

Bereaved Mothers' Use of Media Advocacy in Advancing Harm Reduction in Canada

by

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Abstract

Canada is currently witnessing a drug poisoning crisis never before seen with over 26,000 Canadians having lost their lives to an apparent opioid toxicity death since January 2016.

Mothers who have lost a child to substance use have emerged as prominent and outspoken critics of Canadian drug policy, widely advocating for harm reduction services to address this crisis in the news media. While a growing body of literature has investigated the experience of parents who have lost a child to substance use, no extant research has examined mothers' experiences of engaging in news media advocacy, how they are represented in the media, or whether such media engagement is associated with positive or negative public opinion of harm reduction.

To address these knowledge gaps, this dissertation had two primary objectives: (1) advance academic scholarship on the role and impact of bereaved mothers' media advocacy in the context of harm reduction, and (2) to provide evidence to support parents' efforts to mobilize media engagement in support of their advocacy efforts. Three studies addressed these objectives: a qualitative study to describe how 43 Canadian mothers who have lost a child to substance use describe their experiences of media advocacy (Study 1); a mixed methods study of the volume/content and the underlying discourses in Canadian newspaper coverage on harm reduction (2000-2016) featuring a mother whose child's death was related to substance use (Study 2); and a secondary analyses of cross-sectional data obtained from a 2018 nationally-representative online panel survey to examine the extent to which, and who, among the general public, have seen or heard mothers bereaved by substance use in the media. Further analysis was undertaken to identify predictors of exposure to bereaved mother's media as well as examine the association of exposure to bereaved mothers' media with public acceptance of harm reduction (Study 3).

Study 1 revealed that members of the news media are seen by bereaved mothers as powerful allies in advocating for drug policy reform though there exist a number of inherent risks in undertaking such work, such as a fear of news media complacency, insensitive comments by journalists or the public, the potential for sensationalism and having one's story misrepresented. Study 2 revealed that newspaper articles (2000-2016) featuring a mother whose child's death was related to substance use were rarely published (1.1% of newspaper texts during the study period). While bereaved mother's pro-harm reduction messages appeared in the majority of texts we examined, the news media emphasized mothers' expressions of grief, obscured broader structural factors contributing to substance use harm and created rhetorical divisions between different groups of people who use drugs. Finally, Study 3 found that a majority (58.3%) of Canadians had seen or heard media featuring a mother whose child had died from an overdose. Greater familiarity with people who use drugs and older age were positively associated with self-reported exposure to such media. Respondents who had been exposed to bereaved mother's media coverage were less likely to respond 'don't know/no opinion' vs. being opposed to harm reduction while other predictors of public support for harm reduction included stigma, age, level of education and political views. The results of these three studies, when taken together, indicate that the news media plays a significant role in bereaved mothers' own efforts to advocate for harm reduction. Despite the fact that bereaved mothers had low visibility in harm reduction newspaper texts 2000-2016, during a time when their pro-harm reduction advocacy messages were at times obscured, over half of Canadian adults in 2018 indicated that they had seen or heard media featuring a mother whose child had died of an overdose. As well, bereaved mothers themselves attest to the important role that the news media has played in their advocacy work. As an emerging field in public health communication

research, further study using a variety of research methodologies is required to evaluate the advocacy work being undertaken by bereaved mothers in their efforts to counter substance-related stigma and increase public support for harm reduction efforts.

Preface

This statement attests to the fact that all work presented henceforth was conceived, undertaken and written by myself - PhD candidate, Heather Morris. Dissertation collaborators include Dr. Elaine Hyshka (EH), Dr. T Cameron Wild (TCW), Dr. Diane Kunyk (DK), Dr. Tania Bubela (TB) who are members of my supervisory committee. Dr. Candace Nykiforuk and Dr. Fiona Nicholl were members of my candidacy examining committee. Dr. Rebecca Haines-Saah (RH-S) from University of Calgary was the principal investigator for the study reported in Chapter 2 and Dr. Emily Jenkins (EJ) from University of British Columbia was a co-investigator on that research project. Ms. Petra Schulz (PS) was a community partner and co-researcher, representing Moms Stop the Harm for Chapter 2. Ms. Schulz also served in a community advisory and co-author capacity for Chapters 3 and 4. Mr. Jakob Koziel (JK) and Ms. Hauwa Bwala (HB) made contributions that are commensurate with research staff support for Chapters 3 and 4 and Ms. Marina Giovannoni provided research support for Chapter 3. Donna May (DM) of Moms United and Mandated to Saving Drug Users (mumsDU) and Jennifer Woodside (JM) (The Voice of the Family) who are both now retired from advocacy work, provided support in study conceptualization and recruitment of participants for Chapter 2.

Chapters 1 and 5 are original, unpublished intellectual products of Heather Morris. Literature was searched and synthesized by HM under the guidance of EH and TCW as well as supervisory committee members DK and TB.

Chapter 2 is original research that has been published as an open-access article in *Social Science & Medicine -Qualitative Research in Health*: “‘I’m not your reality show:’ Perspectives of bereaved mothers engagement with the news media to advance drug policy reform” (<https://www.sciencedirect.com/science/article/pii/S2667321521000111>) under co-authorship of

HM, PS ,EJ, RH-S and EH. This study received ethical approval from the University of Alberta Health Research Ethics Board 1, under the name “Mother’s stories of advocacy following their child’s substance passing: A qualitative interview study” (Pro00073759). It also received ethical approval from the Behavioural Research Ethics Board, University of British Columbia (H17-01156) and from the Conjoint Health Research Ethics Board (CHREB), University of Calgary (REB17-0103). HM and EH were involved with planning and executing the study alongside principal investigator RH-S, university research partner EJ and community partners PS, DM and JW. HM was the primary interviewer for this study, analyzed the data and wrote the first draft of this manuscript with EH and RH-S providing oversight throughout all stages of the research process.

Chapter 3 is original research in preparation for submission as a peer-reviewed publication. I conducted a secondary data analysis of data that was collected as part of the Canadian Harm Reduction Policy Project - CHARPP (TCW as principal investigator) as reported in Wild et al. (2019). As this study involved analyses of publicly-available newspaper articles, ethical approval was not required. The CHARPP study was supported by a CIHR operating grant (MOP 137073) to TCW and EH as well as an infrastructure grant from the Canadian Research Initiative in Substance Misuse (CRISM)-Prairie Node (CRISMN 139151) to TCW. For the current study, HM designed the study alongside TCW and EH who oversaw data retrieval, analysis and writing of the manuscript. HM retrieved the newspaper articles with support from JK and analyzed the data with support from JK, EH, MG, HB, RH-S and TCW. PS provided support in study conceptualization and preparation of the manuscript. HM prepared the manuscript and EH, RH-S, JK, HB, PS, MG and TCW were involved in reviewing the manuscript along with additional feedback from DK and TB.

Chapter 4 is original research in preparation for submission as a peer-reviewed publication. This study was also conducted as a secondary data analysis of the Canadian Harm Reduction Policy Project-CHARPP (TCW as principal investigator) as reported on by Wild et al. (2021). Ethical approval was granted by the University of Alberta Health Research Ethics Board (“National Survey of Public Opinion on Harm Reduction Services and Drug Use”, ID: Pro00080911). HM, TCW and EH conceptualized the study and HM led the analysis and wrote the original draft of the manuscript. PS provided support in preparation of the manuscript. Analytical support and feedback on the manuscript was provided by HB and JK. TCW and EH provided methodological oversight for the study and support in writing the manuscript while DK, TB and PS provided additional feedback during manuscript preparation.

Dedication

This thesis is dedicated to all those who have lost their lives to substance use; to those who are currently struggling with substance use; as well as to their families, friends and communities who continue to love and support them.

Land Acknowledgment

I respectfully acknowledge that I live and work on Treaty 6 territory, a traditional gathering place for diverse Indigenous people including the Cree, Blackfoot, Métis, Nakota Sioux, Iroquois, Dene, Ojibway/Saulteaux/Anishinaabe, Inuit, and many others whose histories, languages, and cultures continue to influence our vibrant community.

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List of Abbreviations

AAWEAR: Alberta Alliance Who Educate and Advocate Responsibly

B.I.L.Y: Because I Love You

CAPUD: Canadian Association of People Who Use Drugs

CDSS: Canadian Drugs and Substance Use Strategy

CRISM: Canadian Research Institute in Substance Misuse

iKT: Integrated Knowledge Translation

LOF: Level of Familiarity

MSTH: Moms Stop the Harm

mumsDU: Moms United and Mandated to Saving the Lives of Drug Users

P.E.P.: Parents Empowering Parents

PWID: People who inject drugs

PWUD: People who use drugs

SES: Socioeconomic status

SIS: Supervised Injection Services

TAM: The Addicts Mom

VANDU: Vancouver Area Network of Drug Users

Chapter 1: Introduction

Canada is in the depths of an overdose epidemic. Over 26,000 people have died from an apparent opioid toxicity death since January 2016 (Public Health Agency of Canada, March 2022), with individuals, families and communities being directly impacted in all parts of the country. While extant data demonstrates significant health, social and economic costs of opioid use (Canadian Centre on Substance Use and Addiction, 2018; Gomes et al., April 2017; Alberta Health, July 2019; Government of BC, Feb 9 2022; Government of Alberta, 2022), multi-drug toxicity involving other substances such as methamphetamines, cocaine, benzodiazepines, antidepressants and alcohol also contribute to elevated levels of morbidity and mortality (Alberta Health, July 2019). Canadian families have been significantly impacted by substance use and preventable overdose fatalities (Moms Stop the Harm, 2022), and many have joined healthcare providers, researchers and policy experts to call on provinces and the federal government to implement harm reduction services to address the overdose epidemic. Family members are sharing their stories in the media, contacting elected representatives, engaging in public speaking, and participating in meetings with policymakers in the hope of advancing drug policy reform.

Two Canadian advocacy groups representing bereaved family members of individuals who have died from overdose or other complications related to substance use are Moms Stop the Harm or MSTH (Moms Stop the Harm, 2022) and Moms United and Mandated to Saving the Lives of Drug Users or mumsDU (mumsDU, 2022). Both organizations bring a unique family perspective to Canada's drug policy landscape by advocating for a public health approach to illegal drug policy. Such an approach requires responding to substance use through interventions under four main pillars: prevention, treatment, harm reduction and enforcement (Government of

Canada, 2018a). While members of these two organizations use a variety of advocacy strategies, their media advocacy has been critical and central in their attempts to influence decision makers to scale up harm reduction services in response to the overdose crisis. However, despite widespread media representations of bereaved mothers, research to date has not investigated the impact of their media engagement on public opinion of harm reduction.

The following dissertation contributes to understanding the role and impact of bereaved mothers' media advocacy in the context of harm reduction as well as generating knowledge that helps to build parents' capacity to be effective media advocates. I use a paper-based format that includes five chapters: an introductory chapter (chapter 1), followed by three journal articles (chapter 2-4) and ending with a conclusion chapter (chapter 5). Chapter 2 (**Study 1**) reports on the results of a qualitative study to describe how mothers who have lost a child to substance use describe their experiences of media advocacy. Chapter 3 (**Study 2**) reports on a mixed methods study that measured both the volume and content as well as the underlying discourses seen in Canadian newspaper coverage on harm reduction featuring a mother whose child's death was related to substance use. Chapter 4 (**Study 3**) reports on a secondary analysis of cross-sectional data obtained from a 2018 online panel survey to examine the extent to which, and who, among the general public, has seen or heard mothers bereaved by substance use in the media. In addition, I used quantitative methods to predict exposure to such media as well as association with public acceptance of harm reduction. In my concluding chapter, I summarize my findings, reviewed overall strengths and limitations as well as discussed implications for policy, practice and research.

To provide the necessary context for investigating this issue, this introductory chapter reviews Canada's overdose crisis, describes harm reduction as a public health approach to

substance use, and discusses media advocacy with a focus on bereaved mother's media advocacy and the overdose crisis. This will be followed by an outline of my rationale for the studies reported in this dissertation, a description of my philosophical underpinnings and research approach, as well as an overview of my research objectives and methods. The introductory chapter will conclude with a discussion of theoretical considerations relevant to this dissertation.

Canada's Overdose Crisis

Canada's overdose crisis is viewed as one of the most critical and challenging public health issues of our time (Kerr, 2019). Pharmaceutical opioids (e.g. morphine, oxycodone, fentanyl) are widely used for the management of acute and chronic pain, however, the current overdose crisis is largely attributable to an increased presence of synthetic opioids in the illegal drug supply, particularly fentanyl and carfentanil (Tyndall, 2018). Canada is recording approximately 20 accidental apparent opioid toxicity deaths per day with males accounting for 74% of these deaths nationally (Public Health Agency of Canada, March 2022). Alberta recently saw over 1600 deaths due to drug poisoning in 2021, the highest number recorded deaths in a single year (Government of Alberta, August 2022) while in the province of BC, at least 2236 individuals lost their lives to a toxic illegal drug supply in the same year (British Columbia Coroners Service, June 9 2022). Young to middle aged individuals and men are disproportionately affected by these deaths (Public Health Agency of Canada, March 2022) and Indigenous people have a higher rate of mortality owing to the harms associated with ongoing racism, colonialism, and intergenerational trauma associated with the legacy of residential schools in Canada (First Nations Health Authority, 2017; Government of Alberta, 2017; The Alberta First Nations Information Governance Centre, 2021). The COVID-19 pandemic has only exacerbated the risk of death due to increased volatility of the drug supply, heightened

levels of stress and isolation as well as compromised services for people who use drugs (Public Health Agency of Canada, March 2022). Opioid-related morbidity is also increasing and at an all-time high as approximately 17 Canadians are hospitalized for opioid-related poisonings in Canada every day (Public Health Agency of Canada, 2022).

In the province of BC, where the overdose crisis has been most severe in Canada, the rate of illegal drug overdose deaths started to climb substantially in 2011 and by April 2016, the province declared a public health emergency (Tyndall, 2018). Statistics Canada (May 30, 2019) reported that in 2017 the life expectancy of Canadians did not increase for the first time in 40 years, largely due to the overdose epidemic. Although the aggressive marketing practices of pharmaceutical companies (Alpert et al., 2019) and overprescribing of opioids were initially acknowledged alongside the poisoned illegal drug supply as contributing to the crisis (Dhalla et al., 2009; Gomes et al., 2011), others have expressed that the etiology of this crisis is closely tied to "... the role of opioids as a refuge from physical and psychological trauma, concentrated disadvantage, isolation and hopelessness" (Dasgupta et al., 2018, p.182). Individual-level risk factors for opioid addiction have also been identified and include a personal or family history of substance use problems, a history of pre-adolescence sexual abuse, and/or a history of psychiatric or mental health issues (Canadian Association of Mental Health, 2022). In reality there exists a complex etiology to the drug poisoning crisis and substance use more broadly. The wide variety of individual, organizational and societal-level responses no doubt contributes to differing opinions (that diverge and overlap with one another) on how best to reduce drug-related morbidity and mortality.

Harm Reduction as a Public Health Approach to Substance use

By 2016, prominent healthcare providers, researchers and NGOs such as the Canadian Public Health Association (2016) were calling for a comprehensive, public health approach to addressing the overdose crisis while insisting on the meaningful involvement of people with lived experience of substance use. The federal government responded in Dec. 2016 with the Canadian Drugs and Substances Strategy (CDSS) (Government of Canada, 2018b, p.7). Objectives of this public health strategy have included viewing the issues related to substance use from a health and social perspective; supporting a compassionate approach to prevention, treatment, harm reduction and enforcement; reducing stigma; enhancing surveillance and research; and supporting evidence-based policies and programs related to substance use.

Harm reduction, one of the four pillars of the CDSS is seen as "... a critical part of a comprehensive public health approach to substance use" (Government of Canada, 2018b, p.17). While harm reduction philosophies and practices had existed in varying regions across Canada for many years, the federal Liberal government elected in October 2015 signaled a new willingness to support local and provincial/territorial efforts in establishing harm reduction services (Hyshka et al., 2017). Such programs attempt to minimize harms associated with substance use while at the same time supporting individuals who may not want to abstain from drug use (Kerr & Ti, 2013). Rooted in compassion and social justice, harm reduction utilizes an evidence-based approach in the development of policies, services and strategies to help people who use drugs live healthier and safer lives (Streetworks, 2015, p.1). As part of a public health approach, it also recognizes the social, cultural and environmental dimensions of health (Erickson, 1995). Harms associated with drug use may occur at the individual level (e.g. contracting HIV from sharing needles or family stress), community level (e.g. drug-related

crime) or at a societal level (e.g. discriminatory hiring practices towards PWUD or an overburdened justice system) (Collins et al., 2012). Examples of harm reduction programs and interventions include community distribution of naloxone, the provision of sterile injecting equipment to people who inject drugs, drug checking, and supervised consumption services. Recent efforts to decriminalize the personal use of all drugs are also a form of harm reduction as such efforts aim to mitigate “... the harms experienced by people who use drugs by eliminating or minimizing the source of those harms: criminalization” (Greer & Shane, 2021, p.1). Regardless of the type of harm reduction service being offered, the principles of harm reduction remain the same; these are pragmatism, a focus on harms, humanistic values, balancing the costs and benefits of intervention and having a hierarchy of goals to address the most urgent needs at any given time (Riley & O’Hare, 2000).

Canada has witnessed a scale up of harm reduction services in recent years at both the national and provincial level. These have included the establishment of thirty-eight federally approved supervised drug consumption programs (Hyshka et al., 2022), national treatment guidelines for opioid use disorder that endorse harm reduction approaches, enhanced community access to naloxone, and the Good Samaritan Drug Overdose Act (Government of Canada, 2019a). The benefits of harm reduction strategies have been well documented (Irvine, et al. 2019; Potier et al., 2014; Kennedy et al., 2017; Kennedy et al., 2019; Chao & Loshak, 2019; Oviedo-Jokes, et al. 2009). For example, in their systematic review of seventy-five studies on supervised injection services (SIS), Potier et al. (2014) reported that SISs are effective in “... attracting the most marginalized PWID [people who inject drugs], promoting safer injection conditions, enhancing access to primary health care, and reducing the overdose frequency” (p.1). Irvine et al. (2019) used hierarchical latent modelling to assess the cumulative impact of a variety

of harm reduction interventions in the province of B.C. between 2012-2017. These authors determined that an estimated 3030 deaths were averted due to a combined effect of three interventions: take home naloxone kits, opioid agonist therapy and overdose prevention/supervised consumption services. As well, promising outcomes (e.g. high client retention, declining mortality risk, health improvements, lowered levels of injection drug use) are beginning to emerge from a number of recent studies evaluating low barrier safe supply programs in Canada (Kolla et al., 2022; Young et al., 2022; McNeil et al., 2022).

A 2018 national survey determined that the majority (64%) of Canadians were supportive of harm reduction in general (Wild et al., 2021). The authors reported that “five of seven interventions received majority support, including: outreach (79%), naloxone (72%), drug checking (70%), needle distribution (60%) and supervised drug consumption (55%)” (Wild et al., 2021, p. 1). Expansion of harm reduction services, however, has been both challenging and controversial due to personal, political and ideological views related to harm reduction. For example, Albertans and those who identify politically with the Conservative party of Canada are amongst the least supportive of supervised consumption services (Angus Reid, 2019). In Alberta, there were over 94,000 visits to supervised consumption sites in Edmonton, Calgary, Lethbridge and Grand Prairie between January and March 2019 (Alberta Health, May 2019). This figure had decreased dramatically to 45,882 in the 4th quarter of 2021 in large part due to the closure and restrictions associated with supervised consumption sites under a new provincial conservative government. Thus, despite ample evidence supporting the adoption of such approaches, harm reduction efforts are currently under threat within the province of Alberta and throughout other regions of Canada. In response to this threat, public health advocacy and media

advocacy, in particular, has been undertaken by key actors in an attempt to build public and political support for harm reduction as part of a public health approach to the overdose crisis.

Media Advocacy and the Overdose Crisis

Advocacy has been defined by the World Health Organization as “... a combination of social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular goal or program” (World Health Organization, 1998, p.5).

Christoffel (2000) has proposed a conceptual framework for describing public health advocacy consisting of three distinct stages: information stage (identifying and describing a public health problem), strategy stage (deciding on what changes are required to improve the health of the population) and action stage (activities undertaken in implementing strategies). Activities are carried out by a variety of participants (e.g. community groups, health care providers, etc.) (Christoffel, 2000) and often include meetings with government officials, building coalitions, mobilizing members of the community, media advocacy and utilizing research to advance a particular issue (Canadian Public Health Association, 2009).

A core component of public health advocacy, particularly as it relates to the overdose crisis, is media advocacy. The mass media plays a critical role in promoting public health, helping to place certain issues on the public agenda with the potential to contribute to changes in policy and practice (Institute of Medicine, 2003; Wakefield et al., 2010; Grilli et al., 2002; Bou-Karroum et al., 2017). Through various communication channels (radio, tv, newspapers, social media, etc.), different actors within public health policy streams try to position themselves and their messages so as to impact public opinion on certain issues. This is important as the impact of public opinion on policy is considered to be substantial (Burstein, 2003). While other forms of health communication (e.g. social marketing) are used to change behavior, by telling people what

to do using a ‘top-down’ approach (Institute of Medicine, 2003), media advocacy is “... more about raising voices in a democratic process using policy to change systems and conditions” (Dorfman & Daffner Krasnow, 2014, p.295). Thus, while changing public opinion may be an important outcome in media advocacy, the primary target is also often decision-makers (i.e. bureaucrats and politicians) who have the power to change policies, laws and regulations (Institute of Medicine, 2003;Wallack, 1994). However, a number of difficulties may arise with media advocacy. Dorfman & Daffner Krasnow (2014) state that it can be difficult to evaluate the outcomes of public health media advocacy given the challenges involved in disentangling the independent contributions made by engaging with the media and other advocacy activities or political/societal changes that occur over time. Gibson (2010) argues that media advocates are constrained due to the episodic nature of the news media while adding that there exists a “... lack of media resources focused on the needs of grassroots groups – labor organizations, churches, minorities, underserved neighborhoods...” (p.57). Others question the effectiveness of media advocacy in light of a more fragmented news environment that individually tailors messaging which leads to ‘echo chambers’ and ‘media silos’. Despite these challenges, a systematic review conducted by Bou-Karroum et al. (2017) found that media interventions may play a significant role in influencing health policy “... when 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.1).

Mothers’ Media Advocacy and the Overdose Crisis

The meaningful involvement of people who use substances in program planning, policymaking and delivery of interventions to support harm reduction efforts is increasingly

being recognized as a best practice to inform policy, program development, and implementation (Dickson-Gomez, 2010; Jozaghi, 2014; Golovanevskaya et al, 2012; Friedman et al., 2012; O’Gorman et al., 2014; Jozaghi et al., 2018;). Jozaghi (2014) for example, conducted qualitative interviews with members of Vancouver Area Network of Drug Users (VANDU) who revealed that the organization has helped minimize drug harms for local residents, amplified the voice of people who use drugs in this community and contributed to decreasing societal stigma against people who use drugs. The Canadian Association of People Who Use Drugs (CAPUD) and Alberta Alliance Who Educate and Advocate Responsibly (AAWEAR) are two additional organizations supporting the needs of people who use drugs that have fought to have their voice included in national and provincial drug policy initiatives. An important and emerging perspective, increasingly visible in Canadian media coverage of the overdose crisis but not yet studied empirically, is that of bereaved mothers who have lost a child to substance use. Like people who use drugs themselves, these family members may be deterred from engaging in advocacy due to shame or stigma, lack of time/funding or fear of speaking out associated with the criminalization of substance use (Walker, 2012). However, unlike most people who use drugs, mothers are grieving the death of their child(children) while simultaneously engaging in advocacy for drug policy reform.

Two advocacy organizations representing families who have been impacted by substance use in Canada are Moms Stop the Harm (MSTH) and Moms United and Mandated to Saving the Lives of Drug Users (mumsDU). Both organizations have historical significance in drug policy activism in Canada and both have held high profile positions in the news media while advocating for drug policy reform and harm reduction initiatives since their inception. mumsDU which was founded by Donna May after the death of her daughter Jac from drug poisoning (Bruineman,

2021) was in existence between 2016-2021. While members were primarily based out of Ontario, their advocacy has been both national and international in scope. Moms Stop the Harm also began in 2016 under the direction of three founding bereaved mothers (Petra Schulz, Lorna Thomas and Leslie McBain) who reached out to one another due to a story that appeared in a local newspaper about Petra Schulz's son Danny (Moms Stop the Harm, 2022). This latter organization describes itself as a network which works to advocate "... for the change of failed drug policies, provide peer support to grieving families, and assist those with loved ones who use or have used substances" (Moms Stop the Harm, 2022, p.1). As a registered, not-for-profit organization with over 3500 members across Canada, Moms Stop the Harm has far surpassed what it originally envisioned when it began in 2016 as it now provides mutual support to its members through its Holding Hope and Healing Hearts groups in addition to supporting political advocacy efforts across the country. An additional advocacy group representing families impacted by substance use in Canada which supports harm reduction is Families for Addiction Recovery (FAR Canada, 2022). This registered charity which is based out of Toronto, Ontario also advocates for decriminalization and safer supply although it differs from MSTH in that it supports involuntary treatment for youth (FAR Canada, 2022). It is also important to recognize Anyone's Child, an international network of families based out of the U.K. that supports an end to the 'war on drugs', harm reduction efforts and the legal regulation of all substances (Anyone's Child, 2022). This group was an early model for the work being undertaken by Moms Stop the Harm and has partnered in the past with members of mumsDU on advocacy initiatives.

The advocacy work of both Moms Stop the Harm and mumsDU is unique due to their outspoken support for harm reduction philosophy and interventions such as community distribution of naloxone, the Good Samaritan Act, supervised consumption services and sterile

needle distribution. In addition, the leaders of these two organizations are on record for supporting the decriminalization of personal possession of drugs and access to safe supply of pharmaceutical-grade substances (Moms Stop the Harm, 2022; Bruineman, 2021). This is in stark contrast to other family support organizations (e.g. Parents Empowering Parents [PEP]; Because I Love You [B.I.L.Y.]; We the Parents; and The Addicts Mom [TAM]), all of which emphasize a more abstinence-based approach to substance use (albeit while also providing social supports for family members of people who use drugs), with no mention of harm reduction on their websites. Thus, amongst established community groups who provide support for family members impacted by substance use, there can and does exist a diversity of perspectives. This might be explained by different personal opinions/ideologies, different life experiences, and perhaps different alliances with professional (research, health care) and/or political organizations. These perspectives however, may also vary within pro-harm reduction family advocacy groups themselves as there is not always solid and clear agreement within these groups pertaining to organizational aims and messaging. For example, while the leadership of Moms Stop the Harm support the full decriminalization of drugs, including for those who are "... sharing or selling of drugs for subsistence, to support personal drug use costs, or to provide a safe supply" (Canadian Drug Policy Coalition, Dec. 2021, p.3), some individual members may disagree with this policy measure. Under such circumstances, leadership take the time to explain the rationale behind their mission, vision, values and messaging, particularly with new incoming members who may have different opinions. Despite such differences, MSTH has continued to grow and expand as an organization in the last six years due to a number of factors including the countless hours of volunteer work undertaken by its members, different sources of private and government funding,

increased media attention and sadly, the increased number of families directly impacted and in need of support during Canada's overdose crisis.

Moms Stop the Harm and mumsDU use a variety of methods to share their messages, including public speaking, organizing public rallies, meetings with policymakers and politicians as well as working collaboratively with researchers to advance evidence-based drug policy reform. One of their main strategies is to use news media, specifically to educate the public and politicians alike of the merits of harm reduction. Both organizations have been active in issuing press releases, contacting news media outlets directly and participating in news conferences. Many members of MSTH and mumsDU have also had an ongoing, professional relationship with representatives of local and national media outlets across the country.

Rationale for Study

There are a number of limitations in the extant research on media representations of bereaved mothers and their media advocacy for harm reduction. First, although the literature points to limited studies that address the experience of parents who have lost a child to substance use (Feigelman et al., 2011; Da Silva, 2007; Templeton et al., 2016; Titlestad et al., 2021), none have specifically described the media advocacy work of these parents. The media primarily presents mothers who have lost a child to substance use as grieving or bereaved, however, the research literature has not yet explored how this socially constructed role might influence drug policy advocacy. Second, while research has been undertaken to investigate parents' advocacy in other areas of health scholarship such as the disability field (Cunconan-Lahr & Brotherson, 1996; Ryan & Runswick Cole, 2009; Duquette et al., 2012; Burke & Sandman, 2017; Wang et al., 2004; Lounds Taylor et al., 2017); HIV/AIDS (Poindexter, 2004); childhood cancer (Clarke, 2006); gun control (Wallack et al., 2003); mental health (Evans & McGaha, 1998; Briggs, 1996;

Millikin, 2001; Olin et al., 2010; Hoagwood, et al., 2018); and LGBTQ rights (Broad, 2011), many of these studies address parents advocating for their own child at an individual level rather than advocacy at a population level. While not specific to the advocacy role of parents, Roe et al. (1995) undertook interviews with 71 African American grandmothers who were raising their grandchildren in the 1990s because their adult children were directly impacted by the crack cocaine epidemic. Participants became involved in advocacy activities as a result of their participation in the research study through speaking engagements, media events, development of a support phone line and newsletter, legislative advocacy, etc. This advocacy work, however, related to supports for grandparent caregiving as opposed to changing drug policy at a local, state or national level. Third, despite the extensive use of media engagement by mothers who have lost a child to substance use in support of harm reduction, bereaved mothers' media advocacy remains an unexplored area of scholarship. To date, no studies have examined mothers' experience with news media engagement, how they are represented in the media or whether such media engagement is associated with positive or negative public opinion on harm reduction. The news media plays a significant role in shaping discourse and policy making around health (Hayes et al., 2007), yet the role and impact of bereaved mothers' media advocacy for harm reduction in Canada has yet to be explored.

Theoretical Considerations

My doctoral work is informed by two primary theories, the first and most central one being Benford & Snow's 'Framing perspectives on social movements' (Snow et al., 1986; Snow & Benford, 1988; Benford & Snow 2000; Snow, 2008; Snow, 2013) where social movements are defined as "...purposeful, organized groups striving to work toward a common social goal" (Little, 2016, p.884). This theoretical framework includes nine key concepts: "collective action

frames, master frames, core framing tasks, frame alignment processes, frame resonance, framing hazards, discursive processes, and discursive opportunity structures and discursive fields” (Snow, 2013, p.2). *Collective action frames* are the meanings and beliefs that inspire social movement activity by way of (1) focusing attention on what is most relevant and/or irrelevant; (2) articulating various meanings or stories; and (3) transforming a story or meaning by changing the way something is understood (Snow, 2013). These frames are “... action-oriented sets of beliefs and meanings that inspire and legitimate the activities and campaigns of a social movement organization” (Benford & Snow, 2000, p. 614).

Social movement actors constitute a key element of a social movement in that they operationalize these collective action frames through three *core framing tasks* by negotiating a shared understanding of an identified problem that needs to be changed (*diagnostic framing*), propose a solution to the problem (*prognostic framing*) and ultimately engage in action to rectify the problem (*motivational framing*) (Benford & Snow, 2000). Mothers whose children’s deaths are related to substance use and are engaged with the media to advocate for drug policy reform are, for the purposes of this dissertation, considered social movement actors due to their work to identify a problem (preventable deaths from substance use), propose a solution (harm reduction services, decriminalization of drugs, establishment of safe supply) and undertake advocacy activities to rectify the problem (media advocacy, among other activities). In sharing their stories and advocating for preferred solutions to a particular social problem or issue, social movement actors will often focus on who is responsible for a particular problem (Benford & Snow, 2000), often using the news media (described by Snow, 2013 as a form of *discursive processes and discursive opportunity structures*) to do so. As part of their diagnostic framing, bereaved mothers have attempted to use their stories in the news media to direct culpability for increased overdose

deaths away from individuals who use drugs to wider structures and systems such as provincial and federal governments who have the power to change policy and practices to reduce the rates of drug-related morbidity and mortality.

Injustice frames (also recognized as a master frame) are a commonplace collective action frame used by social movement groups (Benford & Snow, 2000) and the drug policy advocacy undertaken by bereaved mothers and others in this space is no exception. For example, it has been argued that the personal use of drugs is a fundamental human right (Tyndall & Dodd, 2020) and that “the central cause for drug law reform is not its relevance to health or the present public health catastrophe. It is a matter of correcting a social injustice” (Virani & Haines-Saah, 2019, p.161). Members of Moms Stop the Harm would agree, having stated publicly that one of their goals is “to ensure all levels of government work together to change drug policy to an evidence-based approach that respects and supports the human rights of people who use substances...” (Moms Stop the Harm, 2022). Additional key concepts of framing and social movement theory are discursive processes and discursive opportunity structures, one of which is engagement with the news media (Snow, 2013) since the news media arguably plays a key role in encouraging but also discouraging social movement injustice frames (Gamson, 2003). Bereaved mothers use social justice frames extensively in their media advocacy work. For example, many members of mumsDU and MSTH advocate for the rights of all people who use drugs (PWUD) to low barrier access of harm reduction services (French, 2022); their right to use drugs without risk of criminalization (Boothby, 2022); and their right to refuse involuntary substance use treatment (Baines, 2022). These social injustice frames are not always clearly apparent, however, as many advocacy messages delivered by bereaved mothers through the news media have been framed around health (e.g. community access to naloxone to reverse drug overdoses). Thus, while

bereaved mothers use the news media extensively as a key tool to sharing their collective action frames with the public around harm reduction as it relates to both health and social justice, the news media has the potential to frame their messages in ways that may not align with what bereaved mothers wish to convey. This can lead to what Snow (2013) describes as framing hazards which can ultimately limit frame resonance with one's target audience.

Collectively, the studies reported in this dissertation address many of the key concepts of the 'Framing Perspectives of Social Movements'. Study 1 of my dissertation describes the experiences of media advocacy as described by mothers who have lost a child to substance use. Issues explored included why mothers engage in news media advocacy (*core framing tasks*), how the news media facilitated and constrained bereaved mothers use of the news media in their advocacy work (*discursive opportunity structures*) as well as what *framing hazards* were encountered during this process. Study 2 examines how often bereaved mothers who have lost a child to substance use are represented in newspaper coverage of harm reduction as well as the underlying discourses seen in such newspaper reporting. This facilitated understanding the *discursive processes, discursive opportunity structures and discursive fields* provided by the news media. It has also allowed me to examine what Benford & Snow (2000) refer to as *counter-framing or framing contests* which can occur when the news media reports on frames which are at odds with a social movement's diagnostic and/or prognostic framing. Lastly, Study 3 allowed me to focus on *frame resonance*, in particular the 'salience' that bereaved mothers framing has had with one of their target audiences (the general public) through the analysis of cross-sectional data obtained from a 2018 online panel survey of Canadian attitudes towards harm reduction.

Beyond social movements, my dissertation is also informed by morality policy theory which emphasizes how certain issues and policies are framed based upon personal principles and

beliefs of what constitutes ‘right or wrong’ from a moral perspective (Euchner et al., 2013; Knill, 2013; Permoser, 2019). Harm reduction provides an excellent example of a morality policy as it is oftentimes politically contentious, which does not always allow for decision-making that is based on scientific evidence supporting its effectiveness (Zampini, 2018; Hyshka, Bubela & Wild, 2013). As described above, this often leads to ‘counter-framing or framing contests’ in the media between different actors, such as those who are in support of harm reduction efforts (e.g. bereaved mothers speaking out in support of safe supply) and other policy actors, such as government officials who use the media to publicly oppose such interventions (Luan, 2020). In grounding my dissertation in both Morality Policy and the Framing Perspectives on Social Movements, it offers new academic insights into the field of public health media advocacy while supporting parents’ efforts to advance evidence-based prevention, harm reduction and treatment interventions for substance use harms in Canada.

Philosophical Underpinnings and Research Approach

To address these knowledge gaps, this dissertation research has been conducted in partnership with knowledge users from mumsDU and Moms Stop the Harm to examine bereaved mother’s media representations and advocacy in Canada. This dissertation is informed by a critical realist (CR) perspective, which lies between a *constructivist paradigm* which acknowledges the importance of context, multiple realities and the social construction of knowledge and a *positivist* paradigm in which there is only one reality that can be observed (Caine & Mill, 2016; Fletcher, 2017). CR ontologically assumes that reality includes three levels: empirical (events experienced or observed); actual (events occur, regardless of whether they are observed or not); and real (causal forces that exist to produce events) (Bhaskar, cited in Fletcher, 2017). Constructivist and positivist philosophies have been criticized for limiting themselves to

the level of the empirical without taking into account the ‘actual’ and the ‘real’ (Stevens, 2019). Critical realists, alternatively, believe that “... causal mechanisms are social products that can ultimately be understood through – and indeed that exist within – phenomena at the empirical level” (Fletcher, 2017, p.183). Within the realm of drug policy scholarship, examination of the ‘real’ level offers considerably more depth to our ontology which is necessary to answer the complex questions related to substance use in society (Stevens, 2019).

Critical realism recognizes the “necessity of methodological pluralism” (Archer, et al., 2016, p.4). This methodological pluralism has been essential in helping me to examine the role undertaken by bereaved mothers engaged in media advocacy for drug policy reform as it has allowed me to use a variety of different research methods to gain fuller insight into bereaved mothers’ news media advocacy. My ontological belief in multiple truths combined with recognizing the importance of context is compatible with using qualitative methods (Creswell & Creswell, 2018). At the same time, I have taken a more objective stance with the cross-sectional survey that utilizes a hypothesis to predict a possible association between variables. The latter emphasizes a more reductionistic approach that involves testing and verifying a particular theory. In accordance with this critical realist perspective, I have adopted a mixed-method approach to address my research questions for this dissertation. In such approaches, both qualitative and quantitative methods are combined or integrated to provide insights into the research questions being explored (Creswell & Creswell, 2018). Using mixed methods in critical realist scholarship has allowed me “... to gather qualitative and quantitative data on events and their meanings, to develop ideas on how these are generated, and to test these ideas to produce more nuanced and accurate understandings of the structures and mechanisms that generate drug policy and its outcomes” (Stevens 2019, p.9).

Reflexivity Statement

An important component of undertaking qualitative research is reflexivity, defined by Patton (2015) as "... a way of emphasizing the importance of deep introspection, political consciousness, cultural awareness, and ownership of one's perspective" (p.70). As an ongoing process throughout my doctoral work, I have continued to reflect on who I am as a researcher, embraced the subjective elements that are inherent in qualitative thematic analysis, interrogated this subjectivity, and ultimately tried to articulate it to the best of my abilities (Braun & Clarke, 2022). My process began with a self-examination my ontological and epistemological assumptions, which informed my choice of critical realism as a philosophical approach to my doctoral work. I undertook a variety of concrete reflexivity practices oriented towards four different areas within the research process: the personal, interpersonal, methodological, and contextual (Olmos-Vega et al., 2022). Personal reflexivity allowed me to examine my personal and professional background as well as my reactions and emotions throughout the course of the three research projects. I asked myself many questions over the past 6 years, one example being: what personal assumptions do I have about people who use drugs and families whose loved ones use drugs? I undertook a number of personal reflexivity strategies including keeping three separate audit trails (one for each study) where I reflected upon decisions made and my thoughts/feelings around the research process; writing memos during my qualitative analysis for both study 1 and study 2 in NVIVO; creating field notes where I examined my interactions, conversations and emotions following qualitative interviews (and reading other interviewer fieldnotes); and listening carefully to my interview tape recordings prior to analysis. I also created a statement of positionality to help me assess how my own positionality (with respect to my gender, race, professional and personal knowledge/experiences, formal education,

personality) have influenced my research. The following is a short excerpt from my positionality statement:

I am a registered nurse, PhD student and cis-woman in her early 50s who is married with 4 children ages 12-24. I grew up in a biracial home as my father is Black (immigrated from Jamaica in the 1950s) and my mother is white (born and raised in southern Alberta). Both of my parents have a high level of formal education as do many (but not all) of my good friends who live in different parts of Canada. As a mother and someone who has cared for others both professionally and personally for many years, I was immediately drawn to the topic of bereaved mother's advocacy when given the opportunity to research this topic for my PhD. Having been raised by a mother who embraced feminism herself during the 1970s, I often draw upon feminist and critical theory in examining the experiences of individuals and families who have been directly impacted by substance use.

My reflexivity included an examination of interpersonal relationships that I have engaged in within the last 6 years. These relationships included those with research colleagues who have come to this project with different personal and professional experiences from my own; the study participants for the qualitative study; and of course my community partners from Moms Stop the Harm and mumsDU. I have spent time reflecting on the different power dynamics that exist in all of these relationships and spent considerable time planning for how I might be able to mitigate any potential emotional harm that might be experienced by bereaved mothers during the interview process or through our research partnerships. For example, our research team developed a community resource list with local support/crisis phone numbers during our qualitative interviews in 2017. This list was accessed by myself on a number of occasions in order to refer a bereaved mother for counselling when deemed necessary by either the research participant or myself when speaking with her after an interview.

I also spent considerable time reflecting upon how my research intersects with my own advocacy as I developed closer professional and personal relationships with the leaders of these two organizations over the years. I navigated my early questions about my role as researcher and

as an emerging advocate by speaking to my supervisors and other colleagues about this issue, reading relevant literature (Stahl & Shdaimah, 2008) and learning about and embracing community-based participatory approaches to research. While some believe that advocacy and academia are unable to co-exist, I grew to see advocacy as being central to my roles as public health practitioner and researcher. Attending rallies, participating in news media interviews, speaking to politicians, moderating and speaking at public events, and engaging in a film making project (See-Beyond.ca) are some examples of harm reduction advocacy activities that I have engaged in. Ultimately I was comfortable doing so because I believed in what I was advocating for. I also view advocacy as being both a professional responsibility and core competency of public health practice (Public Health Agency of Canada, 2008). I therefore acknowledge my standpoint as a public health nurse and researcher who has supported and advocated for harm reduction principles and practice myself throughout my PhD journey.

Methodological reflexivity entailed questioning my choices about my philosophical approach, reflecting on how this informed my methodological decision making and constantly reviewing "... the meaning of these decisions and ensuring that they are ethical, rigorous, and paradigmatically aligned" (Olmos-Vega et al., 2022, p.5). My choice and the refinement of methods (qualitative interviews, newspaper analysis and survey research) predated much of my own advocacy activities related to harm reduction due to the fact that my own comfort in advocating for supervised consumption services, de-stigmatizing language and decriminalizing drug use came in the latter third of my doctoral studies, once I became more knowledgeable and aware of such issues. I also spent time considering a variety of different theories which informed the research questions and in turn, the analysis and interpretation that was undertaken for my studies. My developing interest in social/structural approaches to addressing the drug poisoning

crisis in addition to working closely with sociologists on our research team likely influenced my choice of theories when writing my PhD proposal.

Finally, contextual reflexivity entailed a consideration of ongoing cultural, historical, political, and social circumstances that were always present and ever-changing. Being aware of these contextual factors and taking into consideration how they may have impacted my work at all levels of the research process has been an important component of maintaining my reflexive stance. For example, in analyzing the interviews with bereaved mothers throughout different regions of Canada, I often reminded myself that their advocacy experiences at a local level might vary due to different provincial political parties being in power at the time of our qualitative interviews. Our research team recognized and addressed a number of these contextual issues in a manuscript entitled, 'Bereaved mothers' engagement in drug policy reform: A multisite qualitative analysis' (Jenkins et al., 2021).

Research Objectives and Overview of Methods

Although there is much written about the role of public health experts and health professionals in health policy advocacy (Christoffel, K.K., 2000; Hancock, 2015; Public Health Agency of Canada, 2008), research on the role that mothers play and their use of news media in shaping public policy related to opioid (or other drug) use is limited. My specific **objectives** for this dissertation have been to **(1) advance academic scholarship on the role and impact of bereaved mothers' media advocacy in the context of harm reduction, and (2) provide evidence to support parents' efforts to mobilize media engagement in support of their advocacy efforts.** Under these broad objectives, I have investigated **six research questions across three studies. Study 1** addressed: *How do mothers who have lost a child to substance use view their experience of media advocacy to advance harm reduction and other drug policy*

reform? (research question 1). A qualitative dataset comprised of 43 semi-structured interviews conducted with 43 mothers who have lost a child to substance use between June – November 2017 was analyzed for this study. In **Study 2**, I used both a quantitative content analysis and qualitative thematic analysis to systematically analyze 5681 Canadian newspaper articles on harm reduction published from 2000-2016 to answer research questions 2 and 3: *How often are bereaved mothers who have lost a child to substance use represented in newspaper coverage of harm reduction?* (research question 2), and *What are the underlying discourses seen in Canadian newspaper coverage on harm reduction which feature a bereaved mother whose child's death is related to substance use?* (research question 3). These newspaper articles have been compiled as part of the Canadian Harm Reduction Policy Project (CHARPP). In **Study 3** I conducted a secondary analysis of cross-sectional data obtained from a 2018 online panel survey of Canadian attitudes towards harm reduction ($N = 4645$) to answer the following research questions: *What proportion of the general public have heard or seen media reports featuring mothers who have had a child die from an opioid overdose and does this vary by region?* (research question 4), *Who is most likely to see such media reports?* (research question 5), and *Is there an association between exposure to bereaved mother's media coverage and support for harm reduction?* (research question 6).

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Chapter 2:

“I’m not your reality show:” Perspectives of Bereaved Mothers’ Engagement with the

News Media To Advance Drug Policy Reform¹

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Abstract

North America's overdose crisis is one of the most urgent public health issues of our time and parents bereaved from substance use are a prominent voice within the news media. To date, however, the experiences of bereaved mothers who have shared their stories with the media has not been well-documented, leaving a significant gap in our understanding of their political advocacy efforts.

In 2017, we conducted qualitative interviews with 43 mothers across Canada who participated in drug policy advocacy following the substance-related death of their child. We used a narrative interview approach and thematic analysis to distill key themes in recounting bereaved mothers' stories of engaging with reporters, their perspectives on media representation and the personal impacts of sharing their stories with news media.

Participants viewed the news media as powerful allies in educating the public, changing attitudes, and ultimately influencing policy in support of people who use substances. However, there was a personal cost that accompanied this media advocacy which included the potential for sensationalism, news media complacency, insensitive comments by journalists, and having one's story misrepresented.

Our study highlights the complex relationship between mothers bereaved by substance use and the news media who hold tremendous power in framing their stories. By examining bereaved mothers as social movement actors and reflecting on the structural context in which news stories are delivered, we outline strategies to ensure parents bereaved by substance use can safely share their stories with media and continue their work in countering stigma and misinformation.

Introduction

North America continues to experience a crisis in overdose deaths largely driven by an increasingly toxic and unregulated drug supply centered around illicitly-produced fentanyl and its analogues (Centers for Disease Control and Prevention, 2020; Public Health Agency of Canada, March 2021). This mortality has worsened during the COVID-19 pandemic, likely due to disruptions in the illegal drug market leading to more unpredictable and toxic drugs, elevated levels of stress and isolation, and service restrictions for people who use substances (Canadian Community Epidemiology Network on Drug Use, 2020; Public Health Agency of Canada, March 2021). Families, in particular mothers, who have lost a loved one to substance use, have been vocal supporters of expanded access to substance use treatment, harm reduction interventions and other drug policy reforms in response to this crisis. In Canada, two grassroots, volunteer organizations have been particularly active: Moms United and Mandated to Saving the Lives of Drug Users (mumsDU) and Moms Stop the Harm (MSTH). Both organizations bring a family perspective to Canada's drug policy landscape by advocating for a public health approach to substance use, inclusive of harm reduction philosophy and interventions. Harm reduction is an approach to psychoactive substance use that aims to reduce morbidity and mortality by non-judgmental and compassionate care for people who use drugs, irrespective of whether they wish to reduce or abstain from using substances (Kerr & Ti, 2013). Some examples of harm reduction practices include community distribution of naloxone kits, the provision of sterile injecting equipment, drug checking services and supervised consumption services. Harm reduction policymaking is often politically contentious and resistant to rational decision-making that accounts for scientific and economic evidence of the effectiveness of this approach (Zampini, 2018; Hyshka, Bubela & Wild, 2013). As such, it provides a quintessential example of a

‘morality policy’, in which actors frame issues and develop policies based upon strongly held beliefs and principles about what is morally ‘right or wrong’ (Euchner et al., 2013; Knill, 2013; Permoser, 2019). Thus, because substance use disorder is often seen as a personal moral failing, research supporting harm reduction approaches (Irvine, et al. 2019; Kennedy et al., 2017; Kennedy et al., 2019; Potier et al., 2014) is often dismissed by those who disregard the science, which in turn, threatens harm reduction efforts in many parts of the U.S. and Canada.

In our previous analyses with bereaved mothers we have found that the overarching goal of their advocacy was to save lives (i.e. preventing overdose and drug-related deaths), in addition to enhancing kindness, empathy, understanding and support for people who use substances (Moms Stop the Harm, 2021). While members of these two organizations draw from multiple advocacy strategies, their use of media advocacy has played a central role in their attempts to influence decision makers and achieve policy change. Such media advocacy comes at a critical time, as substance use and substance use disorders have the potential to be framed by the news media in ways that stigmatize and dehumanize people who use substances and their loved ones. For example, past media portrayals have emphasized the criminality of illegal drug use and characterized addiction as a personal choice or moral weakness, othering people who use substances, and suggesting they are deserving of any harm that befalls them (Kennedy & Valleriani ,2017; Kennedy-Hendricks et al., 2019; McGinty et al., 2016, 2019). Yet recent evidence suggests that media messaging that includes factual information about substance use paired with a sympathetic narrative from a bereaved mother, can have a positive impact on public support for drug policy reform, including harm reduction policies (Bachhuber et al., 2015; Sumnall et al., 2020). Indeed, both public support (Burstein, 2003) and the media (Bou-Karroum et al., 2017) have a strong influence on health policy.

The members of MSTH and mumsDU exemplify social movement actors, or advocates who strive to challenge existing frames of injustice that directly impact health and justice systems (Benford and Snow, 2000). The news media is an important tool used by advocates because it can "... legitimate movement issues, provide social movements an opportunity to shape public understandings of political problems, and mobilize a broader public to action" (Rohlinger & Vaccaro, 2013,p.1). Social movements frequently utilize members' stories, shared through the media, to change opinions and garner broader support for a cause. The use of 'authentic voices', or people who can share their lived experiences (Dorfman & Daffner Krasnow, 2014; Jernigan & Wright, 1996; Wallack & Dorfman, 1996) is central to media advocacy. However, it also runs the risk of exploiting the individuals who advocates are trying to support (Jernigan & Wright, 1996), especially when the news story focuses more on an emotional 'victim' narrative and less on policy solutions (Clark, 2017; Wallack & Dorfman, 1996).

As social movement actors using personal stories to challenge existing public perceptions and policy perspectives, bereaved mothers have worked tirelessly to uphold the health and human rights of people who use drugs. Surprisingly, there have been limited empirical studies on the experience of mothers engaging with the media while advocating for changes in health policy in mental health and substance use reform (Evans & McGaha, 1998; Hoagwood, et al., 2018; Milliken, 2001; Olin et al., 2010). While a few studies have explored the grief experiences of parents who have lost a child to substance use (Feigelman et al., 2020; Nowak, 2015; Templeton et al., 2016; Titlestad, et al. 2019), specific consideration of how media is leveraged to change drug policy is lacking. The advocacy undertaken by MSTH and mumsDU is perhaps most comparable to that of Mothers Against Drunk Driving (MADD). While both types of grassroots

organizations were started by bereaved mothers and pertain to substance use, members of MADD are advocating for people who have been, or could be, harmed by others' substance use. In contrast, mothers who are members of MSTH and mumsDU advocate for people who use substances, and may face shame and stigma that sometimes accompanies the death of a child from substance use. Despite the existence of several studies showing the efficacy of MADD's advocacy (Asbridge et al., 2004; Fell & Voas, 2006), research has not specifically examined how these mothers engage with the media to advance their policy platforms. Thus, despite many instances where they have shared their personal stories with the news media to advance their policy platforms and shift stigma about substance use, accounts of how bereaved mothers engage in media advocacy have been absent from the Canadian research literature. In contributing to addressing this gap, our manuscript centers the research question: *How do mothers who have lost a child to substance use view their experience of media advocacy to advance harm reduction and other drug policy reform?*

Materials and Methods

2.1 Study Design & Partnerships

Our analysis draws from a broader community-engaged, qualitative research study designed to collect and analyze stories from Canadian mothers whose children had died from substance use and who engaged in advocacy for drug policy reform. Further details can be found at Jenkins et al., 2021. We drew from narrative approaches to qualitative research to examine both the content and structure of mother's stories (Wells, 2011) while considering social and cultural context (Patton, 2015). In our study a substance-related death was defined broadly as any death associated with the use of substances (e.g. drug poisoning or overdose; substance-related suicide; physical illnesses due to substance use). Our team consisted of a group of

university researchers working in collaboration with three community partners representing Moms Stop the Harm, mumsDU and The Voice of the Family (the latter being an advocacy organization whose leadership has since stepped away from advocacy work). All team members played a central role in establishing the study design and developing the background questionnaire/interview guide, and supporting data collection. Our study protocol was approved by the human research ethics boards at the University of Alberta, the University of Calgary and the University of British Columbia.

2.2 Recruitment & Data Collection Procedures

Mothers were recruited with the assistance of our community partners who reached out to their membership and advocacy networks via social media, word of mouth and email. Mothers were eligible to participate if they lived in Canada, spoke English and had first experienced the loss of a child to substance use at least 6 months prior to data collection. Potential participants informed the community partners and were then contacted by the researchers on the team to arrange an interview, which lasted between 26-135 minutes following informed consent. Interviews using a narrative approach were audio recorded and subsequently transcribed and the majority of interviews (36/43) occurred in- person (remainder conducted via phone). Participants were offered a \$50 gift card in recognition of their time, and each participant was offered a copy of their transcript to review for accuracy. While we did not have a formal approach to achieving saturation, we aimed to recruit a broad sample from across Canada. In this context, we continued to work with the two organizations until no new participants came forward. There were diverse family experiences, but we heard similar /shared themes from women about what it means to advocate for drug policy reform after losing a child to overdose or other substance-related causes. Questions posed to study participants were wide ranging and designed to elicit views on

drug policy advocacy. Questions pertained to the purpose of their advocacy, activities/actions undertaken, media, advocacy messages, facilitators and barriers, motivating factors, perceived impact and the role of motherhood in advocating for drug policy reform . It is participants' responses to the broad code entitled 'media' that we present here.

2.3 Data Analysis

Thematic analysis was undertaken as described by Braun & Clarke (2006), using NVIVO 12 for data management. Transcripts were initially read by HM who developed an initial list of codes using both an inductive and deductive approach. A proportion of transcripts (10%) were co-coded with R H-S (study lead) and discrepancies were subsequently resolved by way of consensus (Morse, 1997; Patton, 2015). HM read through the data coded as 'Media' multiple times while simultaneously taking memos and coding relevant words, phrases and concepts together under various categories and subcategories. Relationships between coded excerpts and their categories were identified and refined prior to grouping categories under larger themes. Finally, coded material, both 'within' and 'across' these larger themes were reviewed and revised in generating a 'thematic map' (Braun & Clarke, 2006). Careful consideration was taken to achieve methodological and analytic rigor. These steps included ensuring prolonged engagement and eliciting thick descriptions by study participants; frequent meetings between the research team to discuss emerging findings; attending to negative analysis; ensuring data saturation; using an audit trail; and being reflexive in our analysis (Cohen & Crabtree, 2006; Forero et al., 2018; Lincoln & Guba, 1985; Morse, 2015; Richards & Morse, 2013). To protect anonymity, pseudonyms are utilized and details that may potentially identify participants have been changed. While the mothers in our study spoke of many elements of their experience with

media advocacy, particularly salient in this analysis were the themes of news media as allies for advocacy, contrasted with the challenges and personal ‘costs’ of this engagement.

Results

3.1 Participant Characteristics

A total of 43 interviews were conducted between June and November 2017. Mothers were recruited from the provinces of Ontario, British Columbia, Alberta, Manitoba, Saskatchewan and one Maritime province. The majority were married and half of those reporting their age stated they were between 55-64. Most had a household income greater than \$50,000 and identified as ‘white’ or Caucasian. Most had children who were male and in their 20s at the time of their death. In the majority of cases, mothers expressed that their child’s death was a result of drug poisoning (‘overdose’ or ‘tainted drugs’) and over half of the mothers had participated in a media interview for advocacy purposes (See Table 2-1).

Table 2-1: Participant Characteristics*

Age	
35-44	2
45-54	8
55-64	16
65+	6
Missing	11
Regional Representation	
Ontario and Maritimes	10
Alberta	12
Other Prairie provinces	4
British Columbia	17
Household Income	
Less than \$10,000	1
\$10,000 – \$50,000	11
\$50,000 - \$100,000	14
\$100,000+	16
Missing	1

Ethnicity	
White	41
Multiple Ancestries	1
Missing	1
Marital Status	
Married	22
Separated/Divorced	10
Common-Law	3
More than 1 answer provided	4
Single	3
Widowed	1
Time Spent in Advocacy	
2+ years	13
6-11 months	11
1-2 years	11
Unclear	8
Gender of Child	
Male	35
Female	10
Age of Child at Death/Passing	
17-19	4
20-24	14
25-29	15
30-39	9
40+	3
Year of Child's Death/Passing	
Before 2012	3
2012	4
2013	3
2014	7
2015	5
2016	17
2017	5
Unclear	1
Was passing/death a result of drug poisoning? **	
Yes	39
No	3
Unknown	3
What substance(s) caused the passing/death?	
Fentanyl	20
Carfentanil	1
Polysubstance	14
Other opioid (e.g. hydromorphone, morphine, heroin)	3

Methadone	2
Unknown	3
Other (suicide or N/A)	2

*N=43; Total number of children=45 as two participants had 2 children whose death was attributable to substance use

** May be called ‘overdose’ or ‘tainted drugs’ by some.

3.2 News Media as Allies

The mothers we interviewed highlighted the critical role that the media has had in their advocacy, with many referring to the media as one of their most important allies. Forging positive relationships with members of the news media, who were seen as helping to educate the public, to change attitudes, and ultimately to influence policy, was recognized as essential to successful advocacy. Furthermore, there was wide recognition that it would be incredibly difficult to disseminate messages without media support. Evelyn articulated the important role of the media when she stated, “I’ve used them as an ally, and to help press for change,” while Freya commented, “... it is important that they are on our team and that they don’t become jaded.” Hope pointed to specific reporters she had worked with in the past, stating, “there are some people in the media who’ve just been amazing in their support. They tell our stories over and over, and give us a voice...”, later adding, “they believe in what we do, and they do an important job informing the public.” Likewise, Olivia reflected on the role of the news media in shaping and driving culture when stating, “... they have the power to change ... public opinion, to change the language, to reduce stigma through their lens of ... what happens,” adding, “... they would be the most powerful ally in making a difference and in educating.”

3.2.1 Rationale for Engaging with the News Media

Mothers reflected on the reasons why it is important to engage with the news media, with many discussing the media's role in educating the public about such polarizing topics as harm reduction, the toxic illegal drug supply, community substance use resources, and the family experience of supporting people who use drugs. Alison explained that "...I think we have a role as the Moms to educate the media, and then they in turn have a responsibility to relay the proper messaging to the public." Evelyn chose to use the media extensively in her work, believing, "what's going to make the change is by going to the media, showing the public what is going on, what's not being done and what needs to happen..." Similarly, Hope expressed the role that media plays in amplifying mothers' voices:

It's incredibly important because it's our way to get our story out. We don't have any advertising budget. You know, I can't drop a few million for TV ads, but if the CBC [Canadian Broadcasting Corporation] or Global [national news network] will give me a few seconds at six o'clock in the evening, that's worth a big chunk of change that I don't have to pay for... so the media has been huge in terms of ... giving us a voice... uncovering facts... reporting the numbers... and sharing individual stories over and over.

Mothers described additional reasons for engaging with the media, one of which was to decrease stigma by opening space for conversations about substance use. Many of the mothers we interviewed felt that the media played an important role in challenging societal assumptions that substance use only affects those living in marginalized communities or that parents are to blame for their child's death. Several mothers spoke of how their own stigmatized views had evolved since the death of their child, and how the media had a role in supporting such changes:

I remember the week before [Daughter] died that there had been some overdoses down at Tent City [homeless encampment], and I remember thinking, like, 'Oh, thank God, that's not in my world' And yet, it was. And so, I think maybe the media has had to try and reach people that are resistant to even relating to a story like that... (Norma)

Mothers also acknowledged that a key reason for engaging with the media was to contribute to framing the story, rather than solely relying on reporters or officials to do this on their behalf. This allowed for greater control in sharing the message they wanted to convey. In reflecting on advocacy and the circumstances that surrounded the death of her son, Alison commented that it was important for her to speak out "...so that you don't leave the story to the media. You're framing that story yourself. You're shaping that story." Finally, many mothers believed that media engagement held the potential to influence political views. Sophie illustrated this when she spoke of writing letters to various politicians but that ultimately, "... it really wasn't until I went to the media that ... I got the health minister to sit down with me because he knew he was going to meet me at a press [conference]." Evelyn articulated this when she spoke of her frustration with the lack of funding from provincial and federal government in responding to the overdose epidemic:

I'll be the first one to shame them [politicians] in the news, but I'll be the first one to give accolades where accolades are due. So it's holding them accountable, and unfortunately, that is the only way to get government to move. So I've learned that the hard way, and I have the media partners, I have the media presence. Our family, unfortunately, has become the face of fentanyl, and so we will use that to move forward and try as best as we can to get things moving quickly enough, because people are dying every single day.

A number of those we interviewed recognized that part of why their message may resonate with elected officials was that they shared many of the same social and demographic characteristics as those in power. Sydney stated that it was a newspaper story that portrayed her son as a "... boy that had opportunities [and] had family that cared about him" that captured everyone's attention at City Council, adding, "... it could have been any one of those council members" [that lost a child to substance use.]. This sentiment illustrates not only how bereaved mothers were aware of

media dynamics but also how they must make strategic use of this narrative to achieve their advocacy aims.

3.3 The Challenges and Personal ‘Costs’ of Engaging with News Media

Despite highlighting the benefits of using news media to share their family story and advocacy messages, mothers also spoke at length about the challenges that are inherent in doing so. Many had encountered a sensationalist approach to media reporting, either personally or when viewing stories featuring other parent advocates or people who use substances in the media. As such, some were hesitant to engage with the media for fear that their own story might be taken out of context, that it might focus on graphic or shocking details, or center on the ‘drama’ or ‘heartbreak’ of the death, rather than on the need for specific policy changes. Alison shared this view when she stated, “... they’re looking for the sound bite. They’re looking for the thing that’s going to catch people’s attention. Sometimes we wish that they would focus less on the personal story and more on the messaging.” This focus on the ‘sad story’, while minimizing discussion of policy changes, had the potential to create additional damage in stigmatizing people who use substances and their families. Edith, whose son struggled with a chronic and debilitating mental illness for much of his adult life expressed her concerns that such media coverage simply ‘added fuel to the fire’:

And so when I see media like that, I think it’s just crap, and I don’t see how it could have a positive impact. I think it further substantiates the public’s impressions, which is, ‘these are people that use drugs by choice. They should just stop’.

Some mothers described that they felt pressured to show emotion, as was the case with Fiona who stated, “I know they want you to cry. I’m past crying ... that’s not who I’m portraying anymore.” Mandy also felt the need to express to a journalist that she did not want to be made to

cry on camera, stating “I’m not your reality show. I’m here because... I want to give you facts and information [about] how you can save your child.”

Participants recounted their tremendous disappointment when stigmatizing language or images appeared in the news. There was the widespread perspective that photos of people injecting drugs on the street or terms such as ‘junkies’ or ‘drug addicts’ were deeply harmful. Some mothers took it upon themselves to try and educate journalists to end the use of such language in their reporting but felt that their concerns were dismissed. For example, when she made a complaint to a news organization about stigmatizing terms, Alison expressed that the responses were pithy, such as, “‘Oh we didn’t know’, or, ‘Sorry, we forgot,’ or, ‘Our copy editor created the headline’”. Several mothers felt that the public attention that accompanied their story was positive, but at the same time, it came with downsides. Melanie, for instance, expressed “... any publicity is good publicity at the end of the day” while Grace stated,

... they want to sell a newspaper. They want to get the public watching their programs. So they want the grit of the hard part of your story, so you have to accept that when you’re dealing with them.

In addition to the potential for sensationalist media accounts of their stories, mothers recounted their fear that the media would become complacent with the topic of substance use and the overdose death crisis. Nancy discussed her concern with a conversation she had with a journalist who conceded to her, “It’s kind of like if we had to report the rate of cancer deaths each month. Over time, people just kind of get immune to the numbers.” Mothers also recounted several instances where they spent time being interviewed for a story that was never published. Sophie shared how upset she was when, after working hard to convince her husband to join her for a televised interview, the station never aired the story: “... that was very upsetting for me and

my husband because I'll probably never get him to do another interview again. And it took ... days to get over that."

While many participants said they had worked with journalists who were caring and compassionate, mothers also at times contended with insensitive comments from journalists or the public. Usually this was subtle, however, Isla described an incident where she had reached out to a high profile journalist after her daughter passed away and was rebuffed, stating "... she told me that I think it's an epidemic because it happened to me." The most derogatory and hurtful comments, however, were shared by anonymous 'trolls' in response to media stories that appeared online. While many said they tried actively to avoid reading such comments, others could not help noticing or hearing from other advocates about the harm such posts create. Annie spoke of 'crying for days' following a radio interview to which people posted public comments that included statements such as, "They're druggies. Like, 'go shoot them in the head'. Things like that." This created a sense of ambivalence for mothers who wished to use the media to convey anti-stigma messaging and advance drug policy reform knowing that it may not only lead to personal trauma but also allow for online public responses which may have the opposite effect of what they were trying to achieve. Cindy expressed gratitude that the news agency she worked with told her before her interview that it was their official policy to refrain from allowing online public comments:

... I think it could have sent me down a path, and not a very good path, to see that... because believe me, most of these mums ... they've already blamed themselves for every single thing they could blame themselves for... but the bottom line is we love our children. We've tried our best. We did what we could do with what we knew at the time.

Finally, some mothers spoke of instances of having their story misrepresented or journalists framing the story differently than what they would have liked. While some viewed

this as the wrongdoing of an individual journalist, there was also an understanding that reporters work under editorial constraints (e.g., length limitations), which might influence how the story is framed. Claire, who went to the media to warn the public about the contaminated drug supply when her daughter was alive and actively using drugs, stated, "... they [media] pick and choose what they want to put in, and sometimes they're curving it towards what they want it to look like...". Occasionally, a journalist might share the story with a participant before it goes to print, however, if this did not happen or if there were errors in the reporting, some mothers spoke of asking for a retraction or correction. For example, Grace shared, "No matter how you want to use my story, just make sure that what you do say are the facts... or I'll have you change it..."

In requesting necessary changes, mothers demonstrated that they retained a degree of power in a relationship that holds the potential to be fraught with inequity. Many of the mothers we spoke to commented on this and other strategies that they undertook for engaging with the news media (see Table 2-2). The strategy mentioned most often was, 'Clear messaging on policy or practice solutions'. One example of this was when Alison commented, "So we try and elevate our language... I will be clear on what my message is..." (which at times meant steering the conversation past details about her child). Additional skills such as preparing one's talking points ahead of time, pivoting back to one's main message when necessary, and taking measures to ensure privacy (e.g. releasing limited photos of their child) were developed over time by many of the mothers as their experience with the media grew and with the support of other group members. Such skills proved to be critical in helping bereaved mothers shift the media discourse away from their personal grief experience and towards advocating for policy changes and wider structural solutions to the overdose crisis.

Table 2: Bereaved Mother's Strategies for Engaging with the News Media

What Kinds of Strategies Did Bereaved Mothers Use When Engaging with the News Media?

- Reach out to the media outlets directly
- Be strategic in media work
- Focus on one issue per interview
- Prepare talking points ahead of time
- Clear messaging on policy or practice solutions
- Learn to 'pivot' back to your message when necessary during the interview
- Negotiate ground rules with journalists in advance
- Educate journalists
- Take the opportunity if it is presented to review the article before it goes to publication
- Hold media accountable for their mistakes
- Take measures to ensure privacy (from measures of the public)
- Interview with another advocate (joint interview for support)

Discussion

Our research adds to the literature on how people and communities are impacted by the overdose crisis in Canada, providing perspectives from mothers whose children have died from substance use and have engaged with the news media for the purpose of advancing drug policy reform. This work also contributes to the field of social movements and advocacy, in particular those which feature bereaved mothers whose activism is driven in large part by collective grief (Al'Uqdah & Adomako, 2018) as well as the use of maternal frames to advance a political cause (Stavrianos, 2015). Mothers described how contributing to news media represented a critical tool in their advocacy, allowing them to communicate to the public and policymakers in an effort to bring about meaningful changes at all levels of government. While overall the news media

were viewed as allies in mothers' advocacy efforts, several risks accompanied going public with one's bereavement story.

Our findings point to the complexities of drawing on and centering lived experiences when taking on an advocacy role. Scholars have described the relationship between advocacy or social movements and the media as one of interdependency - between advocates who need the media's attention to amplify their message and members of the news media who rely on movements to help create newsworthy content (Vliegenthart & Walgrave, 2012). A primary skill for media advocacy is framing the story, something that the mothers in our study expressed as being a critical element of their own advocacy work. Advocates who are part of a larger social movement often engage in two different types of framing: 1) Framing for access that involves shaping a story to attract the attention of journalists and 2) Framing for content that involves sharing the story in a specific way to convey a particular message (Wallack & Dorfman, 1996). However, an additional theoretical underpinning of media advocacy involves recognition of the default frame. In North America this frame is often one of "... rugged individualism that emphasizes personal responsibility for solving problems" (Dorfman & Daffner Krasnow, 2014, p.296). The mothers we spoke to were well aware that what makes their story salient with journalists is the suffering caused by the death of their child from substance use, something which holds the potential to 'be the story' itself. Further, the default frame in this instance is that their child 'made choices' and was ultimately responsible for their own death. Such an emphasis on personal responsibility over social policy responses is tied to substance use related stigma, which Urbanoski et al. (2020) state "... is deeply embedded in health and social systems as a result of current policies that criminalize drug use and neo-liberal beliefs that people who use substances are solely to blame for their problems" (p. 2). In interviews, our study participants

explained how they addressed this delicate balance by shaping their story in such a way as to ensure that the interview focused less on their child as a ‘victim’ and more on what policy changes are needed (e.g. decriminalization of minor drug possession; supervised consumption services). Achieving this balance, however, was not easy. Although framing skills have the potential to improve with experience, there is no guarantee for mothers that their message will be conveyed in the way they intend, leaving many in a vulnerable place. Our previous findings on the personal impact of political advocacy (Moms Stop the Harm, 2021) point to the high costs of this work for mothers. Further, engaging with the media involves placing enormous trust in journalists and renders these mothers vulnerable to harm if their stories are inaccurately portrayed or their advocacy messages are misinterpreted.

Our findings have led us to consider recent critiques in the academic literature, and from communities, highlighting how media in North America portray overdose death in ways that exclude racialized and marginalized people and families. Specifically, there have been several examinations of the representation of race in media coverage pertaining to the overdose epidemic (James & Jordan, 2018; Johnston, 2019; McLean, 2017; Mendoza et al., 2018; Netherland & Hansen, 2016; Webster, et al., 2020). Many have argued that the news media has focused most of its attention on white opioid users, portraying them as ‘innocent victims,’ while ignoring or stigmatizing the stories of Indigenous or Black people who use opioids and their families. McLean (2017) for example contends that as rates of heroin use have risen amongst white Americans, so has a more sympathetic response by news media where “...stories increasingly [are] centered around ‘unexpected’ opioid users, whose habits are made legible through biomedical discourses of addiction”(p.411). As nearly all of our participants identified as ‘white’ and ‘middle’ or ‘upper’ class, we acknowledge that most enjoyed some degree of social

privilege, which likely helped them garner media attention and made journalists more inclined to report their messages uncritically. While race, class, and gender privilege undeniably play a role in shaping ‘whose story gets told’, the absence of news stories from Black and Indigenous families on this issue may also be tied to the lack of safety that these communities have in sharing their stories in mainstream media.

In this particular cultural moment where we are experiencing a long overdue reckoning with previously denied or minimized accounts of racism, violence, and exclusion experienced in institutions, it would be naive to believe that journalism and the news media are somehow immune from bias and systemic racism in reporting on drug use issues. In fact, a recently published study by Rohlinger et al. (2020) found that news coverage is indeed diminished for women, older activists and activists of color “... by underrepresenting them, presenting opponents’ claims at higher rates, and reinforcing dominant cultural narratives about political authority” (p.1). This was apparent early in Canada’s overdose crisis, when in 2015, media coverage reporting on the high number of deaths in Kainai First Nation (CTV News.ca Staff, 2015), failed to galvanize the immediate political and public support needed to address the crisis within this community.

While considering how reporting on overdose may reinforce narratives imbued with white privilege, any media analysis on drug policy should also be concerned with whether or not stories from white, middle-class families are subjected to the ‘sensationalism’ our participants described (i.e. when stories frame overdose deaths as especially ‘shocking’ or ‘tragic’ because they occurred in so-called ‘normal families’ from privileged contexts). Journalists are encouraged to examine their own implicit biases and provide more fair and equitable portrayals of people who use substances across class and race (Netherland & Hansen, 2016). It is clear that

in media storytelling, research, and policy, the meaningful representation of Black and Indigenous people, and other people of color who use drugs or who have lived experience of family drug use and overdose death should not only be amplified but shared in a way that allows journalists to reveal the political and structural forces which shape substance use in structurally vulnerable communities.

Academics working in substance use and drug policy have also used research, sometimes in collaboration with journalists, to advocate for changes to how drug use and drug policies are reported on, and to challenge drug stigma and advance evidence-based perspectives in reporting. For example, there are guidelines for avoiding myths about drug use (Changing the Narrative, 2020) and journalists are encouraged to be inclusive of voices of people who use drugs while using person-first, non-stigmatizing language (INPUD & ANPUD, 2020). In Canada, there are also best practice guidelines on how to report on addiction and mental health (The Canadian Journalism Forum on Violence and Trauma, 2017) as well as trauma-informed approaches to reporting (CBC radio, 2019). Advocates themselves are directed towards specific strategies when working with the media such as articulating policy ‘asks’, pivoting to key messages, utilizing research evidence, and using speaking notes to help feel comfortable which are further described by the Canadian Drug Policy Coalition (2021) and in the MSTH Advocates Handbook (Moms Stop the Harm, 2017). Finally, members of the government have a responsibility to ensure that information presented about people who use substances in press releases, media interviews, and online reports is both non-stigmatizing and rooted in evidence (Lancaster et al., 2017).

While our study brings many strengths and is among the first to center the experiences of mothers who use media to advance drug policy reform, there are limitations to acknowledge. At the time of these interviews, there was a significant amount of media coverage in Canada

featuring bereaved mothers with respect to the overdose crisis. The experience of media advocacy is likely to vary with shifts in public and political discourse about drug use and the importance of supporting (versus punishing) people who use drugs. Similarly, while the majority of the mothers we spoke to have lost a child to drug poisoning/overdose (primarily related to opioid use), family members whose child died from other substance-related causes such as alcohol and/or stimulant use may call for different policy responses and engage in different approaches in their media advocacy work. Finally, we did not address the experience of other family members (fathers, spouses, children, or siblings) which is an important consideration for future studies.

In conclusion, our findings illustrate a significant yet complex relationship between journalists who aim to share the stories and messages of bereaved mothers and the mothers themselves who are working to frame these messages in ways that will bring about significant and long-term changes in Canada's drug policy landscape. While journalists are perceived as important allies in advocacy, working with the media poses several risks that bereaved mothers might well encounter when engaging with the news media. We trust that the experiences described herein may be used to inform media advocacy undertaken not only by parent advocates, but by all groups who are actively working to advance drug policy reform in Canada and around the world.

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Chapter 3:
Canadian News Media Coverage on Harm Reduction Featuring Bereaved Mothers: A
Mixed Methods Analysis²

² Manuscript in preparation.

Abstract

Background: A growing body of evidence suggests that news media which includes a sympathetic portrayal of a mother bereaved by substance use can increase public support for harm reduction initiatives. However, the extent to which such news media coverage occurs in Canada is unknown, and extant research has not documented how the news media in Canada covers stories featuring bereaved mothers.

Methods: Mixed-method secondary analyses of a corpus of 5681 Canadian newspaper articles on harm reduction published from 2000 – 2016. Quantitative analyses described the volume and content of harm reduction reporting featuring a mother whose child's death was related to substance use. Qualitative thematic analysis provided in-depth descriptions of the discourses underlying news reporting featuring a bereaved mother.

Results: Newspaper articles featuring a mother whose child's death was related to substance use were rarely published ($n = 63$; 1.1% of total harm reduction media coverage during the study period). Deductive content analysis of these 63 texts revealed that coverage of naloxone distribution (42.9%) and supervised drug consumption services (28.6%) were prioritized over other harm reduction services. Although harm reduction (services or policies) were advocated by the mother in most (77.8%) of these 63 texts, inductive thematic analysis of a subset ($n = 52$) of those articles revealed that mothers' advocacy was diminished by newspaper reporting that emphasized their experiences of grief, prioritized individual biographies over structural factors contributing to substance use harms, and created rhetorical divisions between different groups of people who use drugs (e.g., those from higher SES groups vs. PWUD who are street-involved).

Conclusion: Bereaved mothers' advocacy in support of harm reduction programs and services may be minimized in the process of reporting their stories for newspaper readers. Finding ways to report bereaved mothers' stories in ways that are inclusive of all PWUD while highlighting the role of broad, structural determinants of substance use has the potential to shift public opinion and government support in favour of these life-saving services.

Introduction

In Canada, over 26,000 apparent opioid toxicity deaths have been documented since January 2016 (Public Health Agency of Canada, March 2022). Family advocacy groups representing those directly impacted by substance use have joined other key stakeholders in calling on provinces and the federal government to implement harm reduction measures in an effort to address the overdose crisis. Rooted in compassion, human rights, and social justice, harm reduction is both a philosophy and an approach to the development of policies, services and strategies with an aim to help people who use drugs (PWUD) live healthier and safer lives (Streetworks, 2015, p.1). Harm reduction supports, developed by and for people who use drugs, help to minimize many negative impacts of drug use, laws and policies without requiring that people stop using drugs (Harm Reduction International, 2022). Despite extensive research documenting the benefits of harm reduction services (Irvine, et al. 2019; Potier et al., 2014; Kennedy et al., 2017; Kennedy et al., 2019) expansion of these services in Canada remains politically contentious.

Harm reduction and the overdose crisis have been covered extensively by the Canadian news media in recent years. A 2018 Canadian population survey reported that the majority of Canadians (57.3%) had seen or heard media coverage related to harm reduction and 58.3% reported that they had seen or heard media coverage featuring a mother whose child had died from a fatal drug overdose (Wild et al., 2021). News media can play an important role in shaping public health policies by potentially influencing political agenda-setting and public opinion (Institute of Medicine, 2003; Wakefield et al., 2010; Grilli et al., 2002; Bou-Karroum et al., 2017). An essential component of any news media reporting involves ‘framing’, which emphasizes how an issue/problem is defined, what factors contribute to a particular

issue/problem, morally judging the causes and potential effects of an issue/problem as well as outlining possible solutions to a problem (Entman, 1993). Lancaster et al. (2011) have reported on the role of the media related to drug policy reform and describes four different mechanisms by which media coverage frames messages or influences audiences. First, the media plays a key role in setting agendas by defining what issues are most salient, garnering the attention of members of the public and shaping public opinion. Second, the media frames an issue by showing the public how to conceive of a particular issue (e.g. opioid use disorder as a criminal problem vs. a public health problem). Third, the media can influence and change attitudes towards certain issues and fourth, the media has the potential to influence the thoughts and actions of politicians and policymakers. A recent analysis by Wild et al. (2021) found in testing a social exposure model of public support for harm reduction that “media exposure exhibited a small, though statistically significant indirect effect on public support for harm reduction via stigma” (p. 13) suggesting that the media may play an important role in de-stigmatizing the public’s view of people who use drugs.

Research on the framing of substance use in the news media has found that media coverage emphasizes both the criminality of drug use and individual choice/personal weakness (Elliott & Chapman, 2000; McGinty et al., 2016; Kennedy & Valleriani, 2017; Kennedy-Hendricks et al., 2019; Webster et al., 2020). For example, in their examination of over 1800 news articles between May 16 2013-May 16 2014, Kennedy & Valleriani (2017) reported that news articles of Toronto Mayor Rob Ford’s use of crack cocaine was permeated with criminal framing pertaining to gangs and drugs. In contrast, a recent study by Wild et al. (2019) suggests that the majority of Canadian media articles focused specifically on harm reduction adopted a health frame. Similarly, McGinty et al.’s (2019-a) recently found that news media coverage of

solutions to the overdose crisis in the U.S. has shifted from a criminal justice frame to one focused more on treatment, harm reduction and prevention. Media studies related to people who use illegal drugs have also explored stigmatizing language and treatment. While Quan et al. (2020) found stigmatizing language in a national Canadian newspaper decreased over time between 2009-2018, McGinty et al. (2019-b) found 49% of the U.S. news stories they sampled randomly on the opioid epidemic contained stigmatizing terms with the proportion of such terms increasing over a 10-year period since July 2008. This is not inconsequential, as studies have found that the language and labels ascribed to substance use and services can impact beliefs around personal culpability (Kelly & Westerhoff, 2010) and support for harm reduction programming (Socia et al., 2021). None of these studies focused specifically on news media featuring a mother whose child's death was related to substance use, a form of newspaper reporting which has become increasingly common and which has the potential to impact how substance use is framed in news media reporting.

In addition to the news media framing stories of substance use and the overdose crisis, framing is also undertaken by family advocacy groups themselves when engaging with the news media to mobilize efforts to reform drug policies. As social movement actors, family advocacy organizations have utilized a social injustice frame (Benford & Snow, 2000; Snow, 2013) in their efforts to redefine and transform current understandings of substance use while simultaneously demanding changes in policy, practice and government response to the overdose crisis. Some examples of these social justice frames center on current efforts to decriminalize the personal possession of substance use in Canada as well as ensuring access to a safe supply of pharmaceutical-grade substances (Moms Stop the Harm, 2022). The use of 'authentic' voices in media reporting (Wallack & Dorfman, 1996; Jernigan & Wright, 1996; Dorfman & Daffner

Krasnow, 2014), while considered essential for gaining public support of controversial topics like harm reduction, may also run the risk of exploiting or sensationalizing individuals (Jernigan & Wright, 1996; Clark, 2017). Our own qualitative research highlighting the experience of family members' engagement with the news media found that while the news media were seen as powerful allies in advocating for drug policy reform, media advocacy also came at a personal cost to bereaved mothers whose stories were at risk of being misrepresented or sensationalized (Morris et al., 2021). Participants in this study also shared concerns that journalists could be complacent or insensitive when interacting with bereaved mothers.

Emerging evidence indicates that messaging which includes a story of a bereaved mother can positively impact public support for harm reduction. Sumnal et al. (2020) conducted an experimental study assessing the effects of different messages on public support for drug consumption rooms in Scotland, UK. Participants were randomly assigned to receive one of six message combinations (all of which included a basic description of a drug consumption room). These messages varied in providing different combinations of information which included: 1) factual details on the safety and cost effectiveness of drug consumption rooms; 2) pre-emptive refutation of three common concerns, and 3) a sympathetic narrative of a mother whose son had died from a heroin overdose. When compared with receiving the basic description of the drug consumption room alone, support for drug consumption rooms was significantly and positively associated with those messages that included: 1) refutation of common concerns; 2) bereaved mothers' sympathetic plus factual messaging; and 3) bereaved mothers' sympathetic plus factual plus refutation messaging. Personal recall of fewer oppositional or balanced media stories of drug consumption rooms (compared to supportive representations) was also associated with greater support for such services (Sumnall et al., 2020). A very similar study was undertaken by

Bachhuber et al. (2015) which utilized a randomized survey experiment to test the effects of different message combinations on public support for naloxone distribution policies in the U.S. These message combinations also varied in the content they presented by offering a combination of factual information about naloxone, pre-emptive refutation of common concerns and a sympathetic narrative of a mother whose daughter had passed away from an opioid overdose. The authors reported that “all messages increased public support, but combining factual information and the sympathetic narrative was most effect” (p.2). Unlike the Sumnall et al. (2020) paper however, Bachhuber et al. (2015) found that the sympathetic narrative and factual messaging alone were associated with increased support for naloxone policies.

Both of these studies suggest that the stories shared by bereaved mothers about their child who has passed away due to opioids can influence public support for harm reduction strategies. However, the extent to which bereaved mothers have appeared in media coverage around harm reduction is presently unknown. As well, research to date has not explored how the media reports on bereaved mothers who have lost a child to substance use and harm reduction. To address these knowledge gaps, the objectives of the present study were to describe the volume and content of such newspaper media coverage, and to describe the underlying discourses seen in these newspaper texts. Our research questions were: 1) How often are bereaved mothers who have lost a child to substance use represented in newspaper coverage of harm reduction? 2) What are the underlying discourses seen in Canadian newspaper coverage on harm reduction which feature a bereaved mother whose child’s death is related to substance use?

Methods

The present study reports results of a secondary analyses of Canadian newspaper reporting on harm reduction. Specifically, we adopted a mixed method study design to

deductively and inductively analyze Canadian newspaper reporting on harm reduction which featured a mother whose child's death was related to substance use. The research was informed by a critical realist perspective (Caine & Mill, 2016; Fletcher, 2017), based on the argument that drug policy research should embrace both constructivist and positivist paradigms, which "... enables more deeply explanatory, methodologically eclectic and democratically inclusive analysis of drug policy development and effects" (Stevens, 2019, p.1). As such, we used a convergent mixed-methods design (Creswell & Creswell, 2018) where the researcher separately collects and analyzes both quantitative and qualitative evidence and subsequently integrates the findings when interpreting results. Our quantitative content analysis examined the extent to which *a priori* content of interest appeared in the news texts using descriptive statistics (Neuendorf, 2017). We also used qualitative methods to "... consider the role of language and discourse in creating meaning and salience" (Atkinson & Sumnall, 2021, p.301). Media coverage for this study was drawn from a corpus of newspaper articles retrieved as part of the Canadian Harm Reduction Policy Project (CHARPP) (Wild et al. 2019).

Source Documents

A corpus of Canadian newspaper media articles that reported on harm reduction produced between 2000-2016 was queried for relevant texts. As described in Wild et al. (2019), the corpus was systematically obtained from online sources in 10 provinces and 3 territories. A total of 54 newspapers were identified by CHARPP research staff as having the highest circulation counts in each province and territory through the Canadian Newspaper Association's website. Articles were retrieved from the following three databases: Canadian Newsstand Complete (Canadian News Stream), Eureka and Factiva. Online or other sources of print media were used to capture cases where regular newspaper circulation counts were not available (Northwest Territories and

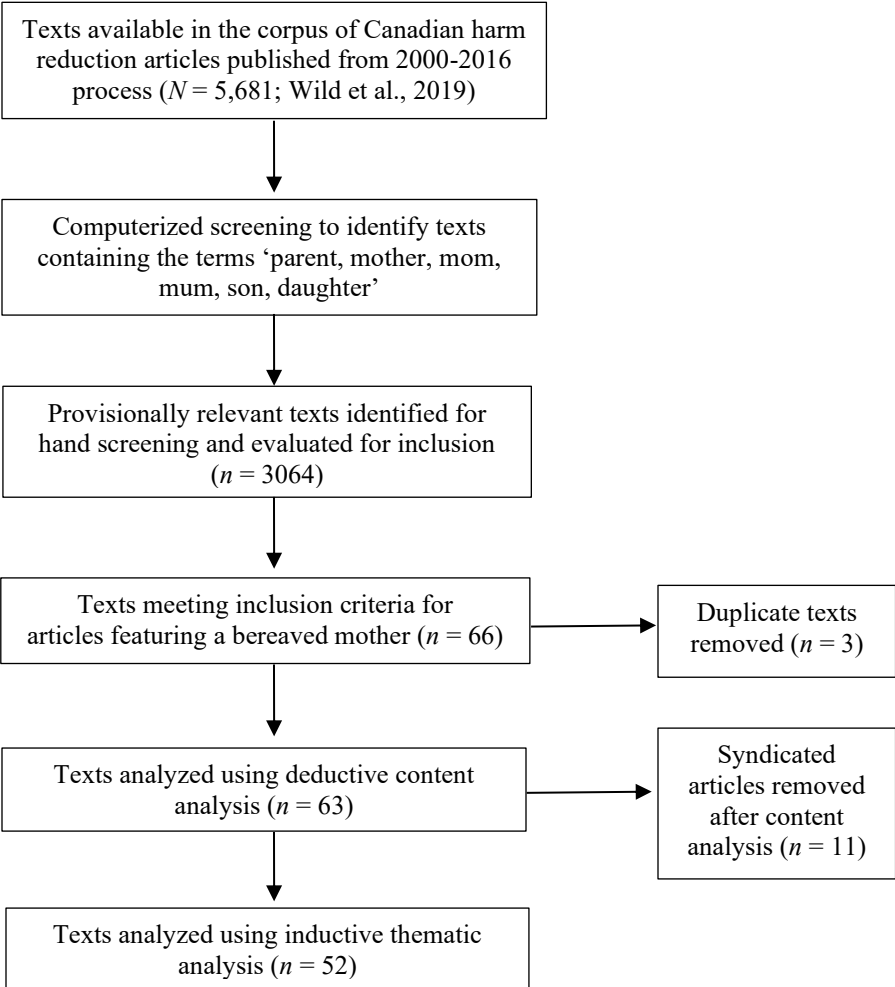
Nunavut). A list of search terms that equated with the term ‘harm reduction’ (as it pertained to illegal drugs) was developed with the assistance of a research librarian and validated by CHARPP co-investigators (many of whom are Canadian experts in the field of harm reduction). Articles could include news reports, columns, editorials, op-eds or letters. Further inclusion/exclusion criteria are described by Wild et al. (2019). A total of 42,720 English articles were initially retrieved from 54 newspapers for 2000-2016 and following a rigorous screening process by two CHARPP research staff which included regular interrater reliability checks on randomly-selected batches of articles (yielding high agreement on all indicators), 5,681 newspaper texts were included in the final corpus. Each of these texts were coded by CHARPP staff for type of article, tone towards harm reduction, topic and type of harm reduction intervention. Interrater reliability was also high (exceeding 0.9 on 5 indices) amongst four research assistants when coding for tone, topic and interventions (Wild et al., 2019).

Article Screening, Inclusion criteria, and Verification

A multi-phase screening procedure was used to identify a subset of harm reduction newspaper texts that featured bereaved mothers who lost a child to substance use from the 5,681 source documents (see Figure 3-1). First, with the assistance of an IT consultant experienced in conducting media analyses, a computer-based, algorithmic search was performed to identify texts from the corpus that contained any of the following words: ‘mother, mom, parent, mum’. A total of 765 articles published between 2000-2016 matching these terms were initially retrieved. Upon reviewing these articles, we discovered that some articles featuring a bereaved mother were not included if their child was mentioned in the article without reference to their relationship with the bereaved mother. Thus, we re-ran our search by adding two additional search terms (son and daughter) which yielded a total of 3064 articles.

In a second screening phase, the 3064 potentially relevant texts were then screened by Rater A (HM) to see if they met the study inclusion criteria and to remove duplicates. Articles were eligible for inclusion in this study if they (1) described a mother (biological, adopted, foster, same-sex) whose child's death was related to substance use (e.g., overdose/poisoning, substance-related suicide, death due to an illness that was left untreated due to substance use, infection/communicable diseases acquired through substance use or substance-related vehicle fatality), and (2) if the mother was quoted in the article and/or offered some information or opinion in the article herself and if her name was included in the article (articles presenting pseudonyms or anonymization for mothers were excluded). Following the initial article selection by Rater A (HM), 20% of the articles were randomly selected and evaluated for inclusion by Rater B (MG) to assess inter-judge reliability. This was initially undertaken in batches of 50 then followed by groups of 100, yielding a Cohen's Kappa coefficient of 0.94 across all batches. Disagreement was resolved by discussion/consensus with 3 articles being reviewed and decided upon by both coders. These screening procedures initially identified 66 newspaper texts for subsequent quantitative content analysis. Three texts which were exact duplicates from the same newspaper were omitted to yield a final population of 63 articles utilized for the quantitative content analysis. In a final screening step, we reviewed each of these 63 articles for their suitability for qualitative thematic analysis. This process revealed that 11 of the 63 included articles were syndicated texts appearing in multiple newspapers. Syndicated articles were retained for the content analysis as it allowed us to quantitatively capture and extract all content which appeared in different articles from different newspapers, but were removed for the qualitative analysis (by choosing the longer of the two versions when necessary), leaving a final set of 52 articles available for qualitative analysis.

Figure 3-1 –Screening and verification process



Quantitative Content Analysis

The 63 news media texts identified via the screening procedures were then subjected to a quantitative content analysis (Krippendorff, 2019; Neuendorf, 2017) to describe both the volume and content of Canadian harm reduction newspaper coverage (2000-2016) featuring a mother whose child's death was related to substance use. Each included text was evaluated on 58 *a priori* codes grouped into 15 attribute domains. Four attributes were available from the initial analysis of the texts as described in Wild et al. (2019): *document characteristics, tone, dominant frame* and *interventions*. Document characteristics included title, source database, newspaper type, year of publication, and province of publication. Tone was coded as positive if the author was supportive of harm reduction; negative if opposed to harm reduction; and neutral if no opinion was expressed or if the article provided a balance of negative and positive views on harm reduction. The dominant frame attribute included 5 codes: criminal (discussion of illegal drug use and/or trafficking as it relates to harm reduction services); social welfare (impact of harm reduction services on communities, community perceptions of harm reduction interventions, and other social issues including moral/ethical dilemmas); political (government involvement or views expressed by government actors towards harm reduction); health (health outcomes of harm reduction and/or health care for PWUD in the context of harm reduction); or multiple perspectives on harm reduction where two or more dominant frames were present. Interventions were evaluated in relation to 9 codes: harm reduction (general principles or conceptual discussion of harm reduction), needle/syringe distribution, naloxone distribution, supervised injection/drug consumption, opioid agonist treatment, street-level outreach, safer inhalation kits, or drug checking. Research staff coded for the dominant intervention (that which was discussed most often) but had the option of coding multiple interventions as well.

In addition to the four attributes just described, each of the 63 articles were evaluated with regard to 11 attributes developed for this study. These attributes pertained to details in the texts regarding the child who passed away, impact of substance use on the family, and harm reduction advocacy by the bereaved mother. As well, information about PWUD, stigmatizing language and supports for PWUD were coded for. All attributes were clearly defined using terms that were both mutually exclusive and exhaustive (see Table 1 for a more detailed description of these 11 attributes). These additional codes were necessary in order to capture information that was of interest to our community partners, Moms Stop the Harm. Collecting these additional attributes also allowed us to more closely examine the prognostic and diagnostic framing undertaken by bereaved mothers (Benford & Snow, 2000). Face validity (whether a measure appears to represent a construct initially) and content validity (covering all necessary aspects of a construct) of each of the variables (Neuendorf, 2017) were initially assessed with the assistance of two co-authors (CW and EH) and our community advisor (PS) from Moms Stop the Harm. Following a training session and pilot testing of the coding form with 3 selected texts (which allowed for subsequent refinements), Rater A (HM) and Rater B (MG) independently coded the remaining 60 articles then met to review the data each extracted. Differences in opinion were discussed and a final decision on extracted quantitative data was made by consensus by the two reviewers. All quantitative data were recorded in Excel then imported into SPSS (27) to describe both the content and volume of the data that was collected using valid N and percentages for all items at the national level.

Qualitative Thematic Analysis

Following the quantitative analysis, we conducted a qualitative thematic analysis as described by Braun & Clarke (2006) of 52 articles (11 syndicated articles were removed from the

initial population of 63 articles). Rater A (HM) and Rater B (MG) independently co-coded 20% of the qualitative sample (purposively sampled for variation in length and style of article) to develop an initial list of 9 broad codes: Portrayal of Child; Family and Substance Use Disorder; Description of Illegal Drugs and Use of Illegal Drugs; Mothers' Advocacy Messaging; Other Political Actors; Journalist Objectivity; Motherhood/Gender; Health Care System; and Business Interests/Capitalism/Neoliberalism. Both analysts met to discuss data coded to these broad categories and resolved any discrepancies by way of consensus. Utilizing NVIVO 12 to manage the data, Rater A (HM) read the remaining articles to classify text excerpts to these broad codes. This was followed by developing additional categories and subcategories within each of the broader codes. Data both 'within' and 'across' these categories and subcategories were compared and used to generate three main themes to characterize the discourses contained in these newspaper articles (Braun & Clarke, 2006).

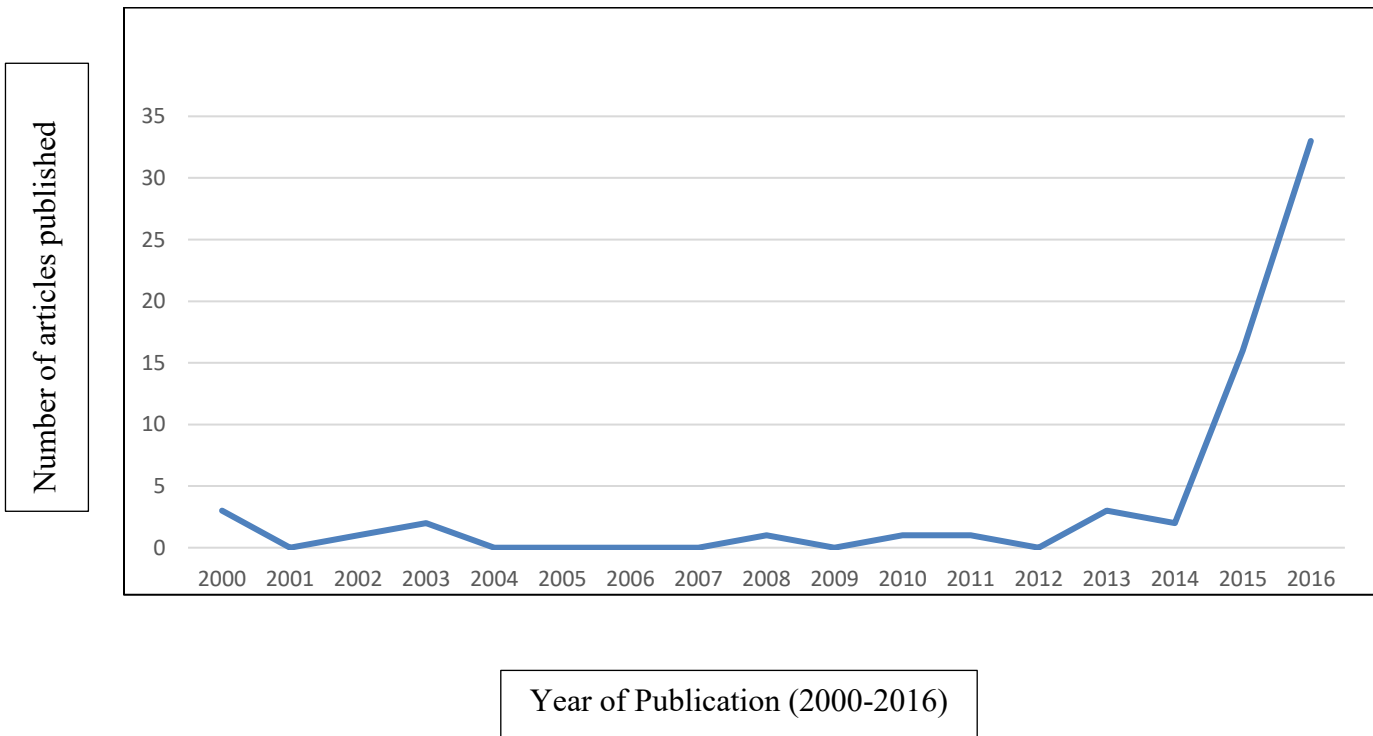
Methodological and analytical rigor were maintained via multiple strategies (Lincoln & Guba, 1985). Credibility was protected through the systematic collection of articles, engaging in negative case analysis in an effort to find and better understand data that may contradict the emerging findings and regularly consulting with research team members regarding study findings. Dependability was ensured through the use of memo-taking and an audit trail that clearly documented decisions made during all steps of analysis. Confirmability was obtained through reflexivity and co-coding the first 20% of the sample to ensure high interrater reliability. In addition to what has been described above, we ensured adequacy of data (saturation of data gathered; multiple sources of data) and adequacy of interpretation (repeated readings of data; analytical framework that is clearly articulated) (Mullet, 2018, p.121).

Results

Content Analysis

A total of 63 newspaper texts which featured a bereaved mother whose child's death was related to substance use were identified from a larger corpus of 5681 harm reduction articles published between 2000-2016, representing 1.1% of newspaper coverage of harm reduction during the study period. Of these 63 harm reduction texts, 92.1% were classified as news articles while 7.9% were opinion pieces. These articles were retrieved from all 10 provinces (no articles from the 3 territories) with Alberta (33.3%), Ontario (15.9%) and British Columbia (14.3%) having the largest proportion of texts. Figure 3-2 shows a sharp increase in the number of articles published from 2000-2014 (total of 14) in comparison to 2015 (16) and 2016 (33).

Figure 3-2. Volume of newspaper coverage produced on harm reduction featuring a bereaved mother 2000-2016



The dominant frame of the texts (as they related to harm reduction and not PWUD) was primarily focused on health perspectives on harm reduction (58.7%), followed by social welfare (25.4%), political (6.3%), multiple (9.5%) with criminal perspectives not appearing at all (0%). The overall tone of these texts was split between neutral (50.8%) and positive (49.2%) with negative characterizations completely absent. Finally, coverage of harm reduction interventions primarily focused on naloxone distribution (42.9%), followed by supervised consumption services (28.6%), harm reduction in general (14.3%) and multiple harm reduction interventions (7.9%). Opioid agonist treatment (3.2%) and drug checking (3.2%) were seldom published and texts describing needle/syringe distribution, safer inhalation kits, and street level outreach were not published at all. Additional descriptive details of content characteristics specific to bereaved mothers and families over this 17-year period is shown in Table 3-1.

Table 3-1: Characteristics of Articles Featuring a Bereaved Mother Whose Child’s Death was Related to Substance Use (2000-2016)

Attributes Extracted Specific to Bereaved Mothers, Children and Families	Number (%) of newspaper articles
Is the child’s history of drug use described in the newspaper story (yes/no)	
Yes	33 (52.4%)
No	30 (47.6%)
Is the impact of substance use on the family told in the newspaper story (yes/no)	
Yes	15 (23.8%)
No	48 (76.2%)
Is harm reduction advocated for (service or policy) by the bereaved mother (yes/no)	
Yes	49 (77.8%)
No	14 (22.2%)
If Yes, which one is named?	
Naloxone	17 (27.0%)

SCS/SIS	14 (22.2%)
Good Samaritan Law	1 (1.6%)
HR Services in General	2 (3.2%)
HR Services in Mental Health	1 (1.6%)
Safe or Regulated Raves	1 (1.6%)
Decriminalization and/or Legalization	5 (7.9%)
Drug Testing Kits	2 (3.2%)
Multiple	6 (9.5%)
N/A	14 (22.2%)
Is the bereaved mother advocating against harm reduction? (yes/no)	
Yes	1 (1.6%)
No	62 (98.4%)
Is stigmatizing language or terminology used in the article? (yes/no)*	
Yes	51 (81.0%)
No	12 (19.0%)
Is the perspective of someone who uses drugs (firsthand account) included? (yes/no)	
Yes	10 (15.9%)
No	53 (84.1%)
Is information on resources/support for PWUD or families provided? (yes/no)	
Yes	10 (15.9%)
No	53 (84.1%)
Does the bereaved mother call on a government actor to improve access to harm reduction or support harm reduction measures in some way? (yes/no)	
Yes	14 (22.2%)
No	49 (77.8%)
Is the name of an advocacy organization mentioned in the newspaper story? – Mother affiliated with or mentions this advocacy organization (yes/no)	
Yes	20 (31.7%)
No	43 (68.3%)
If so, which one is named?	
mumsDU	12 (19.0%)
**MSTH	2 (3.2%)
Ally Centre	1 (1.6%)
Jack's Voice	2 (3.2%)

Western Aboriginal Harm Reduction Society	1 (1.6%)
From Grief to Action	1 (1.6%)
Street Connections	1 (1.6%)
N/A	43 (68.3%)

*Stigmatizing language or terminology included the following terms which were selected from current journal and media style guides and current literature on person-first language (Government of Canada, 2013; Shatterproof, 2021): Addict, Alcoholic, Druggie, Drug Abuser, Drug User, Former Drug Addict, Junkie, Recreational Drug User, Substance Abuser, Substance User (or a version of such terms, e.g. injection drug user). Note that the names of advocacy organizations that contained these words were not coded as stigmatizing language.

**MSTH was created in 2016

Although over half of the texts (52.4%) described the child’s history of drug use, most texts did not describe the impact of substance use on the family (76.2%). The vast majority of articles contained stigmatizing language (81%) and did not include the perspective of PWUD (84.1%). Information on resources/support for PWUD or their families was usually not provided (84.1%) and rarely (31.7%) was there any mention of an advocacy organization that the mother had either mentioned or was affiliated with (musmDU, Moms Stop the Harm and Jack’s Voice were most common). Harm reduction was advocated for (service or policy) by the mother in 77.8% of texts and when this occurred, it was most often pertaining to naloxone (27%) or supervised consumption services (22.2%). Despite this finding, the bereaved mother rarely called upon members of the government to improve access or support for harm reduction (22.2%). One text (1.6%) featured a mother who advocated against harm reduction.

Thematic Analysis

Three primary themes were revealed in the thematic analysis. First, notwithstanding the quantitative findings reported earlier that mothers’ messages centering on the need for harm reduction initiatives were common, the media emphasized mother’s expressions of grief and loss, thereby positioning their emotional pain as a key element of the news story. Second, we observed that articles tended to highlight individual over structural determinants of substance-

related harm. Our third and final main observation was the rhetorical division created in articles, between different groups of people who use drugs.

The News Media's Emphasis on a Mother's Grief

One of the ways that news media told the story of bereaved mothers was through sharing their first-hand accounts of years spent supporting their child using substances, their grief, and subsequent advocacy for drug policy reform. Mother's advocacy messaging centered on a wide variety of harm reduction initiatives, most often naloxone, supervised consumption services and ending the stigma towards PWUD and their families. Many shared personal anecdotes about their child while emphasizing that their child might still be alive had harm reduction services been available at the time of their death:

"I honestly think if something like this [supervised consumption site] had been here, [Daughter] would have come here instead of being up the street in a hotel room with two girls who didn't know what to do when she overdosed.' Instead [Daughter] ended up dying in the intensive care unit of St. Paul's Hospital. [Mother] said an injection site could have kept her alive until she was ready to quit heroin. 'We used to talk about it and she never wanted to die,' said [Mother], who struggled not to cry as she talked on the sidewalk in front of the injection site, where camera crews, local residents and politicians mingled." (The Vancouver Sun, Sept. 16, 2003)

Newspaper reporting on bereaved mothers' voices emphasized their experiences of loss and grief, including descriptions of mothers' emotional reactions, in addition to their advocacy messages. It was not uncommon to see a mother's personal experience used as a rhetorical device at the beginning or ending of an article to draw the reader in to the newspaper text or increase its resonance for the reader. At times the text would report on the moment when the mother was notified of her child's death; at other times, how mothers lived day-to-day with the grief, or how it informed their advocacy work:

“Our family has had the hardest task ever - learning to live without [Son]’, [Mother] said. But instead of hiding what happened to him, the family has chosen to speak out to reverse the stigma around drug users.” (Edmonton Journal, Sept. 1 2015)

“There’s a misconception that you heal after a death. You don’t’, said [Mother], [Mother’s age]. ‘You just learn how to integrate that loss. It’s a daily struggle. I will never see my son again, I will never see him marry, I will never have grandchildren. It’s the loss of all your hopes and dreams.’” (Toronto Star, July 29, 2013)

Media texts were employed to showcase and elicit emotions of “every parent’s nightmare” (The Ottawa Citizen, Sept. 11 2000) with a distinct refrain of how mothers “... fought back tears...” (The Winnipeg Sun, Sept. 1 2016), their “...voice cracked with emotion...” (The Winnipeg Sun, Oct. 21, 2016), how a mother “...struggled not to cry...” (The Vancouver Sun, Sept. 16, 2003), or spoke “... in a quavering voice...” (The Globe & Mail, May 10, 2008). Very few of the articles included in our sample included the perspective of a father alongside the perspectives shared by mothers and when this did occur, rarely was a father’s emotions expressed as part of the newspaper text or advocacy messaging. Rather, mention was made of a father’s career, their own relationship with their child, and the efforts they made to support their child struggling with substance use.

In nearly half of the included articles we observed a description of the circumstances around the time of the child’s death, often revealing a level of detail that appeared to be excessive or which might be employed for the purpose of ‘shock value.’ Such descriptions centered on the location of the child’s death, the fact that the child passed away alone or that the child lacked support of others who were present at the time of death. At other times, the story shifted to the moment when the mother or family were notified or became aware of their child’s death. Thus, while bereaved mothers spoke courageously of the life and death of their child, they lay bare the possibility that in doing so, their child’s death (and their emotions around it) might

become the story itself. This discursive approach functions to focus the reader's attention on the harmful outcomes or collateral damage of substance use. Such was the case with a text that appeared in the Calgary Herald where the location of the child's death was mentioned twice, both at the beginning of the text and again at the end: *"In September, [Son's] body was discovered in the janitor's closet of an underground parkade, dead from what his parents believe was a fentanyl overdose. He was 19. His body may have been there, all alone, for days"*. (Calgary Herald, Dec. 18, 2015). Such graphic and sensationalistic reporting appeared to be woven into longer, feature-length articles containing harmful stereotypes. Thus, while mothers shared their messages of advocacy, newspaper reporting emphasized their experiences with death and grief in an effort to provide the 'personal angle' - one that may be seen as necessary to captivate readers' attention and maintain interest in the news story (Ogden, 2014).

Highlighting Individual Over Structural Determinants of Substance-Related Harms

In describing the children who had passed away, nearly all of the articles described some biographical features of the child whose mother was featured in the news story. Most often this included a description of the child including their personal interests, aspects of their career or personality traits that endeared them to those who knew and loved them. This proved to be a critical feature of the analyzed texts, emphasizing the tremendous personal loss and reminding readers that those whose deaths were related to substance use are greatly loved, had lived a life of purpose and were worthy of remembrance. The representation of substance-related death in news stories featuring families would often reveal how children struggled with mental health or substance use from an early stage in life. This helped to reveal a wider personal context for the reader to elicit what individual factors in life may have played a role in the development of a substance use disorder (if present) and how. Longer articles that adopted a more narrative

approach in reporting were more likely to discuss the negative impact that the child's substance use had on the child's life and the relationships with those around them. In doing so however, they also ran the risk of inflating the description of the child's struggles with substance use to a level that approached sensationalism. Such was the case in the following story featured in the Calgary Herald (Dec. 18, 2015):

“The young man, once worshipped by his younger sister and brother, began to slip away when he got into fentanyl. He spent six months on the street, later telling his mom, ‘You don’t even want to know what I did.’ He stole family heirlooms. He pawned his mother’s engagement ring. He withdrew \$6000 from his mom’s bank account by forging cheques. He also convinced his parents to pay off a \$10,000 drug debt and he called them to bail him out of jail.”

Reporting such as this positions individual determinants of substance use over structural ones. Rarely were social/structural factors such as unstable or inadequate housing, unemployment, health care system failures or people's encounters with racism/colonialism brought forth in an effort to explain or provide context as to why some people struggled with substance use or experienced related harm. When poverty was discussed, it was most often in the context of underserved communities where people used drugs in 'back alleys' or 'grim hotels.' Very few texts spoke of the impact of substance use on Black or First Nations communities, and when this did occur, there was no mention of how racism or colonialism intersected with substance use or contributed to disproportionate rates of drug use or interactions with the criminal justice system. Two exceptions to this theme were noted, however. First, critiques of the health care system were reported as a common refrain shared by many mothers who emphasized how they had tried to help their child access and navigate community supports (e.g. psychological counselling, opioid agonist treatment, detox or residential services) often without

success. Such was the case with [Mother] who was quoted in the Winnipeg Sun (Oct. 21, 2016) as stating, “*The issue my son was faced with was there was a huge struggle over six years trying to get him help with the little resources we have.*’ [Mother] said private treatment is more widely available but only for those who can afford the price, which can be hundreds of dollars per day.” The other exception to the lack of discussion around structural forces pertained to a few articles which addressed drug prohibition and the need for decriminalization as a policy solution to the overdose crisis. An article in the Edmonton Sun (April 11, 2016) highlighted a bereaved mother who spoke of the need for society to address punitive drug laws:

“The report from the Johns Hopkins Bloomberg School of Public Health and the academic medical journal The Lancet called for the decriminalization of minor and non-violent drug use, policies that reduce violence and discrimination in policing drugs, increased access to medicines that reduce the risk of overdose deaths, and greater investments in health and social services for drug users. For [Mother], those changes are a no-brainer and she’s hoping this time the UN and its member states will listen and react in kind. ‘Our youth... our seniors are dying and things have to change. Our prisons are full of people with nonviolent drug crime and their lives are devastated with the stigma of having a criminal record and it hasn’t worked. We have to do something differently...”

Rhetorical Divisions Between Different Types of People Who Use Drugs

Journalists took great efforts to describe a mother’s child in terms that would be familiar to their readers. In doing so, this often created a rhetorical division between different groups of people who use drugs. One such way this occurred was in distinguishing between people who used drugs occasionally (‘recreational users’ or people ‘experimenting’) and those with a longer history of substance use. Another example was when journalists called upon the use of middle and upper income markers when describing the child and family in the story. This might be done subtly, such as when journalists mentioned a luxury car driven by someone in the story, a particular neighbourhood where the child grew up or the educational attainments or career of the

child and/or his or her parents. In the few instances when a father was included in the story alongside mothers, his career was almost always mentioned. Such was the case with an Ottawa Citizen article which highlighted that the child's father was an accountant with a chemistry degree and that occupations of other immediate male family members included a pharmacist and a physician (The Ottawa Citizen, Sept. 11, 2000). Other articles explained that the father of a deceased child was a local news reporter (The Spectator, Oct. 1, 2016) while another text mentioned that the child was "the son of a power engineer and a stay-at-home mom,..." (The Calgary Herald, Dec. 18, 2015). At times however, a binary representation of what constituted a person who used drugs was created, contrasting the 'innocent' child who had passed away and other individuals who use drugs:

"Before he died, [Son] looked nothing like the self-destructive wreck that is the public's image of a heroin user. He was a bright 19-year-old, an excellent student who had recently graduated from high school. He was also an independent, creative spirit who read widely, including Henry Miller, James Joyce, Anais Nin and many others ... Like many other bright teenagers, [Son] wanted to try drugs not to escape emotional pain, but in the romantic, perhaps foolish, hope of opening 'the doors of perception,' Contrary to popular wisdom, most people who use illegal drugs, even cocaine and heroin, do not go on to become regular users, let alone addicts. It is especially unlikely that a well-adjusted teenager experimenting with drugs out of intellectual curiosity will become addicted. Whether that teenager will get through this experimental phase unscathed is another matter." (The Ottawa Citizen. Sept. 11, 2000)

This story depicts a stark comparison between a child who lived an apparently privileged and introspective existence as a bright 19 year-old who excelled at school and other people who use heroin as 'self-destructive wrecks.' In doing so, the journalist creates a wedge between low and higher income/status families impacted by substance use which ultimately contributes to further stigmatizing all people who use drugs while also obscuring the structural determinants of

substance-related harm. One exception however, was an article which featured a first-person narrative of a bereaved mother who was herself someone who used illegal substances:

“[Mother] is hoping that [inhalation space at Insite] happens. Her 20-year-old daughter died in 2008 after overdosing on crack cocaine while smoking by herself. [Daughter] wasn’t an injector, and though overdoses among smokers are rare, [Mother] said the case highlights the danger inhalers can face. ‘I believe if there had been a safe inhalation site, she’d be alive today,’ [Mother] said through tears. [Mother],[Mother’s age] is president of the Western Aboriginal Harm Reduction Society ... She said she smokes crack every day and would use an inhalation room if one were to open.” (The Globe & Mail, May 14, 2011)

Stigmatizing terms were used to describe the children of bereaved mothers who lost their lives. Such was the case with a Vancouver Sun (Nov. 7 2002) article entitled “Mom of Dead Addict Backs West-Side Injection Sites”. Other terms used to describe the children in these stories included ‘fentanyl-addicted kids’, ‘family members of addicts’, or ‘streetwise addicts’. The use of such terms, which serve to ‘other’ PWUD was even more apparent, however, when speaking of people who used drugs in general (as opposed to the child who had passed away). Those who used drugs in general were often and repeatedly referred to as ‘addicts’, ‘drug users’, or ‘self-admitted or confirmed drug users.’ Language used to depict the use of drugs included words such as ‘drug misuse’ and terms used to describe the overdose crisis or harm reduction services itself could also be reduced to stigmatizing terminology. Examples of this included a Spectator (Oct. 1, 2016) article entitled ‘Bad Medicine’; the Chronicle Herald (Oct. 15, 2016) article entitled, “Pop-up Drug Site; Addicts Get Help to Curb Overdoses”; a Globe & Mail (July 11, 2013) article entitled ‘Board of Health is First to Endorse Drug Sites’; and The Edmonton Journal (Oct. 28, 2016) piece entitled “Alberta Eyes Drug-Use Havens; Fentanyl, Opioid Deaths Force Study of Controversial Clinics.” One article featured in the Ottawa Citizen (Sept. 11,

2000) mentioned that "... the usual way public health officials spot bad drugs is to follow the corpses", further stating:

"Marginalization is key to understanding the predicament of drug addicts. In the public's mind, drug addicts are derelicts who live in squalid ghettos. But drug addiction alone is highly unlikely to reduce people to that miserable state. It is the criminalization of what the addict needs, and the labelling of addicts as criminals, that turns them into human wreckage. The millions of prescription drug addicts worldwide do not live in slums, and relatively few alcoholics look like the walking dead of Vancouver's east side. But 'if you're dependent on something illegal, whether it's a drug or whatever,' says [Policymaker], 'that's the way you're going to look.'"

While this author speaks to concepts such as marginalization and criminalization of drugs, their own language in this text further promotes stigma towards all PWUD. By distinguishing between 'prescription drug addicts' and 'alcoholics' and those described as 'the walking dead of Vancouver's East side', this author further contributes to polarizing different people who use different types of drugs.

Discussion

The objectives of this study were to describe: 1) the volume and content of Canadian newspaper coverage of harm reduction which featured a bereaved mother who has lost a child to substance use and, 2) describe the underlying discourses seen in such newspaper texts. Our screening of 5681 Canadian harm reduction news articles published from 2000 – 2016 yielded a total of 63 articles that featured a bereaved mother who had lost a child to substance use between 2000-2016, representing 1.1% of all harm reduction newspaper reporting during that time. Although only 1.1% of the harm reduction newspaper texts we examined included bereaved mothers, we suspect that the volume of such reporting would have been greater had we included articles dated after 2016 as well as those pertaining to the overdose crisis in general instead of

those focused specifically on harm reduction. The volume of such articles increased over time between 2000-2016 with the most notable increases seen between 2014-2016. This mirrors similar findings from other studies that have tracked a sharp increase in media reporting on overdose during 2015-2017 relative to earlier years (McGinty et al., 2019-a; Kennedy-Hendricks et al., 2019; Wild et al., 2019; Webster et al., 2020; Quan et al., 2020). Increased coverage of bereaved mothers' media also aligned with the emergence of two pro-harm reduction Canadian family advocacy groups (mumsDU and MSTH) in 2015 and 2016 respectively. As the number of deaths due to a poisoned drug supply have escalated, members of these two national high-profile organizations have continued to cultivate strong relationships with the press since 2016, by issuing press releases, holding press conferences and/or inviting journalists to community events where their messages are shared. As a result, they have often been sought after by journalists to comment on a wide variety of policy solutions such as community distribution of naloxone and support for the passage of *the Good Samaritan Drug Overdose Act, Bill C-224* in Parliament. More recently, bereaved mothers have been asked to share their stories and comment on the expansion of supervised consumption services, decriminalization of drugs and the availability of a legal and regulated safe supply of opioids and other drugs across Canada (Short, 2021). Such activities are significant because "... journalists, who consistently deal with scarce resources, tight deadlines, and limited space for their stories, rely heavily on known and legitimate sources of information" (Rohlinger & Vaccaro, 2013, p.2). In other words, those who belong to a larger, more formal advocacy organization with greater resources, expertise and a strong reputation with mainstream outlets are more likely to gain increased news coverage than individuals who are acting independently or with less formal support (Andrews & Caren, 2010; Rohlinger et al., 2012; Elliott et al., 2016; Rohlinger & Brown, 2013).

Our quantitative content analysis revealed that the dominant frame in news reporting on harm reduction that featured bereaved mothers focused on health perspectives of harm reduction (58.7%) with a criminal perspective frame completely absent amongst the texts reviewed. Evidence that harm reduction services or policies were advocated for by the bereaved mother in the majority of texts (77.8%) is important to note as it suggests that bereaved mothers' messages are being communicated to the public in their interactions with journalists. Combined with our findings that the overall tone of these texts was either neutral or positive (and not negative) towards harm reduction, these results suggest that harm reduction reporting including bereaved mothers have positioned harm reduction as in line with a public health perspective. Dominant coverage of naloxone distribution versus other types of harm reduction interventions was not surprising given that Health Canada was in the midst of a widespread public consultation process on the non-prescription use of naloxone in 2016 (Government of Canada, 2016). As well, our population of newspaper articles retrieved 2000-2016 predated the wider expansion of supervised consumption services beyond what had been offered in Vancouver since 2003.

We also observed that the perspective of people who currently use or used drugs was largely (84.1%) absent from these texts and as such, mothers 'became the voice' not only for families directly impacted by substance use but also for people who use drugs themselves in these texts. There are a number of possible explanations for this. As a study design issue, our inclusion criteria only specified that articles be included that featured a bereaved mother whose child's death was related to substance use. Other texts in the main corpus of newspaper articles pertaining to harm reduction most certainly includes PWUD and not mothers. Nonetheless, one might have expected that more of the texts we examined would have included the perspective of both bereaved mothers and PWUD together given that the thoughts and opinions of people

currently using drugs would be an important perspective to include given their expertise in understanding drug use and that their lives are most directly impacted by harm reduction initiatives. At the time these articles were written, journalists may have questioned the relevance of including PWUD in these news stories or may have simply been drawn towards interviewing those who share similar characteristics with themselves or the readers who subscribe to their newspapers. Another reason however likely relates to the widespread stigma associated with the criminalization of drug use and lack of safety that many PWUD have in talking openly and honestly about their use of drugs. While there are some examples of high-profile professionals publicly disclosing current use of illegal drugs (Hart, 2021), the fear of personal and professional repercussions prevent many PWUD from publicly disclosing their current or past use of illegal drugs with members of the news media.

In-depth thematic analysis of these texts revealed that newspaper reporting emphasized the grief experienced by mothers. This maternal grief is central to the stories shared by mothers and those conveyed by the news media. Fine (2003) argues that social movement actors are not only exemplified by shared beliefs and actions but are also represented by a shared set of narratives or stories. Such stories are instrumental "...internally to cement [social movement] members in shared understanding and externally to convince outsiders through example that the cause is just. Along with the mobilization of bodies, narratives are the greatest assets of any social movement to create change" (Fine, 2003, p.141). Such narratives are also important from the perspective of journalists as they are used to draw in the reader and sustain interest in the news article. However, the sharing of these narratives can come at a cost to social movement organizations if it contributes to their stories being sensationalized and their advocacy messages being obscured. Snow (2013) refers to this as a *framing hazard*, which has the potential to limit

the *frame resonance* that a social movement may have with one's target audience. These findings complement prior research with bereaved mothers showing that those participating in media advocacy feared that their messages might be overshadowed by their stories of grief when speaking with the press (Morris et al. 2021).

Our thematic analysis also revealed that very few texts emphasized structural determinants of drug poisoning and substance-related harm, which aligns with the findings of other studies describing media reports of the overdose crisis and drug consumption rooms (Quan et al., 2020; Atkinson et al., 2019; Webster et al., 2020). It is unknown whether journalists deliberately downplayed structural factors in their reporting or whether mothers themselves did not discuss them during the interview. Iyengar's (1991) seminal work on media framing points to the role that thematic stories play in shaping how television viewers understand a problem. When news stories expand context by presenting background information and highlighting social and political forces in addition to showcasing people and events, viewers are more likely to acknowledge that governments and other institutions are responsible for attending to social and health problems rather than focusing on individual culpability. This finding has been supported in one drug policy communications study whose authors found that, "depicting the barriers to treatment faced by a low SES woman [for opioid pain reliever addiction during pregnancy] lowered support for punitive policies and increased support for expanded insurance coverage for treatment" (Kennedy-Hendricks et al., 2016, p.873).

One reason why these wider structural factors were largely absent may relate to the fact that the mothers featured in these articles may not have been directly impacted by some of these factors themselves (e.g. racism and poverty). However, the sole article that we retrieved featuring an Indigenous mother who used substances herself made no mention of the

disproportionate harms faced by Indigenous people (First Nations Health Authority, 2017; Government of Alberta, 2017; The Alberta First Nations Information Governance Centre, 2021) or the wider structural forces (colonialism, intergenerational trauma, impact of residential schools) that may have contributed directly or indirectly to her own family's vulnerabilities. A number of authors have been critical of media attention surrounding the North American overdose crisis stating that sympathetic narratives of substance use have highlighted individuals and families from upper income groups and those who identify as white rather than those representing Black and Indigenous communities (James & Jordan, 2018; Johnston, 2019; McLean, 2017; Mendoza et al., 2018; Netherland & Hansen, 2016; Webster, et al., 2020). While we did not assess newspaper texts in relation racial/ethnicity or social class attributes in our content analysis, we did observe a number of middle-upper income class markers (i.e. names of neighborhood, brand of car, education attained or occupational groups) woven throughout the texts suggesting that the articles were written for an audience of similar background. Such framing is in line with a narrative shared by bereaved mothers themselves highlighting that 'this could happen to anyone'. However, we also observed that journalists would at times write narratives which contrasted people who use drugs from more affluent communities with those who came from socially marginalized ones. Even without making a direct comparison to people who use drugs, highlighting details around socioeconomic status has the potential to 'other' those families and PWUD who are not part of upper-middle class white society. This is problematic on its own and should not be used as a rhetorical device to elicit sympathy or empathy for some but not all PWUD. Journalists, on the other hand, may believe that it is important to feature people who use drugs from more affluent communities in order to remind readers that not all people who use drugs come from marginalized groups, thereby contributing to de-stigmatizing efforts

themselves. Others may believe that featuring people from more affluent communities may generate a more positive response from the general public towards harm reduction. Such an approach is in line with research conducted by Kennedy-Hendricks et al. (2016) who found that the narratives that included a woman of high socioeconomic status (SES) who experienced opioid use disorder during her pregnancy were less likely to elicit perceptions of individual blame and decreased support for punitive policies compared to a narrative which included a woman who came from low socio-economic status. Further research needs to be conducted that will help to disentangle the role of SES and race in public perceptions of substance use and harm reduction (McGinty et al., 2018). As well, seeking the opinions of journalists who have covered the overdose crisis would be helpful in determining how news media organizations decide who to interview and how they frame harm reduction messaging.

To summarize, despite evidence from our content analysis indicating that bereaved mother's harm reduction messaging is being conveyed in ways that are supportive of harm reduction, our thematic analysis of newspaper coverage indicated that these advocacy messages were often obscured by reporting that emphasized a mother's grief, the biographical stories of the deceased child over structural determinants of drug-related harms and rhetorical language that continued to stigmatize and create division between different groups of people who use drugs. These findings lend themselves to a number of practical implications for both members of the news media industry as well as family advocates themselves. Stigmatizing language towards PWUD was frequently observed in the content analysis of newspaper texts included in this study. People who use drugs have themselves commented that "... media coverage can be sensationalistic, exaggerating the harms of drugs and contributing to misinformation and damaging stereotypes" (Fraser et al., 2017, p.198). While the Associated Press Stylebook has

declared that the term ‘addict’ should not be used as a noun (Szalavitz, 2017), the Canadian Broadcast Corporation (CBC) continues to use this term despite calls to eliminate its use in their reporting (BCCSU, 2017). There is a need for journalists and family advocates to consider the use of person-first language that is non stigmatizing as well as consult best practice guidelines when speaking about drug use and PWUD in the press (Changing the Narrative, 2020). Another suggestion put forth has been the consideration of contact-based training sessions for members of the news media to enhance meaningful interactions and understandings of the experiences of PWUD (McGinty et al., 2019-b).

Actively seeking out and including the voices of PWUD (who undoubtedly face multiple barriers in sharing their story) by members of the press and family members creates an opportunity for enhancing the stories being shared by bereaved mothers as well as emphasizing the complexities that are inherent in drug policy reform. Examples of advocacy groups active across Canada that represent the needs of people who use drugs include Canadian Association of People Who Use Drugs (CAPUD), the Alberta Alliance Who Educate and Advocate Responsibly (AAWEAR) and Vancouver Area Network of Drug Users (VANDU). Mother’s accounts of substance use and the overdose crisis will not always align with the accounts of PWUD and in some cases, PWUD may not agree with their loved ones’ perspectives on substance use. Including the perspective of those closest to the issue of drug use (those using drugs) alongside the family perspective as shared by bereaved mothers remains critical to achieving policy and practice changes that are meaningful and long lasting. Last, our content analysis showed that practical supports on the topic of substance use were rarely mentioned in this population of newspaper texts (15.9%). This represents a missed opportunity for media coverage to provide practical assistance to the public about substance use harms and ways to mitigate those harms.

Parent advocates themselves may want to reflect on the findings of this study and consider inviting PWUD to participate in interviews with them as well as consult relevant resources that offer specific strategies on how to interact with the news media more effectively (Canadian Drug Policy Coalition, 2021; Moms Stop the Harm, 2017). In light of our findings, both bereaved mothers and journalists may also want to increasingly consider mentioning the names of those individuals responsible for overseeing government responses to drug-related harms and deaths in the future. In doing so, the public's attention has the potential to be re-directed away from the individual stories of those who have passed away and towards those who have the power to change the structures that continue to allow drug-related harms to exist in our communities. As well, highlighting the impact of poverty, racism/colonialism, housing insecurity and barriers to health services alongside stories of personal struggle, trauma, grief and loss by both family advocates and journalists has the potential to amplify public understanding of the need for harm reduction services and broader systems change.

We acknowledge a number of limitations to this study. First, the small number of included texts precluded us from statistically examining whether there were associations between time period or geographical area and selected content characteristics. Second, as our included texts were limited to those pertaining to harm reduction, we suspect that the overall number of articles featuring a bereaved mother would be far greater had we included any articles related to the overdose crisis in general, or conducted additional data collection to include texts published after 2016. This limitation is particularly important to note as bereaved mother's media representations in Canada began to expand considerably in 2016. As a result, the volume of newspaper coverage featuring bereaved mothers since that time as well as general discourses captured in today's newspaper articles might differ substantially than in years past. None-the-

less, texts from our selected time period are of historical interest as this was when many harm reduction initiatives were first being adopted in Canada. Third, we were also unable to confirm what the motivations and messaging intent of bereaved mothers was, having only the opportunity here to analyze how newspaper coverage of bereaved mothers appeared. While outside the scope of the present study, it is possible that there are differences amongst bereaved mothers within advocacy organizations in how harm reduction is defined, whether such initiatives are important to addressing overdose harms and death and if supported, how this should be conveyed to the media. It is unknown for example, how bereaved mother-advocates would interpret our finding that the media used rhetorical devices to differentiate child deaths from affluent supportive families vs. street-involved people who use drugs. Similarly, it would be important to document in future research the extent to which bereaved mother advocates agree or disagree with media positioning that downplays the idea that drug harms are structurally and socially produced. Fourth, two of our three news databases did not consistently link to the original newspaper PDFs which made it impossible to retrieve all of the photographs associated with these texts. Future research which includes analysis of photographs or televised news could provide additional insight into the underlying semiotics and discourses present in Canadian newspaper coverage on harm reduction which feature a bereaved mother whose child's death was related to substance use. Fifth, Canadian French language newspapers were not included in the retrieval of our data and texts featuring bereaved mothers were limited to the ten provinces as bereaved mothers' media texts were not found in newspapers from the three Canadian territories. Finally, while it is widely recognized that 'print only' newspaper readership has decreased (Rody, 2020), others have argued that newspapers are still involved in 'breaking' significant stories and are often integrated into television and radio programs (Hayes et al., 2007). Our analysis did not include

television, radio or social media. All of these media forms need to be considered for future drug policy media research alongside studies which investigate whether harm reduction is described differently by conservative vs. liberal news media outlets.

Conclusion

As public dialogue on harm reduction evolves in the Canadian news media, bereaved mothers will continue to represent a unique and important voice in calls for drug policy reform. Our review of Canadian harm reduction newspaper texts (2000-2016) indicated that 1.1% of articles featured a mother whose child's death was related to substance use. While bereaved mothers' pro-harm reduction messages appeared in the majority of texts we examined, the news media also emphasized mothers' expressions of grief, obscured broader structural factors contributing to substance use harm and created rhetorical divisions between different groups of people who use drugs. Such occurrences, described as *framing hazards* (Snow, 20013) and *counter-framing* (Benford & Snow, 2000) within social movement literature, represent a bona fide threat to the media advocacy undertaken by bereaved mothers advocating for harm reduction in Canada. While recognizing the challenging circumstances that journalists currently work under (Canadian Drug Policy Coalition, 2021), particularly when covering stories that are trauma-related (CBC radio, 2019), today's news outlets have an important opportunity to more accurately represent the voices of bereaved mothers and people who use drugs in ways that align more closely with their advocacy messages in support of harm reduction initiatives. In doing so, the Canadian news media has the potential to shift public opinion and government support in favour of these life-saving services.

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Chapter 4:

Bereaved Mothers' Media Coverage and Public Support for Harm Reduction in Canada³

³ Manuscript in preparation.

Abstract

Background: Against the backdrop of the ongoing overdose crisis which continues to kill thousands of Canadians every year, mothers whose child's death is related to substance use have emerged as one of the most prominent and outspoken critics of Canadian drug policy. While their engagement with the media has been central to their advocacy efforts, the extent to which, and who among, the general public has seen or heard mothers bereaved by substance use in the media is unknown. The present study examined this issue, predicted factors associated with exposure to such media, as well as associations with public acceptance of harm reduction.

Methods: Secondary analyses of cross-sectional data obtained from a 2018 online panel survey assessing Canadian views on harm reduction, using randomly-drawn provincially representative ($N = 4645$) and nationally representative ($n = 2002$) samples of adults (18 years or older).

Descriptive statistics were used to estimate exposure to media featuring a mother who had lost a child to overdose with chi square tests undertaken to identify regional differences. Binomial logistic regression was used to identify predictors of exposure to bereaved mothers' media. Multinomial logistic regression was used to examine associations between exposure to bereaved mother's media and public support for harm reduction.

Results: A majority (58.3%) of Canadians had seen or heard media featuring a mother whose child had died from an overdose, with no evidence of regional differences. Every one-point increase in survey respondents' level of familiarity with people who use drugs (PWUD) was associated with 1.089 times greater odds of seeing or hearing media reports of bereaved mothers in the media (adjusted OR = 1.089, 95% CI 1.049-1.130). Older respondents were also significantly more likely to have reported exposure to bereaved mothers' media (adjusted OR=1.008, 95% CI 1.002-1.015). Results from multinomial regression revealed that respondents

who had been exposed to bereaved mother's media coverage were less likely to respond 'don't know/no opinion' of harm reduction vs. opposing harm reduction (RR = .562, 95% CI = .391-.810, $p = .002$). Other predictors of public support for harm reduction included stigma ($p = <.001$), age ($p=.010$), level of education ($p=.005$), political views ($p=<.001$)

Conclusion: Mothers who have lost a child to substance use are exhibiting tremendous reach through their advocacy utilizing a variety of different types of media in Canada. Most Canadians have been exposed to bereaved mother's media and this is more likely among both supporters and opposers of harm reduction compared to those who don't know or have no opinion about harm reduction. While our findings did not support a direct association between exposure to bereaved mother's media and support for harm reduction, we found evidence that such media exposure is associated with being less uncertain (or firmer in one's beliefs) about harm reduction relative to opposing harm reduction. As an emerging field in public health communication research, further study using a variety of different methods is required to further evaluate the advocacy work being undertaken by bereaved mothers in their efforts to counter substance-related stigma and increase public support for harm reduction efforts.

Introduction

Canada has seen over 26,000 apparent opioid toxicity deaths between January 2016 and September 2021 (Public Health Agency of Canada, March 2022) and in the 12-month period ending April 2021, there were over 100,000 drug overdose deaths in the United States (Centers for Disease Control and Prevention, 2021). It is widely accepted that the presence of highly toxic synthetic opioids flooding the illicit drug market is a key contributor to mortality (Hedegaard et al., 2020) in addition to exacerbating factors introduced by the COVID pandemic (Public Health Agency of Canada, 2021) and a wide array of social determinants of health that increase the risk of death (Dasgupta et al., 2018). Harm reduction efforts, which include policies, interventions and programs aimed at minimizing the negative impacts associated with substance use (and related policies and laws) are rooted in social justice and human rights (Harm Reduction International, 2022). Although Canada has witnessed a scale up of harm reduction efforts (e.g. supervised consumption services and community distribution of naloxone) in recent years at both a national and provincial level (Government of Canada, 2019) and the benefits of these strategies have been well documented (Irvine, et al. 2019; Potier et al., 2014; Kennedy et al., 2017; Kennedy et al., 2019), harm reduction remains controversial in many areas of the country.

Canadian mothers who have lost a child to substance use have become some of the most prominent and outspoken commentators on Canadian drug policy since the onset of the overdose crisis. Two prominent Canadian advocacy groups representing bereaved family members of individuals whose death was related to substance use are Moms Stop the Harm (MSTH, 2022) and Moms United and Mandated to Saving the Lives of Drug Users (mumsDU, 2022). Bereaved mothers representing these two non-profit organizations have used a variety of strategies in their efforts to advocate for harm reduction expansion including community presentations, public

rallies, meetings with politicians, and legal challenges to current government policy. Throughout all of this, their use of the news media has been essential to their efforts to challenge the stigma toward people who use drugs (PWUD) and increase public and government support for harm reduction (Morris et al., 2021). Changing public perceptions of harm reduction, however, is fraught with a wide variety of barriers for mothers bereaved from substance use (Moms Stop the Harm, 2020). This is in large part due to public misunderstandings about harm reduction, a disregard for research evidence supporting harm reduction measures and widespread societal beliefs that addiction is closely tied to personal and moral failings. Nonetheless, the current overdose crisis has been highly salient with the public, and research suggests that knowledge about this issue is accrued, at least in part, through exposure to the news media. A survey by Statistics Canada (2018) indicated that 77% of respondents were either ‘very’ or ‘somewhat’ aware of the opioid overdose issue with provincial variation ranging from 86% in BC to 67% in Quebec. Of those surveyed, “the majority of Canadians reported learning about the issue through the media, followed by friends or family, and public awareness campaigns” (Statistics Canada, 2018, p.1).

Researchers have explored public views toward harm reduction, both in terms of specific harm reduction interventions as well as support for harm reduction as a general societal response to substance use. While favourable public opinion is not always necessary to advance policy change (Pettinicchio, 2018), it can be relevant when establishing harm reduction services as government decision makers may take into account public opinions when deciding whether to permit or fund such programs. In fact, community opposition was cited as the greatest external barrier faced by service providers attempting to establish harm reduction programs in Canada (Hobden & Cunningham, 2006). Many North American studies have documented public support

for supervised consumption facilities (McGinty et al., 2018; Strike et al., 2016; Kulesza et al., 2015; Cruz et al., 2007), sterile needle distribution (Tzemis et al., 2013; Kulesza et al., 2015; Treloar & Fraser, 2007), heroin-assisted treatment (Cruz et al., 2007), and distribution of safer inhalation equipment (Tzemis et al., 2013), however, only two studies have investigated public support for harm reduction as a general approach. Tzemis et al. (2013) found 76% of adults living in British Columbia supported harm reduction overall while a more recent national survey reported that 64% of Canadian adults were supportive of harm reduction when provided with a definition that included reasons for supporting and opposing harm reduction (Wild et al., 2021). Correlates of public support for harm reduction measures have also been investigated and include a history of personal drug use (Cruz et al., 2007; Strike et al., 2016); prior knowledge of harm reduction interventions (Strike et al., 2016); non-stigmatizing attitudes toward PWUD (Kulesza, 2015; McGinty et al., 2018); and support for other progressive drug policies such as decriminalizing cannabis (Cruz et al., 2007). Additional correlates include the belief that PWUD have a medical illness (Cruz et al., 2007) or the belief that PWUD require public support (Cruz et al., 2007; Kulesza, et al. 2015). Sociodemographic factors such as age have shown mixed results with three studies suggesting that older respondents are more supportive of harm reduction (Kulesza et al., 2015; McGinty et al., 2018; Sumnall et al., 2020) and one Canadian study finding greater support amongst younger people (Tzemis et al., 2013). Gender (Tzemis et al., 2013; Kulesza et al., 2015), income (Cruz et al., 2007; Strike et al., 2016; McGinty et al., 2018) and religiosity (Kulesza et al., 2015; Strike et al., 2016) have shown mixed results. Higher education was found to be significantly associated with support for harm reduction (Cruz et al., 2007; Tzemis et al., 2013) and McGinty et al. (2018) determined that those unemployed and looking for work were more supportive of harm reduction than those with paid employment. Finally, a

more liberal political ideology has also been found to be a significant predictor of support for harm reduction measures in multiple studies (McGinty et al., 2018; Kulesza et al., 2015; Wild et al., 2021; Sumnall et al., 2020).

Exposure to media has recently been identified as one possible factor impacting public opinion of harm reduction, albeit, indirectly through stigma (Wild et al., 2021) and emerging research suggests that public support for harm reduction policies/practice can increase when factual information about substance use is combined with a sympathetic narrative provided by a mother whose child has died from drug-related causes (Bachhuber et al., 2015; Sumnall et al., 2020). Bachhuber et al. (2015) conducted a randomized survey experiment which showed that a message which combined both factual information with a sympathetic narrative featuring a mother whose daughter had died of an opioid overdose was effective in increasing public support for naloxone distribution. A similar study conducted by Sumnall et al. (2020) found that support for drug consumption rooms in the U.K. increased under certain conditions, one of which was when study participants were provided with messages that combined a sympathetic, factual and refutation of counterarguments to drug consumption rooms when contrasted with a basic description of this service. Unlike with Bachhuber et al. (2015), however, presentation of a sympathetic or factual message alone was not associated with an increase in support, suggesting that bereaved mother's messaging in and of itself may not be enough to change public opinion around certain harm reduction initiatives. While the Sumnall et al. (2020) and Bachhuber et al. (2015) studies considered how bereaved mothers' media messaging may have a positive impact on public support for harm reduction, neither examined how frequently the public is exposed to bereaved mothers' messages through the media. Nor did they examine how exposure to bereaved mothers' media is associated with public views toward harm reduction using a nationally-

representative sample. In an effort to address these knowledge gaps, the present study addresses three research questions: 1) What proportion of the Canadian general public have heard or seen harm reduction media reports featuring mothers who have had a child die from an opioid overdose, and does this vary by region? 2) Who is most likely to see such media reports? and 3) Is there an association between exposure to media coverage of bereaved mothers and support for harm reduction?

In examining research question #1, we would first expect there to be greater coverage of the overdose crisis in BC and Alberta leading to greater exposure to bereaved mother's media in these two provinces. In a study investigating print media coverage of harm reduction from 2000-2016, Wild et al. (2019) determined that 54% of Canada's media coverage on harm reduction came from Alberta and BC. Such regional differences may be related to a disproportionate number of opioid-related deaths occurring in AB and BC during this time period (Belzak & Halverson, 2018), a higher proportion of Canadian harm reduction policy documents coming from these two provinces (Hyshka et al., 2017), as well as both provinces being early adopters of harm reduction practices in response to escalating death rates (Wild et al., 2019). Thus, our hypothesis for **research question #1** is *that a greater proportion of bereaved mother's media will be seen by respondents in BC and Alberta.*

Our analysis of bereaved mothers' media reach for research question #2 is informed by three theories and supporting research evidence. First, selective exposure theory proposes that individuals will choose to gravitate towards, and subsequently consume media that supports their personal beliefs (Potter, 2014; Knobloch-Westerwick, 2015). Thus, we expect that those who hold stigmatizing views towards PWUD would be less interested and therefore less likely to seek out and consume bereaved mother's news media. Second, morality policy theory (Knill, 2013;

Euchner et al., 2013) explains policies which are defined by personal ideology and values which often resists rational decision making based on research evidence (Zampini, 2018; Hyshka, Bubela & Wild, 2013). Harm reduction is one such policy since, despite ample evidence supporting the adoption of such approaches, programming is often inconsistent across Canada. This is often due to publicly stigmatizing attitudes towards PWUD that can limit the political response to this issue. Again, one might therefore expect that those who hold stigmatizing views towards people who use drugs due to their moral objections to such interventions might be less likely to be exposed to bereaved mother's media.

Third, intergroup contact theory posits that elevated levels of exposure and familiarity decreases prejudice for members of a particular 'outgroup' (Pettigrew & Tropp, 2006; Paluck, et al. 2019). Given this, those who have personal familiarity with people who use drugs might be more interested and drawn towards media about harm reduction. In addition to these three theories, we have turned to research showing gendered patterns in media consumption which suggest that men are more likely to consume media on politics, business and sports while women more often consume news on entertainment, lifestyle, health and safety, and weather (Jensen & Haussegger, 2017; Rosentiel, 2008). Thus, women may be more likely to consume bereaved mother's media which relates to health and safety. Statistics Canada (2016) has also indicated that older Canadians and those with a higher level of education are more likely to regularly follow news and current affairs. This suggests that individuals in these two demographic groups would have a higher likelihood of exposure to bereaved mother's media by virtue of the fact they are more likely to view media in general. Lastly, we might expect those who ascribe to a more liberal ideology to be drawn to bereaved mother's media since as described earlier, such left leaning political ideology is associated with support for harm reduction measures. Thus, our

hypothesis for **research question #2** is that *members of the public who have been exposed to bereaved mothers' media are more likely to be female, older in age, have higher education, have personal familiarity with people who use drugs, be politically liberal, and hold less stigmatizing views towards people who use drugs in comparison to those who have not been exposed to such media coverage.*

Our interest in whether exposure to bereaved mothers' media is associated with support for harm reduction (research question #3) is influenced by two theories. First, the 'Identifiable Victim Effect' (Jenni & Loewenstein, 1997; Lee & Feeley, 2016; Lee & Feeley, 2018) describes the tendency of individuals to provide greater attention and support to causes where the identity of a victim (e.g. name, appearance, personal characteristics) is made public, as opposed to when only statistical-level information is provided. Lee & Feely (2018) have proposed that the emotional reactions (i.e. sympathy and distress) that are elicited in response to an identified victim act as a mediator in one's decision to provide support. We also draw on cultivation theory (Bryant & Miron, 2004; Dolliver et al., 2018) which suggests that media exposure has the potential to influence personal opinions around one's social realities or health beliefs. Last, we draw on the experimental results described earlier (Bachhuber et al., 2015; Sumnall et al., 2020) which suggest that a sympathetic narrative provided by a mother whose child has died of substance-related causes may be influential in increasing public support for harm reduction policies/practice. As a result, we might expect that people who viewed bereaved mother's media would be more supportive of harm reduction methods than those who have not been exposed to such media. Our hypothesis for **research question #3** therefore is that *there will be an association between support for harm reduction and exposure to media featuring a mother whose child died of a fatal drug overdose.*

Methods

Sample and Procedures

We conducted secondary analyses of a Canadian national survey on harm reduction (detailed methods have been reported previously; see Wild et al., 2021). Ethical approval was granted by the University of Alberta Research Ethics Board (Pro00080911). Ipsos Reid was contracted to carry out an online public opinion survey with a random sample of adult Canadians (18+ years of age), regarding their views on harm reduction and illegal drug use. The survey was designed to produce generalizable estimates of public opinion on harm reduction at both national and provincial levels. A two-phased sampling procedure was used. In phase 1, randomly-drawn Canadian adult panel members were invited to participate until a quota sample of 2002 respondents matching the age and sex distributions of Canadian adults (18+ years) residing in each major region of Canada (i.e., BC, Alberta, Prairie region [Saskatchewan/Manitoba], Ontario, Quebec, Atlantic region [Nova Scotia, New Brunswick, Prince Edward Island, Newfoundland] was obtained. In phase 2, a booster sample of 2643 respondents was recruited to oversample individual provinces, i.e., to provide representative estimates for each Canadian province. Sampling proceeded until a quota sample matching the age and sex distributions of Canadian adults residing in each of the 10 Canadian provinces was recruited. National and provincial quotas within age and sex strata were based on the 2016 Canadian Census. In both sampling phases, email invitations were sent to panel members, which included a personal identification number along with a URL link to the survey. Each participant had the ability to leave the survey and complete it at another time (Thege et al., 2015) and respondents completed the survey online at their convenience from May 31 – June 25, 2018. In order to maximize participation and minimize nonresponse bias, email reminders were sent approximately three

days following the initial invitation, and an incentive was provided to all respondents who completed the survey. The survey was available in both English and French and took an average of 15 minutes for respondents to complete. Analyses of the phase 1 subsample provided nationally representative estimates; analyses of the total sample provided provincially representative estimates. Sample characteristics are provided in Table 4-1.

Table 4-1: Sociodemographic characteristics of the sample

Participant characteristics (%)	Weighted N (%)	
	Subsample (nationally representative; <i>n</i> = 2,002)	Total sample (provincially representative; <i>N</i> = 4,645)
Sex		
Male	972 (48.6)	2256 (48.6)
Female	1030(51.4)	2389 (51.4)
Age		
18 – 24	129(6.4)	327(7.1)
25 – 34	419(20.9)	912(19.6)
35 – 44	315(15.8)	669(14.4)
45 – 54	366(18.3)	899(19.4)
55 – 64	469(23.5)	985(21.2)
65 – 74	257(12.8)	701(15.1)
75 – 84	43(2.2)	136(2.9)
85 – 94	2(0.1)	15(0.3)
95+	1(0.1)	2(0.0)
Province		
British Columbia	272(13.6)	502(10.8)
Alberta	224(11.2)	501(10.8)
Saskatchewan	130 (6.5)	400(8.6)
Manitoba		400(8.6)
Ontario	769(38.4)	800(17.2)
Quebec	470(23.5)	501(10.8)
Nova Scotia	136(6.8)	400(8.6)
New Brunswick		400(8.6)
Prince Edward Island		341(7.3)
Newfoundland & Lab.		400(8.6)
Political Views		
Very conservative	116(5.8)	270(5.8)
Mostly conservative	338(16.9)	816(17.6)
Equal liberal & conservative	456(22.8)	1089(23.4)
Mostly liberal	502(25.1)	1074(23.1)

Very liberal	186(9.3)	394(8.5)
No political views	282(14.1)	663(14.3)
Prefer not to say	121(6.1)	339(7.3)
Annual household income		
< \$50,000	680(33.9)	1540(33.2)
\$50,000 - \$100,000	747(37.3)	1720 (37.0)
>\$100,000	388(19.4)	859(18.5)
Prefer not to say	187(9.4)	527 (11.3)
Education		
High school diploma	473(23.6)	1135(24.4)
College/technical school	700(34.9)	1725(37.1)
University graduate	830(41.4)	1785(38.4)
Location of residence		
Rural	432(21.6)	1368(29.5)
Urban	1570(78.4)	3277(70.6)

Measures

The survey consisted of 4 blocks of items that addressed the following: (a) views regarding provincial and national responses to substance use; (b) views on harm reduction as an overall approach to addressing substance use as well as views on seven specific harm reduction services; (c) personal experience and opinions towards substance use; and d) sociodemographic questions. Discussions with key informants were used to develop these items to help ensure content validity. A 5- or 6-point Likert agreement scale was used for most of the items and where necessary, definitions of key terms were provided at the beginning of a question. The following are the measures used for our current analyses:

Support for harm reduction. Prior to being asked their opinion about harm reduction, respondents were provided with the following neutral definition of this concept: “*Harm reduction refers to public health programs that reduce the harms related to drug use, without requiring people to stop using substances. An example would be providing supervised injection sites to people who inject drugs so that they can use drugs more safely. There are lots of different opinions about harm reduction. Supporters think these programs can significantly reduce death*

and the transmission of disease among people who use drugs, and that these programs can bring them into contact with health and social services that could help in their recovery. Opponents argue that harm reduction programs encourage crime and drug use and should not be offered.”

Respondents rated their support for harm reduction using a 5-point Likert scale (strongly oppose; oppose; don't know/no opinion; support; strongly support). The 'strongly oppose' and 'oppose' responses were recoded into 'oppose harm reduction'; 'strongly support' and 'support' responses were recoded into 'support harm reduction'; and 'don't know/no opinion' responses were retained. Respondents who chose 'Prefer not to say' (0.7% of total survey responses) were recoded as missing.

Stigmatized attitudes toward PWUD. Stigmatized attitudes were assessed by modifying four items that measured social distance from the World Psychiatric Association's Schizophrenia Open the Door project (2005). The four items read as follows: 1) *Would you be afraid to talk to someone who has a substance use problem?* 2) *Would you be upset or disturbed to be in the same room with someone who has a substance use problem?* 3) *Would you make friends with someone who has a substance use problem?* 4) *Would you feel embarrassed or ashamed if your friends knew that someone in your family has a substance use problem?* Respondents were asked to respond on a 6-point Likert scale (Definitely not; Probably not; Not sure/don't know; Probably; Definitely; Prefer not to say was coded as missing). The 3rd item was reverse coded to indicate higher scores aligning with higher stigmatizing attitudes in order to align with the other three items. The four items were summed with a resultant Cronbach's alpha=0.73, however, upon removal of item #3, the Cronbach's alpha improved to=0.79. The final stigma variable was therefore based on a summed score from items 1, 2 and 4.

Level of familiarity with PWUD. The Level of familiarity (LOF) scale was modified (Corrigan, et al., 2001a; Corrigan et al., 2001b) to assess level of familiarity with people who have struggled with substance use. This scale consists of 11 dichotomous statements which range from a low familiarity score LOF=1 (“I have never observed a person that I was aware had a substance use problem”) to a moderate level of familiarity LOF=4 (“I have watched a documentary on television about substance use problems”) and finally to the highest familiarity LOF=11 (“I have a substance use problem”). Respondents were asked to answer ‘True’ or ‘False’ to each of the 11 statements and one overall LOF score was assigned to each respondent based on their highest LOF recorded score. In other words, if a respondent replied ‘True’ to both the LOF=4 statement and the LOF=11 statement above, their final LOF score would be 11. “None of the above” responses for any item were coded as missing.

Exposure to bereaved mothers’ media. Exposure to bereaved mother’s media was assessed by asking respondents, “*Thinking about media stories you have seen that talk about drug use, have you ever seen or heard media coverage featuring mothers who have had a child die from a fatal drug overdose?*” (Yes=1; No=2). Responses were recoded (No=0; Yes=1) to facilitate easier interpretation during analysis.

Socio-demographics. A variety of socio-demographic questions were asked of respondents including age (continuous); gender (male; female); education (high school diploma or less; college or technical school; university graduate); and annual household income (50,000; 50-100,000; >100,000; Prefer Not To Say which was recoded as missing). Political views were measured with a single item asking respondents, “Please indicate how you would describe your political views. Please select one response only” (Very liberal; Mostly liberal; Equally liberal and conservative; Mostly conservative; Very conservative; I don’t have any political views;

Prefer not to say). These responses were recoded as Liberal (Very liberal and mostly liberal), Equally liberal and conservative; Conservative; I don't have any political views; Prefer not to say (missing).

Analyses

Descriptive statistics (weighted for age, gender and region) were calculated to determine the proportion of the general public that had heard or seen media reports featuring mothers who have lost a child to opioid overdose, using the provincially-representative dataset containing 4645 respondents (weighted for gender, age and region). Proportions for Alberta and British Columbia were grouped together and compared to all other Canadian provinces combined using a chi square tests of independence at 95% confidence level (Noack, 2018). Using the 2002 (nationally representative) dataset, we calculated descriptive statistics with frequencies of responses being weighted for gender and age followed by bivariate correlations (Spearman' rho for between continuous and nominal variables). Having met all required assumptions, a binomial logistic regression was undertaken to investigate associations between exposure to bereaved mothers' media (dichotomous outcome) and each of the predictor variables (gender, level of familiarity, political beliefs, age, education and stigmatizing attitudes towards PWUD). Next, a multinomial logistic regression was undertaken (after meeting required assumptions) to examine associations between exposure to bereaved mother's media and support for harm reduction (reference category = oppose harm reduction). Additional predictor variables included age, gender, education, annual household income, political views, level of familiarity score, and stigmatizing attitudes towards PWUD. I chose to undertake a multinomial regression analysis as both the Kolmogorov-Smirnov test for normality and a histogram of our dependent variable (support for harm reduction) made it necessary to reject the normality assumption required for

linear regression. A binary regression (with support vs. oppose to harm reduction) was not considered as the proportion of respondents who answered ‘Don’t Know/No Opinion’ was considerable (14.6%) indicating that a multinomial regression was the more appropriate choice for analysis. All variables were entered into the model simultaneously, and listwise deletion was used to omit missing responses. An online statistical tool (Calculator.net, 2022) using a two-tailed test, medium effect size ($d=.50$) and alpha of 0.05 was used to calculate required sample size. This analysis revealed that a minimal sample of 385 respondents would be necessary to achieve statistical power at 80%. Analyses was performed using SPSS (Ver. 28) and Stata (Stata Corp., 2017).

Results

Just over half (58.3%) of respondents ($N = 4645$) responded that they had heard or seen media reports featuring mothers who have had a child die from an opioid overdose. These proportions were similar in an analysis that compared British Columbia and Alberta (combined; $N=1003$; 21.6%) versus the remainder of Canada ($N=3642$; 78.4%; $(\chi^2(1) = 1.032, p = .310)$). The proportion of Canadians exposed to media featuring a mother whose child has died from an opioid overdose as per participant characteristics is described in Table 4-2.

Table 4-2: Characteristics of survey respondents who reported that they have seen or heard media coverage featuring mothers who have had a child die from a fatal drug overdose, 2018.

Participant Characteristics	Subsample of nationally representative sample (weighted <i>n</i> = 1095)		Subsample of provincially representative sample (weighted <i>n</i> = 2709)	
	n (%)	95% CI	n (%)	95% CI
Sex				
Male	532 (48.6)	45.6-51.6	1305 (48.2)	46.3-50.1
Female	563 (51.4)	48.4-54.4	1405 (51.8)	49.9-53.7
Age				
18 – 24	72 (6.6)	5.2-8.2	214 (7.9)	6.9-8.9
25 – 34	223 (20.4)	18.0-22.9	502 (18.5)	17.1-20.0
35 – 44	147 (13.4)	11.5-15.6	337 (12.4)	11.2-13.7
45 – 54	211 (19.3)	16.9-21.7	535 (19.7)	18.3-21.3
55 – 64	265 (24.2)	21.7-26.9	600 (22.1)	20.6-23.8
65 – 74	145 (13.2)	11.3-15.4	424 (15.7)	14.3-17.1
75 – 84	30 (2.7)	1.9-3.9	89 (3.2)	2.6-3.9
85 – 94	0(0.1)	0.0-0.5	6 (0.2)	0.1-0.5
95+	1 (0.0)	0-0.3	2 (0.1)	0-0.3
Province				
British Columbia	167 (15.3)	13.2-17.5	309 (11.4)	10.2-12.7
Alberta	127 (11.6)	9.8-13.6	290 (10.7)	9.6-11.9
Sask	33 (3.0)	2.1-4.2	243 (8.9)	7.9-10.1
Manitoba	46 (4.2)	3.1-5.6	244 (9.0)	7.9-10.1
Ontario	408 (37.3)	34.4-40.2	425 (15.7)	14.3-17.1
Quebec	229 (20.9)	18.5-23.4	243 (8.9)	7.9-10.1
NS	33 (3.0)	2.1-4.2	238 (8.8)	7.7-9.9
NB	27 (2.5)	1.6-3.6	231 (8.5)	7.5-9.6
PEI	4 (0.4)	0.1-0.9	221 (8.1)	7.1-9.2
Nfld&Labrador	21 (1.9)	1.2-2.9	266 (9.8)	8.7-11.0
Political Views				
Very conservative	65 (5.9)	4.6-7.5	162 (5.9)	5.1-6.9
Mostly conservative	192 (17.5)	15.3-19.9	476 (17.6)	16.2-19.1
Equal	255 (23.3)	20.8-25.9	641 (23.7)	22.1-25.3
Mostly liberal	279 (25.5)	22.9-28.2	661 (24.4)	22.8-26.1
Very liberal	115 (10.4)	8.7-12.4	257 (9.5)	8.4-10.7
No political views	130 (11.9)	10.0-13.9	328 (12.1)	10.9-13.4
Prefer not to say	59 (5.4)	4.1-6.9	185 (6.8)	5.9-7.8
Annual household income				
< \$50,000	364 (33.2)	30.5-36.1	852 (31.5)	29.7-33.2
\$50,000 - \$100,000	414 (37.8)	34.9-40.8	1045 (38.6)	36.7-40.4
>\$100,000	217 (19.8)	17.5-22.3	507 (18.7)	17.2-20.2
Prefer not to say	101 (9.1)	7.5-10.9	305 (11.3)	10.1-12.5
Education				

High school diploma	250 (22.8)	20.4-25.4	631 (23.3)	21.7-24.9
College/technical school	380 (34.7)	31.9-37.6	999 (36.9)	35.1-38.7
University graduate	466 (42.6)	39.6-45.5	1080 (39.8)	37.9-41.7
Location of residence				
Rural	248 (22.6)	20.2-25.2	803 (29.6)	27.9-31.4
Urban	847 (77.4)	74.8-79.8	1906 (70.4)	68.6-72.1

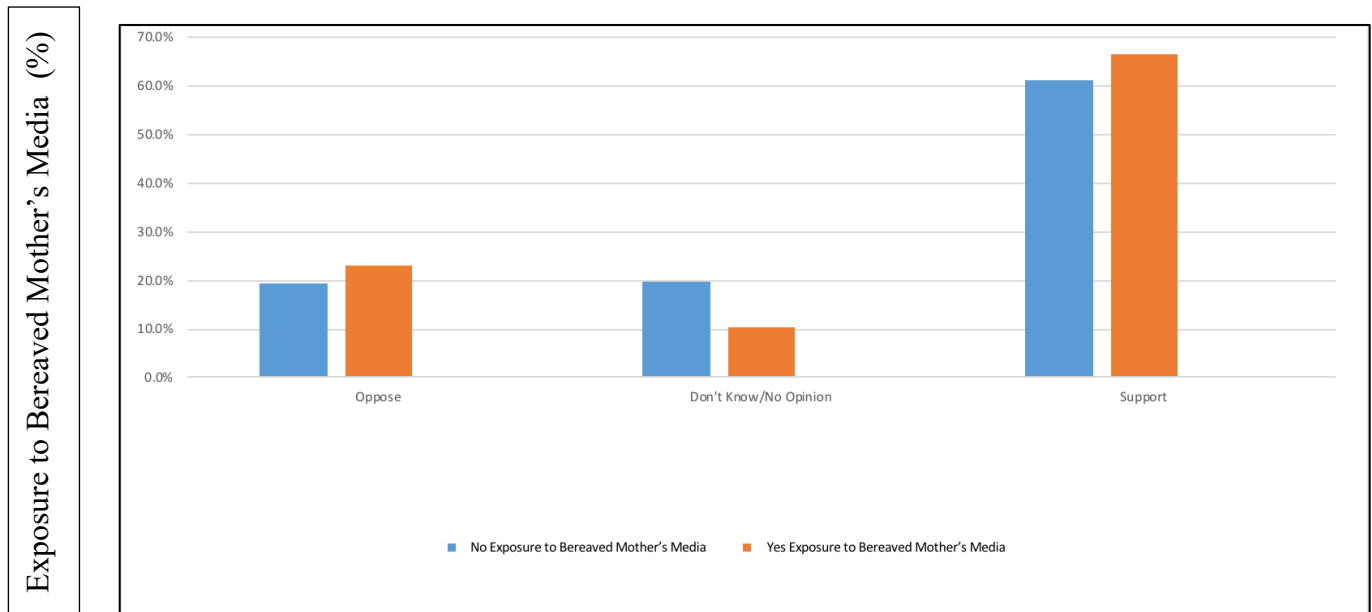
Binomial logistic regression was used to predict exposure to bereaved mothers' media (0= no; 1 = yes) from gender, level of familiarity, political views, stigma, age and education using the nationally representative weighted subsample (n = 2002). Listwise deletion of missing variables produced a final n=1733. The logistic model was found to be significant overall (p < .001) as demonstrated by the omnibus tests of model coefficients (see Table 4-3) and the Hosmer-Lemeshow Test non-significant (p>.05, n=1733) which indicated good model fit. Level of familiarity with PWUD was positively associated with self-reported exposure to bereaved mothers' media (adjusted OR = 1.089, 95% CI 1.049-1.130). Older respondents were also significantly more likely to have been exposed to bereaved mother's media (adjusted OR=1.008, 95% CI 1.002-1.015). Contrary to our hypotheses, gender, political views, education and stigma were not found to be significant predictors in the model.

Table 4-3: Logistic regression predicting exposure to media featuring bereaved mothers among Canadians (n = 1733).

Predictor variables	Adjusted OR (95% CI)	p value
Age	1.008(1.002-1.015)	.013
Education		
High School (reference)		
College	.993(.766-1.287)	.956
University	1.194 (.921-1.549)	.181
Gender		
Male (reference)		
Female	1.046 (.860-1.273)	.653
Level of familiarity score	1.089 (1.049-1.130)	<.001
Political views		
No political views (reference)		
Mostly liberal/very liberal	1.256(.926-1.704)	.143
Equal	1.304 (.939-1.810)	.113
Mostly conservative/very conservative	1.343(.970-1.860)	.076
Stigmatized attitudes toward PWUD	1.027 (.994-1.060)	.105

In undertaking the multinomial logistic regression, a crosstabulation was initially performed, comparing the percentage of respondents who did and did not report seeing or hearing about bereaved mothers in the media among the categories of the outcome variable (support, don't know/no opinion, oppose) (Figure 1). Listwise deletion of missing variables for the crosstabs calculation resulted in a final $n = 1988$.

Figure 4-1. Crosstabulation: Exposure to Bereaved Mother’s Media and Support for Harm Reduction (Pearson $X^2=33.54$ (df=2, 1988); $p<.001$)



Support for Harm Reduction

Results from the multinomial logistic regression examined associations between eight predictor variables and support for harm reduction (Table 4-4). All independent variables were entered into the model simultaneously with the reference category being ‘Oppose’. Listwise deletion of missing variables resulted in a final $n = 1603$ and the Pearson Goodness-of-Fit test showed the model had good fit ($p > 0.05$, $n = 1603$). The overall percentage of cases correctly classified was estimated at 67.8% and a total of five independent variables were found to be significant using the likelihood ratio tests: stigma ($p = <.001$), age ($p=.010$), level of education ($p=.005$), political views ($p=<.001$) and exposure to bereaved mother’s media ($p=.001$). Respondents who expressed elevated levels of stigma were less likely to support than oppose harm reduction ($RR=.948$, $CI=.908-.988$, $p=.012$) as were older respondents ($RR=.987$, $CI=.979-.996$, $p=.004$). Political views were significant in two ways. First, those with liberal views (compared to those without any political views) were more likely to say that they supported harm

reduction vs. oppose (RR=2.318, CI=1.493-3.600, $p < .001$) while those who saw themselves as conservative (compared to those without any political views) were less likely to support harm reduction compared to oppose (RR=.479, CI=.313-.733, $p < .001$).

Respondents who were more familiar with PWUD were less likely (RR = .931, CI=.869-.998, $p = .044$) to select don't know/no opinion about their attitudes versus being opposed to harm reduction. Those who expressed don't know/no opinion re: harm reduction vs. oppose decreased progressively for those whose political views were liberal (RR=.426, CI=.240-.758, $p=.004$), to those who were equally liberal and conservative (RR=.420, CI=.242-.729, $p=.002$) followed by those who were conservative (RR=.299, CI=.177-.504, $p < .001$) – all in comparison to no political views. Thus, the more conservative in their political views, the less unsure respondents were in their beliefs around harm reduction. Those with a college education were .630 times less likely compared to high school educated people to express don't know/no opinion vs. oppose (RR=.630, CI=.400-.991, $p=.045$). Finally, those who had been exposed to bereaved mother's media (compared to those who were not exposed) were .562 times less likely to respond 'don't know/no opinion' of harm reduction versus oppose (RR=.562, CI=.391-.810, $p=.002$).

Table 4-4: Multinomial logistic regression of Canadian’s support for harm reduction (n=1603)

Variables	RRR (95% CI)		RRR (95% CI)	
	Support Vs Oppose	p-value	Don’t Know/No Opinion Vs. Oppose	p-value
<i>Gender</i>				
Male (reference)	1		1	
Female	.863 (.665-1.118)	.265	1.062 (.734-1.536)	.751
<i>Age</i>				
	.987 (.979-.996)	.004	.996 (.983-1.008)	.489
<i>Education</i>				
High School (reference)	1		1	
College	.974 (.692-1.371)	.882	.630 (.400-.991)	.045
University	1.328 (.926-1.905)	.123	.618 (.377-1.011)	.056
<i>Income</i>				
<50,000 (reference)	1		1	
50-100,000	1.076 (.800-1.446)	.628	1.137 (.753-1.717)	.540
>100,000	.919 (.643-1.314)	.642	.899 (.528-1.531)	.695
<i>Political Views</i>				
Don’t Know/No Opinion (reference)	1		1	
Liberal	2.318 (1.493-3.600)	<.001	.426 (.240-.758)	.004
Equal Lib/Conservative	1.002 (.646-1.555)	.993	.420 (.242-.729)	.002
Conservative	.479 (.313-.733)	<.001	.299 (.177-.504)	<.001
<i>Stigma</i>				
	.948 (.908-.988)	.012	1.043(.983-1.106)	.160
<i>Level of Familiarity</i>				
	.973 (.927-1.022)	.274	.931(.869-.998)	.044
<i>Exposure to Bereaved Mother’s Media</i>				
No (reference)	1		1	
Yes	1.006 (.775-1.305)	.967	.562 (.391-.810)	.002

Discussion

This study represents the first time, to our knowledge, that bereaved mothers' media reach and its association with public opinion on harm reduction has been investigated. Our overall objectives were to examine the extent to which, and who among, the general public had seen or heard mothers bereaved by substance use in the media. We also aimed to predict exposure to such media and determine what, if any, associations might exist between exposure to bereaved mother's media and public support for harm reduction. Over half of our nationally representative study respondents ($N=2002$) (63.9%) supported harm reduction while the majority (58.3%) of respondents ($N = 4645$) had seen or heard media featuring a mother who had a child die of an opioid overdose. Our first study hypothesis which held that a greater proportion of bereaved mother's media would be seen by respondents in BC and Alberta was not supported as our findings indicated that exposure to bereaved mother's media was not found to be significantly higher in Canada's two most western provinces compared to the rest of the country. This might be explained by the fact that members of mumsDU (based out of Ontario) were very active in the media during 2015-2016. As such, mumsDU's large media presence may have contributed to a higher number of interviews in Eastern Canada compared to those observed in Canada's two most western provinces.

Our second hypothesis was that members of the public who had been exposed to bereaved mothers' media were more likely to be female, older in age, have higher education, have personal familiarity with people who use drugs, be politically liberal, and hold less stigmatizing views towards people who use drugs in comparison to those who had not been exposed to such media coverage. As we expected, respondents who had more personal experience with people who use drugs were more drawn to bereaved mother's media, as well as

older respondents who are more likely to be exposed to media in general. Our finding that females were not more likely to be exposed to such media may be explained by data showing males are at increased risk for apparent opioid toxicity death (Public Health Agency of Canada, 2021) and therefore perhaps more drawn to news texts regarding the overdose crisis. These stories may also have not been reported as a 'health issue' but rather as general news that is viewed equally by both men and women. Level of education is also not associated with exposure to bereaved mother's media, possibly due to the fact that "... Canadians aged 55 and older, regardless of their level of education, followed news more frequently than other age groups" (Statistics Canada, 2016, p.4). Finally, the lack of association between both stigma and political views and exposure to bereaved mothers' media suggests that individuals on both sides of the harm reduction debate may be equally exposed to bereaved mothers' media. If this is in fact true, then bereaved mothers are reaching those who may be more personally and politically resistant to their advocacy messages. As our logistic regression classification table indicated that our model is only able to predict 58.9% of the outcomes, future research should investigate additional variables (e.g. rural/urban living, income) as well as detailed inquiry into where and what types of media people are using to access bereaved mother's media.

Our third and final hypothesis for this study was that there would be an association between support for harm reduction and exposure to media featuring a mother whose child died of a fatal drug overdose. This hypothesis was not supported as our multinomial regression demonstrated that respondents who had been exposed to bereaved mother's media coverage were no more likely to support harm reduction than to oppose harm reduction. However, we found evidence that those who had been exposed to bereaved mother's media were less likely to respond 'don't know/no opinion' of harm reduction vs. opposing harm reduction (RR = .562,

95% CI = .391-.810, $p = .002$). In other words, exposure to bereaved mother's media is associated with affirming one's beliefs around harm reduction (regardless of whether such beliefs are supportive of or opposed to harm reduction) relative to holding oppositional views towards harm reduction. Our results support Sumnall et al.'s (2020) findings that a sympathetic message *by itself* delivered by a bereaved mother was not associated with increase in public support for drug consumption rooms in the UK. This is also in line with Wild et al.'s (2021) structural equation modelling which demonstrated a lack of direct relationship between *all* media exposure on harm reduction (both bereaved mother's media and general media on the overdose crisis combined) and support for harm reduction. Instead, these authors reported "... an indirect effect, such that greater media exposure to harm reduction was associated with lesser stigmatized attitudes towards PWUD, which in turn was associated with greater support for harm reduction" (p.14).

There are a number of possible reasons why we observed no statistical association between exposure to bereaved mother's media and support for harm reduction. First, the results of our crosstabs indicated that both those who supported *and* those who opposed harm reduction were almost equally likely to have been exposed to bereaved mother's media compared to those who expressed don't know/no opinion to harm reduction. This suggests that individuals from 'both ends of the spectrum' are viewing such media, indicating that bereaved mothers' messages are reaching those who not only agree with their pro-harm reduction messages but those who disagree with them as well. Second, we lacked the ability to control the media content and messaging around harm reduction that respondents were exposed to. Our survey question did not account for the degree of exposure to bereaved mothers' media stories, the medium in which these stories were received (radio, tv, newspaper, social media) or more importantly, how these

media stories were framed by the journalist. For example, we are unaware to what degree stigmatizing language was used in the media that respondents were exposed to which has the potential to influence reader's opinions about harm reduction services. An additional unknown factor is what, if any, harm reduction policies or interventions were discussed, supported, or not supported by the bereaved mothers or other policy actors featured in the media that respondents were exposed to. Even within family advocacy organizations that are pro-harm reduction, there may be differences of opinion regarding harm reduction initiatives which can shape media coverage and its potential impact. Thus, articles which feature a bereaved mother may still have elements which portray people who use drugs and harm reduction policies in a negative light, potentially negating arguments in support of harm reduction policies and practices. Clark (2017) has argued in the *Washington Post* that many news articles focused on the opioid epidemic have been sensationalistic in nature and contained narratives "... designed to create a visceral emotional response [which] have generated attention, but ultimately undermined effective solutions" (p.2). As well, McGinty and Barry (2020) suggest that while research using a sympathetic narrative has the potential to reduce stigma, 'the devil is in the details' – that is, "negative attitudes about addiction are inextricably linked to stigma against certain races and socioeconomic classes" (p.1292). Unpacking the complexity of the effects of ways that the media reports on substance use views is challenging, but necessary if we are to fully understand how media advocacy can be used as a tool to communicate evidence and advance effective drug policy reform.

Our study raises important issues around advocacy practices undertaken by bereaved mothers using media advocacy to advance their policy platforms. The strongest correlate of public support for harm reduction observed in our multinomial regression model was political

ideology. This finding is consistent with research by others (Kulesza, 2015; McGinty et al., 2018; Sumnall et al., 2020; Wild et al., 2021) who found that more liberal political views are associated with support for harm reduction interventions. Such findings are in line with the opinion that harm reduction falls within the purview of ‘morality policy’ or policy domains which are shaped in large part by personal values and ideology (Knill, 2013; Euchner et al. 2013) which can contribute to a lack of political support. As such, bereaved parents engaged in media advocacy likely face specific challenges when trying to change long-held beliefs rooted in personal, religious or cultural norms. It is also possible that bereaved parents may also be facing opposition to either “small or big L” liberal politics (which harm reduction has been associated with) rather than opposition to harm reduction itself. Directing media advocacy efforts towards more politically conservative communities and trying to partner with local organizations in these communities as well as more conservative news outlets is one approach worth considering by harm reduction advocacy organizations. Bereaved parents advocating for harm reduction may also consider trying to work with conservative party members, encouraging them to publicly express their support for these life saving measures.

This study has a number of limitations. First, while online panels help to minimize the barriers that accompany recruitment of large samples of respondents by telephone, sampling errors may arise if non-probability sampling is used (Dillman et al., 2014). Ipsos Reid which has an online panel consisting of over 218,000 Canadians (the largest of its kind in the country) has addressed this potential for sampling bias by recruiting study participants through random selection as well as taking steps to ensure that samples are representative of the Canadian population living in the 10 provinces as a whole (Ipsos Reid, July 2019; Ipsos Reid, 2015). As we excluded those living in Canada’s three territories, future studies need to be inclusive of all

regions of Canada. Second, we are not aware of the acceptance rate for participation in this study which leaves open the possibility that panel members who chose not to participate did so because they have strong feelings in support or opposition towards harm reduction. Third, self-reported data has the potential to contribute to recall bias with participants who may answer certain questions incorrectly (e.g. if they are unsure of their exposure to bereaved mother's media). Social desirability bias may also have occurred if participants chose to not reply truthfully to questions pertaining to substance-related stigma and level of familiarity with PWUD. Fourth, our questioning for this survey used the term 'media' rather than specifying what type of media (social media vs. news media). While this was intentional, it opened up the possibility of creating confusion or misunderstandings for research participants when asked to recall exposure to bereaved mother's media. Finally, while our logistic regression analyses points to possible associations between variables, we cannot assume a direct causal relationship due to the cross-sectional design of this study. We also recognize that mothers and other family members bereaved by substance use utilize a variety of advocacy techniques in addition to engagement with news media organizations. Additional research using qualitative interviews with those working in the journalism field and longitudinal methodologies evaluating film, television, radio-based and social media interventions promise to shed additional light on the complexities of media advocacy and harm reduction.

Conclusion

As of 2018, a majority of Canadians had seen or heard media featuring a mother whose child had died from an overdose, suggesting that bereaved mothers have had tremendous reach with their media advocacy work utilizing a variety of different types of media. Exposure to bereaved mothers' media is more likely among both supporters and opposers of harm reduction

compared to those who don't know or have no opinion about harm reduction. While our findings did not support a direct association between exposure to bereaved mother's media and support for harm reduction, we found evidence that such media exposure is associated with being less uncertain (or firmer in one's beliefs) about harm reduction relative to opposing harm reduction. Taken together these findings suggest that bereaved mothers advocating for drug policy reform will continue to be important drug policy actors with the potential to change public attitudes towards substance use and harm reduction in the years to come.

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Chapter 5: Conclusion

In the spring of 2015, a group of four mothers came together for a weekend in Victoria, B.C. None of these women had known each other previously and all had a child who had passed away from a substance-related cause. They gathered to share in their grief but just as importantly, to talk about what they could do to bring about changes to laws, policies and practices influencing the lives of individuals and families impacted by substance use. This informal gathering spawned the development of three Canadian advocacy groups: mumsDU (Moms United and Mandated to Saving the Lives of Drug Users), The Voice of the Family, and Moms Stop the Harm. While the former two groups have since disbanded (The Voice of the Family in 2017 and mumsDU more recently in 2021/22), Moms Stop the Harm has grown to become a national, grassroots not-for-profit organization representing more than 3500 Canadians across the country. Members advocate locally, nationally and internationally to implement an evidenced-based, public health and human rights response to substance use and overdose deaths. Members have worked tirelessly to bring about changes to the policies and laws that have, up until now, discriminated and caused immeasurable harm to people who use drugs. Their advocacy centers around support for harm reduction initiatives (e.g. supervised consumption services), evidence-based treatment, decriminalizing the personal possession of drugs and the provision of a safe and regulated supply of substances for people who use drugs. Advocacy activities have included but are not limited to meeting with politicians, consultations with government advisory groups (at all levels of government), organizing political rallies and petitions, and delivering community presentations. A key advocacy activity undertaken by members of these advocacy groups has been engagement with the news media in an effort to elevate public awareness and understandings of drug use as a human rights issue and to increase

support for harm reduction initiatives in Canada. As the number of overdose deaths have continued to climb in Canada, bereaved parents (and mothers in particular) have become increasingly visible in the news media, sharing their advocacy messages. While they have tried to influence public opinion around substance use, their primary target is often the decision-makers who have the power to change policies, laws and regulations (Institute of Medicine, 2003; Wallack, 1994). Despite the increased appearance of bereaved mothers in news media advocacy during Canada's current overdose crisis, very little is known about their experiences with the news media, the volume and content of Canadian news media articles that feature a mother bereaved by substance use, and whether any relationship exists between exposure to news media featuring a mother bereaved by substance use and support for harm reduction among the general public.

In light of these knowledge gaps, the two broad objectives of this dissertation have been to: (1) advance academic scholarship on the role and impact of bereaved mothers' media advocacy in the context of harm reduction, and (2) to provide evidence to support parents' efforts to mobilize media engagement in support of their advocacy efforts. I conducted three studies to address these objectives. Study 1 consisted of secondary analyses of qualitative interviews conducted with 43 mothers across Canada who have lost a child to substance use, focusing on their experiences of news media advocacy. Study 2 was a mixed-method secondary analysis of the volume/content and the underlying discourses seen in Canadian newspaper coverage on harm reduction (2000-2016) featuring a mother whose child's death was related to substance use. Study 3 was a secondary analysis of cross-sectional data obtained from a 2018 nationally-representative online panel survey to examine the extent to which, and who among, the general public, have seen or heard mothers bereaved by substance use in the media. Further analysis was

undertaken to identify predictors of exposure to bereaved mother's media as well as examine association with public acceptance of harm reduction. In this concluding chapter, I summarize the main findings of each of these three studies, articulate how the findings reported in this dissertation contribute to Benford & Snow's 'Framing of Social Movements' theory, outline limitations and areas for future research, and identify practice and policy implications.

Review of Main Findings

Study 1, presented in chapter 2, explored the perspectives of bereaved mothers' engagement with the news media in their efforts to advance harm reduction and drug policy reform. Through qualitative interviews with 43 mothers across Canada who participated in drug policy advocacy following the substance-related death of their child, we discovered that participants viewed the news media as powerful allies in their efforts to educate members of the public, change public attitudes and influence policy in support of people who use drugs. This relationship proved to be complex, however, as interacting with journalists also brought with it a number of personal challenges including a fear of news media complacency, insensitive comments by journalists or the public and the potential for sensationalism or having one's story misrepresented. In addition to expressing a number of reasons why engagement with the news media is important (e.g. educating the public, destigmatizing drug use), participants shared a number of tactics used to influence coverage including reaching out to media outlets directly, preparing talking points ahead of interviews, and the importance of clear messaging on policy or practice solutions. In framing their stories, mothers worked to find a balance between conveying their child's life, struggles with substance use and grief experience and advocating for practice and policy solutions to the overdose crisis. Our analysis allowed us to reflect on the wider, structural context surrounding how bereaved mothers stories' are shared with the media as we

recognized that race, social class, and gender are likely contributors to whose stories are ‘allowed to be told’ in the media.

Study 2, presented in chapter 3, builds on study 1 as I undertook mixed-method quantitative content and qualitative thematic analyses of selected harm reduction newspaper texts (2000-2016) featuring a bereaved mother. I identified a total of 63 articles featuring a mother whose child’s death was related to substance use during this 17-year time frame with such coverage increasing substantially between 2015-2016. Alberta saw the highest proportion of articles (33%) with the dominant frame focused on health perspectives of harm reduction. Harm reduction interventions mentioned most often were naloxone distribution (42.9%) and supervised consumption services (28.6%). Despite the fact that harm reduction was advocated by the bereaved mother 77.8% of the time, our qualitative analysis revealed that the newspaper stories often emphasized a mother’s grief in many of the texts while omitting discussion of structural determinants of substance use. In addition, a rhetorical division in describing different groups of people who use drugs was found. In examining these texts which featured bereaved mothers, the voices of people who used drugs were often silenced, and stigmatizing language that ‘othered’ this population remained common during this time period as well.

Study 3, presented in chapter 4, extends the discussion on bereaved mothers’ media by examining the degree to which the Canadian public has seen or heard mothers bereaved by substance use in the media, who is most likely to consume such media, and whether any relationship exists between exposure to this media and support for harm reduction. Secondary analysis of cross-sectional data from the 2018 online CHARPP panel survey indicated that overall, 58.3% of Canadians had seen or heard media featuring a mother whose child died from an overdose. Older respondents and those more familiar with people who use drugs were most

likely to have been exposed to such media. Predictors of support for harm reduction included stigma, age, level of education, political views, and exposure to bereaved mother's media. Participants who were older, those holding more stigmatizing views towards PWUD and those who saw themselves as politically conservative were less supportive of harm reduction while those who saw themselves as Liberal were more supportive of harm reduction. Those who had greater familiarity with PWUD were less likely to say don't know/no opinion versus opposing harm reduction as well as those with a college education vs. high school education. Respondents who were politically liberal, equally liberal and those holding conservative views were progressively less likely to express don't know/no opinion vs. oppose harm reduction. In other words, those who held more conservative views were less unsure in their beliefs about harm reduction. Finally, those exposed to bereaved mother's media were less likely to respond 'don't know/no opinion' relative to being opposed to harm reduction.

Collectively, results of these three studies indicate that the news media plays a significant role in bereaved mothers' own efforts to advocate for harm reduction. Despite the fact that bereaved mothers had relatively low visibility in newspaper reporting and opinion on harm reduction from 2000-2016, by 2018, over half of Canadian adults indicated that they had seen or heard media featuring a mother whose child had died of an overdose. As well, bereaved mothers themselves attest to the important role that the news media has played in their advocacy work. Drawing on Benford & Snow's "Framing Perspective of Social Movement" theory to compare and contrast the key findings from these three studies (Snow et al., 1986; Snow & Benford, 1988; Benford & Snow 2000; Snow, 2008; Snow, 2013), a number of key insights are evident. Our interviews with 43 bereaved mothers who had engaged in media advocacy indicated that a key reason for doing so was to tell their own story and convey advocacy messages themselves,

rather than allowing others to do this on their behalf. However, they also feared and experienced what this theory describes as *framing hazards* - for example, the possibility that their advocacy messages pertaining to harm reduction may be overshadowed by their stories of grief. Our interviews also revealed *discursive opportunity structures* that at times facilitated (e.g. supportive journalists) and constrained (e.g. stigmatizing and hurtful online comments) bereaved mothers' use of the news media in their advocacy work. Thus, we found that the news media industry had the potential at times to dilute bereaved mothers' advocacy messages in the stories that they shared.

Our newspaper analysis for study 2 allowed us to examine what Benford & Snow (2000) refer to as *counter-framing or framing contests* which occurs when the news media reports on frames which are at odds with a social movement's diagnostic and/or prognostic framing. While bereaved mothers engaged in media advocacy in part to destigmatize and support all people who use drugs, newspaper articles often contained stigmatizing language about PWUD, lacked a discussion of broad structural factors contributing to substance related harm and at times created a rhetorical division between different groups of people who use drugs. In response to this, bereaved mothers have had to find ways to educate members of the news media around language, share stories of grief selectively and highlight wider structural determinants in their communication with journalists.

Finally, our analysis of both the newspaper articles and cross-sectional data has allowed us to determine *frame resonance* (i.e. salience) accrued in the news media by mothers bereaved by substance use in Canada. While our content analysis found that only about 1% of Canadian harm reduction texts 2000-2016 contained reference to bereaved mothers who have lost a child to substance use, the majority of texts examined were written before MSTH and mumsDU were

formally established. The low proportion of mothers featured in newspaper texts during this time period is interesting when compared to our 2018 survey data which found that 58.3% of Canadians had heard or seen media featuring a mother whose child had died from an opioid overdose. While our own newspaper texts were limited to print and online harm reduction articles which explains part of this difference, it is very likely that news reporting featuring bereaved mothers increased from 2016-2018 and is more recently shared through a wider variety of news media, including television, radio and social media.

The Roles of Gender and Race in Bereaved Mothers' Media Advocacy

Historically and across the globe, women have advocated for a wide range of social and political issues with some examples being human rights abuses in Guatemala (1975), the dowry deaths prevention movement in India (1990s), gender inequality in the U.S. (1960s), and gun violence following riots in Los Angeles (1992) (Kar et al., 1999). In doing so, many women's organizations have chosen to advance their political causes with the use of maternal frames (Stavrianos, 2015) with recent examples being Mothers Against Drunk Driving (MADD), the Million Mom March, and the Portland's Wall of Moms. As organizations demanding progressive drug policies with a focus on human rights, mumsDU and Moms Stop the Harm have also utilized a 'motherhood or maternal frame' both in choosing the name of their organizations and by invoking the memories of their children and their roles as mothers in calling for political and social change. Many of the bereaved mothers that we interviewed for study #1 acknowledged that they occupied a unique and powerful voice in the Canadian drug policy landscape because of their valorized role as mothers in society. As one participant conveyed:

“I think it’s going to be hard for us to be ignored, because I really don’t think that there’s anything much stronger in the world than the force of mums with a cause. I don’t mean that as a – we’re so almighty or anything. We’re very tenacious. We don’t give up., and our voices, we get louder instead of quieter” (Moms Stop the Harm, 2021).

The influence of gender in bereaved mothers’ advocacy work is significant in a number of ways. First, the role of motherhood is one that is socially constructed and as such, bereaved mothers, like all mothers, have had to come to terms with how they themselves and those around them define ‘what makes a good mother’. Feminist scholars such as Ross (2016) have expressed that “western societies continue to place the burden of parenting squarely on the shoulders of women while at the same time devaluing the act of mothering” (p.5). Ross also speaks to the role of current neoliberal discourses which has seen many governments de-emphasize social and health programs while off-loading such responsibilities onto individuals and families. As a result, many mothers have been made to feel that it is/was their responsibility to provide the necessary supports to their children who were/are struggling with substance use. When this doesn’t happen, society has provided different messages to bereaved mothers that they are somehow culpable in their child’s death. Media and popular culture have also played a role in promoting an idealized vision of what makes ‘a good mother’ while demonizing and stigmatizing those mothers who may transgress from society’s idealized visions of mothering. In speaking out about their child’s drug use and subsequent death, bereaved mothers have used their voices to challenge many of these stigmatizing views that continue to exist today.

The use of motherhood frames in advocacy can be politically effective due to its flexibility (they can be used by anyone who wants to invoke the idea of respected, maternal authority) as well as its potential to mobilize large numbers of people (Stavrianos, 2015). Maternal framing may help to make advocates increasingly ‘relatable’ to the general public

(Kurtzleben, 2020) while also drawing enhanced media attention in an effort to shape public opinion (Smidt, 2012). Heilweil (2016) has stated that mothers are difficult to criticize, particularly if their motivations derive from a love for children. Critics of maternal framing however have argued that such advocacy excludes certain groups including fathers, members of the LGBTQ2S+ community as well as single and/or childless women (Heilweil, 2016). Others have expressed concern that the act of positioning oneself as a mother first and foremost has the potential to de-legitimize and undermine one's messages while overemphasizing that a women's worth is closely tied to their role as a mother (Filipovi, cited in Kurtzleben, 2020, pg. 4). Logsdon-Conradson (2011) reports that since the work of mother activists is so closely tied to maternal duty to take care of their children, "...their activism is often assumed to be emotionally motivated and not located within a sociopolitical context" (p. 10). Our research team's previous work (Morris et al., 2021) does in fact point to bereaved mothers being motivated by a variety of emotions, in particular those arising from grief over the loss of their child. Advocacy was viewed as a 'double-edged sword' by many of our study participants because while it served to enhance feelings of empowerment and provided a solace in connecting with others, it also had the potential to bring with it enormous pain and emotional distress. Most of the mothers in this study, however, fully embraced opportunities to use their motherhood status in an effort to challenge the status quo and balance their expressions of grief with messages tailored to political and social change. Utilizing the news media served as an important advocacy tool in this regard.

Power and privilege are closely intertwined with the politics of motherhood (Jabour, 2021). In 2020, overdose mortality for Black and Indigenous people in the United States surpassed that of white individuals for the first time since 1999 (Friedman & Hansen, 2021) while in Canada, Indigenous individuals and families are disproportionately impacted by opioid-

related death due to the effects of ongoing colonization and intergenerational trauma, systemic racism and a lack of culturally safe care (First Nations Health Authority, 2017; Government of Alberta, 2017). Studies have also demonstrated that Black and Latino Americans are less likely to access addiction treatment and harm reduction interventions (Lagisetty, et al., 2019; Kinnard et al., 2021) while also facing a disproportionately greater risk of drug arrests and incarceration (Mitchell & Caudy, 2015; Black Harm Reduction Network, 2022). In Canada, Black and Indigenous people are also disproportionately at higher risk of being arrested and incarcerated for illegal drug possession (Rankin et al., 2017; Owusu-Bempah & Luscombe, 2021; Owusu-Bempah et al., 2021). Despite these statistics, many have argued that North American media have excluded Black and Indigenous individuals and families in their coverage of the overdose crisis while promoting a more sympathetic and ‘this is unexpected’ response to white people who use drugs (James & Jordan 2018; Johnston, 2019; McLean, 2017; Medoza et al., 2018; Netherland & Hansenm 2016). The majority of participants in our qualitative interviews (reported here in chapter #2) were white and middle class which may have helped them to garner more media attention than Indigenous and Black mothers during the overdose crisis. Stavrianos (2015) argued that the use and persuasiveness of maternal framing by Black and low income women in the U.S. has been tempered due to being less successful than affluent and white women in having the public and legislators view them as ‘good mothers’. Williams (2021) who has written on the racial politics of motherhood in the U.S. would agree, stating that “... motherhood operates as a site in which power distinguishes between good and bad mothers and allocates resources accordingly” (p.1).

Increasing the meaningful representation of Black and Indigenous mothers and other family members in the news media can be achieved by journalists who take the time to seek out

and include the stories and perspectives within these communities as well as by family advocacy groups who find ways to welcome and platform voices of bereaved mothers within racialized communities (while recognizing not all may feel safe in sharing their stories with the media). Godkhindi et al. (2022) suggests that there is a lack of diversity in the promotional materials used by harm reduction organizations and that increasing this diversity could help racialized PWUD to seek support within their own families and communities. Including the voices of Black and Indigenous family members in the news media may increase the public's understanding of the structural issues impacting these communities while emphasizing the need for supports that are culturally sensitive. Finally, including the voices of Black and Indigenous family members in drug policy advocacy overall has the potential to increase feelings of personal empowerment as well as strengthen community connections for those involved (Morris et al., 2021). It is by diversifying the voices of all mothers in the media that journalists and advocacy groups might better address the intersections between substance use and different forms of structural oppression that still clearly exist today.

Strengths and Limitations

To my knowledge, this dissertation represents the first time that media advocacy undertaken by parents bereaved by substance use has been studied in Canada. Strengths and limitations specific to all three studies have been addressed in chapters 2, 3 and 4, however, a number of overall strengths of this dissertation are worth mentioning. First, the research reported in this dissertation was national in scope. Data for all three studies was collected from most regions throughout Canada although some provinces were under-represented in our qualitative study of bereaved mother's experiences with media advocacy (chapter 2). As well, the three northern territories were excluded from data collections in all three studies. Beyond this specific

shortcoming, data analysis and interpretation at a national level has provided us with the unique opportunity to generate answers to our research questions, report findings and make recommendations to Moms Stop the Harm, our primary community partner which represents over 3500 Canadians across Canada. Collection of data from various provinces also allowed us to determine in chapter 4 that regional differences in exposure to bereaved mothers' media did not exist as we found that proportions were similar when comparing British Columbia and Alberta to the remainder of Canada.

A second overall strength of this dissertation was that we were successful in addressing a number of significant gaps in the literature pertaining to parenting and drug policy advocacy as a whole, with a focus on media advocacy in particular. As discussed in the introduction, the majority of health parent advocacy literature to date has focused on parents advocating at an individual level for their own child (who is typically still alive) rather than at a population level with very few studies addressing advocacy by parents in support of people who use drugs. I was also able to map certain framing concepts from Benford & Snow's 'Framing Perspectives of Social Movements' theory onto my results, thereby providing some evidence confirming that these concepts are relevant in this area. In describing the experiences of bereaved mothers and their perspectives of media advocacy, we have offered our community partners Moms Stop the Harm and mumsDU information on what issues might arise when engaging with the media, as well as suggestions on how best to interact with members of the news media. In addition, many of these findings are transferable and will be of interest to other drug policy advocacy organizations

Finally, a third overall strength was that I employed a wide variety of research methods in undertaking this dissertation including qualitative interviews with 43 mothers; a quantitative and

qualitative media analysis of Canadian newspaper texts over a 17-year period; and an online panel survey providing cross-sectional data from over 4000 Canadians. This mixed-methods approach was absolutely essential to helping me address a wide variety of research questions. A mixed methods approach also aided in examining and comparing the findings between studies. One example of this was our discovery that stigmatizing language was pervasive throughout newspaper texts 2000-2016 which helped to provide an explanation as to why exposure to bereaved mothers media may not be directly associated with support for harm reduction.

A number of general limitations of the research reported in this dissertation are also worth mentioning. First, a major limitation relates to conducting secondary analyses for all three studies in addressing my research questions. One implication of this was that different terminology was used across the three studies to describe key concepts. When this occurred, it limited my ability to accurately compare and contrast findings across the three different studies. For example, my research question for study 1 regarding the experience of bereaved mothers use of media advocacy *to advance harm reduction and other drug policy reform* was somewhat different than the research questions for studies 2 and 3, both of which used the term '*harm reduction*' by itself. As well, a discrepancy in how a bereaved mother is defined arose between study 1 and study 2 where a bereaved mother is defined as a mother whose child's death was 'related to substance use' and study 3 where a bereaved mother is defined as a mother whose child had died of an 'overdose'. The time periods for data collection were also misaligned between the three studies as the newspaper articles which were collected 2000-2016 pre-dated the qualitative interviews which were conducted in 2017 and the survey interviews which were conducted in 2018. Had I designed each of these three studies myself from the outset, I could have ensured closer alignment in both the terminology and the dates in which data was gathered.

This would have allowed for a closer examination and comparison of findings across the three studies.

An additional limitation pertains to the sampling for study 1. While study 2 covered all harm reduction media in the study period (2000-2016) and study 3 recruited a large, representative sample of Canadian adults, our recruitment procedures for study 1 failed to capture a diversity of opinions about harm reduction opinions given most of our participants were recruited with the assistance of two pro-harm reduction advocacy groups. As a result, it is likely that differences of opinion with respect to harm reduction (both within and outside of these organizations) may not have been adequately captured which in turn, likely influenced the findings for study 1. In addition, the focus of this dissertation has been on bereaved mothers' media advocacy in large part because bereaved mothers have been highly visible in the news during Canada's overdose crisis. My interests also lay with mothers as it was a group of mothers who initially founded the advocacy organizations that I have partnered with. Fathers and siblings who advocate for drug policy may describe a very different advocacy experience than what I found in this dissertation. Another limitation is that in most cases, mothers bereaved by substance use have lost a child to what many would consider as an 'opioid overdose' or 'drug poisoning'. The experience of mothers who advocate for drug policy, the public's ability to recall such media reports as well as coverage of such stories in newspaper texts might have been different for mothers whose child's death was related to alcohol or stimulant use. Finally, many of the mothers we spoke to for study 1 also spoke publicly as part of their advocacy work. Those who were more inclined to advocate 'behind the scenes' and not share their story in such a public way may have had a different experience and understanding of media advocacy.

It is important to recognize that members of the public, journalists and bereaved mothers themselves evolve in their views over time and are influenced by a variety of social and political contexts. Thus, an additional limitation lies with the fact that there existed a changing political landscape throughout Canada and within different provinces while participants for all three studies were being recruited. As all three studies were national in scope (recruiting participants and examining newspaper articles from all regions of Canada), it is important to consider the fact that the Conservative Party of Canada, led by Stephen Harper, governed nationally from 2006 until 2016. This conservative government was not supportive of harm reduction initiatives and in fact fought (and lost) a Supreme Court legal case to allow Insite, Canada's first supervised consumption site, to remain open (Chen, 2017). The election of Justin Trudeau's Liberal Party of Canada in 2015 led to a major shift in national support for harm reduction initiatives which has since allowed for broad expansion of supervised consumption services, community access to naloxone, drug checking services, safer supply initiatives, approval of diacetylmorphine for the treatment of severe opioid use disorder as well as a three year exemption for the province of BC which effectively decriminalizes the personal possession of small amounts of drugs until 2026 (Government of Canada, 2022). Despite these advances, health services in Canada are delivered at a provincial level which in some cases, has limited the federal government's ability to implement harm reduction services across the country. An excellent example of this is that support for implementing new harm reduction services in Alberta has only been temporary and during a period of time (2015-2019) when the New Democratic Party was in power. Since 2019, the current Alberta United Conservative Party government has been outspoken in its disdain for harm reduction services (Smith, 2020) which has resulted in the withdrawal of a number of harm reduction services in the province in the last 3 years.

A shifting political landscape throughout Canada and within Alberta likely had implications for all three studies within this dissertation. Recruitment of participants for study 1 occurred in 2017 at a time when everyone, bereaved mothers included, saw a rapid increase in national support for harm reduction services over a short period of time. Experiences of media advocacy in 2017 would have also been impacted by what province one resided in during this time as some provinces like BC and Alberta were governed by more progressive governments and were more supportive of harm reduction initiatives while others were governed by more conservative governments that year (e.g. Brian Pallister and the Progressive Conservatives in Manitoba). For study 2, the newspapers articles analyzed spanned a 17 year time frame which would have seen a variety of different provincial governments and the national Conservative Party of Canada in power for most of this time. While some harm reduction initiatives such as distribution of sterile needles and community outreach services were occurring within the health sector during these years, supervised consumption services and other harm reduction interventions were not as widespread 2000-2016 as they are today. As well, most newspaper harm reduction coverage was overwhelmingly focused during this time period on discussing supervised consumption services in one Canadian city (Wild et al., 2019). Ultimately, all of these factors in addition to the provincial and national political responses to such services, may have contributed to the newspaper coverage that occurred during this period of time. Finally, participants for study 3 were recruited in 2018 at a time when the Federal Liberals were in power and beginning to establish harm reduction services. This may have impacted the opinions expressed by survey participants. Variability in provincial government support for harm reduction services certainly existed across the country at this time (Wild et al., 2021) and likely

had a role in influencing different levels of public support for harm reduction across the different provinces.

Lastly, in the introductory chapter of this dissertation, I described my practice of reflexivity throughout the last six years of being a doctoral student. This process began with a self-examination of my ontological and epistemological assumptions, followed by positioning myself within four aspects of reflexivity: personal, interpersonal, methodological and contextual (Olmos-Vega et al., 2022). In doing so, I reflected on and worked to articulate how my own personal and research experiences, philosophical and theoretical assumptions, disciplinary assumptions/frameworks, ideological and political views, and social identities have informed and shaped my work as a researcher (Braun & Clarke, 2022). Part of this process entailed an examination of my own harm reduction advocacy work which began in earnest once I developed more substantive knowledge on the topic of harm reduction part way through my doctoral studies. I recognize that engaging in such advocacy work on the topic of harm reduction while at the same time studying this topic might be construed as a limitation of the research as a whole, particularly by those who may approach research from a more positivist paradigm. I respectfully disagree with this opinion for a number of reasons. First, as has already been discussed, I have fully disclosed my harm reduction activities as part of a reflexive exercise. In doing so, I considered how such advocacy work might have impacted my analysis and reporting of the data particularly in regards to the qualitative research for studies 1 and 2. Second, while embracing the fact that researcher subjectivity is a primary tool in qualitative thematic analysis (Braun & Clarke, 2022), I also took a number of steps to maintain a high level of methodological and analytic rigor as previously discussed. Third, I would argue that engaging in harm reduction advocacy while simultaneously studying this concept, has expanded my own understandings of

this concept, particularly as it relates to using the media as a tool for public health advocacy. Finally, by engaging in public health advocacy on the topic of harm reduction, I have been able to continue to meet one of the core competencies of public health practice (Public Health Agency of Canada, 2008) alongside conducting my research. As someone who identifies as a public health practitioner as well as a researcher, I have learned to take pride in advancing harm reduction policies and practice that are rooted in evidence and which hold promise for reducing morbidity and improving the quality of life for many Canadians who use drugs.

Implications for Policy, Practice and Research

A number of implications for practice, policy and research can be derived from this dissertation. Findings from Study 1 describe the media advocacy experience for mothers and other drug policy advocacy groups and outline some tactics for engaging with the news media around drug policy advocacy. For example, bereaved mothers told us of the importance of advocates reminding themselves of the messaging that they want to convey prior to undertaking media interviews and to use particular techniques (i.e. pivoting back to their main message) if a journalist is wanting them to focus more on personal experiences of grief or sensationalistic aspects of their child's struggles with substance use. Our results also highlight a need for additional efforts to counter stigmatizing language. Bereaved mothers might consider being cognizant of avoiding non-stigmatizing language themselves while interacting with the news media, identify ways to diversify media representation in this space by facilitating the inclusion of Black and Indigenous family members where possible, and seek out opportunities to work in partnership with all PWUD. Bereaved mothers may also want to be proactive and remind journalists about proper terminology at the start of the interview. While many of these suggestions are detailed in a community report associated with study 2 (Moms Stop the Harm,

2021), a media advocacy toolkit may be another practical way of sharing such information with bereaved family advocates across Canada.

Implications for those who work in the news media industry itself cut across both practice and policy. Findings suggest that the news media industry has the opportunity to re-examine both the professional practices of their members (journalists, writers, editors, producers, etc.) and the education of journalism students to ensure that stigmatizing language to describe PWUD, the use of drugs and harm reduction services is eliminated. While recognizing that ‘the personal story’ is often a key element in reporting on the overdose crisis (for both journalists and bereaved mothers themselves), sensationalistic styles of storytelling that detract from bereaved mother’s messages should be avoided in favor of a focus that is fact-based and inclusive of the health messaging. Journalists are encouraged to consult a number of best practices as described by experts in this field (Changing the Narrative, 2020) and to consider a trauma-informed approach when interviewing families who have lost loved ones to substance use. Journalists and media outlets might also approach their coverage of the drug poisoning crisis by taking a ‘solutions-based approach’ in their reporting which “describes ways to create a better future and have journalism support social change” (Ashoka, 2022, p.1). Finally, interviews featuring individuals from a wide variety of socio-economic groups and racial/cultural backgrounds will help to provide the public with a wider understanding of different family perspectives as well as highlight the structural forces requiring the attention of government policymakers and politicians.

As with all research studies, new questions or areas for further study emerge during the process of inquiry and this has certainly been the case for me, while writing this dissertation. A significant limitation with this dissertation was the lack of data collected and subsequent analysis pertaining to race. While we now better understand the perspective of mothers bereaved by

substance use on news media engagement (Study 1), future studies could expand on this to focus on and include the experiences of Black and Indigenous families in using the news media to advocate for drug policy reform. This is particularly important given recent evidence that Indigenous families are disproportionately impacted by substance use in this country (First Nations Health Authority, 2017; Government of Alberta, 2017; The Alberta First Nations Governance Centre, 2021). Study 2 would have been strengthened by collecting data on the race of those mothers who were featured in newspaper texts. Unfortunately, this was not possible for us in the present study as our methods did not allow for the collection of photos and the vast majority of articles did not mention or allude to the race of the family members featured in the story. Lastly, the survey data that I analyzed for study 3 did not include a question regarding participant race and/or ethnicity. Had such a question been present, I would have been able to include this variable at all levels of analysis. Future studies should consider the influence of race as a possible predictor of both exposure to bereaved mothers' media as well as support for harm reduction.

Additional studies adopting methodologies such as qualitative ethnography, which incorporates participant observation and formal document analyses could allow for a more thorough and rigorous understanding of how family advocacy groups frame their messages and use the news media in their efforts to reform drug policy in Canada. Such studies could also shed light on differential experiences and challenges of various subpopulations of advocates or compare the advocacy undertaken between groups representing families that are pro-harm reduction vs. those who are opposed to such initiatives. Fathers and siblings have also appeared in news reports around substance use and harm reduction and their perspectives ought to be addressed in future research. Interviews with key drug policy stakeholders such as politicians and

journalists about how bereaved mother's media advocacy has shifted policy promises (or not) would offer additional theoretical and practical insights on this topic. Finally, while our research has highlighted the messages that many bereaved mothers are sharing through a variety of advocacy efforts (Moms Stop the Harm, 2021), future studies might examine more closely how different types of messages (e.g. harm reduction messages vs. health care treatment reforms) might shape media uptake and opinions amongst the public.

Study 2 could be expanded upon by comparing current findings from texts dated 2000-2016 to those published more recently to determine whether any changes have occurred in content and media discourse over time. While the newspaper articles reviewed for this dissertation were specific to harm reduction, it would be valuable to explore newspaper texts which feature bereaved mothers featured in articles pertaining to the overdose crisis in general. News media analysis of this topic in the future might include a comparison between fathers and mothers featured in news media stories and analysis of other media sources beyond newspaper texts including television, radio and social media. Other research priorities should include studies which further disentangle the role of race and socioeconomic status as well as those which test for the effects of a social justice/human rights-oriented message on policy preferences and public stigma towards people who use drugs (McGinty et al., 2018).

Our findings for study 3 should be considered preliminary as we were limited by the variables available to us in the survey questionnaire used and those we deemed to be conceptually relevant. Future studies should employ additional variables (urban/rural living, employment, etc.) as well as different methodologies (e.g. structural equation modelling) to build models that can account for a higher degree of explanatory variance. As well, while research has tested the impact of bereaved mothers' advocacy messaging on public support for

harm reduction interventions using written scenarios (Bachhuber et al., 2015; Sumnall et al., 2020), communication experiments have yet to evaluate the impact that in-person presentations or video messages by bereaved mothers may have on changing public perceptions of substance-related stigma and harm reduction. Health Canada is currently promoting a digital film featuring a mother whose child's death was related to substance use to high school students in the hopes of changing public perceptions around substance use, stigma and overdose (McEwan University, 2022). Avenues for future research need to consider evaluation of a wide variety of messaging formats delivered by mothers bereaved by substance use while also assessing the duration that such messaging may have on the public (McGinty et al., 2018).

Conclusion

Approximately 20 Canadians are dying every day due to an apparent opioid toxicity death (Public Health Agency of Canada, March 2022). Amidst this public health crisis, bereaved mothers have emerged as one of the most outspoken critics of current drug policies in Canada. This dissertation has demonstrated both the value of bereaved mothers' use of the news media in their advocacy efforts while also highlighting a number of challenges inherent in this public health approach. As an emerging field in public health communication research, further study is required to evaluate the use of such personal narratives in countering substance-related stigma and increasing public support for harm reduction efforts. In the meantime, bereaved mothers and other family members remain focused on raising their voices in the news media and elsewhere in honour of the loved ones that they have lost and in support of individuals and families whose lives have been directly impacted by substance use related harm. Their unwavering commitment to changing drug policy through the use of media advocacy and other forms of political action are a testament to their courage and determination as social movement actors. In the words of

Elie Wiesel, “there may be times when we are powerless to prevent injustice, but there must never be a time when we fail to protest” (Wiesel, 1986).

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Appendices

Appendix 1: Interview Guide (Revised Sept. 7, 2017)

- To be refined following pilot interviews and team consultation
- Underline + CAPS = General topics to probe

Pre-interview process:

- Review study aims
- Review and complete Informed Consent (walk through form)
- Participants ask questions or seek clarifications prior to signing
- Complete Brief Survey
- Complete Receipt form for remuneration (\$50)

Grand tour question: Before we get started with the focus of our interview today, why don't you tell me a bit about what is going on in your life right now?

Opening question: As you know, the focus of our interviews is to learn from the experiences of mothers in sharing their stories – their personal and family story – of substance passing as a tool for advocacy. Imagining that we've just met, and I don't know anything about you, can you tell me your story? *Where does the story begin for you?*

ADVOCACY (*General probe: Let's talk about why you share your story; how you became an advocate?*)

- How/when did you first decide to share your story/your family's story around substance passing?
- How did you first get connected to or involved with the group (mumsDU/Moms Stop the Harm)?
- What does advocacy or 'being an advocate' mean to you?
- Was this the first time in your life you've done something like this (gone public, became involved in advocacy/activism)?
- In addition to sharing your story - what other different types of activities or advocacy work are you involved in? (concrete examples)
- Why do you think some bereaved parents engage in advocacy, when others do not?

MESSAGES (*General probe: What are the messages you hope to get across through your work?*)

- By sharing your story and doing this advocacy work, what do you want people to know about your child? About your personal and family experience?
- Why is it important for mothers in particular, to deliver these messages, to speak out on this issue?

- What are the central messages or "themes" you hope to get out there through sharing your story?
- What types of changes do you hope this will bring about?
- Do you think/have you seen that mothers and families sharing their stories has brought about changes?
- What are the impacts/effects that you have seen from this work (on other individuals, organizations, government)?

MEDIA *(General probe: Tell me about your experiences engaging with media?)*

- How do you feel about how the media represented your story? Your child?
- What are your thoughts on the ways that media represents stories of substance passing and people who use substances (i.e. what do you like, not like; what do you react to?)
- What about the ways that other people/groups (i.e. politicians) have taken up and shared your story?
- What are the negative effects of doing media interviews (i.e. reporters wanting interviewees to 'relive' the story of loss to make for a 'better' story).

PERSONAL - IMPACT/COSTS *(General probe: How has sharing your story affected you?)*

- What have been the effects on you, personally, from sharing this story? (positive and negative)
- On your immediate family? Social networks?
- What are the drawbacks/personal and social costs to doing this type of advocacy work?
- Do you ever get tired of sharing your story?
- Do people tell you that you shouldn't share it?
- Are there parts of the story you don't share, or that you choose to keep private?
- If you have other children, can you talk about how you've addressed the issue of substance use with them, since your child died? Did anything change in that conversation or approach?
- Have you received feedback from people and 'the public'? What type? How has the response from the general public may impacted you personally? How has it shaped ongoing advocacy work?

GRIEVING AND ADVOCACY *(What is the impact of advocacy on the grief process?)*

- What are the effects of advocacy on the grief process? Does it help?
- Does advocacy prolong the grief process? (i.e. compassion fatigue, "keeping the wounds open," preventing people from moving on)
- How is advocacy a way of keeping connected to a child that had died? Does doing advocacy work "replace" the work of trying to save one's child?
- What are the effects of doing advocacy work on a marriage or relationship; siblings and the family?

*What services have you accessed or tried to access for support (e.g. supports and/or counselling) for yourself or other family members before or after the death of your child"

Closing: Is there anything else you would like to add that we haven't discussed?

Appendix 2: CHARPP Public Opinion Survey

Canadian Harm Reduction Policy Project

Public Opinion Survey

Screening

YEAR/MONTH

Dropdown

What is your date of birth?

YEAR

_1910 1910

...

_2015 2015

MONTH

_1 January

_2 February

_3 March

_4 April

_5 May

_6 June

_7 July

_8 August

_9 September

_10 October

_11 November

_12 December

RESP_AGE

Single response

[PN: THANK AND TERMINATE IF UNDER 18]

RESP_GENDER_ca

Single response

What is your sex?

_1 Male

_2 Female

QMktSize_CA
Alphanumeric
REQUIRED What is your postal code? (example: A8A8A8)
HADD_ZipCode_CA
Alphanumeric
REQUIRED Postal code:
HCAL_Region1_Label_CA
Single Response
Hidden Question: Province
(48) Alberta
(59) British Columbia
(46) Manitoba
(13) New Brunswick
(10) Newfoundland and Labrador
(12) Nova Scotia
(61) Northwest Territories
(62) Nunavut
(35) Ontario
(11) Prince Edward Island
(24) Quebec
(47) Saskatchewan
(60) Yukon

[PN: CONTINUE IF AB, BC, MB, NB, NL, NS, ON, PE, QC OR SK, ELSE, THANK AND TERMINATE]

Public Attitudes Toward Harm Reduction

Background

Ipsos is conducting a research study on behalf of Dr. Cameron Wild of the University of Alberta. This study aims to describe the attitudes of Canadians toward harm reduction. Results will help the healthcare system study and respond to addictions more effectively.

What will I be asked to do?

Ipsos would like to invite you to take part in this survey. If you choose to take part in this study, you will be asked questions about your opinions of harm reduction and your experience of different kinds of substance use. Some of the questions may be about issues that do not apply to you. The survey will take about 15 minutes.

Do I have to take part?

Taking part in this survey is your choice. If there are any questions that you do not wish to answer you can select “prefer not to say”, or skip the question. Also, you can end the survey at any time by closing your browser window. If you do not complete the survey, none of your answers will be used. Once you finish the survey, your anonymous answers cannot be withdrawn.

Privacy and Confidentiality

Your name and other information will not be linked to the data that is given to the University of Alberta. Your answers to the survey will be kept private. Reports based on this study will only present results in group form. Only the University of Alberta researchers will have access to the survey results. They will store the data in a locked cabinet and on secure servers at the University for 5 years, after which it will be destroyed. All Ipsos Reid survey data is processed and stored on Canadian servers.

Benefits and Risks

There may be no direct benefit to you for taking part. In other similar studies, people have not reported experiencing any harm as a result of the kinds of questions we will ask. If you wish to get help or support you can contact a national information service for addiction treatment programs at 1-877-746.1963.

Scholarly Benefits

Your participation will directly aid in our understanding of how Canadians respond to substance use.

Further Information

The information gathered for this study may be looked at again in the future to help us answer other research questions. If so, an Ethics Board will first review the study to ensure the information will be used in an ethical way.

The Research Ethics Board at the University of Alberta has reviewed this study (Pro00080911) and given it clearance. Should you have any questions or concerns regarding your rights as a participant, or how this study is being conducted, you may contact the University of Alberta's Research Ethics Office at 780-492-2615. This office has no affiliation with the study investigators. If you have any questions about this study, you can call the Project Coordinator, Jalene Anderson-Baron at 780-492-6753 or 1-866-492-4550.

[NEW SCREEN]

S1. Do you wish to take part in this study?

Yes

No (please find me another survey)

[CONTINUE IF YES. THANK & TERMINATE IF NO.]

[NEW SCREEN]

Thank you for your consideration of this invitation.

A handwritten signature in black ink, appearing to read "Cameron Wild". The signature is fluid and cursive, with the first name "Cameron" written in a larger, more prominent script than the last name "Wild".

Dr. Cameron Wild

Professor

School of Public Health

University of Alberta

P. 780.492.6752 E. cam.wild@ualberta.ca

MQB

Part A

We'd like to start by asking for your opinion on how Canada is responding to substance use issues.

A1. Law enforcement refers to efforts by the police to stop drug trafficking and use of illegal drugs. In my opinion, Canada is...

Please select one response only

Not investing enough in law enforcement to address substance use

Investing just the right amount in law enforcement to address substance use

Investing too much in law enforcement to address substance use

Don't know/no opinion

Prefer not to say

A2. Treatment includes residential ['rehab', or other inpatient] programs, detox, and outpatient programs to help people reduce their drug use and start recovery. In my opinion, Canada is...

Please select one response only

Not investing enough in treatment for substance use

Investing just the right amount in treatment for substance use

Investing too much in treatment for substance use

Don't know/no opinion

Prefer not to say

A3. Prevention of substance use includes educational and other programs to stop people from starting to use drugs. In my opinion, Canada is...

Please select one response only

Not investing enough in prevention to address substance use

Investing just the right amount in prevention to address substance use

Investing too much in prevention to address substance use

Don't know/no opinion

Prefer not to say

A4. Harm reduction includes programs like supervised injection sites that are designed to reduce risks and harms of substance use and connect people to healthcare without requiring people to stop using drugs. In my opinion, Canada is...

Please select one response only

Not investing enough in harm reduction to address substance use

Investing just the right amount in harm reduction to address substance use

Investing too much in harm reduction to address substance use

Don't know/no opinion

Prefer not to say

Next, we would like to know your opinions about harm reduction in more detail.

Harm reduction refers to public health programs that reduce the harms related to drug use, without requiring people to stop using substances. An example would be providing supervised injection sites to people who inject drugs so that they can use drugs more safely.

There are lots of different opinions about harm reduction. Supporters think these programs can significantly reduce death and the transmission of disease among people who use drugs, and that these programs can bring them into contact with health and social services that could help in their recovery. Opponents argue that harm reduction programs encourage crime and drug use and should not be offered.

A5A. Thinking about media stories you have seen that talk about drug use, have you ever seen or heard media coverage featuring harm reduction?

Please select one response only

Yes

No

A5. How much do you support or oppose harm reduction for people who use drugs?

Please select one response only

[ACROSS TOP OF GRID]

[ROW 1]

Strongly oppose [ABOVE 1]

Oppose [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Support [ABOVE 4]

Strongly support [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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A6. Please rate your level of agreement with the following statement:

My provincial government should provide more financial and other support to expand harm reduction services

Please select one response only

[ACROSS TOP OF GRID]

[ROW 1]

Strongly disagree [ABOVE 1]

Disagree [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Agree [ABOVE 4]

Strongly agree [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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A7. Please rate your level of agreement with the following statement:

The Federal government should provide more financial and other support to expand harm reduction services

Please select one response only

[ACROSS TOP OF GRID]

[ROW 1]

Strongly disagree [ABOVE 1]

Disagree [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Agree [ABOVE 4]

Strongly agree [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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Part B

In this next section, we ask for your opinions on 7 different harm reduction services.

[NEW SCREEN]

Syringe Distribution. This involves the exchange, recovery or distribution of needles or syringes. This may also include the provision of safer injecting supplies (cookers, filters, alcohol swabs, etc.) in addition to needles/syringes. The intended outcome of syringe distribution is to engage people to services and reduce or prevent HIV and other disease transmission, infections, and skin and vein damage.

B1a. How much do you support or oppose syringe distribution for people who use drugs?

Please select one response only

[ACROSS TOP OF GRID]

[ROW 1]

Strongly oppose [ABOVE 1]

Oppose [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Support [ABOVE 4]

Strongly support [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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B1b. Please rate your level of agreement with the following statements about syringe distribution.

Please select one response for each item

[ACROSS TOP OF GRID]

[ROW 1]

Strongly disagree [ABOVE 1]

Disagree [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Agree [ABOVE 4]

Strongly agree [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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[DOWN SIDE OF GRID – RANDOMIZE ORDER]

Syringe distribution encourages drug use

Syringe distribution increases the safety of people who use drugs

Syringe distribution increases crime in the community

Syringe distribution connects people who use drugs to other health and social services

Naloxone. Naloxone is a medication that reverses the effects of opioid overdose, similar to an EpiPen that reverses an anaphylactic allergic reaction. Naloxone is the generic name of the drug, which is sometimes sold under the brand name Narcan in Canada. Take home naloxone kits are distributed in various settings, including harm reduction programs, pharmacies, treatment programs, and hospitals, and enable lay persons to intervene in the event of an overdose.

B2a. How much do you support or oppose distributing naloxone kits in the community/?

Please select one response only

[ACROSS TOP OF GRID]

[ROW 1]

Strongly oppose [ABOVE 1]

Oppose [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Support [ABOVE 4]

Strongly support [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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B2b. Please rate your level of agreement with the following statements about naloxone.

Please select one response for each item

[ACROSS TOP OF GRID]

[ROW 1]

Strongly disagree [ABOVE 1]

Disagree [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Agree [ABOVE 4]

Strongly agree [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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[DOWN SIDE OF GRID – RANDOMIZE ORDER]

Naloxone encourages drug use

Naloxone increases the safety of people who use drugs

Naloxone increases crime in the community

Naloxone connects people who use drugs to other health and social services

Supervised Consumption Services. Interventions designed to reduce individual and community impacts associated with injection and non-injection drug use. Supervised Injection Facilities are an example of this intervention. These are legally sanctioned, medically supervised spaces that provide people who inject their own personally acquired drugs in a hygienic environment under the supervision of healthcare professionals. Emergency medical assistance is provided in the event of an overdose.

B3a. How much do you support or oppose supervised consumption services for people who use drugs?

Please select one response only

[ACROSS TOP OF GRID]

[ROW 1]

Strongly oppose [ABOVE 1]

Oppose [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Support [ABOVE 4]

Strongly support [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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B3b. Please rate your level of agreement with the following statements about supervised consumption.

Please select one response for each item

[ACROSS TOP OF GRID]

[ROW 1]

Strongly disagree [ABOVE 1]

Disagree [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Agree [ABOVE 4]

Strongly agree [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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[DOWN SIDE OF GRID – RANDOMIZE ORDER]

Supervised consumption encourages drug use

Supervised consumption increases the safety of people who use drugs

Supervised consumption increases crime in the community

Supervised consumption connects people who use drugs to other health and social services

Low Threshold Opioid Treatment. This intervention is designed to reduce the risks associated with using opioids, in which opioid agonist medication (i.e., methadone, suboxone) is delivered in a low-threshold setting. A low-threshold setting is one that does not impose/require abstinence as a condition for services, and attempts to reduce other barriers associated with accessing services, such as a lack of ID.

B4a. How much do you support or oppose low threshold opioid substitution for people who use drugs?

Please select one response only

[ACROSS TOP OF GRID]

[ROW 1]

Strongly oppose [ABOVE 1]

Oppose [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Support [ABOVE 4]

Strongly support [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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B4b. Please rate your level of agreement with the following statements about low threshold opioid substitution.

Please select one response for each item

[ACROSS TOP OF GRID]

[ROW 1]

Strongly disagree [ABOVE 1]

Disagree [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Agree [ABOVE 4]

Strongly agree [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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6

[DOWN SIDE OF GRID – RANDOMIZE ORDER]

Low threshold opioid substitution encourages drug use

Low threshold opioid substitution increases the safety of people who use drugs

Low threshold opioid substitution increases crime in the community

Low threshold opioid substitution connects people who use drugs to other health and social services

Community Outreach. Intervention designed to engage people experiencing marginalization, disconnection or alienation from mainstream and/or targeted services and supports, in which education, harm reduction supplies and care are delivered outside of a fixed location (i.e. mobile van).

B5a. How much do you support or oppose outreach for people who use drugs?

Please select one response only

[ACROSS TOP OF GRID]

[ROW 1]

Strongly oppose [ABOVE 1]

Oppose [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Support [ABOVE 4]

Strongly support [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

1

2

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B5b. Please rate your level of agreement with the following statements about outreach.

Please select one response for each item

[ACROSS TOP OF GRID]

[ROW 1]

Strongly disagree [ABOVE 1]

Disagree [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Agree [ABOVE 4]

Strongly agree [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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[DOWN SIDE OF GRID – RANDOMIZE ORDER]

Outreach encourages drug use

Outreach increases the safety of people who use drugs

Outreach increases crime in the community

Outreach connects people who use drugs to other health and social services

Drug Checking. Testing illegal drugs to inform consumers about the content. The idea is to potentially reduce harm from ingesting unknown or contaminated substances or more dangerous substances than intended. This intervention can be applied through various methods, ranging from do-it-yourself pill testing kits to more rigorous testing using lab equipment.

B6a. How much do you support or oppose drug checking for people who use drugs?

Please select one response only

[ACROSS TOP OF GRID]

[ROW 1]

Strongly oppose [ABOVE 1]

Oppose [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Support [ABOVE 4]

Strongly support [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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B6b. Please rate your level of agreement with the following statements about drug checking.

Please select one response for each item

[ACROSS TOP OF GRID]

[ROW 1]

Strongly disagree [ABOVE 1]

Disagree [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Agree [ABOVE 4]

Strongly agree [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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[DOWN SIDE OF GRID – RANDOMIZE ORDER]

Drug checking encourages drug use

Drug checking increases the safety of people who use drugs

Drug checking increases crime in the community

Drug checking connects people who use drugs to other health and social services

Safer Inhalation Kits. This intervention is designed to reduce risk associated with smoking drugs in which safer smoking equipment (stems, mouthpieces, screens, push sticks, pipes, etc.) are made available and distributed without requiring the return/exchange of used equipment.

B7a. How much do you support or oppose safer inhalation kits for people who use drugs?

Please select one response only

[ACROSS TOP OF GRID]

[ROW 1]

Strongly oppose [ABOVE 1]

Oppose [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Support [ABOVE 4]

Strongly support [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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B7b. Please rate your level of agreement with the following statements about safer inhalation kits.

Please select one response for each item

[ACROSS TOP OF GRID]

[ROW 1]

Strongly disagree [ABOVE 1]

Disagree [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Agree [ABOVE 4]

Strongly agree [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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[DOWN SIDE OF GRID – RANDOMIZE ORDER]

Safer inhalation kits encourage drug use

Safer inhalation kits increase the safety of people who use drugs

Safer inhalation kits increase crime in the community

Safer inhalation kits connect people who use drugs to other health and social services

Part C

This next set of questions asks about your personal experiences and opinions about substance use. Remember, there are no right or wrong answers, and your responses are completely confidential.

C1. Please read each of the following statements carefully. After you have read all of the statements below, place a check by every statement that represents your personal experience with persons with a substance use problem.

I have watched a movie or television show in which a character depicted a person with a substance use problem.

My job involves providing services/treatment for persons with a substance use problem.

I have observed, in passing, a person I believe may have had a substance use problem.

I have observed persons with a substance use problem on a frequent basis.

I have a substance use problem.

I have worked with a person who had a substance use problem at my place of employment.

I have never observed a person that I was aware had a substance use problem.

A friend of the family has a substance use problem.

I have a relative who has a substance use problem.

I have watched a documentary on television about substance use problems.

I live with a person who has a substance use problem.

None of the above

C2. Thinking about media stories you have seen that talk about drug use, have you ever seen or heard media coverage featuring mothers who have had a child die from a fatal drug overdose?

Please select one response only

Yes

No

C3. Which of the following statements most closely matches your personal definition of recovery in terms of substance use?

Please select one response only

No use of any substance – drugs or alcohol

No use of any substance – drug or alcohol – except as prescribed by your doctor

No use of substance of choice but some use of other substances

Moderate or controlled use of any substance – drug or alcohol

Moderate or controlled use of alcohol

Moderate or controlled use of drugs

Don't know/no opinion

Prefer not to say

C4. This next set of items asks about your personal opinions about people who have a substance use problem.

Please select one response for each item

[ACROSS TOP OF GRID]

[ROW 1]

Definitely not [ABOVE 1]

Probably not [ABOVE 2]

Not sure/don't know [ABOVE 3]

Probably [ABOVE 4]

Definitely [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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[DOWN SIDE OF GRID. RANDOMIZE ORDER.]

Would you be afraid to talk to someone who has a substance use problem?

Would you be upset or disturbed to be in the same room with someone who has a substance use problem?

Would you make friends with someone who has a substance use problem?

Would you feel embarrassed or ashamed if your friends knew that someone in your family has a substance use problem?

C5. We'd like to know how much you agree or disagree with these statements about people who have problems with alcohol and other drugs. Remember, there are no right or wrong answers; we are interested in your opinion.

Please select one response for each item

[ACROSS TOP OF GRID]

[ROW 1]

Strongly disagree [ABOVE 1]

Somewhat disagree [ABOVE 2]

Neither disagree nor agree [ABOVE 3]

Somewhat agree [ABOVE 4]

Strongly agree [ABOVE 5]

[ROW 2]

- 1
- 2
- 3
- 4
- 5

[DOWN SIDE OF GRID. RANDOMIZE ORDER.]

Every alcoholic and addict must accept that he or she is powerless over alcohol and drugs, and can never

drink or use drugs again

Daily use of small amounts of substances like marijuana is not necessarily harmful

Every alcoholic or addict is one drink or one hit away from a total relapse

The society or culture in which one grows up has a significant influence on whether he or she becomes

an alcoholic or addict

Marijuana is accepted in some communities, so there is nothing wrong with using it while there

A person's environment plays an important role in determining whether he or she develops alcoholism or drug addiction

Once a person is an alcoholic or an addict, he or she will always be an alcoholic or an addict

Personal use of drugs should be legal in the confines of one's own home

Alcoholism and drug addiction are caused, in part, by growing up in a dysfunctional family

Usually if alcoholics and addicts fail to recover in Alcoholics Anonymous (AA), Narcotics Anonymous (NA) or treatment, it is because they are unmotivated and in denial

As long as no one else is harmed, people should have the right to engage in whatever behaviours they

want

If an alcoholic or addict is sober or straight for five years, then starts drinking or using drugs again, he or

she is right back where he or she left off in the development of the disease

Alcoholism and drug addiction are caused, in part, by what one learns about alcohol and drugs and the

drinking/drug use patterns of one's family and peers

Some people use drugs, but never become addicted

A person can develop alcoholism or drug addiction because of underlying psychological problems

There are only two possibilities for an alcoholic or drug addict – permanent abstinence or death

Addiction does not always result in a negative outcome

If an alcoholic has a drink, or if an addict takes a hit, they lose control and are unable to stop from

getting drunk or high

People fail to consider that addictive behaviours may be positive

People often outgrow drug and alcohol addiction

There are people who have significant problems with alcohol, but who are not alcoholics

Addicts can learn to control their use

Part D

This last set of questions asks more general information about you.

D1. For each of the following statements, please indicate your level of agreement

Please select one response for each item

[ACROSS TOP OF GRID]

[ROW 1]

Strongly disagree [ABOVE 1]

Disagree [ABOVE 2]

Don't know/no opinion [ABOVE 3]

Agree [ABOVE 4]

Strongly agree [ABOVE 5]

Prefer not to say [ABOVE 6]

[ROW 2]

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[DOWN SIDE OF GRID. RANDOMIZE ORDER.]

The government should increase its assistance for the poor

The government should lower taxes

The government should be actively involved in solving problems that develop in society

The government has taken over too many things that should be handled by individuals, families, and private businesses

D2. Please indicate how you would describe your political views

Please select one response only

Very liberal

Mostly liberal

Equally liberal and conservative

Mostly conservative

Very conservative

I don't have any political views

Prefer not to say

D3. What is your annual household income?

Please select one response only

<\$50,000

\$50,000 - \$100,000

>\$100,000

Prefer not to say

D4. What is your level of education?

Please select one response only

High school diploma or less

College or Technical school

University graduate

D5. Do you live in an urban or rural setting?

Please select one response only

Urban

Rural