in text, or implied, but "includes also the social struggles and procedures that control, select, organize, and distribute text and talk while also determining those forms of text and talk that should be averted" (Macias, 2015, pp. 227-228). Discourse also poses to "organize social relations as power relations while simultaneously masking those workings of power" (Strega, 2015, p. 136). Power is a living thing; it produces, maintains, constructs, and works within and throughout discourse and how things are viewed in society. By asking the questions and challenging power from a critical social theory lens and focusing on the constructions of knowledge and truth within social constructionism, discourse analysis as an applied research method is fitting.

Boyd, Carter, and MacPherson (2016) argue the "drug problem" is socially constructed and focuses on those who contribute to the construction, whether that be from a prohibitionist stance (claims-makers), a critical one, or one of lived experience (counter claims-makers). "Voices behind these claims and counter-claims often compete with each other to define the drug problem, but they are also challenged by others' voices, including spokespeople from groups supporting drug policy reform, academics and groups of people who use drugs" (Boyd et al., 2016, p. 7). The debate is not one-sided and alternative views are persistently demonstrated in academics, advocacy, activism, and social justice efforts, though critical views on the social constructions of drugs and the

people who use them are less explored. Social constructions can easily be left unquestioned, as, to most, they appear normal and "the given" in many situations. Left unquestioned, social constructions can be highly stigmatizing, and damaging to the person living within them. Constructions are created and sustained within social processes and related to power.

The concept of multiple truths is allowed, expected, and even desired within social constructionism and analysis. "A social constructionist perspective acknowledges that there is no objective perspective from which to judge… Any judgement is made within a particular discourse" (White, 2004, pp. 13-14). The expectation of social constructionism is not to find the "right" answer to a research question, but to look at discourses and influences that shape the person, the social, the political, experiences, power, identity, events, and so on. The focus of this research is to look at the multiple voices and discourses that emerged from IOAD 2017 where individuals are located within their own worldly constructions, but also located within those constructions of community and society. Individual experiences and preconceptions of "issues" influence worldviews and such views vary greatly amongst diverse groups of people, not only located, and bound within the immediate context but also within diverse cultures and histories.

Ways of knowing are historically and culturally bound and multifaceted. Social constructionism focuses on both the historical and cultural context and the knowledge is dependent upon and includes the social and economic conditions of the time for consideration (Burr, 2003). For example, a white unemployed worker in Vancouver in the early 1900's would have lived within and created ways of knowing vastly different

from Chinese Canadian men running businesses after the railroad was built (Boyd, 2017). Many factors impact people's experiences and constructions of their world through history, culture, and language and exploring social conditions and interests of that time are vital to deconstruct the constructions. Critical of the colonial notion that Western ways of knowing are to be imposed upon others and considered superior, social constructionism challenges alternative views to be embraced meanwhile exposing the purpose colonial perspectives serve for those who use them. "All knowledge is derived from looking at the world from some perspective or other, and is in the service of some interests rather than others" (Burr, 2003, pp. 4-5), and no knowledge is considered entirely objective regardless of its origin.

Finally, social constructionism looks at the performative action of language and includes the role of social action into its objectives. Alongside historical and social contexts, language is used in interactions amongst people that either reinforce and sustain constructions or create new ones. "Descriptions or constructions of the world sustain some social patterns of social action and exclude others. Our constructions of the world are therefore bound up with power relations" (Burr, 2003, p. 4) which dictate what is perceived as acceptable, allowed, and how people should be treated. Language is the vessel used in which much of this performative (or oppressive) action happens and is reproduced and therefore a focus of this epistemology. Discourse analysis from a social constructionism lens where language and discourse are the focus has the opportunity to change the social processes that are tied up and reproduced within intrapersonal, community, structural and systemic levels, previously not necessarily seen with the uncritical naked eye.

The Social Construction of Overdose, Drugs, and the People that Use Them

Substance use in society, and as presented in the media, has long been constructed as something deviant, something immoral, something where only bad things happen if used. Terms such as dirty, lazy, diseased, criminals, worthless, homeless, burden, deviant, hedonist, etc. are either used or associated with people who use drugs. The media has been instrumental in both creating and maintaining social constructions of both substances and the people who use/sell them. Connections are regularly made between people who use drugs to violence and crime, perpetuating fear and creating/sustaining the unknown “other”. Constructions of PWUD and substances are not new and rely greatly on the historical context to live and persist today.

Singer and Page (2014) “It appears, as noted, that the concept of addiction (including alcoholism) received full articulation in the 19th century, and that articulation co-occurred with the widespread availability of truly concentrated intoxicants, especially alcohol, opioids, and cocaine” (pp. 53-54). Historically, people who used substances such as morphine were often part of the upper class in society, but with use rising in this social group and advances in drug production, more substances began to be available and, later in the 19th Century, used among wider social classes (Klaue, 1999). When substance use was no longer exclusive to the rich, attitudes about substances and the people using them changed rapidly. “Drug users were identified as driven by perverse, egotistical, immoral, remorseless, morbid tendencies that were thought to be hereditary… [such] descriptions were never applied to upper class users but reserved for the lower classes” (Klaue, 1999, p. para. 6). Dichotomies began to appear and, over time, the concept of “good” and “bad” people who use drugs became entwined into society. People who use drugs were seen to

be either “good users” and victims of a doctor’s prescription or “bad users” and responsible for their own issues and undeserving of compassion (Klaue, 1999). The “good” users were connected to the medical system/model with justification, and the “bad” users were connected to moral deficiency, whether individual or inherited, and blame. Differentiating between a medical or a moral issue became blurrier over time, as it is today, and both the moral and medical movements have changed how we view drugs and the people who use them.

Connections with substance use to disease, deviancy, and other moral concerns are well established themes in the history and context of substances and their use. Beyond biology, disease is often seen as some failure or deserved outcome of deviant or immoral behavior. For example, people living with HIV have been highly stigmatized for not only the virus but for the behavior that “caused” the virus such as the “association with deviant, excessive and/or abnormal sexuality” (Klaue, 1999). People who use drugs are seen in a similar way with negative outcomes of substance use attributed to the individual and the “badness” of their use (or them). Othering of people who use substances, in particular PWUD who are low income, people of colour, or gender diverse has served purposes for those in powerful positions and caused great harm to the way PWUD are viewed in society. “The Othering of the poor, expressed in the condemnation of their drug-using behaviors, served to justify their suffering as something they brought on themselves” (Singer & Page, 2014, p. 60). Blame and deservedness of negative outcomes are regularly attached to PWUD as if use exists in a vacuum and the issues are solely a result of poor decision making. Such views ignore the social implications and historical context that is vital to consider in social constructionism and this project.

Women who use drugs are seen as particularly awful due to their drug use (Boyd, 2017). To many, women represent caretaking, nurturing, motherhood, or the possibility of motherhood and when they use drugs, many are overly concerned about women not fulfilling their societal duty and less about the women themselves. Singer and Page (2014) state "drug-dependent women are socially perceived as having more significant personal problems, as being in greater violation of societal norms, and as being more deviant than male drug users" (p. 42). Scare tactics and sensationalized media has perpetuated the idea that women who use drugs (crack in particular) during pregnancy are "birthing a biological underclass of emotionally damaged and misfit children who would become a generation of super-predators at war with a vulnerable society", otherwise known as "crack babies" (Singer & Page, 2014, p. 40). Subsequent studies have disproved the connection of crack exposure in utero to future violence, lower intellect, and other disorders etc. but the impact of the social construction (or discourse) is ongoing for both the babies and the mothers.

Along with women, people of colour who use drugs are highly stigmatized and constructed as extra bad in society. In Canada, Indigenous people are disproportionately impacted by negative social constructions that often generalize a whole People as "addicts". Laws and policy in Canada as a result of the Indian Act prohibited Indigenous people from consuming alcohol, and if caught doing so, the penalties were harsh (loss of status, fines, imprisonment). Boyd (2017) states:

> For more than a century alcohol prohibition created more harm than good. It did not stop Indigenous people from drinking alcohol; instead it encouraged covert and dangerous drinking practices, illegal consumption and selling, and

> discouraged social drinking… [which] contributed to enduring stereotypes and legal discrimination against Indigenous people (p. 12).

For some, this created a situation in which people with status under the Indian Act, if consuming alcohol, had to hide from view any use, as well as consume quantities quickly due to fear of imprisonment (Boyd, 2017). One loophole existed and Indigenous people were only able to consume alcohol legally, or vote, if they renounced their status under the Indian Act, but doing so would omit them from any right or benefit the Act provided to its members. Prohibition and racism have been instrumental in constructing the racialized "other", whether it be an Indigenous person or a Chinese person etc., as immoral and as intent on corrupting moral White people which further leads to demonization, criminalization, and attempts on social control that extend beyond what the average citizen experiences.

Social constructions are not fixed but are often quite rigid. When people embrace these constructions of an individual or community, they often do so for a reason. Often constructed and utilized by those in positions of power and privilege, social constructions are used as justification for many laws, social practices, oppression, stigma, and sometimes even violence (Singer & Page, 2014). Speaking of suburban and middle-income Americans, Singer and Page (2014) lament:

> so compelling for them is this constructed image, despite being so loaded with inaccuracies as revealed by social scientific research, that it has helped drive continued media accounts, the enactment of drug-related laws and policies, the incarceration of massive numbers of individuals, the withdrawal of the social safety net for the poor, and the disruption of minority communities (p. 52).

Constructions serve to maintain societal status quo of “have’s” or “have not’s” where oppressed individuals and communities are disproportionately forced to endure negative consequences. To disrupt and challenge these constructions and subsequent justifications can confront the root of some oppressive belief systems and when such things are challenged, they are often resisted quite adamantly. Social constructionism holds that when history, context, structures, and beliefs are exposed, opportunity for critical thought exists. When we begin to see that the biases we use to think of certain things have been created upon pre-existing thoughts and constructions that may or may not match how we situate ourselves within worldviews, we have the opportunity to see things differently and opportunity for change is created.

Social Constructionism Summarized

Social constructionism is a valuable epistemological stance to use for substance use research. Alongside Discourse Analysis as the methodological means for analysis, the opportunity to deconstruct discourses, to challenge assumptions, and demonstrate alternative constructions, an opportunity for social change can be presented. Exposing the cultural, historical, and contextual factors that enabled these constructions to be made and reinforced over time aids us in presenting opportunities to disrupt them and ultimately change the narrative.

Chapter 6: Methodology and Methods

Discourse Analysis

Discourse analysis is an interdisciplinary research methodology used in various fields of study including linguistics, education, psychology, anthropology, sociology, social work, communication, and more. While the end goal of the research may differ within the fields of study, many similarities exist among the works of discourse analysts. I have chosen Gee's (2014a) critical discourse analysis (CDA) framework for this research project. Gee (2014b) describes CDA as "the study of language at use in the world, not just to say things, but also to do [and be] things" (p. 1). CDA is appropriate to use on many mediums of communication such as words spoken, statements written, and images viewed, all of which are considered "text". Therefore, utilizing CDA, this discourse analysis looks at the words, statements, and language in a "text" and from within that language, meaning and associated action are extracted and analyzed.

Discourse analysis as a research method is not inherently critical. Discipline and goals of the research often dictate the kind of discourse analysis that conducted; descriptive or critical. One type of discourse analysis is a descriptive or content discourse analysis where themes and grammar/linguistics are identified and described. Gee (2014a) describes critical analysis as looking "at meaning as an integration of ways of saying (informing), doing (action), and being (identity)" (p. 8). A critical discourse analysis looks deeper within the "text" including, but also beyond, the descriptive and linguistics and looks further into the history, meaning, contextual, and social issues embedded within the "text".

The purpose of this thesis is to uncover and explore the discourses that emerged from IOAD 2017 key stakeholder messaging as reported by print media in Canada. A purely descriptive discourse analysis would reduce the people impacted by these policies to grammatical functions which risks ignoring the constructions and motives of those in positions of power. The same people and groups in positions of power who create policy, responses, and dictate much of the lives of people who use drugs. The use of CDA supports a more robust analysis, and bolsters enhanced identification and a deeper exploration into the "why" and "what" that, in this current environment of crisis and change, social justice and advocacy efforts need to be heard.

Critical Discourse Analysis.

Gee (2014a) proposes the use of a combination of six tools of inquiry and seven building tasks to complete a critical discourse analysis. The tools assist the analyst to ask questions of the text about context, what is and is not said, factors influencing what and how something is said and therefore the meaning extrapolated from it. The six tools of inquiry include: situated meanings, social languages, figured worlds, intertextuality, Discourses, and Conversations (Gee, 2014a).

Situated meanings. Situated meanings pertain to the specific meaning assigned to a word or phrase by the person who is listening or reading where the specific meaning is context dependent (Gee, 2014a), an example of this could be the word "drug". Depending on the circumstance, a drug could be a prescribed medication, an over-the-counter treatment, an illicit substance, etc. These situated meanings all represent something unique and the context in which words are presented alters their meaning greatly.

Social languages. Social languages refer to how we use our language depending on the situation in which we are engaged, for example, the language one uses to send an email to their supervisor can (and often will) differ from an email on the same subject sent to a friend. People often use formal or informal language depending on context, but Gee (2014a) reminds us that there is much more to social languages than simply formality or informality. How people engage, relationship build, interact socially, and so on, are factors in how one decides which social language to use in any given moment.

Figured worlds. Figured worlds explore stories that are culturally and socially constructed and are "a picture of a simplified world that captures what is taken to be typical or normal" (Gee, 2014a, p. 71) and social constructions of activities and people readily present themselves when looking through this lens. Depending on the figured world, the term "person who uses drugs" can conjure the image of a person injecting heroin in an alley, a person who engages in illegal activities, a person who uses drugs to cope with current or previous traumatic experiences, or maybe a person who smokes marijuana on the weekend. The above "typical" or "normal" snapshots of the world differ greatly but come from the same statement of "person who uses drugs".

Intertextuality. Intertextuality exists when another "text" is alluded to, referenced, or directly/indirectly quoted from, and represents multiple voices in text. For example, if someone referenced the Bible when speaking about substance use, they are engaging in intertextuality which adds layers or depth to what the person says and relies on people's general understanding of the reference to be considered when receiving the message from the speaker. Gee (2014a) also includes "mixing or juxtaposing different social languages, connected to different Discourses, together in various ways" (p. 131) as intertextuality.

An example would be someone quoting data from Statistics Canada and then speaks their story of substance use in a personal tone. Not only would another text be referenced, it would use two social languages together, adding depth and context to the person's message.

Discourses. Discourses with a capital "D" refer to recognition and are achieved when "you put language, action, interaction, values, beliefs, symbols, objects, tools, and places together in such a way that others recognize you as a particular type of who (identity) engaged in a particular type of what (activity)" (Gee, 2014a, p. 52). Discourses are dynamic change depending on context and situation. People do not always inhabit one sole Discourse, and this can change moment to moment. An example of this could be a politician who speaks in political terms, values conservatism, dresses in business attire, and is accomplished athlete. Discourses will vary for this person depending on the recognition they are attempting to achieve in the moment. To the media, this person will present as a politician, to their friend, they present as an athlete. This politician not only "talks the talk" but "walks the walk" and therefore engages in one type of a Discourse.

Conversations. Conversations with a capital "C" often stem from Discourses and are a way to discuss historical or societal views on topics which are often known to the general public but also include more specific understandings known only to some. Conversations often have "sides" and often these "sides" do not need to be expressed, they are just known. For example, the Conversation about abortion has different "sides" and these "sides" are widely known. The Conversation of abortion does not need to begin with why someone thinks it is "right" or "wrong" in debate, the historical and social has already located those debates and "sides" within discourse and they are well known by

those that occupy both the perspectives of whether abortion is "right" or "wrong". "Historical interactions of Discourses lead to certain debates ("Conversations"), widely [known] by people in a society or social group, even by people who are not themselves members of those Discourses or even aware of their histories" (Gee, 2014a, p. 75). In discourse analysis both the Discourse (history) and Conversation (debate) are important to analyze, both together and separately, as they are often interrelated and not explicitly stated.

Seven building tasks. The seven building tasks look at: significance, practice, identities, relationships, politics, connections, and sign systems and knowledge (Gee, 2014a). Building tasks take the aforementioned tools of inquiry and engage with the results on a deeper level, allowing the researcher to look at the discourse more critically. Tools of inquiry are considered the "questions", and building tasks are the "things" or important topics the questions help us ask. Building tasks force the researcher to ask questions about not only what exists but also what the impacts are, how are the identified tools of inquiry in "play". Gee (2014a) lists the seven building tasks as:

> Building Task 1- **Significance:** How are situated meanings, social languages, figured worlds, intertextuality, Discourses, and Conversations [the 6 tools of inquiry] being used to build relevance or significance for things and people in context?
>
> Building Task 2 - **Practices (Activities):** How are [the 6 tools of inquiry] … being used to enact a practice (activity) or practices (activities) in context?
>
> Building Task 3 - **Identities:** How are [the 6 tools of inquiry] … being used to enact and depict identities (socially significant kinds of people)?

> Building Task 4 - **Relationships:** How are [the 6 tools of inquiry] … being used to build and sustain (or change or destroy) social relationships?
>
> Building Task 5 - **Politics:** How are [the 6 tools of inquiry] … being used to create, distribute, or withhold social goods or to construe particular distributions of social goods as "good" or "acceptable" or not?
>
> Building Task 6 - **Connections:** How are [the 6 tools of inquiry] … being used to make things and people connected or relevant to each other or irrelevant to or disconnected from each other?
>
> Building Task 7 - **Sign Systems and Knowledge:** How are [the 6 tools of inquiry] … being used to privilege or disprivilege different sign systems (language, social languages, other sorts of symbol systems) and ways of knowing? (pp. 140-141)

By looking at significance, practice, identities, relationships, politics, connections, and sign systems and knowledge, Gee's (2014a) discourse analysis delves into the tenants of critical social theory and social constructionism where power, subjectivity, and social justice are the focus.

An additional 15 tools for CDA are introduced in Gee (2014b), 10 of which are linguistically focused and aid in asking questions of the grammar, sentence structure, etc. The tools focused on grammar include: Deixis Tool, Subject Tool, Intonation Tool, Vocabulary Tool, Why This Way and Not That Way Tool, Integration Tool, Topic and Theme Tool, Stanza Tool, Cohesion Tool, and Topic Flow Tool (Gee, 2014b). The other five tools focus on approaching the data and highlighting questions to ask from beginning to end and assist in working with the other tools of inquiry and building tasks. They

include: Fill in Tool, Making Strange Tool, Frame Tool, Doing and Not Just Saying Tool, and Context is Reflexive Tool (Gee, 2014b). The Fill in Tool refers to asking what is unsaid and what a person needs to know about the topic, assumptions they need to make, and gaps they need to fill in for the message to be understood as it was intended. The Making Strange Tool asks the analyst to act like they do not know the topic well and what someone who doesn't know it well would find strange in the communication. The Frame Tool refers to a step which looks back after the analysis is complete, once all aspects of the context have been considered, to see if the enhanced view of the context in combination with the data reflects the analysis that was conducted or if one might change their mind about some aspects of the analysis. The Doing and Not Just Saying Tool probes within the totality of communication, what the person is trying to do, and not just say about the topic. Finally, the Context is Reflexive Tool refers to posing questions of the data (alongside the other tools related to context), is what key stakeholders say creating context, how is it helping to reproduce contexts maintaining their continuation, or change the context, are they aware of the contexts they are reproducing or changing, and if so, is that what they would want? These additional five tools help expose some of the elements of critical social theory and social constructionism that are the foundations of this project.

Gee does not expect a researcher to use all 28 proposed activities and tools. He acknowledges some may be more illuminating or relevant when applied to discourses than others and should be selected based on the work one is trying to accomplish. Given the critical epistemology of this project and primary focus beyond the individual statement, all the tools that focused on grammar and syntax were eliminated from this

analysis. How sentences are grammatically constructed and delivered can be influential in meaning making of messages, but as a project focused on the critical, I felt that the focus should be on the larger structures in action rather than the granular pieces of the sentences uttered. For the purposes of this study, and as dictated by the data, 16 of the 28 CDA tools were used throughout the analysis of the data and include: #2 – Fill In, #3 – Making Strange, #6 – Frame, #7 – Doing and Not Just Saying, #13 – Context is Reflexive, #15 – Activities Building, #16 – Identities Building, #17 – Relationships Building, #18 – Politics Building, #19 – Connections Building, #21 – Systems and Knowledge Building, #23 – Situated Meaning, #24 – Social Languages, #26 – Figured World, #27 – Big "D" Discourse, #28 – Big "C" Conversation (Gee, 2014b, pp. 199-204).

Data Collection.

Google Alerts. Google Alerts was chosen as a data collection tool. It was a way to generate and consolidate all data matching the search terms into one place where it could be refined for content, applicability, pre-defined inclusion and exclusion criteria, duplicates and so on. Google Alerts was also chosen as a data collection method because I wanted to focus on what people were saying on IOAD 2017 in readily accessible, internet-based media that the average consumer may read. The public dictates much of what happens in this country by voting and asserting their opinions on changes in community. How the overdose crisis and people who use drugs are viewed by the public, directly impacts how we work within it. As allies and key stakeholders, what are we telling the public about what we think of the issue or how to solve it? What language are

we using to convey our messages? Do we publicly agree or disagree in what we say or what we want?

The data for this thesis was collected by creating a list of terms including, and related to, International Overdose Awareness Day and then creating a Google Alert for each term. Google Alerts is an application offered by Google where search terms can be set into a system which searches the Internet for the search terms in new data and generates an email sent to the user with links to the search results. The results often include links to new content submissions including online print media, blog postings, web pages, and research. The terms identified and used for the Google Alerts as initial data collection include:

- Canadian Association of People who Use Drugs (CAPUD)
- Consumption Site
- Decriminalization
- Drug Consumption
- Drug Policy
- Drug Use
- Fentanyl
- Ginette Petitpas Taylor
- Harm Reduction
- International Overdose Awareness Day Canada
- Injection
- Injection Site
- IOAD2017
- Jane Philpott
- Minister of Health Canada
- Opiate
- Opioid
- Overdose
- International Overdose Awareness Day
- Overdose Awareness
- Overdose Crisis
- Overdose Data
- Overdose Emergency
- Overdose Policy
- Overdose Response
- Press Release Overdose
- Supervised

Language was limited to English and the region was set to Canada within the filter options. Google Alerts also offers a filter for how often emails are sent. Initially I had the Alerts set for “as-it-happens” which meant any time there was new online content that

matched the search criteria, an email was generated. I quickly determined a huge number of emails were generated daily and it became needlessly time-consuming to filter through. Therefore, I changed the frequency to "once daily" which meant all results from the entire day were compiled into one email per search term.

Timelines. The timeline for data collection began as August 14th to September 30th, 2017. International Overdose Awareness Day was on August 31st, 2017, but some Canadian events were held prior to August 31 and the media coverage of the earlier events was included. These dates were also chosen because media coverage in preparation for the event would begin likely in mid-August and there would be news trickling in after the date. After all data had been refined and the final data set was established, the dates for the data included in this analysis ranged from August 15th to September 14th, 2017, with over half having been published on either August 31st or September 1st.

Inclusion and exclusion criteria. Deciding upon the inclusion and exclusion criteria for this project was an evolving process. Each layer of data I sorted through from start to finish demanded the establishment of thoughtful criteria. Decisions made about inclusion and exclusion were journaled, dated, and returned to as an ongoing part of the data sorting and ultimate decision-making process.

Inclusion Criteria:

Initial:

- All online news media from August 31, 2017, for IOAD 2017 Canada
- All online news media before August 31, 2017, that mention IOAD 2017 Canada

- All online news media published in response to IOAD 2017 in Canada on August 31 or September 1, 2017 (even if IOAD not mentioned)
- Public campaigns from organizations for IOAD 2017 Canada
- Global material created for IOAD 2017 from www.overdoseday.com

Secondary:

- The first on the data sheet when any identical duplicates found
- Written and print data only

Final:

- Lowest assigned data number when any duplicates
- Editorials, commentaries, and key stakeholder authored articles
- Direct quotes only

Exclusion Criteria:

Initial:

- Any online news media about IOAD prior to 2017
- Any online news media from anywhere other than Canada
- Any results unrelated to overdose and IOAD 2017 that emerge from Google Alerts (e.g., job postings, advertisements, subscriptions)
- Only English language material
- Any links to links or broken links

Secondary:

- Any identical duplicate links
- Any video and audio

Final:

- Press releases and statements
- Higher assigned data number(s) when any duplicates
- Articles not including directly quoted interviews by key stakeholders
- Any statements by journalists

Organization. The data that emerged from the Google Alerts was organized in various ways and took a layered approach. Results from predefined Google Alerts generated 1621 emails which included 10,149 links to potential data. From those links, 260 Canadian news articles remained. After reading for content and applying a final set of inclusion/exclusion criteria, 101 unique news media articles remained for analysis (see Appendix I for data flow chart). Below is a description of the processes used to collect, organize, and prepare the data for analysis.

The first step of organization included sorting through the 1621 emails by date and creating an Excel spreadsheet with a tab for each search term to capture the links to possible data. Excel was chosen for multiple reasons. The ability to sort and refine data within results entered in the Excel sheet was vital to this project. My comfort and familiarity with the program and its database capabilities enabled me to do this accurately alongside the creation and use unmodified master lists to use as the constant when double checking accuracy. The emails were opened one by one by date first and then search term to look for general or possible applicability and the initial inclusion and exclusion criteria. All links within an alerts email have a subject line above the link and the subject was used to screen for the above exclusion criteria to eliminate the need to open a link to something unrelated etc. Once a link passed for the initial criteria, it was pasted into the

Excel sheet under the appropriate search term tab. Immediately excluded links were included for numbers only and not entered into the database.

Once all emails and 10,149 links were initially reviewed and input into the Excel database, I assigned a colour to each search term to enable later referencing as required. I then compiled the list of every link from all search terms into one master list and sorted it alphabetically to eliminate duplicate links that appeared in multiple search terms. Duplicate links were common to find and for example, an Alert for the search term "opioid" and an Alert for "drug use" may both produce a match for link and include it in the email. Accurately scanning for duplicates in the beginning was difficult and to reduce the likelihood of errors, the data was input into the database for ease in sorting. The master list was used as a control document and was never altered past this completion point. A copy was made and refining for duplicates was completed. When identical links were identified, the first one on the list was kept and the others removed from the list and was done in groups of 1000. After each group of 1000, the total number of included and excluded links in the working sheet were counted and referenced to the master sheet to ensure that no links were left unaccounted.

Each of the remaining 6,321 links was opened and scanned for content and applicability and pasted into either the Included, Excluded, Maybe or Broken tabs. For each included article, a PDF copy was created as well as a copied and pasted Word document to ensure no words were missing from the margins and named the number of the corresponding cell in the database. For example, if the link to an included article was on line 157 of Excel, the PDF and word documents were both named 157 for reference. The exclusion criteria at this step were the following: no IOAD, video only, unrelated,

link to other, duplicate, American, audio only, subscription, or date out of range. Each of the excluded was pasted into the corresponding tab in the database. The maybe links were pasted into the tab labelled maybe and were revisited again at a later stage of refining. Any links found to not be working were pasted into the broken tab of the database after reasonable effort was made to see if another link to the same specific article was available from the same source. All the remaining 260 articles from the Included tab were then printed in hardcopy, rescanned for duplicates (some identical articles were published in multiple news sites and became evident here), all duplicate article links were moved to the corresponding tab, and the final data set of 101 articles was ready for coding and analysis.

Data Analysis

Coding. Using the printed hardcopies and a handful of highlighters, I chose to initially sort thematically using the themes of IOAD which were: Awareness, Prevention, Stigma, and Grief. This allowed me to begin to compare voices and identify emerging discourses and also so I could get similar statements and messages organized together. I began by reading each of the articles in the included data set and highlighted each direct quote that related to the identified themes, each theme having been assigned a unique colour. As results from the data and voices were emerging, I began to realize that the initial themes used for coding needed to be modified to accurately reflect what the data was telling me. Moving from a specific focus on the goals of IOAD, key stakeholders really wanted to talk about their experiences with stigma, their personal lived experiences, and problems and solutions. All data was reorganized to reflect the new themes prior to analysis.

Key stakeholder categories began to emerge quickly alongside the IOAD themes. Some categories were clear and distinct while others contained some overlap between roles and fitting into two key stakeholder categories occurred occasionally. Where this was the case, data was included as members of both stakeholder category instead of assigned one or the other. Specifically, some Indigenous voices were also experiential voices, and some frontline providers were also experiential voices and both roles were considered during analysis. Key stakeholders were identified and categorized as follows:

- **Loved Ones**
  - Those either self or journalist identified as parents, family, partners, friends of PWUD, including groups comprised primarily of loved ones
- **Experiential People**
  - Those either self or journalist identified as people who use/d drugs
- **Frontline Providers**
  - Those either self or journalist identified as working directly with PWUD including, but not limited to, doctors, nurses, social workers, outreach workers
- **Government Official**
  - Those either self or journalist identified as either past or present elected representatives
- **Indigenous People**
  - Those either self or journalist identified as Indigenous

Thematically coded data from the articles was then input into a new Excel database created for the purpose of analysis. Information entered from each article included: assigned data number, date of the article, source, who said it, their stakeholder category, the organization/group/government, and statement. At this point, all identifying personal information and location details were removed from the key stakeholder quotes. I chose to remove this information, even though publicly accessible, because the purpose of this work is to look at the language of key stakeholder groups and not that of particular named individuals nor folks from particular places. All quotes were divided into tabs, one for each theme and sorted by key stakeholder group for data analysis to begin.

Analysis. When discussing what research method would be used in this project, knowing the goal was some type of discourse analysis, James Paul Gee's critical discourse analysis framework stood out in part because of the nature of the method and its user friendliness and because of its fit with the already established theoretical framework, epistemological approach, and research methodology of this project. Critical Social Theory and Social Constructionism fit well with Gee's (2014a) critical discourse analysis method as it provides a framework to use which focuses on uncovering structures, power, and privilege within the language and analysis of the data.

Critical discourse analysis CDA, social constructionism (SC), and critical social theory (CST) are natural fits together. All have the expectation that questions be asked about power, structures, resource distribution, historical and current contextual influences, and political implications in practice. Utilizing this CDA method allowed me to ask the questions in a formulated way with the theory, epistemology, and methodology guiding the analytical view. Below is the process and journey I took within the data

analysis to illuminate what discourses emerged from key stakeholders on IOAD, how the messages converged and diverged amongst key stakeholders, and finally, whether the messages either support or oppose the social constructions of substance use and associated themes.

Early on, various discourses in the data that caught my attention and the initially chosen themes began to evolve into new ones which include: Stigma, Experience, and Problem and Solution. The initial themes were chosen as they were identified goals of IOAD, but it became apparent that people had more, and different things to speak about at the event. Each possible discourse was noted while scanning and coding for emerging themes in the data and referred to regularly. A title for each discourse was created, or noted when naturally present, and entered into the database created to capture the analysis process. Statements from key stakeholders were then organized and input under the associated theme or discourse. From this point, critical discourse analysis was in motion.

Gee's (2014b) tools of inquiry were applied first to the data as they look at the bigger picture of language and its use, grounding it in social constructionism and critical social theory. Each of the five tools of inquiry were applied to each identified statement included in the data. Some tools provided a great deal of insight into the research questions to be answered, and other tools less so. The focus in this step was to identify and analyse contextual considerations, social languages in play, world views as language, identities in use, and exposing sides and debates present in the data. Thoughts and responses to the inquiries were noted for each statement that related to each discourse and tool of inquiry in the database. Once complete, I focused on each discourse as a whole and what the tools of inquiry had brought to the surface.

From here, the five above identified tools (less the Frame tool) were considered in the data. Some of the responses to the tools being used in this step were already present from the last, as there is crossover from tool to tool, but new insights in the data also emerged here. The focus on this step was to look at context in past and present, personal and social, looking at the data as a stranger ignorant about the topic, and consideration of intended purpose in the statement. These results were also noted in the database for further consideration as the analysis progressed.

Finally, the building tasks were applied to the data from Gee's (2014b) CDA. This is where the "critical" portion of the analysis really began present itself. The context, meaning, identity, goals, etc. have been considered up to this point but here is where the data analysis became deeper into the embedded constructions and structures of power and privilege that impact how we view the world and our navigation within it. The building tasks focus on precisely that, building something. This could be significance, activities, identities etc. which, in their consideration, intention, meaning making, and reflections of power etc. began to emerge. These points of analysis were also documented in the database for further reflection with the final recommended step of this analysis.

The Frame Tool was used at the end of when analysis looked as if it was complete but with the acknowledgement that there is always more to consider. As the analysis happened, context within statements became apparent and the Frame Tool was used as an opportunity to check in and see what had been learned after considering context thoroughly. This was simultaneously done at the time of writing where the pieces of analysis became evermore present and considered on paper. Questions were reviewed and data was revisited to see if any additional insights emerged. Once the data had been

analysed and reanalysed using Gee's tools and tasks, and writing complete, drafts were edited, and the process was complete.

Evaluation. Strega (2015) argues post-structural research should avoid traditional concepts of evaluation as it returns to modernist ways of thinking, but the researcher needs consider three questions: what are "the political implications and usefulness"; "for whom" is this research being done; and "have [I] been critically reflexive" including acknowledgement of personal complicity (p. 146). Qualitative methodologies move away from positivist traditions and care needs to be taken that evaluation of qualitative research does not repeat what it is trying to repeal. Tracy (2010) argues it is possible to create a set of guidelines or criteria to evaluate away from "positivist criteria" (p. 839) and utilize one which honors the complexities of qualitative research. Gee (2014a) addresses these concerns in his proposed method of evaluating and validating a discourse analysis.

As we navigate the world, we are consistently interpreting and creating constructions within it. This happens in everyday moments, walking past a person on the street, reading an article online, or watching a movie after a long day. "A discourse analysis is itself an interpretation, an interpretation of the interpretative work people have done in specific contexts. It is, in that sense, an interpretation of an interpretation" (Gee, 2014a, p. 141). As such, no "truth" is to be created with this analysis, but accountability is a huge piece of this research, and I must be accountable to create a piece of work that does not negatively contribute to exactly what I am trying to avoid. Gee's (2014a) method of looking at validity and evaluation includes four main topics: convergence, agreement, coverage, and linguistic details.

Convergence refers to how many of the points of analysis, options from the 28 CDA tools, converge and support the analysis or how the analysis "offers compatible and convincing answers" (Gee, 2014a, p. 195) to the CDA tools used. In total, 16 of the 28 tools were applied to the data and the results were evaluated to see if convergence has been achieved.

Agreement is concerned with "native speakers" of the social languages being analyzed coming together and agreeing on the findings. This was achieved by conducting the analysis and having all results reviewed by my supervisor and committee member which is an interdisciplinary team with great insight and background in both the topic and research. The evaluation to reach agreement is missing the experiential voice, discussed further in limitations below.

Coverage is used as an evaluation tool to see how applicable the analysis is to other related data so one can look at both the historical and current situation and be able to predict what the analysis of similar topics would be (Gee, 2014a). This analysis was compared to other literature as it was available as well as other harm reduction advocacy efforts. The analysis looked at past and present struggles related to substance use, harm reduction, and public health crises and was congruent with other events.

Finally, linguistic details are used as validity criteria by uncovering both the message to analyze but also the "communicative functions" of language that are linked to technical aspects of language that enable "communitive functions" to do their job in discourse (Gee, 2014a). Identification of the technical aspects influencing the message and socially understood functions were minimally considered throughout the analysis

process but were not the focus of this discourse analysis and therefore not used for evaluation criteria.

This set of validity criteria posed by Gee (2014a) was considered not only at the end of analysis but also throughout the process. It is important to note that there is no intention of this critical discourse analysis to be "right" but for it to begin conversation, create change, challenge knowledge and truth claims, and increase our understanding of not only what was said but also what was left unsaid.

Strengths

Critical discourse analysis has many strengths and were evident throughout the study. Discourses, some known and others newly emerging, emerged by taking a critical view on the data and asking questions of context, position, person, what something means, what is being said, what is unsaid. Power, structures, systems, policies, resources, and their distribution based on social factors were uncovered by critically analysing this data and the discourses that emerged from it.

Gee's methods were chosen because it came highly recommended and because of its approachability for people new to discourse analysis. This is a strength because it taught me how to ask questions of the data, what questions to ask of the data, and to critically consider the results. To acknowledge my biases in the process and to look beyond what I see and closer into the context and social constructions around the issue.

Limitations

Critical discourse analysis has some limitations, and this study is no different. As no interviews were conducted, I relied on data that was published in print media to base

my analysis off of. Media does not often print all portions of an interview that they have conducted and therefore not necessarily what people would want printed. The context in which something was said is not always stated and edits of an interview (or excerpts of what people said at the event) could make the intention seem different than what was intended by the speaker. Media has an objective in writing a story and only includes portions of interviews or observations. These portions are included as an aid to tell a story, of which the narrative is already constructed in which words from others are included. This is not chosen by the interviewee and therefore context is vital to consider when looking at a discourse, not just the context in which something lies in the social construction but also in the context of which it was stated and written. This was considered heavily in the analysis of the data.

Categories of key stakeholders were created for explanatory purposes within this work, and it cannot be assumed that all people within any identified key stakeholder group feel the same way or want the same things. Generalizations had to be made and to counteract such simplifications, statements that diverged from the general consensus were included as contrast and context provided. Language use varied greatly between individuals in all key stakeholder categories and was explored via the research questions.

Another limitation of this is the lack of review of the results by the people, or stakeholder representatives, who's statements around IOAD were published. As indicated above, meaning can be made in many ways and the media publishing the article are responsible for presenting voices and information, but the representation of voices and data are not always necessarily what the interviewees wanted to say. The second reason that having additional review would be to provide feedback on the analysis and ensure

that I was not off base in my analysis. One way to mitigate potential researcher bias or error would have been to have key stakeholders look at this analysis to provide additional agreement, as mentioned in the above evaluation section. Due to time and limited resources, this was not possible but instead was mitigated by review of the analysis by my supervisors and committee.

Chapter 7: Findings

International Overdose Awareness Day events across the world garnered more attention in the news media in 2017 than previous years. Globally, over 500 IOAD media articles were identified in 2017, up from 330 in 2016, and 86 in 2015 ("International Overdose Awareness Day Stakeholders Report," 2017). Data collection for this research identified 260 news articles available online from IOAD events in Canada, 101 of which were included. From the final data set of 101 articles, 498 (311 used) direct quotes from key stakeholders were identified and analyzed. Loved Ones were cited the most with 200 (142 used) quotes, Frontline Providers were second with 166 (68 used) quotes, Experiential people were quoted 59 (53 used) times, Government Officials with 44 (36 used), and the fewest came from Indigenous peoples cited on seven (six used) occasions. (See Appendix II for data breakdown)

From the many messages and voices which appeared within the media, several notable and unique discourses emerged, and three main themes emerged via analysis of the identified discourses. The first, and most obvious, theme to emerge was Stigma, and the issues surrounding stigma, which was discussed 89 (57 used) times by diverse key stakeholders. The second theme to develop was Experience, people telling their stories from multiple perspectives, expressed on 196 (138 used) occasions, many from Loved Ones and Experiential People. The final, and most discussed theme was Problems and Solutions related to substances and their use today, with 251 (116 used) mentions from diverse groups and perspectives. Within each theme, related discourses are explored below. Some discourses presented themselves multiple times through multiple voices, others less frequent yet impactful. The reader will see the conversations were diverse and

from diverse key stakeholders, yet some messages and voices were much more prominent than others.

The Stigma Experience

People who use drugs (PWUD) experience stigma in any or all life areas and are negatively impacted by stigmatizing and discriminatory societal attitudes and practices, which was evident within the data. People spoke of wanting to see a reduction in stigma for people who use drugs as well as for the people who love them, many who now grieve their losses. A wide range of people connected, shared, and used their collective voices to speak their truths and experiences of stigma in hopes of educating towards positive change. The six main discourses that emerged in the data surrounding stigma include: Stigma Kills, Health Issue vs. Moral Issue, Healthcare for PWUD, Innocent Death, Parental Stigma, and Someone/Anyone.

“The Stigma is what Killed Him”

Discursively, “Stigma Kills” emerged from every stakeholder group. Stigma is described as a killer by creating an environment of substance use in isolation, as a deterrent to accessing Naloxone, a barrier to accessing supportive services. Death via stigma happens through shaming and demonizing people who use substances, and the reader will see the implications of such was thoroughly understood by many.

People who overdose when they use alone are less likely to survive as there is no one to provide, or help access, emergency care. Stigma and societal expectations of substance use as a private activity are implicated in causing isolation of PWUD. Discussing the risk to life isolation can have, one Frontline Provider said:

> About 90 per cent of the illicit drug overdose deaths that we investigate occur inside, with more than half of those deaths occurring in private residences. In many cases, those dying were alone in a bedroom or bathroom and, though others were in the home, they were unaware that their friend or loved one was experiencing overdose. (Turcato, 2017)

The above statement connects stigma directly to isolation from both their community and the medical community, and therefore higher risk of death. The provision of emergency care is often provided by medical professionals but is not limited to medical personnel. Care can be provided by anyone who knows how to respond to an overdose and Naloxone is one tool to assist in this response. Naloxone as a response on its own, however, is not sufficient. One Experiential person made visible the risk of isolation even with Naloxone present and said, “Because there’s a shame associated with it [drug use], people are going to use alone and they say even if you carry Naloxone — the quote is your Naloxone kit will never save your own life” (Klassen, 2017). The mere presence of Naloxone without someone to administer it is not sufficient to save a life nor is it sufficient as an isolated response to the issue of opioid overdose and death because of the sustained stigmas PWUD experience. One Frontline Provider mirrors the impact of stigma as Naloxone is only one way to respond to the issue when they said “Naloxone gives people time to call 911. It isn’t a cure for an opioid overdose” (Sullivan, 2017b). Even with the recent changes to Naloxone availability across the country, as a response to an opioid-related overdose, stigma-related barriers keep it out of people’s homes and, therefore, impossible to use in a response. A Frontline Provider exposes the Naloxone stigma when they said:

> There are a number of places where you can get (naloxone) kits, and what I would hope is that we can de-stigmatize the solution to saving lives… Destigmatization saves lives and people need not be embarrassed or uncomfortable about seeking out a naloxone kit for their home. (Thomas, 2017)

Barrier-free access to Naloxone, where people are provided kits without experiencing judgement or shame, is important, yet the reliance on Naloxone as the "solution" to saving lives is unidimensional. Many PWUD actively try to be safe by carrying Naloxone and know how to respond in the event of overdose. Due to the isolating factors and people not feeling safe to use with others, group safety measures can – and do – fail and responding to an overdose on oneself is significantly less likely than if others were present. The isolation due to stigma can be directly related to an outcome of death, as demonstrated both in reference to statistics and anecdotes, and appears to understood by Experiential People, Frontline Providers, and Loved Ones. Experiential People highlighted the importance of seeing stigma as a factor in isolation in death, meanwhile Frontline Providers focused on the implications of stigma in accessing (or trying to access) Naloxone.

Isolation caused by stigma can have multiple impacts beyond causing a person to use drugs alone. Stigma, whether enacted or perceived, creates barriers to supports including: physical care, emotional care, mental care, and spiritual care (Matthews, Dwyer, & Snoek, 2017). Looking beyond the response to an acute medical issue, the opioid overdose, many identified isolation as a barrier to accessing services, and this further explores the direct connection between stigma and death but also looks at its role

in reducing access for not just lifesaving efforts post overdose, but also access to other substance use related medical care. One former Government Official said:

> fear of judgment and shame can keep people in the cycle of addiction and prevent them from seeking help to improve their lives… It drives people to use drugs alone, which can come at a terrible price. The majority of people who are dying from overdose are dying alone at home. ("EDITORIAL: Overdose awareness day illustrates public health crisis," 2017)

Stigma not only reduces likelihood of survival, it reduces likelihood of positive health outcomes by reducing people's access to treatment and supports, medical or otherwise (Fraser et al., 2017). One Frontline Provider commented, "That judgment, shame and lack of feeling welcome prevents people from seeking and accessing support. They become isolated. In a very tangible way, this is a killer," (Petrescu, 2017). Stated similarly by a Loved One, "I think if more people know that they're not alone, they might be willing to share and seek support… And that can help reduce, ultimately, more death" (Klassen, 2017). Supports vary and can include both formal and informal engagement and services. Examples of supports for PWUD range from Supervised Consumption Sites (SCS) to treatment facilities based on abstinence, or opioid agonist therapy to non-medical detox etc. To one degree or another, many such supports exist across the country but availability of those supports (or lack thereof) was discussed.

Access to supports, and the availability of them, is an important part of the response to the current opioid overdose environment. Stigma can negatively impact the willingness or desire of people to connect with resources on any place on the spectrum of services. This is further explored when stated:

> I think the stigma is what killed him. The fear of being looked down on made him want to do everything on his own and when he was finally willing to reach out for help, he found that the resources weren't as accessible as he thought. (Lee, 2017)

The above statement also intersects the issues of stigma and access of supports with the actual accessibility of supports which are often lacking. When a person reaches out for support, a difficult thing to do in the face of internal and external stigmas, and is then subsequently denied or put on a wait list, it can further force a person into their use and isolation, again increasing the possibility of death.

Stigma can be seen as a killer by pushing people into isolation which increases the risk of injury and death due to a lack of response to an overdose, should it happen; thereby reducing the likelihood of accessing supports for substance use, which could aid in response to any overdoses that happen in the moment or prevent future overdoses from occurring via safety measures in place. Loved Ones, Frontline Provider, current and former Government Officials all concur on the role stigma plays in the lives and deaths of people who use/d drugs.

"This is a Medical Issue, not a Moral Failing"

People from multiple stakeholder groups primarily focused on health and the medical model, and oppose the criminal and moral models, but the language used within the medical model was notable. Distinctly absent within talk of the medical model was any discussion surrounding the role social systems and social determinants of health play in the physical, mental, or spiritual health of a human. One mention was made to trauma in this section but overall, the focus was on the individual as a medical subject and largely ignored all that goes into being human beyond the physical. Compared to the

medical model, public health addresses the larger systemic implications of substances and their use including health, policy, environment, criminalization, social justice, and human rights.

Descriptions such as “illness”, “medical issue”, and “chronic disease” were used by Frontline Providers and Loved Ones. Many explanations of “addiction” were highly medicalized in language used and comparisons to other medical conditions was linked. One healthcare professional explained addiction in the following way:

> Addiction is a chronic disease, not unlike high blood pressure or asthma… It’s characterized by a loss of control, craving and compulsion to use a substance with negative consequences. But just like high blood pressure or asthma, addiction can be treated with success rates similar to the chronic diseases we typically treat. ("Take-Home Naloxone Program marks 5th year; stigma reduction next hurdle," 2017, p. para. 9)

Two distinct, yet somewhat related, views on addiction in a traditionally medical format emerged as the concepts of chronic disease and brain disease. The Frontline statement above aligns with “addiction as a chronic disease” framework and makes a comparison to other physical chronic conditions including high blood pressure and asthma. When discussing disease, one Loved One made the neurological, or brain related, distinction within disease when they said, "It saddens me to hear the disdain from people who think it's a choice instead of understanding it's a disease like any other - but a disease of the brain," (Ball, 2017a). The term disease was a common factor in both statements, as well as the rejection of other “lenses” (presumably moral and criminal models). The stigma of

the moral model was minimally discussed, but one of the two stakeholders made a point of distinction between whether they believe disease is in the body or the brain.

There was a great deal of rejection of the criminal and moral lenses amongst stakeholders, but some also expressed their issues in differentiating between the two and questioned the importance of either model. One Loved One shifted the focus from models to a more pressing issue and said, “Whether it’s a disease or a choice it really doesn’t’t matter, our kids are dying” (Vanmeer, 2017). Models and views on substance use often shape and dictate responses yet when people are dying at staggering rates, this Loved One rejects both views and refocuses to what they see as the real issue, people dying.

Frontline Providers, Loved Ones, and Government Officials spoke of moving from the criminal model to the medical model. One Frontline Provider said “We have to stop looking at people with opioid addictions as morally weak or failures or criminals… We have to view them as people with an illness” (Peacock, 2017). A Loved One similarly stated “This is a medical issue, not a moral failing” ("Overdose awareness event planned Aug.31," 2017). Undeniably, people who are measured morally or criminally are stigmatized and the intention to move to the medical model by was evident through the language (medical issue, illness) used. Moving into a moderately more inclusive health perspective, as opposed to a pure disease focus, one Government Official said:

> Addiction is not a moral failing. It is a complex health condition, often resulting from deep psychological pain or acute physical pain. We need to treat people with addiction with the same respect, compassion and empathy as anyone with any other serious, chronic health condition. Nobody chooses to become addicted. (Turcato, 2017)

This statement introduced the possibility of "psychological pain" or trauma into the medical sphere and expands the health perspective to include mental health but maintains the medicalized terms often used when diseases of the body are referenced, such as "chronic health condition", which maintains the focus on the physical.

Different language such as "health" and "emotional/mental/spiritual side" were more common amongst Indigenous people, and people with lived experience. The overt concentration on the biology of a person who uses substances within the medical model is challenged by one Indigenous person when they said "Looking just at the physical side, without looking at the emotional, mental or spiritual side, forgets that people have experienced horrific childhoods, lives and trauma and are down here just looking for some relief for their pain" (Ball, 2017a), highlighting the speaker's emphasis on expanding the medical model to include and a more holistic view of one's health and pain. The understanding that viewing "addiction as a medical issue" risks ignoring vital parts of a person as a whole and pathologizing the patient as a physical body without validating and giving importance as to why people may use substances.

An Experiential person said "The war on drugs criminalizes and stigmatizes people instead of helping and understanding them. Why are we moralizing a health issue?" indicating a challenge to the persistent views by many that substance use is moral failing and ought to be punished either criminally or socially (Petrescu, 2017). They demonstrate an understanding of the connection between the criminal system, including the war on drugs based on prohibitionist ideology, and its oppositional force on a health focus.

Connection between drug prohibition and the current crisis was spoke of often by many occupants of various stakeholder groups, but few drew parallels in such a direct and historical context as one statement by a Loved One “We must be the Suffragettes of this pandemic, try to stem the tragic losses that are growing daily… These young folk… are not defined by the demon drug that they succumbed to” (Michaels, 2017c). The suffrage movement in Canada primarily focused on women’s rights to vote but many members of the suffrage movement were also directly connected to the temperance movement in Canada as well. Members of both movements, such as Emily Murphy, were instrumental in the prohibition of substances and thereby equally complicit in the criminalization of PWUD, even if this wasn’t their entire intention (Boyd, 2017). Temperance advocates see some as “victims” of the drug’s evils, and others as evil “others” that use the drug to corrupt white women. The Loved One above uses temperance-era language, distinguishing between “demon drugs” and the people who use them, which leaves the reader to believe evil drugs are to be blamed, and their loved ones are victimized by them, therefore more temperance and government involvement to prohibit is warranted as a response.

The public health lens was predominantly absent in discussion of people who use drugs, both individually and as the collective. Language leaned heavily towards the medical model in definition and description yet public health responses emerged in larger scale demands of responses to the issue. The medical model serves to treat the disease and the public health approach serves to prevent it (Pauly, 2008). Implementation of a public health lens over the medical model, including reference to PWUD, substance use, policies, and practice, would serve to address many of the concerns above from an

inclusive health perspective. The medical model can be limited in its inclusion and those who do not meet the criteria for a diagnosis of substance use disorder, are excluded from consideration in policy, response, and care.

"It is a Human Right to Receive Highest Level of Health Care"

People who use substances experience barriers to healthcare that negatively impact individual and community health outcomes (Lloyd, 2013), yet as seen above, most stakeholder groups advocated for people to view substance use as a matter of health, and medicine in the lens of addiction. Concerns around healthcare equity and standards of care for PWUD emerged within multiple stakeholder groups, including Indigenous peoples, Government Officials, Frontline Providers, and Experiential People. Healthcare in Canada is public and in turn, all Canadians should, theoretically, have the same right to healthcare regardless of income, race, or gender etc. and substance use, in particular illicit substance use, is not an exclusion from these rights. This was echoed in a statement by a Frontline Provider "anybody who has a substance abuse or misuse problem is a human being and deserves the right to have the same standard of healthcare and the same harms reduced that they would if they had any other type of illness or situation." (J. Hall, 2017). Despite policies and assumptions of adherence to them, this is not always the PWUD experience demonstrated in the statement by a person with lived experience, "that individual is someone's family member. It's someone's child and they need the same equality of healthcare that everyone assumes they get," ("International Overdose Awareness Day marked Thursday," 2017). PWUD experience inequities health status and in access to healthcare, including barriers to care such as previous negative experiences, stigma and discrimination during care and subsequently experience poorer health

outcomes without utilizing alternatives to morality-based healthcare such as harm reduction (Pauly, 2007). Public healthcare does not mean that it is quality care for all, appropriate, equally accessed, or accessible. People from within the system of care demonstrated their understanding of the inequity that PWUD experience and one Frontline Provider said, “It is a human right to receive highest level of health care and this applies to people who use drugs,” (Lulla, 2017b). Standards of care can vary greatly and are both provided and experienced differently amongst unique individuals.

One Indigenous person lamented “I’m so tired of seeing the very people most deserving of love and kindness — who have been pushed away by everybody — still get substandard health services” (Ball, 2017a). Compared to the general population, people who use substances disproportionately report negative healthcare experiences resulting in poorer overall health outcomes (Chan Carusone et al., 2019). One Frontline Provider said “People who use drugs are experiencing an incredible amount of stigma that in many cases make it difficult to access health care. Addictions are a human condition. We need to approach this issue as a community” (Sherstobitoff, 2017).

Acknowledgement of substance use stigma experienced from healthcare professionals amongst people who use/d drugs was discussed by both Frontline Providers as well as people with lived experience. One Experiential person said “I’ve been judged by nurses and doctors within facilities… I have an addictions counselor and even with her help it’s very hard for me to get into detox and there’s even stigma within that [medical] community” (MacLean, 2017). Little was discussed about the unique stigmas that people who use illicit drugs experience in comparison to someone who uses legal alcohol. The above statement by an Experiential person shows that drug vs. alcohol stigma is not

obsolete within services designed to support people who use any substance (licit or illicit) despite the emergence of a public health crisis related to opioids and thousands of people who have lost their lives in Canada and the immediate risk to life due to a poisoned drug supply.

The care available to people who use drugs, the timing of that care, and the barriers to such healthcare were highlighted by one Government Official when they said:

> But we also know we need a system of addictions care. I've seen first-hand the pain that mental illness and addiction can cause. If people who are suffering are going to get well, they need to be able to get help when they ask for it. They also need to feel safe doing so, which means we need to address the stigma associated with drugs. ("Take-Home Naloxone Program marks 5th year; stigma reduction next hurdle," 2017, p. para. 4)

Accessing support can be a very vulnerable thing and this official demonstrated an understanding of the need for safe and inclusive spaces for people to access care, alongside the actual availability of healthcare when/if requested.

On the spectrum of services, treatment towards abstinence is only one of many options, and accessing harm reduction healthcare services are another point of entry where stigma is not only felt but are also a significant barrier. Solutions to this issue are varied and diverse but one Frontline Provider posed an alternative to access when they said:

> People go to the public health nurse and there's no stigma attached, no judgment … so why can't the public health nurse distribute safer using equipment, you

> know? The network already exists. The people who use the needles are already living in these communities; why not make it that accessible? (Plowman, 2017)

Utilizing existing systems to promote harm reduction healthcare within public health care is not a new concept but is not available in all geographic locations. Local and/or provincial policies dictate how healthcare can be provided and frustration that public health services are not enhanced to include harm reduction within communities where care is provided is palpable.

"He Died from a Drug Overdose but he wasn't a Drug Addict"

Loved Ones of people who use substances were the only stakeholder group that spoke to IOAD attendees and the media specifically about the concept of an "innocent death". A death without blame or judgement, an accident, a mistake, and is used to frame the loss that counters the stigma inherent with overdose death. Other Loved Ones fought the pressures of stigma and to fit their loved one into any category other than missed or loved. Some comments were overt, others subtle, and this discourse emerged strongly in the data in multiple ways.

Loved Ones were cited defending the character and personhood of those they love and/or lost and distanced them from the constructions of the "typical" drug user. An example of this includes one Loved One that said "She wasn't on the street. She was an intern at a Christian school" ("Kelowna vigil remembers those lost to fentanyl crisis," 2017). Another Loved One said "He had his battles in life… But overall he was a wonderful young guy" ("Carrying on after son's deadly overdose: Mike Zettler's story," 2017). Connections to "goodness" or value of the person were common references when

discussing children that had passed away or were still using but at risk of death in an attempt to see them as mattering to society. Others qualified drug use and distanced their loved one from the discourses and stigmas that surround substance use, addiction, and the “addict” specifically and all of what that means to people. One Loved One lamented, “They are wonderful kids, they are not addicts” (Cook, 2017). It is hard to say what the specific experience each person that is referenced by Loved Ones had in terms of substance use but statements utilizing binaries such as “non-addict = wonderful” opens up the reverse binary that “addict = non-wonderful” and the implications of such are immense

Also included was the family response to stigmas felt as families of people who use (and/or died from) substances, both on themselves as a family and also what was imposed on their loved one. This is demonstrated in a quote by a Loved One:

> There's such a stigma and pre-conceived notion of what a drug addict looks like and what their family life must be like. It's important for people to get up and say 'it's not what you see all the time on TV and hear about.' It's not just people who are down and out. (Sterritt, 2017)

As a way to address stigma, challenging the social construction of how PWUD are viewed by society emerged multiple times within Loved Ones’ statements, but less was discussed about how families of PWUD experience such constructions. The Loved One above attempted to normalize substance use as something that can be related to anyone, not just the stereotypical drug user by focusing less on the person and connecting them to value but instead to say that it could be anyone from any family regardless of structure.

Expanding upon, and connecting, the concept of substance use to anyone gives the reader the opportunity to view the issue of substance use and overdose to the average person.

In contrast, some Loved Ones distinctly fought against feelings of needing to defend people they love who use or have died from opioid overdose and remove innocence or guilt within the discourse of death. They spoke of their transition from feeling the need to defend their loved one against the stigmas associated with being a person who uses drugs, to a place of looking at it as a great and important loss regardless of where a person may fall on the spectrum of substance use. A Loved One of a person who passed away from an opioid overdose stated:

> It was even a stigma with us [the family] at first because we kept saying, 'well he died from a drug overdose but he wasn't a drug addict'. We wanted to make sure everyone knew that. Now, it isn't as important to us anymore and it doesn't really matter because he died, whether it was the first time or the 50th time he used. (MacLean, 2017)

Denouncing the importance embedded within the why or the how the death occurred, and the stigmas experienced because of these reasons leaves the family to mourn the person they love and rejects the imposed negative feelings due to the negative social constructions that surround that death. Similarly stated, a Loved One said "At this point I want to talk about action and solutions and to be about change… I don't feel the need to defend why NAME's life was worthy. I do this so others don't have to experience what we experienced" (Demont, 2017).

Finally, some qualified the situation and/or substance that the people they loved used before passing away. The distinction between an illicit substance (e.g., heroin/black

market pills) and a licit substance used in an illicit way (a prescribed medication used by a person other than who it was prescribed for) did not come up often but was notable. The concept that legitimate (or semi-legitimate) users use pharmaceuticals and illegitimate/criminal users use street drugs is an existing dichotomy capable of influencing how people see PWUD and the stigmas they experience. One Loved One said "He was at a birthday party and he had a few drinks and somebody was selling and he took a part of a pill, a prescription pill," (MacLean, 2017). It was clear that this person wanted people to know that their loved one took a prescription pill and not just any pill or substance that was sold at the party. Prescribed medications are manufactured in a facility where control and consistency are paramount whereas pills made elsewhere are unpredictable yet, visually, the difference between regulated and non-regulated pills can be indistinguishable. Discussing that the person took part of a prescription pill leads the reader to view this death as more innocent than a person taking a non-regulated and illicit substance such as heroin.

"You Have One Job as a Parent and that's to Protect your Child"

Loved Ones discussed and responded to stigmatized death via opioid overdose in the Innocent Death section, and here they speak of stigma, parenting a person who uses drugs, and subsequent regrets. One Loved One explored how they felt when going through their child's journey, saying:

> When my son was going through this in the past eight years prior to his death, there was a lot of shame and stigma, and there wasn't the openness to talk about

> what I was going through… I was really concerned about how I was being judged as a parent, a single parent. (Sperling, 2017)

Support (community, professional, systemic etc.) for Loved Ones of PWUD is varied and not always available or appropriate. Shame and stigma are two reasons some people do not, or cannot, feel comfortable talking about what they experience as family and/or friends with much needed supportive people. Loved Ones also expressed feeling individual failure and one noted:

> You always want to think as a parent that you should be able to fix something. You have one job as a parent and that's to protect your child. And when something like this happens, you really feel like you didn't. (Sterritt, 2017)

Individualizing issues and failures are commonly constructed in mainstream conversation surrounding substance use. Often, PWUD are seen as "at fault" for their use and the negative consequences that result from their use, and it became apparent that the people who love them can also take on this "at fault" feeling or identity when they could not stop the person's use or the consequences that stem from it. In contrast, one Frontline Provider stated in response to hearing many feelings of failure from families who have loved and/or lost loved ones:

> It's pretty clear that it's not the individual family unit that failed, its all of us that are responsible for taking care of each other… Whether you're a neighbor or stranger or whether you're a healthcare professional or whether you're government, we all have a responsibility to one another… We need to be the safety net – and programs, services, policies need to be the safe environment. (Cole, 2017)

The above Frontline Provider highlights the community responsibility we all have to each other as well as introduces social and systemic issues and environments into the concept of “fault”. Moving the conversation away from the individualization of substance use and potential death to that of larger, more powerful forces allows those impacted and grieving to see that the issues are bigger than any one individual.

“Everyone is Somebody’s Someone”

The topic of relationships and connection was brought up multiple times by various stakeholders in the IOAD media, primarily Loved Ones and Frontline Providers. One specific discourse which emerged multiple times was that of Someone. One Frontline Provider said, “Each and every one of those victims were somebody’s brother, mother, sister,” (Rankin, 2017). This connection serves two purposes: it serves to humanize people who use drugs and prompt people to think of their loved ones, and how they might feel if it was their sister or father who had died or uses substances; it also connects people who use substances to the broader society and as connected to others; furthermore, the extension of value and inclusion of those who may not be automatically granted it, as people who use substances are often considered “outsiders” or the “unconnected”. An Experiential person similarly stated, “That individual is someone’s family member. It’s someone’s child…” ("International Overdose Awareness Day marked Thursday," 2017), again connecting the PWUD to family and parents and the connectedness that implies societal value.

A Frontline Provider said “Together we can change things. These are anybody’s kids. They are your neighbours ’kids, they are the person next door. They are special,”

(Lea, 2017). Literally everyone is someone's child, child in that they were conceived and birthed, but for some that is where the connection ends. When someone's "specialness" is connected to relationships, as a child or neighbour in this instance, the reverse implication is that someone is not special if they are not connected to others of which many PWUD are.

As seen in sections above, and as a way to address stigma, a movement to separate people from the substances they use emerged. One Loved One said "These young folk are our neighbors, teachers, soldiers, tradesmen, and a hundred other roles that society must stop stigmatizing. They are not defined by the demon drug that they succumbed to." (Michaels, 2017b). Introducing language such as "demon" in relation to substances serves to focus blame on the drug and less onto the people that use them. In combination with the connection to valued roles in society, this statement gives the impression that people who are connected and occupy positive societal roles should not be stigmatized, especially because of the role occupation. Instead, the "justified" stigma is placed upon substances and leaves the people who use them as unwilling or submissive participants in their use and therefore in their death as well.

Sharing Lived Experiences of Grief, Loss, and Substance Use

It was very clear that many people wished to share their stories and share their experiences on International Overdose Awareness Day. Many of the voices shared experiences of grief and loss, others of what they see and feel in workplaces, and some about what they experience as a person who use/d substances. Across the country, there was unity in the general themes of the discussions, yet multiple individual discourses

emerged within the larger discourse of “My Experience”. The discourses that emerged within the experience theme were: My Lived Experience, Family and Loved One Experience, Dual Relationship Experience, and Losing Too Many.

“We're under Siege. It's very Tiresome”

The voices of people who use/d drugs (PWUD) emerged often within the analysis, especially in terms of their lived experience. Many people with lived/living experience discussed their stories, opinions, and concerns in relation to the current opioid overdose crisis.

One Experiential person spoke of what some people endure to access the resources for the substances they need; the position they are put in to get access to the drugs because the drugs aren’t otherwise accessible. They said:

> Nobody likes panhandling… Nobody likes trading sexual services for drugs, nobody likes to do that, nobody wants to do that. We need access to these things [drugs] so that we can get to a place where we don't need them anymore. (Nasser, 2017)

This person speaks of multiple issues above, of having to do things that are not only disliked but carry the risk of experiencing violence and/or trauma in the hopes of trying to be well. Alternatively, people sometimes use substances to make the things they have to do for money somewhat tolerable. The final part of the statement discusses the concept of secure access to safe(r) substances that, in this person’s view, would allow people the freedom from engaging in disliked, unwanted, and potentially painful actions in order to be well, which would eventually remove the overall need for the substance itself.

Social disconnection and isolation were discussed by PWUD and an Experiential person stated, "It creates a little demon on your shoulder that tells you to get away from people," (Klassen, 2017). Isolation from family, friends, community, and society is not uncommon for PWUD and one Loved One said "If people, the community, just a random person looked at him with love instead of disdain, I feel like that would have changed the way he felt about himself" (Nasser, 2017). Whether its internal or external forces that cause the isolation and disconnection that PWUD feel and experience, it is impactful in people's lives. In an effort to change away from the lived experience of isolation, another Experiential person stated:

> I have done horrible things to people in my past that I regret doing, but there is nothing I can do about my past except to believe in forgiveness and move on in a more positive direction in life… It takes a lot of work. You have to start out with the concept that people do love you, that you are not out there alone. (Gerding, 2017)

This person spoke of the work that it took them to begin feeling worthy of love and a part of a community again, beginning the healing from within the self.

Most people cited within this research have experienced loss themselves or have seen it from a distance yet the profundity of PWUD community loss has been devastating. People who use/d drugs have lost a great deal of community members, and this came up in multiple sections (see My Lived Experience, Dual Relationships). One Experiential person said, "Once or twice a week I hear about somebody dying of a fentanyl overdose that I personally know," (Ferreras, 2017). Such statements demonstrate

the gravity of loss that both the individual and community are experiencing, knowing that week after week they will continue to hear of the deaths of people they know and love.

In response to the immense loss, one person with lived experience discussed the steps they take to mitigate some of the risk built into the reality of substance use in the current environment, stating “My roommates, boyfriend and I have done the naloxone training and it’s a factor of reduction of risk that’s huge... On the ground, people are super active and do all they can in their power." (Goujard, 2017). This statement demonstrates the understanding of the need for people to be trained, and have access to Naloxone, to respond to overdose, both in the home as well as in the community. The statement also acknowledges that many people within the community are doing everything they can to prevent death of valuable members, everything within “their power” which recognizes that there are things out of our control and limits to what can be done even with naloxone training.

Experiencing the wait for support, and risk within the wait, was discussed by one Experiential person. They stated, "I told my parents I was doing drugs and they tried to get me treatment, but the wait time was so long, that I could have — and probably should have — died in between that time, but somehow I survived," ("Chalk outlines in downtown Calgary draw awareness to deadly overdoses," 2017). Most substance use treatment centres have waitlists, especially the public ones, and the time between applying to attend and being able to attend can be long, even when there is access to familial or additional supports. The negative emotional experience of worrying about dying throughout the wait times for treatment, or of having asked for help but risking death every day while waiting for help to be ready for them, is articulated here as well as

within the section below (Loved Ones' Experience) indicating that it is not an isolated experience.

Finally, many people with lived experience, especially those who have been using since the 90's, have lived through previous crises such as the heroin overdose crisis and the AIDS epidemic, both of which were killers of thousands of people who used drugs. One Experiential person lamented:

> I've been dealing with it for 20 years… There's always delays and always some people who are against it, some for it, but the deaths keep happening every day so the longer they delay and whatever, it's the more people die. (Hounsell, 2017)

Frustrations around what should be done but not yet been accomplished, is not unique to today's issues, nor are the people who are for or against responding to the issue. This person looks to highlight that any delay to change, whether due to ideological differences or not, causes people to continue to die and we have not yet established success in how to stop these delays and unnecessary deaths in over 20 years of experience.

"We Really Need to Share our Stories and Encourage People to Listen"

Talk of treatment, grief, about parenting and family, and surprise and regret were major themes that emerged in what families and Loved Ones discussed in the media for International Overdose Awareness Day. Also included were various other key stakeholders that spoke of their views about, and experiences of working with families and Loved Ones of people who use.

"He almost Died Four Times while he was Waiting,". Loved Ones often spoke about their experiences with various modes of treatment, access to them, and wait times associated with help. Helplessness was a common sentiment which emerged in various

ways. Detox as treatment, or the only accessible treatment, was identified as insufficient by multiple Loved Ones. One Loved One said:

> My son, he was in (detox) for maybe a couple of weeks, a month? Then sent out. With nothing… They put them in detox for two weeks, put them on methadone, wean them off and then put them back out on the street with nothing. No help. (Sullivan, 2017b)

Discussing the lack of post-detox support speaks to the concept of detoxing from substances is only one piece of substance use treatment, pieces of which are not accessible to all. Financial barriers were cited in access to longer term treatment in statements such as "The government should be funding it, or at least part of it, because it comes down to my daughter dying or me finding $18,000." (Friesen, 2017). Private treatment centres (with or without detox) are expensive and both detox and longer-term public facilities are often subject to long wait times. Loved Ones expressing the seriousness of waiting as demonstrated by one person, "My son kept trying to recover and was met with sometimes months of wait times from detox to treatment." (MacAlpine, 2017). The risk of people dying while waiting for treatment was echoed by Loved Ones, "Adam died with his name on a waiting list for treatment", with another of their loved ones who "almost died four times while he was waiting," (Lulla, 2017b). Finally, the perception of availability of resources versus reality was broached by Loved Ones, with one Loved One saying "Everyone says (help is) there, but when you actually need it, it's not… Resources actually need to be available." (Cameron, 2017). Similar to other sections in this work, there is sometime the perception that supports are readily available

and when they are needed but, in reality, private treatment is often prohibitively expensive, and public treatment is often connected to long wait times and people needlessly die.

“When we Lose Them, we Hurt so Badly”. Grief and loss felt amongst Loved Ones at IOAD was a recurring theme when speaking about their experiences and similar sentiment amongst many Loved Ones became evident. They are a group of people in pain. One Loved One lamented, “Our lives will never be the same… It’s with me every single day and I keep waiting for it to get easier and it doesn’t’.” (MacAlpine, 2017). Similarly, another Loved One said “Our lives will never be the same. I’ve suffered a lot of trauma and grief in my life, but this just trumps everything. It’s with me every single day,” (Campbell, 2017). The consensus was that people who had experienced loss wished to tell their stories, speak of their loved ones, and many spoke of it not getting easier with the passing of time. Settling into a life devoid of the person they lost was identified as uncertain, a Loved One saying "They talk about living your new normal… I just don’t know when my new normal will be.” ("Carrying on after son's deadly overdose: Mike Zettler's story," 2017). The impact on the lives of the people still living is profound and lasting with people having to navigate significantly different lives than they may have previously imagined within stigmatized circumstances.

“I Struggle Every Day with the Should Haves, Could Haves”. Multiple Loved Ones expressed their surprise or regret related to their loved one’s overdose or death. Many loved ones of PWUD know about their substance use as demonstrated by the Loved Ones cited throughout but some only learn of a person’s substance use while

grieving their loss. A Loved One said "It blindsided us… There were no warning signs or lead up to it" (Demont, 2017), or similarly, "Utter shock, disbelief, we didn't see it coming… You don't think this will happen to anyone you love." ("Chatham health officials combat overdose deaths with life-saving training sessions," 2017). Another Loved One said "I would have dragged her in to see somebody. I would have done something, but it was so fast… I think about what I would have done after the fact – because I saw the signs, but not until after," (Maimann, 2017). Substance use is frequently hidden and for a variety of reasons. The disclosure (or fear of disclosure) of substance use to loved ones carries either real or perceived risk of judgment, changes to relationships, negative emotional impact, etc. which can cause isolation from loved ones, ultimately stemming from stigma and social constructions around drugs and the people who use them. Experiencing both enacted and perceived stigma corollary to increased risk of death was made earlier in Stigma Kills and this includes isolation from loved ones which contributes to the surprise Loved Ones expressed feeling in their grief.

"I know the Levels of Compassion and Empathy that the Person Needs"

When coding this data, it became evident that some people occupy multiple roles in relation to the opioid overdose crisis. One example is when a person who use/d substances also works in a frontline position with people who use. Experiential or peer positions are often included in the response frameworks and were the first ones on the frontlines, by choice or not. When a person is connected to community as a person with living experience, and is also a frontline worker, the connection is dual and personal. The loss of a person is not just the loss of a client, it is also the loss of a friend or family

member; a person to whom they relate, or one in whom they may see a lot of themselves. One Experiential person and Frontline Provider spoke of loss and their experience by saying "I have some pretty rough days at the overdose-prevention site… Nine ODs in less than an hour. I write. I go home and I write. To get rid of everything I'm feeling." (Lupick, 2017b), sharing a poem they wrote:

> The sound of sirens lulls me to sleep at night as well as waking me in the morning,
>
> My new fashion accessories are my Narcan kit… I miss the days of jewelry and hats. Life in the Downtown Eastside during the overdose crisis is rough with sirens piercing the din of everyday life. I see blue people. Way too often.
>
> I work in an overdose-prevention site. How long have they been down? Am I too late? Will I be able to save them? Or will this by my first death? It's chaos in my mind. At the scene of an alley overdose, senses are heightened. My adrenaline is in overdrive. The fear is tangible.
>
> I've lost count of how many friends I've lost and v forgotten how many memorials I've been to. This is absurd. But what I will never forgot, as much as I want to, are the body bags on stretchers taken from SROs that I've seen. Those memories are etched in my mind forever. Hearing the names of the dead daily. The names of people you knew.
>
> To me, the Downtown Eastside is a community of angels. I see angels everywhere I look. Angels in the form of the beautifully broken. (Lupick, 2017b)

Overdose response and death notices have different meanings and impacts on those with both living and working experience with substances and the people that use them. The volume of overdose responses that occurred in one shift was discussed above and echoed by another person with dual experience who said "We were doing like four-hour shifts and in those four-hour shifts some people would be working on like five, six, seven, eight OD's… It was horrendous," (Frakes, 2017). For a person who use/d drugs and works in a Supervised Consumption Site (SCS), Overdose Prevention Site (OPS), or a tent in a park or alley, an overdose response could be on their friend, or their neighbour, likely on someone they know. The connection to those in the community who have died, outside of frontline workplaces is also felt amongst those who occupy dual roles. One Experiential person and Frontline Provider said, "Asking a frontline worker how many funerals of friends they've attended recently is [a difficult conversation]" (Petrescu, 2017) which indicates the sheer volume of loss of people they know, love, and worked with. The impact of the overdose crisis has disproportionately fallen upon the PWUD community and especially upon those that occupy multiple roles within the community.

One person with a dual Frontline and Experiential relationship described their return to work into the middle of the crisis after time off for recovery, "It's heart wrenching to see. In the last year since being back, I've been astounded and overwhelmed by the number of overdoses we've responded to… For me, it's very personal" (Ball, 2017b). As an Experiential person and a Frontline Provider, this person may or may not be responding to overdoses on people they know, but, in either case, the depth of understanding and impact is unique to those who have been on both sides. Feeling overwhelmed and knowing how difficult life and living for PWUD can be, are

sentiments that were often referenced often amongst those with dual experience, yet little was discussed about supports available or relief from the fight.

Finally, not giving up on PWUD emerged as a part of the dual relationship. One person infuses their experience with using and their current response role, saying:

> Regardless of if they've overdosed once, 10 or 20 times, every human being deserves life, and I'll do what I can to provide that. If that means to keep resuscitating them, that's what it is. I will not give up on an addict - because I can personally say, without people who didn't give up on me, I wouldn't be here today. No one gave up on me. (Ball, 2017b)

People who have a history of substance use understand the larger concepts and smaller nuances in ways substance naive people cannot. This is not to say that everyone's story is the same but as demonstrated above, a person with dual connections sees parts of themselves within those they are working with, which can intensify the experience but also allows for hope and empathy to emerge for the person who is struggling at the moment.

"There are too many People Dying to not Talk about this Seriously"

The magnitude of loss by the overdose crisis was explored by many key stakeholders. One Experiential person posed a question "how can we live with this many people dying? And if they ever came down here and felt the way this whole community feels right now...that we're under siege. It's very tiresome. And it's just a horrible way to live." (Frakes, 2017). Similarly, another Experiential person said, "There are too many people dying to not talk about this seriously," (Petrescu, 2017). The gravity of loss felt in

the PWUD community is immense and the experiential distance between those who live in the crisis and those in power to help the crisis is exposed in the Experiential voice. Frustrations were expressed at the apparent lack of attention the issue demands especially considering it's been "too many" that have died to not demand critical attention.

One Frontline Provider connected the current opioid deaths to those of HIV/AIDS in the late 1980's to the 1990's. He said, "It's starting to be dubbed already as the AIDS crisis of this generation," (Vega, 2017). The gay community lost people at an astonishing rate, and so is the drug user community now. The connections between the two are numerous. Each crisis has impacted, or is impacting, often highly stigmatized and marginalized communities. Both communities have had to fight for recognition and human rights just to try and live. Both have had to fight for change, for attention to the issue, and for impacted people to be deemed worthy. Both have lost thousands of members, and with no end in sight for the opioid-related death toll.

A new generation of people navigating grief and losing are an overwhelming number of community members and Loved Ones. One Indigenous and Experiential person said, "I'm losing too many friends, too many loved ones" (Lupick, 2017b). One Loved One spoke of their son's community, "I'm hearing just from friends of my son, 'I don't know where to go and get grief counselling and I know 17 people who have died this year.' They're just overwhelmed," (Klassen, 2017). A new generation is experiencing significant loss, and the long-term community and individual impact of so much loss is unknown. A Loved One spoke of this when they said:

> One death typically effects 164 people. We've got grandparents raising grandchildren, we've got children going back to school who have lost their parent,

> and we've got friends who have lost loved ones. I've had some young people tell me they've lost 15 of their friends to this opioid crisis. (McDonald, 2017)

The depth of loss has been overwhelming for those that care about PWUD and trying to navigate through and echoed by multiple stakeholders is that “too many” are gone, “too many” people have been impacted and communities altered.

Little discussion about survivors of overdose presented itself within the data. One Frontline Provider asked for people to consider the not just the deaths but also those that survive but are nonetheless impacted by the event. Less is known in terms of data about overdose events for a multitude of reasons, largely that they often occur in private and are rarely reported. The magnitude of the opioid overdose crisis would be even greater if all overdose events were known argues the Frontline Provider when they state:

> But what about the people that are coming out of an overdose? Some are able to walk away from it, others are in a vegetative state for a month. They are not part of those numbers but those numbers would be a whole lot higher if they were. (Rankin, 2017)

The World Health Organization reports that “opioid overdoses that do not lead to death are several times more common than fatal overdoses” (2020, para 5.). In another study, Wallace, Kennedy, Kerr, & Pauly (2019) found that one third of People Who Inject Drugs (PWID) had experienced at least one nonfatal overdose in the past six months (p. 42), indicating great risk of overdose but not necessarily of death. The Frontline Provider points out that the focus is too often on death statistics when there are many that survive but not all have come out “able to walk away” (Rankin, 2017). It is unknown what the data would show if everyone physically impacted by opioid overdose was included, but it

is known that not everyone dies from an overdose and not everyone comes out without significant injury.

Problems and Solutions

Identification of both the problems and solutions surrounding the current issue and magnitude of unintentional opioid overdose and death was explored directly and indirectly by numerous stakeholders whose voices emerged in the news media of IOAD2017 in Canada. The discourses that emerged within this theme are: Toxic Supply, Drug Policy, It's a Crisis/Epidemic, and Action and Inaction. This section addresses many issues related to the tenants of public health that were presented by key stakeholders but often left unconnected to public health in their expressions.

"There's Obviously a Crisis"

A crisis is defined as "an unstable or crucial time or state of affairs in which a decisive change is impending, especially one with the distinct possibility of a highly undesirable outcome" or "a situation that has reached a critical phase" (Merriam-Webster, 2018a). An epidemic is defined as "affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time" (Merriam-Webster, 2018b). The terms crisis and epidemic are often used interchangeably when talking about deaths by opioid overdose.

One primary way in which this "crisis" emerged was to frame the crisis as one for the masses, as impacting multiple domains, and moved away from the individualization of the issue. A Government Official framed the crisis in the following way "It's an extraordinary crisis in our community. It's a crisis of public health. It's a crisis of

community. It's a crisis of family," ("Chalk outlines in downtown Calgary draw awareness to deadly overdoses," 2017). By exploring the various levels this crisis impacts exposes the gravity of impact where it is not only individuals who are experiencing crisis but also those connected within community, collective health, and family/loved ones. The crisis was often discussed in a way that aligned it to be "everyone's crisis" and not just a crisis of the few. One Loved One said "This epidemic we're surrounded by isn't picking and choosing. There's not one demographic, mothers, fathers, brothers, sisters...it's taking everybody." (Sterritt, 2017). Similarly, a group of Loved Ones said "this crisis does not discriminate. It has taken countless lives regardless of age, race, gender or socioeconomic status." (Michaels, 2017a). Loved Ones wanted people to know the crisis is impacting a great number of people and their families irrespective of social positioning and other intersectional factors. Further, a Government Official said, "It's going to hit all of us and the challenge about it is it doesn't fit any particular pattern, it affects everybody" (Senack, 2017), which alludes to the unknown yet great impact and difficulty of targeted response when the targeted at-risk population is everyone due to the current illicit substance environment. It is important to note that in 2016 in British Columbia, a public health emergency was declared which acknowledged the situation is beyond a crisis but instead an emergency.

Another way in which the crisis emerged was by demanding increased general awareness and discussing the lack of attention it has garnered despite it being visible to the many if people looked. A Frontline Provider stated, "This is an epidemic, and it's vital people become aware of what's going on in the streets of CITYNAME," (Reid, 2017). Increased awareness surrounding the crisis is beneficial for many reasons.

Response to overdose is one reason, anyone who has access to information on how to assess for and respond to an opioid overdose has the potential to save a life needlessly lost. Increased awareness can help break down stigma and increase community understanding and care. For IOAD2017, a group of Loved Ones and Experiential people drew chalk outlines of dead bodies on the sidewalks around the downtown streets of a large Canadian city to expose the lack of community and individual awareness of the current opioid overdose crisis and one of the Loved Ones involved stated:

> It was kind of a way to take note that there are so many people dying in this crisis… To make people stop and see that people are just walking all over it, not paying enough attention to the crisis that's out there right now. ("Chalk outlines in downtown Calgary draw awareness to deadly overdoses," 2017)

People are dying on the street, people are dying in homes, people are dying everywhere, and the image of an outlined corpse is a stark one. The community presentation turned the figurative into the literal, of literally walking over chalk outlines of the dead, and not paying attention to how many people are dying. In a literal sense, and for a myriad of reasons including fear and stigma, many physically people pass by those struggling without thinking about or caring for that person, including those who use drugs but also those in which general society does not understand or relate to. In a larger sense, people who are not directly impacted are able to ignore the issue if they choose to do so and the community wanted to portray that opioid overdose is not just an abstract issue. Real people are dying and are being ignored by larger society.

"The Drugs are like Russian Roulette down here Man"

The toxicity, poisonous nature, and instability of the current illicit drug supply was explored repeatedly from diverse voices within key stakeholders. The word fentanyl has become synonymous with harm and death, toxic to the human body. Frontline Providers spoke often of Fentanyl and its toxic and risky nature. One Frontline Provider said, "Fentanyl is very inexpensive and unpredictable and not consistent at all so it leads to a higher risk of overdose," (Lulla, 2017a). The introduction of fentanyl (and other analogues) into what are being sold as legitimate prescription opioid medications, into uncontrolled substances such as heroin, and into stimulant-based substances, has created a distinct uncertainty within the illicit market and the substances people are consuming. The uncertainty and associated risk were echoed by an Experiential person, and they said, "The drugs are like Russian Roulette down here man, you never know what's going to kill you. Fentanyl, carfentanil, it's in everything. It's everywhere now." (Grant Lawrence, 2017). Referring to the high stakes and game of life and death, the Experiential person equates the bullet with Fentanyl and never knowing when it will discharge, just as people don't know if fentanyl or analogues will be in the substances one consumes from one occasion to the next. One Frontline Provider said:

> We are finding some new drugs that are linked to fentanyl but the individual has no way of knowing the exact make up… Large amounts are also being imported into Canada and there's no way of mitigating use, unless we can kill the Black Market, which we know is virtually impossible. (Whitnall, 2017)

The Frontline Provider connects the individual issue of not knowing what is in the substances one consumes, and the broader issue of the larger illicit market being poisoned

with a lack of alternative, safer, options. A Loved One further explores the connection between the individual impact and the systemic impact on the current illicit supply and stated:

> Four years ago, the path someone like PERSON'S NAME wouldn't always end tragically. Life would have continued on, shattered though it may have been. But the possibility of hope remained, however faintly it may have glimmered. Today, the increasingly poisonous drug supply is unforgiving. It has rendered addiction and substance use a life-and-death proposition. Every time a substance is consumed, the specter of death hangs in the air. (McBain, 2017)

By citing four years ago as a point in time of change, this Loved One is presumably discussing the formulation change of OxyContin to OxyNeo which preceded the emergence of illicit fentanyl in Canada. OxyNeo was brought out as a tamper resistant opioid medication that emerged in response to the number of Canadians using opioids via multiple and unintended administration routes. Before 2012, OxyContin was an available and stable drug of choice for many. Before the 2012 change, heroin was also generally still heroin and, while potency varied and was often cut with various agents, it was not killing people like fentanyl is now. Substance use can be associated with negative impacts in a person's life, and the Loved One highlights the change in supply as the difference in life and death for people now, whereas, previously, the implications were different. The Loved One above highlights the threat of serious injury and death with the toxic supply we have now, and people cannot improve their lives if they are dead.

Various solutions to the issue of toxic supply were presented and a prominent one was drug testing. Testing one's drugs is a way to know if, at minimum, fentanyl and any

analogues are present, enabling people to make decisions based on additional available information and argued by one Frontline Provider as a solution that is "as important as the Naloxone" ("Fentanyl test strips will lower risk of drug overdoses: SWAP," 2017). The specificity of drug testing varies from a simple positive/negative fentanyl result on a strip, to the exact makeup and concentrations of the substance tested in a mass spectrometer. One Government Official said, "With dangerous drugs like fentanyl contaminating the vast majority of street drugs, empowering people to understand what's in the substances they use can help them make informed decisions about whether or how much they consume," (Kurucz, 2017). The message that fentanyl etc. is in almost every illicit substance was clearly articulated and often, and testing is framed as not just for people using opioid based substances, but also for those who exclusively or recreationally use stimulants and are vulnerable to overdose if even small amounts of opioids are present. A Frontline Provider highlighted the need for non-opioid users to know what's in their drugs and said, "The last number of deaths have been coke users – that's why these test strips were brought in… they'll let you know if there is fentanyl present in any other drugs, within a reasonable amount of statistical proof," (Plowman, 2017). The knowledge of whether fentanyl is present in a substance is not necessarily going to stop people from using the tested dose, but it does allow people to make more aware choices.

Many know or assume fentanyl to be in their substance because of its prevalence in the current illicit supply, and it is increasingly difficult to find opioids that do not contain fentanyl and/or analogues. Those who use substances have little choice now and this was echoed by a Frontline Provider "With users, even knowing it is fentanyl they are buying, they are willing to take it because there is nothing else they can get. All that

information we give them for prevention goes out the door," (Sullivan, 2017a). A Loved One similarly said "They can't just stop and because they can't get a clean, regulated drug they take what's available so that's why we're losing so many people." (Millar, 2017). The message was clear that substance use will continue regardless of people knowing the supply is dangerous and with no safe or safer supply available, people will continue to die.

Safe and accessible supply is another response to the toxic supply. Safe supply can emerge from within the medical system via Opioid Agonist Treatment (OAT) or from a community approach such as a heroin buyers' club. One former Government Official said "The most critical thing right now is a safe supply of drugs that are accessible… It is absolutely what has got to happen." (Lupick, 2017a). Availability and accessibility are key components of a safe supply and various medical models exist today such as the traditional methadone, and suboxone, but have grown to include novel approaches such as injectable diacetyl morphine (heroin), injectable hydromorphone, and extended-release morphine (Kadian). An Experiential person said, "If more people could get into programs like mine at CLINIC NAME, we'd see a lot less crime and, more importantly, a lot less death" (Grant Lawrence, 2017). The Experiential person refers to participation in OAT programs such as trials of injectable diacetyl morphine and injectable hydromorphone. These approaches are often highly successful for people not served by traditional approaches, such as methadone and suboxone, yet are highly dependent on funding and government support which wavers greatly. Newer OAT programs exist within a volatile time of waxing and waning funding and supports and are often available to only a small portion of the people that could benefit from them. A

current example of this is the RMG prescribing introduced after COVID which enabled registered nurses to prescribe pharmaceutical OAT, increasing the access of safe supply from beyond small-scale availability to larger community.

Finally, a Frontline Provider cautioned against a sole focus on the elimination of the supply of fentanyl and the criminalization of those who are engaged with it. They said, "If we just focus on the arrests and getting rid of the supply of fentanyl, people are just going to come up with more creative ways of hiding that fentanyl and those creative ways could be really really dangerous," (Cook, 2017). When OxyContin was reformulated, we saw an increase of innovative and unstable substances enter the illicit market which have killed thousands of people with the death toll rising every day. The demand for safer substances outnumbers the supply and people will continue to use illicit substances. The Frontline Provider recognizes that policing against the supply as it is today will encourage additional harms and increased unpredictability in supply. The continued response under a "war on drugs" approach is cautioned against by many and highlighted by the above Frontline Provider.

"We do not have an opioid crisis… We have an opioid-drug-policy crisis"

It is undeniable that Canada is experiencing the worst overdose crisis in its history. Debate over why the current issues exist was robust and one common theme to emerge was the responsibility of drug policy in the opioid crisis. Ineffective and/or harmful drug policy, including how policy is enforced, emerged as a unique discourse within discussions of problems and solutions. The term 'drug policy' often refers to Canada's prohibitionist approach via the Criminal Code but drug policy is also embedded within provincial, municipal, regulatory, and organizational policies. Examples of current

drug policies include: The War on Drugs, allowing or disallowing supports such as Supervised Consumption Services (SCS) federally, provincially, and locally, restricting opioid prescriptions, or sober requirements in social or subsidized housing. Drug policies dictate how decisions are made, how people are treated, and impose particular structural views on the masses. Public health approaches also include drug policy in their health policies and in Canada, healthy public policy includes the following considerations: health does not exist in isolation and people are key factors in positive health, people and the their environments are connected and policies need to consider both in policy creation, community action and empowerment is essential for self-driven positive health outcomes and people need access to learning and information regarding their health and decisions, and healthcare needs to be seen beyond “clinical and curative services” to include the whole person ("Ottawa charter for health promotion," 1986). Many of the concerns listed below by key stakeholders relate to the charter and the lack of adherence current drug policy has to what has been globally deemed as important considerations in both public health measures and all public policy that connects to community and individual health.

The opioid crisis as a crisis of policy and not of the drugs themselves emerged and a Frontline Provider said “We do not have an opioid crisis in Canada… We have an opioid-drug-policy crisis in Canada.” (Delamont, 2017). Disentangling the relationship between policy and the substances allows people to see the impact of external factors such as stigma and ideology and their influence in the creation and continuance of policies that are not informed by actual evidence and rights based. Policies, at minimum, should align with the most basic of rights, human rights. The misalignment of current

drug policy with the human rights of PWUD emerged, evidenced when an Experiential person said “we fight for those we love and lost… And that we fight for policies that respect our human rights.” (Lupick, 2017b). Acknowledgement of the need for policy change was woven throughout the voices that discussed policy. A Government Official said, “I think that it's important that we take time to reflect on those lives that have been lost [and] the importance of changing public policy to make sure we can prevent any preventable death.” ("Chalk outlines in downtown Calgary draw awareness to deadly overdoses," 2017). Public policy refers to governmental policies that either address needs or maintain order and this person connects present-day policies with negative outcomes yet does not discuss what the public policy changes would be.

Multiple voices echoed the sentiment that current drug policy is flawed, some advocated for decriminalization, others regulation and legalization, both of which are in support of ending prohibition. A local politician discussed their take on drug policy and said “What we really need is to end prohibition so we can get people off fentanyl-laced drugs, possibly through replacement treatments. Ultimately, we have to realize this is not a criminal justice issue but a policy one.” (Brindle, 2017). Prohibition criminalizes and in turn, the war on drugs responds by criminalizing both substances and the people that use them. Similar to above, an Experiential person disconnected the issue from criminality and instead of connecting it to policy, focused on health by saying “The war on drugs criminalizes and stigmatizes people instead of helping and understanding them. Why are we moralizing a health issue?” (Petrescu, 2017). Criminality and morality are often interrelated as has been demonstrated throughout the creation on drug prohibition in Canada and a distinct push against (Boyd et al., 2016). A Loved One said “This epidemic

isn't going away anytime soon. It's a controversial issue, but I feel really strongly that this country needs to decriminalize, legalize and regulate all drugs." (MacAlpine, 2017). Another two Loved Ones echoed similar sentiments about prohibition of substances and said "Decriminalization of illicit drugs… We have to get the black market out of there." (Van Emmerik, 2017), and "Lastly, we must work to decriminalize the possession and use of illicit drugs." (Lupick, 2017b). It was clear that people not only connected the current crisis to the instability of the current illicit drug market but connected current issue of opioid overdose as rooted in prohibitionist drug policy.

"[It] isn't Something that's just Going to Go Away"

Discussion of both action and inaction related to the current issue of a tainted illicit drug supply and subsequent injury and death garnered a great amount of attention on IOAD 2017. Simply put, Frontline Providers said, "Now more than ever we have to take action" (Lea, 2017), and reminded people that the crisis "isn't something that's just going to go away," (Obermeyer, 2017). Anger and frustration surrounding inaction were expressed openly by Experiential people, Loved Ones, and Frontline Providers and necessary action in multiple ways was explored. The call for experiential voices in essential action to address the crisis emerged. Finally, calls to action and critique of inaction were directed towards various governmental levels and roles by various key stakeholders.

For multiple Experiential people, the demands for action and immediate change have not changed greatly and minimal changes have been made by those in power to do so over the years. One Indigenous and Experiential person expressed their frustration and anger regarding the lack of change at IOAD and said:

> I've been to many of these outings and the message is always the same… It's like a broken record. How many times do we have to keep screaming and hollering and asking people to help us before they actually get off their asses and do something?" (Lupick, 2017b)

This person highlights the continuity of demands over time alongside a lack of positive movement that has come from calls to action and the frustrations around delays which allow people to continue dying. One Experiential person said:

> I've been dealing with it for 20 years… There's always delays and always some people who are against it, some for it, but the deaths keep happening every day so the longer they delay and whatever, it's the more people die. (Hounsell, 2017)

Voices of people with lived/living experience have long been ignored in change efforts and the need for meaningful participation of PWUD in decision making and involvement in relation to crisis response emerged within the data.

Experiential people, alongside allies, are demanding for their voices to be heard and highlight that PWUD are experts with the expertise to solve many of the issues we see today within the communities in which they love and live. An Experiential person said:

> We want to focus on the very crucial role that people who use drugs play in ending the overdose epidemic, and how our government needs to recognize that through the people who use drugs — and their empowerment — we will get close to ending this thing or reducing a whole lot of overdose deaths. (Eagland, 2017)

An Experiential person, in response to the crisis, said "The only way out of this overdose crisis is through the empowerment of people who use drugs … to reduce overdose deaths

in their communities." (Ball, 2017a). The role of experiential people in reducing overdose deaths is multifaceted and ranges from direct response to overdose and saving the lives of people in their community to experiential input into all policies and services that directly impact people who use drugs. PWUD are on the frontlines of this crisis every day and are often first responders to community members in distress. PWUD also have a long history of advocacy, activism, and nimble action in the face of unnecessary systemic resistance.

Resistance to traditional and enlightenment-based models that hinder meaningful action, including the over collection of data and need for "evidence" prior to any change considerations, emerged from Experiential people. "Evidence" is often privileged over the experiential voice and such "evidence" often results in similar or equal conclusions that experiential voices have been saying all along. One Experiential person said:

> It's not the time to do feasibility studies when people are dying. It makes me mad to see the lack of action from governments. We know the solutions to the overdose crisis. It's infuriating to see things aren't moving forward while our relatives and us, we're dying or, are at risk of dying. (Goujard, 2017)

The above statement highlights the routine reliance on the scientific model by those in positions of power while pragmatic and novel solutions have already been proposed by those who live it are ignored and people continue to die. A Loved One said "The stakes have always been high, but they have never been higher. One more death is no longer a lesson; it's a failure to act when we know what needs to be done." (McBain, 2017).

A similar sentiment was supported by a Frontline Provider, and they said, "The situation for us is dramatic, especially when we could have had tools at our disposition

that could have allowed us to react a lot better and more efficiently so that people could have been and will be protected," (Goujard, 2017). Equally impactful, a Government Official said "enough with studies… We know people on the ground know, and are pointing you to exactly where we need to go. But we're already three years late." (Goujard, 2017), echoing the calls to action and awareness that the solutions are already known without the need to further gather data before making vital changes to the current drug policies and dangerous environments.

Specific response measures were proposed by Loves Ones, Government Officials, and Frontline Providers and the propositions varied from general declarations to very specific demands. Government Officials tended to be general in their statements and one said:

> This is an emergency unlike anything seen before in [PROVINCE NAME], and it demands a different response than the emergencies of the past. That's why we have assembled families, first responders, public health experts and [RESIDENTS OF PROVINCE NAME] with lived experience of substance use to help us provide the right response to save lives. (J. Hall, 2017)

Acknowledging the need for a different response than in the past and the need for the involvement in people and groups that occupy various professional and community roles including people with lived/living experience and families is meaningful but did not go so far as to propose any type of solution. The lack of definitive solutions and uninitiated action by the government was highlighted by Loved Ones and urged governmental officials to ditch the partisan ideology that hinders efforts and focus instead on the human impact. One Loved One said:

> This isn't about what the government is going to do. It's about what they should have done by now and we're just wanting to get people out talking about other things besides the politics involved [such as] just how many people are actually dying, ("Chalk outlines in downtown Calgary draw awareness to deadly overdoses," 2017)

Political ideology plays a huge role in any public response, which can emerge in opposition or support of change but words without action are meaningless. One Government Official declares significant action can only happen if “politicians start listening to you, to this community, and have the courage to stand up and speak to the stigma that is preventing us from taking real, meaningful action," (Cameron, 2017). Identifying fear and stigma as destructive measures in vital political change exposes the roots of political inaction as emotionally or ideologically based and not based on the needs of the people.

In response to a request from a Government Official to speak at IOAD 2017, one advocacy group comprised primarily of Loved Ones used their voice to make a statement about government action, or rather the lack thereof it, stating:

> International Overdose Awareness Day is not a time for government to deliver crafted and canned ‘key messages’ about what is being done… The steps taken and the level of attention the overdose epidemic has received in the provincial government does not reflect the magnitude and urgency of this threat to human life. (Chatha, 2017)

Further to the aforementioned statement, a member of the group and a Loved One said “We just don’t think that the government has acted with any sense of urgency. Whether

or not that demonstrates apathy or incompetence or discrimination, we just didn't feel comfortable having [POLITICIAN NAME] get up and speak" (Schwartz, 2017). Underscoring the trend of government to discuss changes without subsequent action or the tendency to focus on the minimal changes that have been made in an attempt to garner positive accolades, this group denied the Government Official's speaking request for IOAD 2017. Instead, they focused on hearing from those who are in the middle of the current crisis who have much to say about what is happening and where to go from here.

Specific responses to the current issues surrounding the illicit drug environment have emerged in multiple sections and one clearly emerged as immediately actionable by a Loved One who called for an emergency governmental declaration to be called saying:

> Government needs to declare a public health emergency. We need to be committing resources. We need to be acting now and there can't be delays. We can't be waiting months for supervised consumption services to be available. I do believe that if they were able to declare that emergency we could see those initiatives happen. (Kury de Castillo, 2017)

The above Loved One highlights the power the government has in addressing issues of meaningful action, timeliness, and resources when public health emergency measures have been called and view an emergency declaration as one viable option to move ideas into action quickly and exchange the promises for reality. A focus on calls to action for governmental involvement and response was common but one Indigenous and Frontline Provider reminded people that the required action includes government participation but extends beyond that and into the way we all interact with culture and each other within the society in which we live. Connecting the average citizen and the structures above,

they said “This is a societal issue. We are a drug-seeking culture, period… We need a societal response,” (Petrescu, 2017). A societal response includes the government but more importantly also includes society as a whole where negative impacts of the social constructions that surround substances and the people that use them are felt. Clear demands for increased understanding, acknowledgement, and acceptance of substance use emerged and pleas were made for people to see substances as embedded within culture in ways that highlight that substance use itself is not problematic and instead reframed as issues that lie within our social constructs of substances. Such understanding can facilitate societal change and response, much of which has been hindered by the denial of substance use as a part of who and how we are together, and not apart.

Chapter 8: Discussion

International Overdose Awareness Day (IOAD) is a day of advocacy intended to increase public awareness and prevention of overdose and death, reduce the stigma imposed upon people who use drugs, and collectively grieve for those lost or still struggling amidst the crisis ("International Overdose Awareness Day Stakeholders Report," 2017). Media coverage of advocacy events, including the voices of Loved Ones, Experiential people, Frontline Providers, Government Officials, and Indigenous People provides an occasion to influence the media narrative and creates opportunities to challenge dominant discourse surrounding substances and the people who use them.

As seen in the Literature Review, events such as IOAD, including the voices, and messages that emerge from them remain largely unaddressed in academic literature. A multitude of studies have looked at how drug issues and PWUD are framed by journalist tone and writing (Boyd, 2017; Ekendahl, 2012; Fraser et al., 2018; Hughes et al., 2011; Körner & Treloar, 2004; Taylor, 2008) but much less is known about what key stakeholders are included and what they specifically want the public to know about the opioid crisis. Media attention on events such as IOAD provide the opportunity to either contribute to or challenge dominant narratives with what we choose to say and the ways in which we say them. The voices and the meaning within the voices matter and have impact beyond simple words consumed by the general public.

Multiple studies have demonstrated the impact of drug related media coverage on both public opinion and policy making (Elliott & Chapman, 2000; Lancaster et al., 2011). While not always easily measurable, we know that media impacts attitudes, practice, and outcomes including policy making in multiple ways (Borwein et al., 2013; Körner &

Treloar, 2004; Glenda Lawrence et al., 2000; Tieberghien, 2013) and focused media coverage on a day such as IOAD provides an opportunity to contribute to meaningful change to public opinion. Studies have found that media is influential in setting the agenda of what appears in the news and what discourses are presented and have also found that media both reflects and contributes to either changing or maintaining public discourses (Lancaster et al., 2011; Wild et al., 2019). Studies have also found that many public policy makers hear of a large amount of their information and scientific data is from media (Tieberghien, 2013), which means that what is said and how it's said not only enters the minds of general society via the media but also those in positions of power that can change the way things are today.

Within this context, I began this project with a curiosity about what identified key stakeholders would say on a day where advocates congregate, people publicly mourn, and prevailing ideology of substances and the people who use them can be challenged amongst diverse groups. The primary and secondary research questions guiding this project were:

- What messages, and from which key stakeholders, emerged within online news media coverage of International Overdose Awareness Day 2017?
    - How do key stakeholders challenge or accept the social construction of substances and the people that use them?
    - How do messages converge and/or diverge amongst key stakeholders?

The first two questions are discussed within in the Constructions section and the third question is addressed in the Convergence and Divergence section. Finally, at the end of

this chapter I discuss what discourses appear to be missing within all the media and attention on International Overdose Awareness Day 2017.

Constructions in the Media

Unique discourses emerged from each key stakeholder category that were used to either challenge, perpetuate, or contribute to pre-existing constructions of PWUD and the drugs they use. Both Loved Ones and Experiential People spoke of their experiences more than anything else, followed by problems and solutions, then stigma. In comparison, both Frontline Providers and Government Officials used their voices to discuss problems and solutions the most, then almost equally between experience and stigma. Below, I discuss how each stakeholder category predominantly framed their views, the possible implications that stem from what they said and how they said it and note some voices and topics that stood out amongst the rest.

Loved Ones:

The voices and messages of Loved Ones were noticeably privileged in both quantity of reference and representation within the media of IOAD. Voices of Loved Ones were given more exposure than other key stakeholders and were quoted extensively. Based on photos of the events and content in the articles, Loved Ones were presented as predominantly white, and many were parents of adult children. Noticeably more than any other theme, Loved Ones were quoted discussing their experiences loving, and often losing, people to opioid overdose. Loved Ones were often framed as grieving parents, relatable to many, any one of "us", and that position was validated within much of their experience sharing. An alternative identity emerged from the Loved Ones

themselves and positioned themselves as advocates demanding change so no one else has to feel the way they do.

By far, Loved Ones of PWUD and especially those that have passed away were the most cited key stakeholder group in online media of IOAD2017. Speaking extensively about their experiences with either losing loved ones or standing alongside them through substance use and challenges, Loved Ones voices were prominently displayed for media consumers. The grief experience after the passing of a person from opioid overdose is layered and the Loved Ones voice in this study was consistent with the findings of Dyregrov et al. (2020) and what they call "The Special Grief" post overdose death (p. 415). The unique and complex nature of this grief was expressed by Loved Ones in both data when they spoke of stigma they experienced both before and after the death of their loved one, and from external (societal) and internal (self) sources. Stigma is a distinguishing feature of this complex grief and substance use and stigma are intertwined both in life and death not only for PWUD, but also for those that love them (Titlestad, Mellingen, Stroebe, & Dyregrov, 2021). Stigma can be addressed in multiple ways (Lloyd, 2013) and Loved Ones in this study fought stigma by using their voices and sharing their stories.

Lloyd (2013) proposed framing the fight against substance related stigma as engaging in protest, education, and contact as also described by Corrigan and Penn (1999) to address and contest psychiatric stigma. Framing as Corrigan and Penn suggest Loved Ones used all three methods in addressing stigma. Corrigan and Penn (1999) note that not all proposed ways of combatting stigma have linear or expected results. Loved Ones protested the stigma they felt by changing the dominant narrative of how their loved

one is perceived. Protests included distancing their loved one from the "addict" trope ("she wasn't on the street, she was an intern"), or connecting them to others in meaningful relationships ("everyone is somebody's someone"). The risk of this approach is while the intent is to challenge the myth or stereotype, it directly names and counters it, but it can also further enforce the contested stigma (Corrigan & Penn, 1999). Education was another tactic that Loved Ones used in countering stigma in the media. Loved Ones wanted people to know about the bad drug supply, that it's not as easy to quit as many think, and what the family looks like. Education is important but when being used to counter stigma and stereotypes, Corrigan and Penn (1999) report that it can have minimal impact on sustained change. Finally, contact with PWUD was often discussed as the people speaking were close friends and family of people who died. Relationships were often framed as positive and negative depictions of the people they loved and lost emerged minimally. PWUD are often framed as the "foreign other" and if people do not know someone who openly uses drugs, the frames of reference can openly allow stereotypes to exist. Knowing, and getting to know, people and their experiences serves to counter many of the predetermined constructions that persist when they remain unchallenged. It is not known what the impact of the Loved Ones challenging stigma is, we know that the possibility exists, and Loved Ones used methods that have been shown to be somewhat effective in countering other stigmas, but we know that the possibility to reduce some of the stigma that PWUD and their loved one's experience with great implications. By fighting the stigma, Loved Ones position the loss of their loved ones as "grievable" (Fraser et al., 2018).

Many Loved Ones attempted to contribute details of their Loved Ones and tell their stories in efforts to make the lives lost to opioid overdose publicly "grievable" This follows Fraser et al's (2018) findings that the loss of life due to overdose is often framed within the context of the loss to others (e.g., family and friends) as opposed to viewing the individual loss of life as worthy of grief. Fraser et al. (2018) found that "these deaths are [seen as] significant not because of the injustice of life denied the deceased, but because of the suffering they cause those left behind," (p. 33). Grief and loss that loved ones experience is valid and worthy as are the lives of the people lost, yet lives lost in relation to the pain of others are often seen as more grievable in the media (Fraser et al., 2018). When opioid overdose deaths are connected specifically to the impact of others, individual loss of life is functionally erased and instead focuses the importance of the loss on the loss to others. This ties closely to "everyone is somebody's someone" discourse that emerged from Loved Ones. When the value of people who use/d drugs is related to their broader connection, e.g., sister, father, etc., like one Loved One noted "everyone is somebody's someone" (Cook, 2017), it emphasizes the connection as valued and not the person alone as a "someone". All human beings have inherent value and worth whether they are connected to others or not. An alternative discourse could be "everyone is someone" which values the person and their essence where people are not reduced solely to their connection to others.

Predominantly white, middle, or high income PWUD are often framed as innocent victims when they begin to use opioids, even regularly, and/or overdose and die (Webster, Rice, & Sud, 2020). Similar framing was found in this work and was discussed exclusively by Loved Ones. Instead of innocence and victimhood, stigma and

responsibility are placed upon PWUD who are members of a lower socioeconomic status, and people of colour that use and/or die from opioid overdose. Loved Ones acknowledged the stigma that is placed upon those that uses substances based on personal experiences yet did little to counter the stigma of those that were not portrayed as innocent. Given the different experience with stigma both groups of PWUD experience related to drugs, this leaves one to ask about the intersectional nature of stigma. How much of the stigma that some PWUD experience is directly related to drugs and their use or is also experienced due to poverty, homelessness, sex work, or any the other stigmatized identities and activities that can accompany substance use? A response to that question is beyond the scope of this project but it must be acknowledged that in the fight to reduce substance use stigma, other related issues that are also highly stigmatized cannot be forgotten as interconnected and need to be simultaneously rejected.

An innocent death was the predominant way that Loved Ones portrayed the people they love that use drugs to maintain their dignity and value in death. Innocence in death sometimes presented as a subtle comment that alluded to their "goodness" via their social position, job, positive character traits, or by connecting to other presumably non-substance using community members where in contrast, the "badness" remains unsaid yet alluded to especially in the distancing that happens both subtly and overtly. Other statements were less subtle and referenced distinct differences between their child and an addict, with all that it implies.

One way was to describe the person who had died in terms denoting personal connection such as "my son", or by their first name in relation to someone who does not use drugs, mention of their place in society (union member, intern etc.) and when

combined with statements such as "They are wonderful kids, they are not addicts," (Cook, 2017), and as also found in Elliot and Chapman (2000) an impression of vulnerability and innocence is created by using such language. Framing of innocence immediately conjures the reverse image of guilt and contrasting "non-addicts" and "addicts" in death serves to defend the loved one lost but at the expense of perpetuating the idea that PWUD deserve to die. The comparison to "addicts" in this context of innocence creates a divide between who their loved one was and that their death was undeserved and the "other" that uses drugs regularly that is somehow deserving of death because of their addiction. There can be a desire to separate one's child from the portrait of a stereotypical drug user in an attempt to relieve some of the pressure of stigma the parents or loved ones are feeling, or vicariously feeling for their loved one. In attempting to relieve this pressure, the people, whether intentionally or unintentionally, reinforce the stereotypes of a typical drug user and maintain the "otherness" of people who use drugs in the community.

Another way in which an innocent death emerged was via discussion that revolved around the person only using once, infrequently, or recreationally in an attempt to distance the loved one from the stereotypical image of a substance user and the "use despite consequence" concept prevalent in the medical model and in how substance use and users are routinely framed. Rarely was death implied by Loved Ones as the fault of the person who overdosed and/or died. For Loved Ones defending the lives and deaths of PWUD, the blame was often directed towards larger issues such has the toxic drug supply and illicit market, lack of treatment and sobriety-based resources and/or access to them, lack of harm reduction and overdose response resources, and greater failures with

criminalization that has made use so much more dangerous. Putting the responsibility on other seemingly uncontrollable failures instead of on to the individual they loved may alleviate the individual burden of stigma for a moment but reproduces and reinforces stigma on others.

Frontline:

Frontline voices were prominently presented within IOAD media and were the second most featured collective voice. Job titles such as coordinator, harm reduction outreach worker, doctor, provide an indication of subject knowledge or expertise thereby granting them a legitimated voice or identity. Frontline Providers validated this by often positioning themselves as educators and people with "valid" information to be disseminated. Often presenting messages with evidence-based arguments combined with change considerations, Frontline Providers were clearly critical of systemic response to date and cited inaction and toxic supply as the major factors in the deaths of too many.

One way that Frontline Providers countered social constructions of PWUD was in clear reframing of substance use from moral failures to chronic illness and disease. In the four distinct ways to frame the issue (criminal, moral, medical, public health), Frontline Providers were quick to eschew the criminal framing of substances and the people who use them but often relied on a medical or disease-based alternative, particularly in the language that they used. This wasn't entirely surprising as many of the interviewees were doctors and medical professionals familiar with death, disease, diagnosis, and their terminology. The medical model is thought by many to be a way of framing substance use that resists stigma but Fraser et al (2017) found that the medical or disease model of framing did not in fact reduce the stigmas faced by PWUD and instead enhanced them in

some cases. Fraser et al, (2017) state; "Measures that treat stigma as a fundamentally individual phenomenon that can be tackled through education and interaction with stigmatised individuals not only ignore its institutional dimension, but actively obscure and naturalise it, potentially ushering in abuses of power" (p. 197). As an alternative to both the moral and medical models, public health emerges as another framing method which fits nicely within many facets of medical lenses and discourse that includes, yet goes beyond, the individual to address larger structures and institutional factors such as public healthcare and policy. Though a more inclusive and intersectional approach, public health was less overtly discussed than the medical model. That said, some responses by Frontline Providers included public health approaches and structural focus within them but PWUD remained medicalized by many.

Despite regular use of highly medicalized terminology Frontline Providers primarily framed issues and remedies using public health approaches, more so than other key stakeholders. Some principles of public health include: health protection, health surveillance, disease and injury prevention, population health assessment, health promotion, emergency preparedness, and social justice (Edwards & Davison, 2008; Public Health Agency of Canada, 2007). Responses such as increased access to abstinence-based services, clean injection supplies, access to traditional and new opioid agonist treatment etc. were all discussed. Public health models consider but look less to the individual to pathologize and instead looks at the community and larger systemic implications in the creation and maintenance of the issue. Public Health also allows for incorporation of intersectional factors in response and acknowledges that issues are often not entirely separate. Frontline Providers in particular discussed options that covered a

wide range of public health initiatives that are intended to be accessible to all regardless of where someone is in their journey. Under public health, the individual is not lost or forgotten but also not seen as representative of the problem because poverty, housing, ethnicity, sexual orientation, etc. all have a role to play in the continued oppression of PWUD. Without addressing multiple areas of change that extend beyond the realm of substances and into those that are not entirely focused on drugs but that with what it is to be human and survive, only then can we adequately address this crisis via a public health approach.

Drug checking, a new and emerging response in 2017, was discussed by Frontline Providers alone. Discussing the merits of drug checking deconstructs the notion that PWUD don't care what is in their drugs and will use them regardless and introduces the element of choice and alternative control and safety measures that PWUD can put in place when they know more about what they are about to take. One way is for the individual to test the substance they are going to use via one of the available drug checking methods (test strips, mass spectrometry, etc.) and with the results, the person can decide how or if they will use their drug. As PWUD often place trust in their suppliers, an alternative for testing is for people who sell drugs to check their supply so they can advise customers of the potency or composition upon the sale (Bardwell, Boyd, Arredondo, McNeil, & Kerr, 2019). The uses and implications of drug testing are great and are being piloted and studied as I type this. Empowerment of PWUD to use in the safest way is one of the principles in public health and harm reduction and drug testing is a novel approach to achieving such health related and community goals.

Experiential:

Experiential voice was the third most represented collective voice in IOAD 2017 media. The majority of messages that came out from this stakeholder group revolved around the telling of their lived experience, including dual relationships with both personal and professional overdose response, and critique of both the historical and current responses to the crisis. Few of the voices in this category appear from people actively using drugs but rather the "sober now successful" identity as "trustworthy" was assigned multiple times to Experiential People which excludes those still using from equitably contributing.

Experiential People were the only key stakeholder group to discuss the "Dual Relationship" that emerges when people who use/d substances are also responders to overdose in a professional context. PWUD have been responding to overdoses in their communities for decades and are now often seen as subject matter experts and hired into paid positions supporting others who use substances. The dual relationship that many Experiential People have with substance use as both someone who uses (or used) drugs and responding to overdoses extends beyond the realm of employment as people are experiencing overdose in personal realms as well. The positive impact for both program participants and experiential workers in paid service provision positions has been well documented (Bardwell, Kerr, Boyd, & McNeil, 2018; Kolla & Strike, 2019) but with this valuable work comes negative implications such as emotional distress with minimal supports (Bardwell, Fleming, Collins, Boyd, & McNeil, 2019; Kolla & Strike, 2019). The exhaustion and distress were evident in the voices of Experiential people in this data as well. "Nine OD's in less than an hour [at the OPS] … Hearing the names of the dead

daily. The names of people you knew" (Lupick, 2017b) or "Can you imagine losing seven or eight people? [Near] your own home. Ten square blocks to lose seven or eight people you know, every week" (Frakes, 2017). Established personal and community ties are an important distinction between an experiential person and a non-experiential person responding to an overdose and can compound the trauma of the experience (Shearer, Fleming, Fowler, Boyd, & McNeil, 2019).

Not only is the intensity of constant overdose and response impacting those that both live and work in the substance use community but has been impacting everyone in the community. Experiential People clearly demonstrated that when they are responding to an overdose, whether personally or professionally, that it is not about responding on another "patient" or client, its responding on a partner, friend, family member, or someone that reminds them of themselves. Many experiential people that do not have volunteer or other employment in overdose response roles, are still responding to overdoses, and often in situations where response is less than ideal. Similar to the discussion in Dual Relationships, Experiential People spoke of the loss fatigue and "the way this whole community feels right now… that we're under siege. It's very tiresome. And just a horrible way to live" (Frakes, 2017). The continued and important calls to increase the involvement of PWUD in all aspects of the response need to consider the realities of the experience in being experiential and need to be incorporated for equitable and ethical inclusion. Experiential positions are often less supported than traditional employees, leaving the involvement of PWUD wanted yet not equitably supported both financially and psychosocially (Bardwell et al., 2018; Greer et al., 2019).

Experiential People rejected the reliance on empirical data for change to happen as many of the responses now discussed in mainstream have been well known and used successfully within community as self-preservation despite possible legal consequences. There is a common assumption in the both the scientific community and mechanisms of systemic implementation that “proof” should exist before an initiative can be considered “valid” or justified. Challenging the need for empirical data and formal studies to effectively prove the validity of an intervention leads one to consider what is considered “evidence” in evidence-based policy and practice. Evidence is framed as what someone’s formal research project tells them and not necessarily someone’s (or a community’s) knowledge based on experience counts as evidence. Enlightenment based thinking tells us that there is a “truth” out there to be discovered but also that truth not actually truth if it hasn’t been discovered by those afforded the privilege to voice their expertise (Lancaster et al., 2017). Experiential People have been navigating an unstable illicit drug market, overdoses, impacts of stigma etc. for ages and yet their voices are effectively silenced when they share their expertise and are told that the ideas or solutions are not “evidence-based” or need more support from colonial institutions that have truth granting status. Excluding non-evidence-based options from a range of responses limits our ability to act in novel and innovative ways.

Government:

Government Officials and former representatives were the fourth most cited group of key stakeholders in IOAD media. Government Officials tended to be cited focusing on naming the crisis as a crisis and state the need to act with minimal discussion of what is currently being done, just what needs to be done. Government Officials are often granted

privileged subject positions simply due to their social role and therefore voices included. A counter "identity" for Government was presented in much of the inaction frustration and were positioned as "all talk, no action".

Much of the action/inaction speak from Governmental Officials revolved around critiques to current and previous governments, primarily from opposition or former Government Officials serving to give people the impression that if they were in positions of power the response would be different and therefore positioning themselves as allies. Current local and municipal Government Officials tended to discuss what needs to be done and called out responsibility to other levels of government and provincial representatives focused on what has been done, and what still needs to be done rather than the failures of government to act. Unloading the blame from one level of government to another serves to remove responsibility and makes invisible the ways in which all levels of government have a role to play in response to the crisis. Few contributions from the Federal government were found, the majority of the Federal voice emerged in press releases which were not included in this data set.

Contradictory language was found in this stakeholder group, some language used could be seen to deconstruct the notions of PWUD and other language that does the opposite. One Government Official asked for change in how substance use is framed and asked for people to see it as "a complex health condition, often resulting from deep psychological pain or acute physical pain… Nobody chooses to become addicted." (Turcato, 2017). Another Government Official said, "these are people who often are struggling with many, many difficult underlying challenges and they've chosen to use one day and that shouldn't be a life sentence." (Rankin, 2017). Both stakeholders

acknowledge that substance use is complex and a response to physical and/or mental pain or difficult challenges. One clearly states that no person chooses addiction and the other clearly states that people choose to use. The Government stakeholder group could be assumed to have some implied divergence as people are often representatives of opposition political parties. While it may serve the Government to disagree with each other and respond based on political affiliation or voter support, the perpetuation of stereotypes and reinforcing blame by some is problematic in the media.

Indigenous People:

Finally, Indigenous voices were the least represented in IOAD media and their absence is perceptible, especially given the disproportionate impact of the overdose crisis on Indigenous Peoples across Canada. Three Indigenous identified voices emerged, and the journalists included statements about poor treatment of people, grief, frustration, and response in the coverage. Voices were included in this category when identified within the article as Indigenous, acknowledging that reliance on journalist supplied data when discussing cultural background and identity is inherently flawed, but the absence Indigenous voices was noticeable regardless. So few voices were present to really evaluate what subject positions were assigned so in their absence I believe that their assigned position is “virtually silenced”.

One spoke of frustration, frustration around the continued need to call for change and the lack of change that has happened over time. Another, as mentioned in another section, expanded the issue from that of individuals to larger society and reiterated that the response needs to be larger than thinking of just the individuals “at-risk”. Finally, the third person expressed exhaustion in seeing people get “substandard health services”

noting that the physical is often how people are seen in care which forgets all other experience that it is to be human and to have lived, often through challenging situations and circumstances. Often substance use and its associated consequences are individualized when spoken about and an Indigenous person countered that concept when they introduced both the issue and response as societal ones, not individual ones (Petrescu, 2017). Ignoring the larger societal issues and focusing on individualized narratives when viewing the problem serves to potentially address immediate crisis and minor change but ignores factors that are contributory to meaningful change on policy, societal, governmental, and community levels.

Key Stakeholder Convergence and Divergence in the Media

There were a wide range of topics that many folks from many key stakeholder groups agreed upon including: Action and Inaction, What does Stigma do?, Who are the “Real” Experts?, Experience, What is Recovery Anyways?. There was also divergence amongst voices, both between key stakeholder groups, and amongst individuals within key stakeholder groups. Below, I use the distinct key stakeholder statuses to show agreement and disagreement amongst different stakeholder groups, and from within groups, about what was discussed on IOAD in 2017.

Action and Inaction. Each key stakeholder category discussed their views on current and historical action and inaction of those in positions of power to make changes to curb the opioid crisis. A general agreement that something more needs to be done emerged strongly amongst all stakeholder groups alongside frustrations with what has or hasn’t been done to address the issue. While there was consensus on frustration and more needing to be done, the “what” in the needing to be done differed between stakeholder

groups. Loved Ones challenged the government to make necessary changes to drug policy and call a public health crisis and increase rapid access to detox and treatment. Frontline Providers called for increased public health efforts such as supervised consumption, and fast access to detox/treatment. Experiential People also demanded their inclusion in the response and for access to alternative or novel OAT therapies such as diacetyl morphine or alternative injectables. Government Officials acknowledged the need to do more, and opposition government was highly critical of past and current responses including little access to Naloxone and not listening to people on the ground for solutions yet proposed little tangible action. Finally, Indigenous voices spoke of the need for a societal response as the issue is cultural (as in we live in a "drug seeking culture") instead of individual. The majority of calls to action from the groups appear to be similar in nature and positive steps yet any one of the proposed actions alone is insufficient as a response. Increased collaboration amongst key stakeholders could provide opportunity to join advocacy efforts and strengthen an expanded and robust plan.

What does Stigma do? Stigma can be enacted (directly experienced) or perceived (expected), both of which negatively impact the lives of PWUD (Ahern et al., 2006). People who use drugs experience poorer physical and mental health in direct relation to both enacted and perceived discrimination and alienation (Ahern et al., 2006). From a public or societal perspective, PWUD experience stereotypes such as being considered reckless, unreliable, inadequate, or threatening; public prejudices via experiencing others' anger, pity, and dread; and public discrimination enacted via invalidation and restrictions (Nieweglowski, Dubke, Mulfinger, Sheehan, & Corrigan, 2019).Stigma has direct and negative implications on those who experience it, but what

those implications are was not always thought of similarly amongst stakeholders. Stakeholder agreement was found in discussions of how stigma is implicated in the isolation of PWUD and ultimately in their deaths when they overdose alone. Also acknowledged was the hesitancy and fear in accessing supports due to stigma PWUD face, both in anticipation of and when trying to access supports. Experiential people spoke of stigma they face and focused on the real isolation that is caused by external stigma as well as internalized stigma stemming from substance use. Frontline Providers discussed both isolation and disinclination to access substance use services due to stigma and expanded that past the traditional treatment services to also include reluctance to access non-judgmental services such as harm reduction and naloxone. Government Officials voices varied but acknowledged that stigma causes people to use alone. Stigma was also identified as preventing folks from telling those around them that they use which eliminates potential built in safety measures and prevents people from accessing other substance related supports. The fact that "stigma kills" was undisputed in this data but how it kills was expressed differently by multiple groups, all of which appear to be implicated in some way.

Who are the "Real" Experts? The inclusion of PWUD in all responses to the crisis was discussed almost exclusively by Experiential People and Frontline Providers. Experiential People rooted themselves and their active involvement in response as a part of the solution, not simply to be thought of as part of the problem. Experiential People challenged the ongoing issue of framing PWUD as different and in an "us and them" view and implored people to simply think of this as an "us" issue, minimizing the gap between those who use and others who don't. Frontline Providers demanded that PWUD

be listened to because they are the ones living the middle of the crisis and already know the solutions, yet Frontline did less to discuss active involvement in the response. Loved Ones minimally talked about including PWUD in change efforts but rather tended to focus on their own personal desires for involvement in the response. In some ways Loved Ones mirrored Experiential People as they both grounded themselves as part of the solution and not the problem and as a mighty force. Loved Ones distanced themselves from being seen as the problem by defending the family unit as “normal” or “unbroken”, one that wasn’t a failure, and spoke often of feeling like they needed to do something after experiencing opioid related loss which often materialized as advocacy and/or support efforts.

Experience. More than anything else on IOAD, both Loved Ones and Experiential People spoke of their personal experiences, and on occasion the experiences of others. The experiences shared by both stakeholder groups were similar in some ways and distinctly different in others. Loved Ones and Experiential People occupy differing social positioning, and the experiences of Loved Ones were privileged in the media. Loved Ones primarily discussed individual loss, of losing one close person, often their child, often naming them and humanizing them in the process. The loss of a child is undoubtedly a parent’s worst nightmare and is portrayed as outside the natural order of death and dying by those grieving. Experiential People discussed their experience of losing so many people they know and hearing of more every day. Experiential People primarily spoke of community death as opposed to individual losses and expressed crisis fatigue. Experiential People discussed their experience of how they have been impacted by stigma, how others have treated them, and how they thought of themselves while

using. Loved Ones expressed experiencing feelings of failure and of the inability to support those they love, naming and blaming barriers to care in their journey. As can be seen, both groups have diverse experiences to share yet the content and focus of the experiences varied just as life experiences vary.

What is Recovery Anyways? Recovery and supports are framed as valid responses amongst stakeholders and there was a general consensus that recovery is an option. What recovery looks like or how people achieved it differed. Loved Ones mostly discussed treatment centres and detox as methods to achieve recovery. Indigenous People discussed trauma recovery as the recovery that people need. Experiential People discussed recovery very little other than to discuss frustrations around its inaccessibility. Frontline Providers discussed recovery the most and were one of two stakeholder groups to disrupt the notion that recovery equals sobriety. Frontline Providers discussed the range of options available (not necessarily accessible) to people such as treatment or detox but also expanded the concept of treatment to include services such as harm reduction that does not require sobriety for participation. While recovery was defined differently by the above stakeholder groups, all presented pieces of a continuum of services as either options or inaccessible but necessary. As discussed in another section, the Government Officials group used language that was often contradictory in nature or perpetuating stigma. Recovery is not an option for everyone and while that was not overtly discussed much in this data, it is a reality. The reliance on recovery as the gold standard resolution is problematic and detrimental to all those that still use drugs. Some Government Officials were critical of the lack of services and expressed the need for additional access to be available when people need it. Others defined what they see as

"true recovery" (Petrescu, 2017) which was defined as abstinence-based recovery. Such perspectives that include some support options and exclude others meanwhile requiring strict adherence to the rule of "no using" eliminates alternative support options as valid within this construct and posits that those not accessing sobriety-based services, are not truly working on their substance use challenges which we know to be untrue.

Missing Voices and Discourses

Race. Ethnicity and cultural identification were not discussed in this data, yet studies indicate that when an overt absence of race is present, it often means that discussion is of white folks (Johnston, 2020; Milloy et al., 2010). Few (3) identified Indigenous voices were heard in the media coverage of IOAD2017. As found elsewhere, the impact of overdose in Indigenous communities (Webster et al., 2020) and inclusion of Indigenous voices is largely ignored in media (Johnston, 2020) despite disproportionate impact of overdose and death, especially Indigenous women (Milloy et al., 2010). Not including stories and voices from Indigenous peoples functions to erase their experiences including differences in how Indigenous people are treated in institutions such as the criminal justice and healthcare systems. Also erased is the collective grief that the community is experiencing, has been experiencing for centuries, but added to similarly high rates of suicide, homicide, and accidents, the burden is great (Milloy et al., 2010). Netherland (2016) in their review of American media, that overdose in Black and Latino communities were not "newsworthy" despite knowledge that they do occur and instead when stories of POC and drugs emerged, they surrounded criminality and violence. No stories of overdose deaths of Indigenous people emerged in this data. Journalist choice in who they interview and what they include in their stories has been demonstrated

elsewhere but the lack of inclusion reminds us of disproportionate privilege in voices which serves to perpetuate disproportionate impact of illicit drug harms in community (Johnston, 2020).

Gender. No specific references to gender other than to identify connection to the person speaking ("my son/daughter" etc.) was found in this data. Ettorre (2004) reminds us that "access to drugs, knowledge of drugs, use of drugs and help for misuse of drugs all involve hidden and sometimes not so hidden gendered processes" (p. 329). Data shows that in 2017, about 77% of the people that died from accidental opioid overdose were men, yet women accounted for approximately 23% of overdose deaths, not an insignificant number (Canada, 2018). Female identified people experience substances and services differently than men and are viewed differently by society than men that use drugs (Collins, Bardwell, McNeil, & Boyd, 2019). Singer (2014) states that "drug-dependent women are socially perceived as having more significant personal problems, as being in greater violation of societal norms, and as being more deviant than male drug users" (p. 42). Little was said to perpetuate the above views of women who use drugs in this data but nonetheless they persist. Opportunity was presented to counter some of the preconceived notions of the female identified person who uses drugs, yet none was presented in this study. Zero mention was found to reference trans, non-binary, and gender diverse folks in this data.

Those who didn't die. Very little was discussed about the survivors of opioid overdose, the ones that overdosed but didn't die. Statistics reflect deaths, and the numbers of those who have died are referenced regularly for a myriad of reasons. What about the people who have survived? Depending on so many factors, not every person who does

not die by overdose will come out of it without possibly severe implications. One Frontline Provider asked:

> But what about the people that are coming out of an overdose? Some are able to walk away from it, others are in a vegetative state for a month. They are not part of those numbers but those numbers would be a whole lot higher if they were. (Rankin, 2017)

What if those numbers were known and referenced? Human loss is not just a number and statistics reduce people to percentages, yet they are used extensively in explaining and understanding the issue. As so many overdoses are unwitnessed, or unreported, it is reasonable to understand that accurate statistics would be difficult to obtain. We know unreported and non-lethal opioid overdoses are happening regularly, often with negative and often long-lasting implications, yet little was heard about it.

Recommendations

Battling the stigma that is imposed upon PWUD and the drugs they use is one way that positive change can happen. Drug stigma is also long standing and entrenched within societal views that are resistant to change. Below I discuss some potential options for positive change moving forward and alternative ways to represent the issues that address current concerns in ways that do not further contribute negatively to the issues we are all seemingly fighting for.

Inclusion of PWUD in the response to the crisis emerged within this data and so did the fatigue and grief that comes with it. Increased, sustained, and ethical involvement of PWUD in all things related to crisis response and activities that surround it which also includes appropriate supports and compensation (Greer et al., 2019) would be a huge

benefit to the folks on the true frontline of this war. Recognition of PWUD in overdose prevention work as waged employees that have access to extended benefits such as trauma support could support sustainability of experiential people (Shearer et al., 2019) and with no end in sight for this crisis, sustainability and trauma informed processes are vital.

People with privilege, including public figures or people in positions of privilege and power, need to start talking about their experience and substance use. Self-disclosure of substance use by those who would not be expected to use substances breaks down stigma and shows that not all substance use is problematic (Lloyd, 2013). When people in positions of power and privilege speak of their own substance use, it serves to disrupt the "us" and "them" narrative and that PWUD are "ruined" or "criminals" often present in media attention (Elliott & Chapman, 2000, p. 194). Many well-known people and celebrities have been open about their struggles with substances and their struggles with sobriety, but little is discussed about those that use substances without struggles. A multitude of factors may cause a person to pause on being open about their substance use, fears of enacted or perceived stigma, potential negative life implications (career, parenting, housing etc.), changes in relationships, amongst other things. The risks of disclosure are huge deterrents, largely based on entrenched constructions of what it is to be a person who uses drugs, or particular drugs, yet when more people are open about their use, the more normalized substance use becomes and demonstrates that unproblematic and pleasurable substance use is the reality for many.

Using language that addresses cause and controllability factors is a method to counter stigmas (Kelly et al., 2016). Kelly (2016) states "cause, to the extent people

believe an individual is not responsible for the attribute, behavior, or condition (e.g., “It’s not their fault”), stigma is diminished… [And] controllability, to the extent that people believe that the attribute, behavior, or condition is beyond the individual’s personal control (e.g., “they can’t help it”), stigma is lessened” (p. 118). Much discussion emerged in this data around cause and controllability yet some of the attempts to distance from fault further perpetuated or even further entrenched other stigmas applied to the “other”. Continued efforts to reduce stigma in this way, by addressing cause and controllability, are possible in ways that address fewer individual factors and focus on the root or systemic nature of the cause and controllability of the issue. By removing a focused target on “good” PWUD or “bad” PWUD based on actions taken and results of said actions, and instead focusing on broader solutions, stigma can be lessened for all PWUD.

Arguably, media articles are not intended to cover the same depth and breadth as focused scholarly study but the impact and accessibility of media over academia is profound. Social constructionism and similar poststructuralist and critical approaches are now readily available for academic consumption but less so for public consumption. Op-Eds are one way in which this divide can be broached. While media may not always question taken-for-granted truths, key stakeholders can and often do, but are only able to share their critical interpretations when their voices are heard and used. Interviewing for an article is an important contribution to discourse yet when the article is not being written by someone that “gets it”, the risk is that things will be missed, misconstrued, cut, etc. An Op-Ed could mitigate those risks and allows the author (often a subject matter expert) to fully articulate themselves and the topics they focus on.

Finally, additional collaboration between stakeholder groups that clearly expressed similar critiques and both similar and differing solutions, provides opportunities to present comprehensive and inclusive responses with increased support where all voices are seen as valid and meaningful with something to contribute. Diverse people all coming together with a unified voice could enhance the power of the collective goal's efforts. Alliances between Loved Ones, Experiential People, Frontline Providers, and Indigenous People exist and strengthening those collective and individually vital efforts and collectively help end this crisis one day.

Limitations

Every study has limitations, and this work is no different. As seen above, we know that media influences people and ultimately larger systemic issues and this study chose to look at what key stakeholders said isolated from the journalist voice via directly quoted statements. Journalist and article tone were not analyzed, nor was the context that was included by journalists within the article content. Only direct quotes were used for analysis in the effort to mitigate some journalist bias and promote a more objective view of what the person was trying to say without context, opinion, or tone inserted from the journalist. It cannot be assumed that all a person wanted to say would be included and selecting portions for this work, just as the journalist/news did, omits potentially meaningful discourse and discussion. Without access to transcripts of interviews, it was necessary to rely on others' inclusion criteria for data. It also cannot be assumed that the quoted key stakeholder messages would be impactful to the reader in comparison to what the journalist writes yet it cannot be assumed that they won't which opens up an interesting area of potential further research.

Geographically, this study is limited. Data collection was completed cross country, but the bulk of the news articles surrounding IOAD 2017 emerged from British Columbia, Alberta, and Ontario. Wild et al (2019) found similar distribution in a study looking at harm reduction in the media indicating that substance related media may emerge more frequently from the three provinces most impacted by opioid overdoses. As opioid overdoses continue to impact people across the country, and the rates continue to increase in both hard and less hard-hit provinces, more media may begin to emerge and tell the stories of what it is happening everywhere in Canada and not just select regions but as it stands, the majority of this data came from parts of Canada and cannot be considered entirely representative of voices from across the country.

Chapter 9: Conclusion

As we find ourselves in the middle of an unprecedented opioid overdose crisis, media attention on the issue has never been more pertinent. With the increased coverage and greater overall visibility, a window of opportunity is present to have large events and media that counter the constructions of PWUD. We know that media has the power to influence or impact policy and public opinion (Lancaster et al., 2011). Media surrounding IOAD presented a distinct absence of arguments for responses including criminalization, surveillance, and other oppressive approaches, and a window to contribute alternatives that are non-punitive and person based in their approach opened. To my knowledge, this is the first study to look specifically at what people say in the media about the opioid crisis extrapolated from media voice and tone with an exclusive focus on the key stakeholders as both collective voices and differentiated between them.

As seen in the previous chapters, there was much agreement amongst stakeholders and distinct discourses emerged from within each group. Competing and divergent views also presented themselves through the stakeholder voices and often revolved around similar goals but different approaches. When preconceived notions and constructions of what it is to use substances, who uses them, what's in them etc. are challenged in the media by key stakeholders, those voices deemed newsworthy anyways, alternative views are presented. Such alternative views allow for critical dialogue and ultimately a reduction in stigma the less PWUD are considered the foreign "other".

Based on the identities that were self-constructed by stakeholders, it appears as if most key stakeholders in this study would identify as allies in the fight to reduce opioid related overdoses and deaths. Nobody in this data wanted to see another person

needlessly die. Amongst all, involvement varies, and motivations differ yet as allies, what is our collective responsibility when presenting our voices to the public? I argue that it is to problematize the status quo and predominant narrative as an act of rebellion and an opportunity to move towards humane drug policy and public inclusion of those most pushed aside. The voices in the media for International Overdose Awareness Day did a lot of advocating and disrupting of pre-conceived notions yet alongside that also contributed to constructions directly connected to the stigma and oppression PWUD face.

As we move into continued years of crisis and events such as International Overdose Awareness Day, this work gives us some thoughts and guidance on how we can express ourselves, fight for change, and collectively grieve without contributing to everything we oppose. Some of the ways in which stigmas are countered is through our voices and when we understand the true meanings and impacts of our words in practice, we can see where in the fight for a noble cause, others can be harmed without malice or intent. We, as humans, continue to grow and change and this work has provided a good outline on what has been presented through IOAD in the past, now it is our collective responsibility to continue the good work, critically evaluate how we present the issues to the general public, and maintain the demand to be heard because our voices can and do matter.

Arguably, media articles are not intended to cover the same depth and breadth as focused scholarly study but the impact and accessibility of media over academia is profound. Social constructionism and similar poststructuralist approaches are now readily available for academic consumption but what about public consumption? While media may not always question taken-for-granted truths, key stakeholders can and often do, but

only when their voices are heard. We as individuals can only be accountable for our own words and perspectives and I challenge all, myself included, to think deeply about what we truly want to say and how do we do that without harming others in the fight to be heard.

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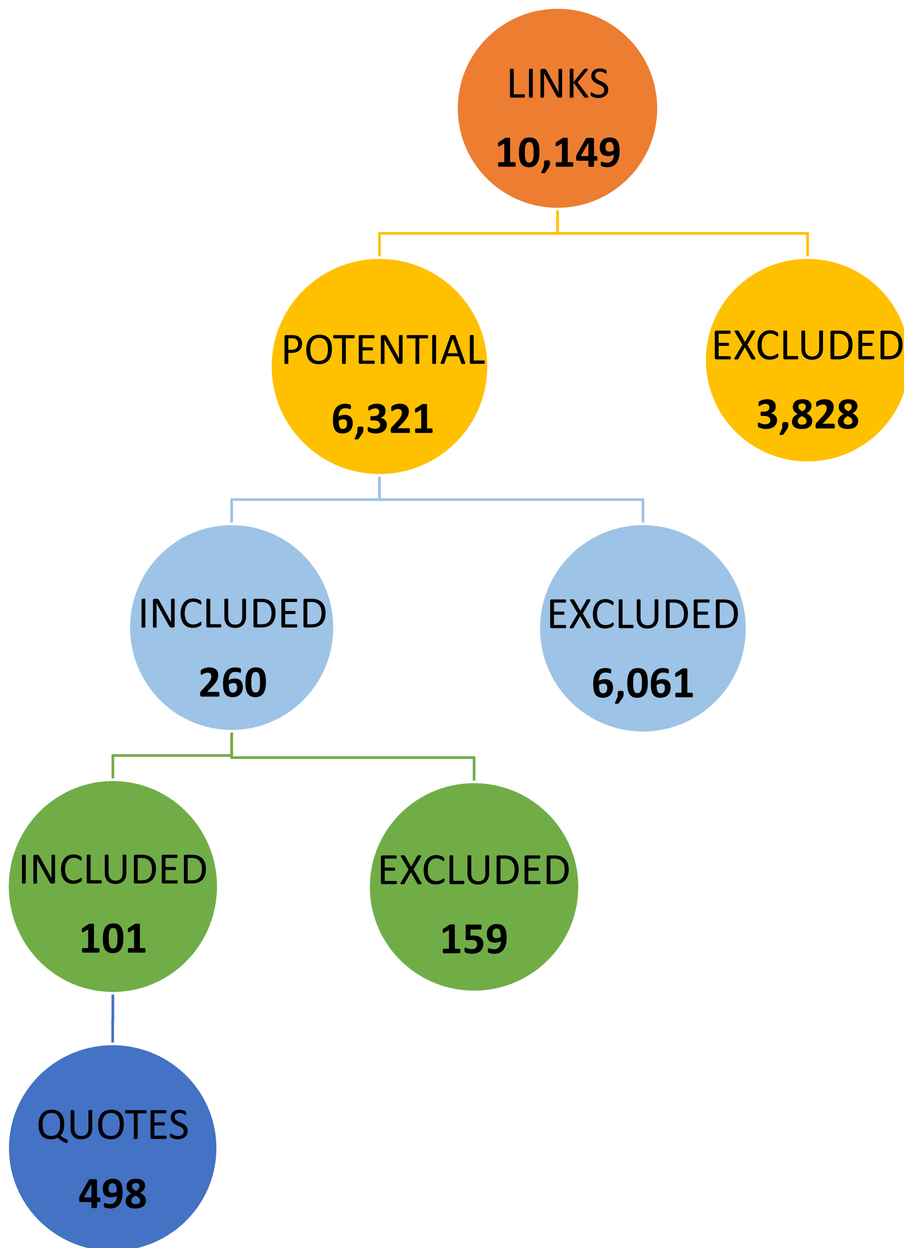
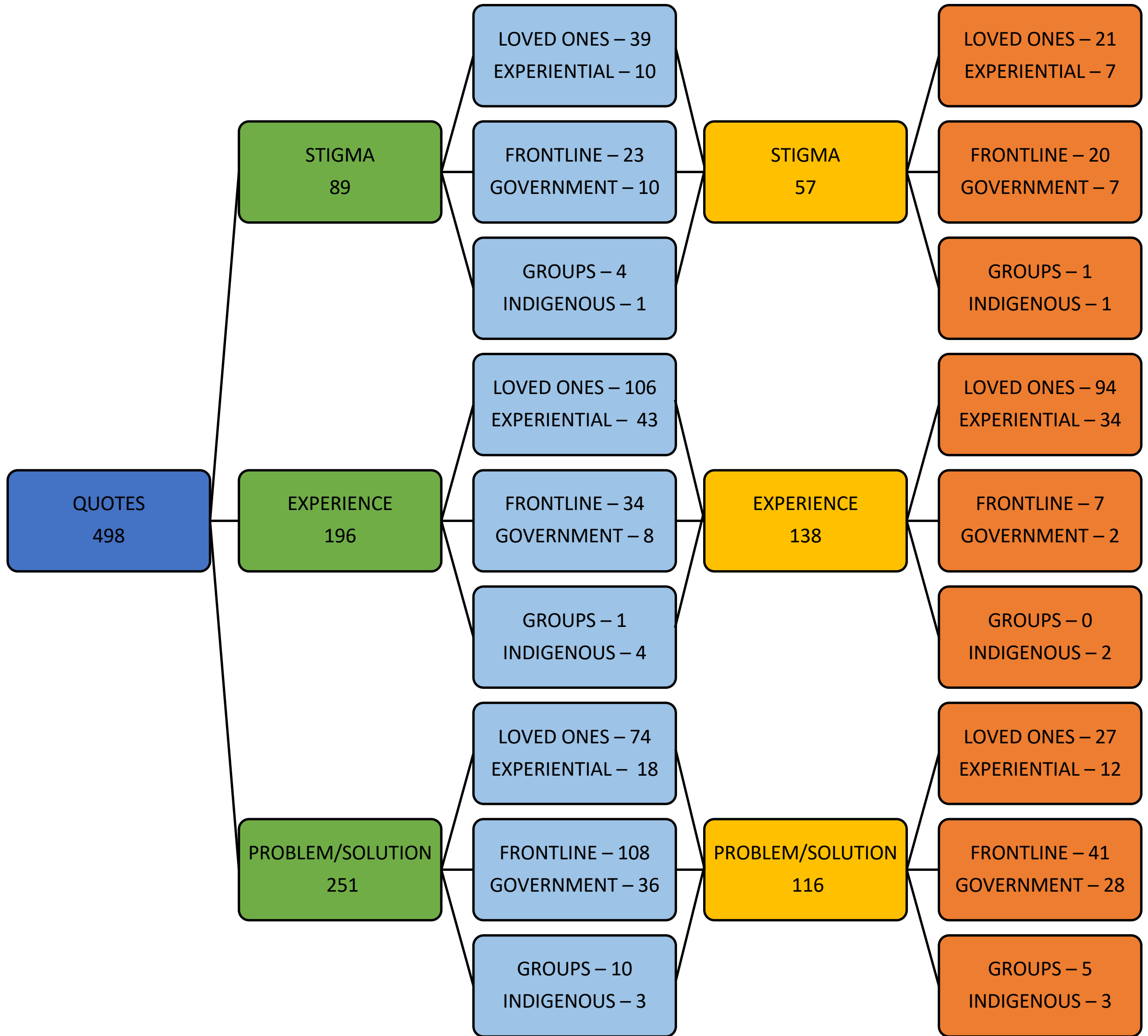
Appendix I – Data Flowchart

Application of inclusion/exclusion criteria on data



Appendix II – Data Breakdown

Data and Key Stakeholder Flowchart



Appendix III – Data List

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