Signature page

Junkie or patient?

Media’s portrayal of opioid harm reduction strategies in Nova Scotia

By
Jessie Ellen Castle

A Thesis Submitted to
Saint Mary’s University, Halifax, Nova Scotia
in Partial Fulfillment of the Requirements for the
Honour’s Degree, Bachelor of Arts in Criminology

April, 2023 Halifax, Nova Scotia

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Abstract

Safe supply programs rolled across Canada amidst two public health emergencies: the opioid crisis and COVID-19 pandemic. Earlier research demonstrated safe supply's efficacy, but confusing messages rooted in a history of racism, criminalization and stigmatization limited access to this life saving program. Harm reduction interventions reduce mortality and improve health outcomes for people who use substances. Criminalization confuses messages surrounding treatment; creates an unsafe illegal market; and fails to eradicate substance use in Canada. Media plays an influential role in shaping public perceptions. This study describes volume, content and themes from Nova Scotia news media sources that discuss safe supply between 2018 and 2022. Searches of three English-language news media sources from Nova Scotia identified 41 articles, coded for type, tone, topic, harm reduction intervention and thematically analyzed. Volume of coverage increased over time, which coincided with the COVID-19 outbreak and implementation of safe supply programs. Changes in narrative framing and use of stigmatizing language were also observed. No longer understood as a political or criminal issue, Nova Scotia news media content frames safe supply as a health and social justice issue. News media sources in Nova Scotia are not directly contributing to the stigmatization of people who use substances.

April 14, 2023

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Introduction

Between January and September 2022, an average of 21 Canadians died each day from opioid toxicity (Public Health Agency Canada, 2022). This is more than double the average daily death rate recorded in 2016 when concerns about the opioid epidemic emerged (Public Health Agency Canada, 2022). COVID-19 restrictions interrupted the supply of unregulated substances, closed harm reduction facilities and unintentionally created an illegal market for unregulated fentanyl production domestically (Glegg et al., 2022; Selfridge et al., 2022; Pauly et al., 2022; Canadian Institute for Health Information, 2022).

The dramatic increase in opioid toxicity deaths during the pandemic provided the necessary momentum for radical responses. Specifically, harm reduction strategies, like safe supply, were scaled up across Canada. The Government of Canada provided exemptions to the *Controlled Drugs and Substances Act* (Bonn et al., 2020; Ivsins et al., 2020). Doctors were authorized to prescribe various controlled substances, including diacetylmorphine, the active ingredient in heroin, to patients in the program who were also authorized to possess these substances for personal use (Bonn et al., 2020; Ivsins et al., 2020).

Empirical evidence gathered during this period suggests safe supply recipients experienced improvements in their health, economic status and overall quality of life (Brothers et al., 2022; Gomes et al., 2022; Ivsins et al., 2021; Bonn et al., 2020). Furthermore, evidence suggests patients enrolled in safe supply programs reduced their vulnerability to opioid poisoning and participation in crime (McNeil et al., 2022; Kolla, et al., 2022).

Nova Scotians who use substances want access to safe supply but are facing many roadblocks, including limited prescribers, public shaming and stigmatization (Ayers, 2022).

Research Question

Considering these recent developments, I am curious to know how has online news media reporting in Nova Scotia framed the overdose crisis and harm reduction interventions, like, safe supply, over the last five years? Media plays a very important role in shaping public discourse (Wild et al., 2019). News media coverage influences government priorities and shapes public perceptions (Jay et al., 2021; Quan et al., 2020; Wild et al., 2019; Sznitman & Lewis, 2015; Taylor, 2008). The archetypical "criminal drug addict" is often framed as deserving of punishment and less worthy of medical treatment. Is media contributing to stigmatization of people who use drugs?

Background / Context

Opioid toxicity is killing Canadians at an alarming rate. Opioids are synthetic narcotics that produce opiate-like effects, but are not derived from opium (O'Toole, 1997). Opium is a naturally occurring substance that is extracted from the opium poppy. It contains some 25 alkaloids, the most notable one being morphine which is used to produce heroin, a semi-synthetic opioid (O'Toole, 1997; Boyd, 2022). Opium is addictive and poisonous in large doses; however, is also tremendously effective for managing pain (Boyd, 2022). Production, cultivation, sale and possession of opium and its derivatives is prohibited in most countries, including Canada, except for medical use. Synthetic opioids are equally powerful to their natural counterparts (O'Toole, 1997). Similar controls have also been established to regulate their production and use. Opioids are produced in both pharmaceutical and non-pharmaceutical settings and consumed in legal and illegal ways. In medical settings, opioids are primarily prescribed to treat pain.

A Public Health Emergency

British Columbia, a Canadian province historically characterized by substance use issues, was the first to declare a provincial public health emergency in April 2016 as a response to the

increase of opioid toxicity deaths within their provincial boundaries (Selfridge et al., 2022; Ivsins et al. 2020). To date, British Columbia has consistently had the highest rate of death per 100,000 people; however, other provinces and territories observed similar trends (Government of Canada, 2022). The federal government acknowledged opioid poisonings were increasing across Canada. In response, the federal government allotted funding for specific projects, increased access to treatment and harm reduction programs, as well as increased awareness, prevention and enforcement efforts (Government of Canada, 2022). According to Public Health Agency of Canada (2022), 30,843 Canadians have died from opioid toxicity between January 2016 and March 2022, 363 of which were from Nova Scotia.

Provincial/territorial Chief Coroners or Chief Medical Examiners are primarily responsible for collecting and recording deaths within their jurisdiction. The constitutional division of powers in Canada distributes different authority between two levels of government: federal and provincial. The federal government is responsible for a variety of matters of national interest, including enacting criminal law and collecting statistics. Provincial governments are responsible for local matters and have exclusive jurisdiction over education, health care and the administration of justice. Different provincial procedures for collecting and reporting deaths can lead to challenges with interpreting federally produced data (Government of Canada, 2022). For example, some provinces (Manitoba and Prince Edward Island) did not have any data to include during the January-March 2022 reporting period. Other provinces (Saskatchewan, Newfoundland and Yukon territory) only provided data for completed investigations, whereas the remaining provinces and territories provided data for both completed and ongoing investigations where opioid toxicity was the probable cause of death (Government of Canada, 2022). It is likely the actual number of opioid

toxic deaths in Canada is slightly different than the 30,843 deaths accounted for in the Public Health Agency of Canada's 2022 surveillance report.

A Second Public Health Emergency: COVID-19

In March 2020, provinces and territories across Canada declared states of emergency in response to the COVID-19 outbreak. Strict public health measures were immediately implemented to stop the spread of this new virus. Everything closed, except for essential services. Schools and offices pivoted to online learning and remote work postures. Households were asked to designate one person to run errands. Families, neighbours and friends were told to stay in their homes or risk being fined. Borders were closed and masks were mandated.

COVID-19 dramatically impacted the existing opioid poisoning epidemic. Provincial and territorial data reproduced by the Public Health Agency of Canada (2022) indicates there was a 91% increase in apparent opioid toxicity deaths between April 2020 and March 2022 (15,134 deaths during the first two years of the pandemic), compared to the two years before (April 2018 – March 2020 with 7,906 deaths). The federal government recognized that people who use substances, particularly those who are experiencing homelessness, were at increased risk of infection and death from both COVID-19 and opioids from the illegal market (Bonn et al., 2020; Ivsins et al., 2021). To address the intersecting public health crises for this population, the federal government enacted several creative measures to keep people who use substances inside, socially distanced and healthy. These strategies included designating hotels to house homeless for quarantine purposes; facilitating access to medications; and providing a safer supply of controlled substances (Selfridge et al., 2022; McNeil, et al., 2022; Glegg et al., 2022; Brothers et al., 2022).

Theoretical Framework / Orientation

To truly understand how the opioid epidemic erupted in Canada, it is helpful to understand the history of drug control in Canada. For thousands of years, people globally cultivated a variety of plants for medical and non-medical uses, including for pleasure, cultural and spiritual purposes (Boyd, 2022). It is only within the last two centuries that Canada developed a control framework, criminalizing people who possess, traffic, import and export specific substances. These early examples of social control paved the way for labels and stigma, which continue to impact people who use substances today.

A Racist History of Control

Throughout history, various groups have battled to control power and resources. One such example can be illustrated in Canada during the arrival of European settlers, or colonizers. Colonization attempted to suppress Indigenous ways of life, by banning self-governance, language and knowledge (Boyd, 2022; Szalavitz, 2021). The *Indian Act* of 1876 is the first piece of federal legislation that, among other things, controlled substance use in Canada. It granted exclusive power to the federal government to regulate all aspects of "status Indians", including what plants or substances they consumed. Indigenous healers were criminalized and subject to prison time (Boyd, 2022). White colonizers were lawfully allowed to possess, consume and trade all forms of intoxicants, including opium (Boyd, 2022; Szalavitz, 2021). This early form of criminalization is an example of how those in power exercise their influence to establish laws and values that benefit them at the expense of others.

Conflict theorists argue that morally prohibited and victimless crimes, like substance use, provide those in power with the latitude to enforce the law when and how they see fit (Mosher & Atkins, 2020). In support of their position, conflict theorists point to the disproportionate number

of minorities incarcerated in North America, despite the fact consumption of mood-altering substances is an activity universally enjoyed across all races (Mosher & Atkins, 2020).

"Status Indians", a legislative term used to describe those subject to the *Indian Act*, were not the only targets of federal government control. In the late nineteenth and early twentieth century, the temperance movement fuelled alcohol prohibition and spurred moral panic around other mood-altering substances. The *Opium Act* of 1908 was grounded in anti-Chinese racism and expanded in 1911 to include other substances (Boyd, 2022). Specifically, Chinese immigrants, thought to be taking employment opportunities from White people and "degrading White women", fed the moral panic of the early 1900s (Boyd, 2022; Canadian Drug Policy Coalition, 2022). Chinese men were subject to a head tax, denied the right to vote and restricted to where they could live and work after the national railway was completed (Boyd, 2022; Canadian Drug Policy Coalition, 2022). Then Prime Minister, MacKenzie King, framed smoking opium and opium dens as "evil" (Boyd, 2022; Canadian Drug Policy Coalition, 2022). The lasting effects of these legislative endeavours have disproportionately criminalized and stigmatized Black, Brown and Indigenous Canadians over the last century (Boyd, 2022; Canadian Drug Policy Coalition, 2022; Szalavitz, 2021).

Criminalization and Stigma

Criminalization of substances created the "criminal addict" which stigmatizes people who use substances and justifies punitive approaches against them (Boyd, 2022; Goode & Ben-Yehuda, 2009; Becker, 1991). Stigma is a powerfully negative label that can have devastating effects. It often emerges in the form of derogatory language that "shames and belittles people" (Canadian Centre on Substance Abuse and Addiction, 2019). Internalized stigma can cause people to feel worthless. Other people's negative attitudes, beliefs and actions can amplify or reinforce an individual's internalized stigma (Canadian Centre on Substance Abuse and Addiction, 2019).

People who use substances, particularly heroin, are some of these most stigmatized populations in the world (Salamat et al., 2019; Lloyd, 2013). Stigmatization associated with substance use impacts people in a variety of ways, including access to housing, employment, medical services and interactions with law enforcement (Kruis et al., 2020; Salamat et al., 2019).

People who use substances do so for a variety of reasons. Some people use substances occasionally, while others may do so more regularly. Not all people who use substances will develop a substance use disorder (Canadian Centre on Substance Abuse and Addiction, 2019). A substance use disorder is a health condition that can be mild, moderate or severe (Canadian Centre on Substance Abuse and Addiction, 2019). Substance use disorder is not a choice. Stigmatizing language is inaccurate, hurtful and disempowering to vulnerable people when internalized. Communities of influence, including government and media, have the power to shape how substance use and addiction are viewed by greater society (Wild et al., 2019).

To counteract the negative stigmatizing effects associated with drug control, the Government of Canada released several primers aimed at breaking down stereotypes. Primarily targeted at health care providers, these primers provide direction and examples of language that promote self-esteem and effectiveness of treatment (Public Health Agency of Canada, 2020; Canadian Centre on Substance Abuse and Addiction, 2019; Canadian Public Health Association, 2019). All primers emphasize using accurate, science-based evidence to inform opinions and beliefs. First-person language should always be used instead of language that focus on a negative quality or action. For example, the term "person who uses substances" is preferred to the terms "addict" or junkie" (Public Health Agency of Canada, 2020; Canadian Centre on Substance Abuse and Addiction, 2019; Canadian Public Health Association, 2019). First-person language humanizes the individual, whereas terms like "addict" or "junkie" typically blame the individual using substances, instead of

addressing the multitude of complex factors that lead to substance use (Public Health Agency of Canada, 2020; Canadian Centre on Substance Abuse and Addiction, 2019).

These primers are rooted in theories proposed by earlier criminologists who noted that stigmatizing language used by people in power constructs “others” as being “less-than” or unworthy of treatment experienced by the influential group. Labels give meaning and shape the way people interact with each other. Labels are produced by those in power and reinforced by mainstream media (Wild et al., 2019). Labelling theory addresses the negative effects of being labelled deviant. Instead of focusing on individual characteristics to explain crime, notions of deviance are applied to reinforce negative stereotypes (Becker, 1991).

Deviant labelling satisfied society’s need to control “outrageous” behaviour. It’s not that the behaviour is harmful per se, it is society’s reaction to it (typically on moral or religious grounds) that makes it bad. Becker (1991) argues that “deviance is always the flip side of the coin used to maintain social control” (p. 54). Labelled deviants threaten the control of people who have enough power to shape the way society imagines “good” and “bad” (Becker, 1991). For example, legislation and the label of “controlled substances” suggests a certain level of dangerousness; those who consume are not “normal”. In reality, all people who use substances are human beings with complex and unique identities. Substance use, particularly within the context of a medical condition like substance use disorder, is not a form of wilful conduct or moral failing. A century of criminalization and stigmatization created the breeding grounds for an opioid poisoning epidemic in the face of intersecting public health emergencies. Misconceptions surrounding safe supply need to be addressed to reduce stigmatization and barriers to treatment access (Bonn et al., 2021; Kruis et al., 2020; Salamat et al., 2019).

Literature Review

Five distinct issues emerge when considering harm reduction strategies in the current context of criminalization of substances in Canada. First, harm reduction initiatives continue to evolve and address the needs of people who use substances. They are often initially perceived as contentious, despite the fact they are effective at improving health and well-being outcomes for people who use substances. Secondly, criminalization promotes stigmatization and confuses messages around "harm" and "treatment". Doctors are reluctant to practice safe supply. Third, COVID-19 exasperated an already toxic supply. Criminalization created the necessary conditions for an illegal supply market of unregulated substances. Fourth, criminalization harms people who use substances, particularly those who are also experiencing homelessness and mental illness. Criminalization contributes to unsafe consumption practices, like using contaminated supplies, alone. Access to a regulated supply prevents death. Finally, criminalization does not prevent people from consuming substances, nor does it eliminate drug related crimes.

Harm Reduction

Harm reduction acknowledges people will continue to use substances and aims to reduce the harm associated with such high-risk behaviour (Szalavitz, 2021; Collins et al., 2012; Stimson, 1998). Harm reduction does not promote abstinence, treatment or deterrence. Instead, it "meets people where they are at" (Collins et al., 2012, p. 6) and tries to improve the individual's quality of life. For people who use substances, this can mean accessing clean needles, opioid agonist treatment, safe injection sites and/or a safe supply of regulated substances.

Needle Exchange

In Canada, needle exchange was the first targeted harm reduction initiative developed as a response to the HIV/AIDS epidemic during the 1980s and 1990s. At the time, the idea of giving

people who inject substances clean instruments to use was highly controversial (Szalavitz, 2021; Grund et al., 1991). There were concerns that doing so would "encourage more use" or increase waste in public areas (Szalavitz, 2021; Collins et al., 2012). Communities and businesses were concerned that needle exchange would send the wrong message and give people who inject substances the idea it was okay to do so. Research from this era found that needle exchange programs decreased needle sharing and rates of infection amongst people who inject substances (Wodak & Cooney, 2006; Grund et al., 1991).

Opioid Agonist Treatment

Opioid agonist treatment ("OAT") is a medically controlled option for people who are diagnosed with substance use disorder. Agonists are regulated substances that mimic or produce physiological effects similar to their illegal counterparts (O'Toole, 1997). OAT does not produce a "high". Substances, such as Methadone, also known as Methadose or Dolophine, and buprenorphine/naloxone, also known as Suboxone, are prescribed for daily witnessed oral consumption. These medications are intended to prevent the onset of withdrawal symptoms and stop patients from accessing substances from the illegal market (Mullins, 2019). OAT is successful in reducing the harm associated with opioid use disorders; however, has also been criticized for its inability to address the needs of all people who use substances (Mattick et al., 2009; Sheerin et al., 2004). Specifically, some users have described OAT as being overly cumbersome; difficult to maintain; and invasive (Mattick et al., 2009; Sheerin et al., 2004). OAT patients must travel to their pharmacy every day for medication dispensing and are subject to random urine tests. Patients report such requirements interfere with their ability to maintain employment and reinforce feelings of shame. Despite these challenges, OAT is successful in averting death (Irvine et al., 2019) and reducing drug related crime (Sheerin et al., 2004).

Safe Consumption Sites

Safe consumption or safe injection sites ("SCS" or "SIS") are another form of harm reduction efforts in Canada that emerged during the 2000s. Insite, a facility located in Vancouver, British Columbia was the first sanctioned supervised injection site in North America (Insite, 2022). It received a federal exemption from Health Canada that allowed people who inject substances to consume products from the illegal supply market under the supervision of trained outreach workers and medical staff (Insite, 2022). SCS/SIS are now located across Canada (Hayle, 2017). They save thousands of lives and millions of healthcare dollars each year (Caulkins et al., 2019; Hayle, 2017; Kolla et al., 2017; Potier et al., 2014; Zajdow, 2006).

Safe Supply

Safe supply is a more recent harm reduction practice whereby medical practitioners are authorized to prescribe regulated substances, including heroin, cocaine and stimulants, to their patients for unsupervised consumption in the patient's preferred manner, which can include inhalation or injection (Glegg et al., 2022, Selfridge et al., 2022, Pauly et al., 2022, McNeil et al., 2022; Kolla, et al., 2022). Safe supply initiatives differ from more widely accepted therapies, like OAT, in that OAT is intended to *prevent* consumption of mood-altering substances. Safe supply programs were initially limited to larger cities significantly impacted by the opioid epidemic. They gained wide-spread national attention and scale-up following COVID-19's arrival in Canada (Glegg et al., 2022, Lew et al., 2022, Selfridge et al., 2022, Pauly et al., 2022, McNeil et al., 2022; Kolla, et al., 2022).

Criminalization Confuses Messages Surrounding Treatment

Two separate national studies funded in part by the Canadian Institutes of Health Research set out to characterize safe supply prescribers and patients, as well as investigate any changes in

implementation during the early pandemic response (Young et al., 2022; Glegg et al., 2022). Safe is an emerging practice that is not officially recognized by provincial opioid prescribing guidelines (Young et al., 2022). It was used in limited circumstances prior to the pandemic.

Before the COVID-19 outbreak in Canada, Young et al. (2022) hypothesized that Canadian physicians and nurse practitioners operating outside of safe supply programs prescribed safer supplies but did not publicly declare doing so because of the perceived controversy around the practice. To test their theory, Young et al. (2022) reviewed provincial administrative health data for people diagnosed with Opioid Use Disorder that received immediate-release hydromorphone ("IRH") anytime between January 2016 and March 2020. In total, 155 Ontario prescribers made 534 IRH initiations to 447 distinct individuals between January 2016 and March 2022 (Young et al., 2022).

IRH recipients are predominantly poor (56%) males (60%) residing in urban areas (96%) (Young et al., 2022). Initiations increased over time and peaked in the third quarter of 2019. OAT was co-prescribed in 63% of cases (Young et al., 2022). Death was rare. Fewer than five patients died during the review period. Young et al. (2022) concluded that clinicians in Ontario are increasingly prescribing IRH, but uptake is low compared to OAT prescriptions, which have been around longer. The lack of clear direction from the College of Physicians and Surgeons and federal and provincial governments is a barrier to program uptake in Ontario (Young et al., 2022).

After the COVID-19 outbreak, Glegg et al. (2022) conducted a mixed-methods environmental scan to compare and explain intervention and prescribing changes during the early pandemic period (March 2020 - May 2020). Interventions included: injectable opioid agonist treatment ("iOAT"), a supervised, prescription hydromorphone or medical-grade heroin suitable for injection; tablet-based injectable opioid agonist treatment ("TiOAT"), for supervised

consumption orally or by way of injection; and safer supply which provided unsupervised take-home doses for consumption in whatever fashion the patient preferred (Glegg et al., 2022).

The research team recruited iOAT/TiAOT providers and safe supply prescribers from Ontario. Glegg et al. (2022) administered a single cross-sectional survey and conducted qualitative interviews with participants at two time points (1 March 2020 and 1 May 2020). In total, 50 health care providers from 103 sites participated. Given the tremendous burden facing healthcare providers at the time, researchers allowed participants to complete some or all tasks. For example, two participants only completed the survey and 17 participants only completed an interview (Glegg et al., 2022). A total of 31 participants from 60 different sites completed both tasks. Of the 103 sites involved in this study, sixty introduced safe supply between 1 March and 1 May 2020, which represents a 285% increase pre-1 March 2020. iOAT & TiOAT numbers remained constant (Glegg et al., 2022).

Researchers found that safe supply healthcare providers responded quickly with a versatile harm reduction strategy during the critical early stages of the COVID-19 outbreak. Safe supply programs are more flexible than traditional OAT, which is costly and resource intensive (Glegg et al., 2022). Some safe supply providers did not participate in fear of "retribution from colleagues, regulatory bodies, and/or regional governments" (Glegg et al., 2022, p. 8). This comment is particularly alarming given the empirical efficacy of safe supply programs. Criminalization confuses messages around treatment options, leaving people who use substances at greater risk.

Criminalization Creates an Unsafe Illegal Market

The illegal drug market is not unlike its legitimate counterpart. Economics dictate that with any market, there is ongoing interaction based on supply and demand (Coyle, 2002). Commodities, both legal and illegal, will vary in price depending on the degree of competition within the market.

Mullins (2019) argues that the continual prohibition of specific substances has created the opioid epidemic in Canada today. Creative suppliers find ways to deliver smaller, less detectable packages that provide stronger "hits" to their clients (Mullins, 2019). Using heroin prohibition in Canada as an example, Mullins (2019) notes legally consumed and prescribed opium and heroin has transformed to an illegally produced unregulated supply of fentanyl and now the more powerful opioid, carfentanyl. Unregulated substances vary in potency and are contaminating the illegal supply market (Biggar et al., 2021). As a result, Canadians accessing substances from the illegal supply market are at increased risk of toxic poisoning (Glegg et al., 2022, Selfridge et al., 2022, Pauly et al., 2022, Biggar et al., 2021).

To better understand substance use trends and related harms nationally, nine researchers from across Canada developed a pilot system to measure concordance between substances reportedly used and actual substances used (Biggar et al., 2021). The system was based on a provincial fentanyl monitoring system previously implemented in British Columbia. The national system would respond to emerging contamination issues; facilitate regional comparisons; evaluate interventions; and inform harm reduction policies and services (Biggar et al., 2021). The pilot system was developed collaboratively with various partners across Canada. Between May 2018 and March 2019, surveys were administered to 878 people who use substances across Canada. The surveys asked respondents to identify substances they used during a specific time frame and were compared against the results of their urine analysis which was collected from the same 878 people at 40 sites across three regions: 1 in Alberta, 27 in British Columbia and 12 in Quebec (Biggar et al., 2021). The researchers found participants were unknowingly consuming fentanyl when using other substances purported to be cocaine, crack or methamphetamine. Specifically, unintentional fentanyl use that was detected in urine, but not reported in the survey, ranged from 36% in British

Columbia, to 79% in Alberta and 91% in Quebec (Biggar et al., 2021). Actual unknown fentanyl consumption rates were likely higher given that fentanyl rapidly disappears within the body and may not have been detected in some urine samples (Biggar et al., 2021). National monitoring of substances highlights trends in intentional and unintentional fentanyl use. This study highlighted the unreliable nature of the illegal drug market. The results can be used to tailor relevant, evidence-informed prevention efforts (Biggar et al., 2021).

Nova Scotia researchers had already discovered similar trends while studying pathways to opioid access in their province (Schleihauf et al., 2018). They were primarily interested in determining whether prescription opioids were responsible for provincially recorded opioid related deaths. Data was obtained from the Nova Scotia Medical Examiner's database and from the Nova Scotia Prescription Monitoring Program database for deaths occurring between 1 January 2011 and 31 December 2017. Researchers found that Nova Scotia opioid related mortality rates remained stable between 2011 and 2017 (Schleihauf et al., 2018). Prescription hydromorphone was involved in a larger proportion of deaths, followed by methadone. Researchers noted that prescriptions for opioids were decreasing over time in Nova Scotia and that prescriptions for OAT increased during the same time period (Schleihauf et al., 2018).

Researchers were not expecting to find that the presence of non-pharmaceutical fentanyl was more frequently contributing to deaths in 2016 and 2017 than any prescription opioid (Schleihauf et al., 2018). These numbers coincide with British Columbia's declaration of a public health emergency in 2016 after noting the dramatic increase in death and presence of fentanyl in the illegal supply. Most deaths recorded in Nova Scotia during that period were from substances obtained from the unregulated market (Schleihauf et al., 2018). Reductions in opioid prescriptions correlated with increased mortality in Nova Scotia and in other Canadian jurisdictions (Schleihauf

et al., 2018). The researchers noted that concurrent monitoring of trends in both provincial data sources is essential for detection of population effects and targeted interventions (Schleihauf et al., 2018). Furthermore, prescribing practices must take into consideration the unregulated supply if health care providers wish to keep people who use opioids safe (Schleihauf et al., 2018).

Both studies documented the presence of illegal fentanyl in the unregulated supply market prior to the COVID-19 outbreak in Canada. The implementation of widespread global restrictions in response to the pandemic reduced the supply of substances arriving internationally. Demand remained consistent and the emergence of unregulated, domestically produced fentanyl is observed in Canada (Canadian Institutes for Health Information, 2022). Of all accidental apparent opioid toxicity deaths between January and March 2022, 85% involved fentanyl, 81% of which was produced illegally (Government of Canada, 2022).

Access to a Safe Supply Prevents Death

Perhaps one of the most important takeaways from this entire period is that access to a safe supply of medical grade substances reduces death and prevents poisoning in Canada (McNeil et al., 2022; Brothers et al., 2022; Kolla et al., 2022; Gomes et al., 2022; Selfridge et al., 2022; Bonn, 2022; Young et al., 2022). Several different studies conducted in Canada pre and post pandemic confirmed varying degrees of these themes. For example, in an early study completed the year prior to the pandemic, Canadian and American researchers from the British Columbia Centre of Substance Use, University of British Columbia, Brown University and Yale School of Medicine partnered to conduct a qualitative study on safe supply outcomes in Vancouver, British Columbia (Ivsins et al., 2021). Between February 2019 and February 2020, researchers conducted semi-structured interviews with 42 people enrolled in a safe supply hydromorphone distribution program in Vancouver's Downtown Eastside neighbourhood, known as the "epicentre of drug

crisis" (Ivsins et al., 2021). Hydromorphone is a synthetic opioid that can be consumed orally or intravenously. Researchers also completed 100 hours of ethnographic observation in same area during the same period.

This study found that enrolment in a hydromorphone safe supply program reduced participant's use of unregulated substances and vulnerability to poisoning risk (Ivsins et al., 2021). Participants expressed improvements in pain management; economic status; as well as overall health and well-being (Ivsins et al., 2021). Participation in safe supply programs also addressed a variety of social inequities experienced by people who use substances, often resulting from trauma, poverty and criminalization (Ivsins et al., 2021). The study was limited in that the sample only included a portion of program users in Vancouver and may not be reflective of all program users there or in other areas across Canada. Researchers called for the implementation and evaluation of similar safe supply programs elsewhere in North America, including rural and suburban settings (Ivsins et al., 2021). Their call for additional implementation and evaluation was answered as the pandemic emerged and safe supply programs unfolded nationally. Qualitative studies are helpful because they give a voice to the community under observation. These voices provide first-hand accounts of how their lives are directly impacted by government policies and programs (Ivsins et al., 2021). They represent more than just demographics and statistics gleaned from health records and databases.

In another Canadian study, researchers with medical and public health backgrounds advocated for decriminalization of unregulated substances possessed for personal use and safe supply options following the COVID-19 outbreak in Canada (Bonn et al., 2020). Using a variety of primary and secondary sources to inform their position, the authors assessed current prescription and housing initiatives created during the COVID-19 outbreak. The researchers found that people

who use illegal substances are experiencing multiple health emergencies related to toxic poisoning, HIV, hepatitis C and COVID-19. Housing and safe supply options provided during the COVID-19 outbreak address harms experienced by people who use substances. These initiatives should extend beyond the pandemic in an effort to improve people's lives and well-being (Bonn et al., 2020).

In Nova Scotia, researchers wanted to measure isolation compliance and adverse events amongst residents at a COVID-19 isolation hotel shelter in Halifax (Brothers et al., 2022). Would a safe and managed drug or alcohol program increase isolation completion and decrease adverse events? During a 25-day period in May 2021, 77 people were admitted to a hotel shelter and observed for isolation compliance. Intake assessments were administered and medical records were accessed. Cigarettes, alcohol, stimulants and hydromorphone were prescribed (Brothers et al., 2022).

This study found that residents who received safe supplies of alcohol and/or drugs had high rates of successful isolation completion and low rates of adverse effects (Brothers et al., 2022). Not one single overdose occurred during the observation period (Brothers et al., 2022). The study was not able to draw any conclusions related to substance diversion, sharing or selling. There was no formal surveillance in place to track diversion (Brothers et al., 2022). The safe supply program was successful in keeping people safe. It was noted that dosages offered in Halifax may not be sufficient in other cities where greater fentanyl presence is reported and this may limit generalizability of findings. Future research should include qualitative elements which may highlight other areas of program not previously explored (Brothers et al., 2022).

In Ontario, researchers were also interested in how safe supply programs were working in their province. They partnered with providers at the London InterCommunity Health Centre to

conduct a quantitative study that compared emergency room visits, health care costs and infection incidents between people who use opioids in a safe supply program and those who were not (Gomes et al., 2022). Eighty-two safe supply clients were matched to non-program users. Data was retrieved from health care records generated through health card contact. Study found inpatient hospital admissions, healthcare costs and infection incidents were reduced for safe supply patients (Gomes et al., 2022). Zero change was observed in the control group. Researchers concluded safe supply saves lives and money (Gomes et al., 2022). This study is limited by its small size and was not able to capture overdose rates that occurred outside of hospital setting. Future research should include qualitative input from clients regarding quality of life (Gomes et al., 2022).

Criminalization Does Not Eradicate Drugs or Eliminate Drug Related Crime

In Canada, the *Controlled Drugs and Substances Act* ("CDSA") criminalizes the possession, sale, importation and exportation of a variety of substances. Possession of opioids is a hybrid offence and attracts sentences ranging from a $1,000 fine to seven years imprisonment (CDSA, 1996). These punishments are designed to deter individuals and greater society from engaging in this behaviour. Research shows a relationship exists between drug use and crime (Felson & Staff, 2017; Bennet et al., 2008; Resignato, 2000). Stronger relationships exist between specific drug use (crack, heroin, cocaine) and income generating crimes (Bennett et al., 2008). Expensive drugs require creative funding strategies by users.

Abstinence, deterrence and enforcement messages stem from the U.S.-led *War on Drugs* which has been waging for more than 50 years. The Drug Abuse Resistance Education ("DARE") program was created within the *War on Drugs* environment. It is a police officer-led series of classroom lessons that "teaches children from kindergarten through 12th grade how to resist peer

pressure and live productive drug and violence-free lives" (DARE, 2023). Despite its widespread use in classrooms for almost four decades, a certain portion of the population continues to use illegal substances. Drugs are widely available throughout North America.

Research further confirms abstinence programs and deterrence efforts fail to prevent substance use (Chandler et al., 2009; Lynam et al., 1999). For example, a team of American researchers specializing in psychology, psychiatry and drug prevention research designed a quantitative longitudinal study to measure the impact of the DARE program. Data was collected from 1002 individuals who attended DARE sessions in 6th grade, 7th or 8th grade and again in 9th or 10th grade. Evaluations conducted shortly after DARE exposure showed little to no impact on adolescent drug attitudes or usage patterns (Lynam et al., 1999).

Researchers wanted to know if there was an observable change in attitudes and usage over a longer period (10 years). Initial participants, now 19-21 years old, completed follow up questionnaires. Researchers found there was no long-term impact on participant expectations and usage of cigarettes, alcohol or marijuana following exposure to DARE program (Lynam et al., 1999). The researchers concluded that the DARE program is not effective, or at least not more effective than regular classroom instruction. Researchers called for an end to DARE programs in school (Lynam et al., 1999).

The literature is clear: criminalizing substances does not eradicate them from society. Instead, it harms people who use them, confuses messaging around treatment options and fuels a toxic illegal market. Criminalization creates dangerous conditions for use, barriers to accessing health care and treatment. Criminalization stigmatizes people who use substances as "criminals" "junkies" or "addicts".

Research Objectives

My primary research objective is to describe characteristics of Nova Scotia news media reports about the overdose crisis in Canada and harm reduction strategies locally over the last five years, with an emphasis on safe supply. My secondary goal is to understand how media frames issues surrounding substance use. The archetypical "criminal drug addict" is often framed as deserving of punishment and less worthy of medical treatment. Is media contributing to stigmatization of people who use drugs?

Methods

A mixed-methods approach using both qualitative and quantitative forms of content analysis was selected for this project. Quantitative forms of content analysis are helpful for summarizing details within a data set. This analysis will address the first part of my research question by describing characteristics of Nova Scotia news media reports that discuss the overdose crisis in Canada and harm reduction strategies locally over the last five years. A qualitative content analysis is subsequently used in hopes of addressing the second part of my research question: is media contributing to the stigmatization of people who use drugs? This analysis relies heavily on words, themes and interpretation. For this reason, I chose to incorporate Braun & Clark's (2021) guidelines for thematic analysis within my content analysis. Results from the qualitative process will compliment the quantitative analysis and respond to both parts of my research question.

Content Analysis

Content analysis is a research method that "provides a systematic and objective means to make valid inferences from verbal, visual, or written data in order to describe and quantity specific phenomena" (Bengtsson, 2016, p. 9). It can be used on all types of written texts, including interviews; focus groups; open-ended questionnaires; pictures; films; and online news media

content (Bengtsson, 2016). Formal, academic forms of content analysis have roots in sociology and journalism (Drisko, 2016). Content analysis is useful for summarizing and describing data. It can also be used to develop relevant and useful interpretations when broader contextual factors are included in the analysis (Drisko & Maschi, 2016).

My research is inspired by two large scale national studies that analyzed news media content from across Canada prior to the pandemic (Quan et al., 2020; Wild et al., 2019). Each noted changes in reporting volume following changes to federal legislation in 2008 and British Columbia's declaration of a public health emergency in 2016 (Quan et al., 2020; Wild et al., 2019). Quan et al. (2020) also observed changes in how reporters characterized issues, noting that causes of the opioid epidemic shifted from blaming individuals, to examining macro-level factors associated with the crisis, including aggressive marketing strategies by pharmaceutical companies and illegal foreign supply. My research will provide an updated snapshot situated within the provincial confines of Nova Scotia following another major evolution in the opioid epidemic: the COVID-19 outbreak in March 2020.

A Note on Reflexivity

I acknowledge my social location and personal beliefs impacted the research process. I am at adult female of European descent who lives in rural Nova Scotia, Canada. I work for the federal government and attend university full time. I am a mother to a university-aged daughter. There is a history of addiction in my family; however, it has mostly involved alcohol. I have never consumed heroin, nor would I consider myself as a person with a substance use disorder. I own my own home and by all accounts am privileged. I do not have any strong political or religious affiliations.

Design

The Eureka database was selected for primary searches of Nova Scotia news media content. Eureka is a subscription-based database that contains full text from domestic and international newspapers, including publications from Atlantic Canada. It is available to all Saint Mary's University students via the Patrick Power library. Five Nova Scotia news media sources were initially identified as having relevant information, including: CBC News Nova Scotia; The Chronicle Herald; Cape Breton Post; Halifax Examiner; and The Coast. A five-year period, spanning 1 January 2018 to 31 December 2022 was used for search purposes.

During the initial scan for content, I learned that two sources, Halifax Examiner and The Coast, were incomplete or not available. Eureka only contained Halifax Examiner content from 2022. Halifax Examiner articles were excluded because data could not be retrieved for the entire review period. No content from The Coast was available on Eureka. It was excluded for this reason. CBC News, Cape Breton Post and The Chronicle Herald did contain articles that were available during the five-year period under observation.

Media Profiles

CBC News

The Canadian Broadcasting Company ("CBC") is a national news source that provides free television, radio and online news media coverage in both English and French. CBC News Nova Scotia is the local online news media section, offering English-language coverage in news, weather and events (CBC News, 2023). CBC is a federal Crown corporation and receives funding from the federal government and commercial advertisers (CBC News, 2023). It is the oldest broadcasting network in Canada, with its radio news service beginning in 1936. Television news was created in

1952. Digital news media is its newest format, launching in 1996 (CBC News, 2023). CBC News Nova Scotia was selected for its daily news reporting and provincial spanning coverage.

The Chronicle Herald

The Chronicle Herald began as a broadsheet newspaper published in Halifax, Nova Scotia. Founded in 1874, it was the largest independently owned newspaper company in Canada and had the highest circulation of any newspaper in the Atlantic provinces. The Chronicle Herald was originally owned and operated solely by the Dennis family of Halifax, who later partnered with the Lever family to form a limited company under the SaltWire Network brand in 2018 (Registry of Joint Stock Companies, 2023). The Chronicle Herald is now available in both print and digital formats. Subscriptions are required for access. The Chronicle Herald, under the SaltWire umbrella, receives funding from subscribers, advertisers and Canadian news media tax credits (SaltWire, 2023). It was selected for its daily news reporting and coverage primarily focused on issues affecting people in Halifax.

Cape Breton Post

The Cape Breton Post is the only daily newspaper published on Cape Breton island. Like The Chronicle Herald, the Cape Breton Post is also now owned and operated by the SaltWire Network. It is available in both paper and digital formats. Subscriptions are required for access. The Cape Breton Post, under the SaltWire umbrella, receives funding from subscribers, advertisers and Canadian news media tax credits (SaltWire, 2023). It was selected for its daily news reporting and specific coverage of issues affecting the people of Cape Breton island.

Searches and Inclusion Screening

Key words and phrases were created in hopes of retrieving relevant content from the Eureka database. In total, seven searches were conducted. Table 1 displays search terms and screening

results during the data collection process. The seven searches generated 860 possible articles. Searches two and five were refined by searches three and six, respectively. Searches one, three, four, six and seven were saved in PDF format for screening (401 articles). Searches one, three, four, six and seven were subsequently printed for review and screening.

The entire printed corpus was reviewed. Search results were separated as sets. For example, search one "safe* supply" is data set one. Each set was reviewed separately and in search order. Clearly irrelevant items were excluded during this phase. Remaining items were subsequently reviewed in their entirety as part of the data familiarization process. Data familiarization is used in many qualitative analytic approaches. The goal is for the researcher to "develop a rich and nuanced understanding of data content" (Braun & Clark, 2021). Brief notes were made on items that sparked ideas or insights for future consideration during the coding phase. Duplicate items found in subsequent sets were excluded during this phase. All items from sets six and seven were excluded as duplicates.

Table 1

Search Terms & Screening Results: Data Collection

Search	Key words	Total # returned	Total # used
1	"safe* supply"	50	40
2	"harm reduction"	243	0
3	"harm reduction" "opioid"	99	89
4	"fentanyl"	242	50
5	"addict*"	163	0
6	"addict*" "opiate"	3	0
7	"opiate"	60	0

Coding

Included sets (one, three and four) were all slated for content and thematic coding; however, given the time constraints associated with producing an honours thesis I made the decision to limit the sample to only data contained within set one ("safe supply"). Data items were coded in two ways. First, in support of the content analysis, all items were coded for type, tone, topic and harm reduction initiative(s). My coding legend can be found at Appendix A. Article types included news reports, commentary, opinion pieces and special features. Tone was coded as positive if the article was one-sided, in support of safe supply or negative if one-sided and not in support of safe supply. Balanced articles contained both views, while neutral codes were assigned to articles where the author did not adopt a position. Articles were also coded for topic: health, crime, social justice and politics. Articles frequently addressed multiple topics and were coded for all, with the primary topic receiving first code status. Harm reduction initiatives were also coded. This information was used to contextualize how often and in what capacity Nova Scotia news media was reporting safe supply.

Secondly, in support of the thematic analysis, meaningful passages were extracted from the PDF set and pasted into a Microsoft Word table. Thematic coding is a process where labels or terms are assigned to items or potentially relevant passages found within each data item (Braun & Clark, 2021). Extracts included direct quotes from interviewees and passages that articulated main points of the article. Care was given to ensure all viewpoints were included in the coding process.

In qualitative studies, it is common that data are based on one to 30 informants (Bengtsson, 2016). Early discussions with my initial thesis supervisor suggested 50 items would make a sufficient sample for analysis. Sample size should be determined based on informational needs that allows the research question to be answered with sufficient confidence. Set one contained 41

usable items out of a possible 50. All remaining sets were excluded at this point. In total, 642 codes were assigned within set one during the data extraction process. With the assistance of Microsoft Excel, these codes were sorted alphabetically and reviewed for consistency. Repeated codes were deleted, which reduced the list of initial codes to 156. These codes were printed and manually sorted for likeness. Table 2 shows data extracts and initial codes for thematic analysis:

Table 2

Data Extracts & Initial Codes for Thematic Analysis

Data Extract	**Coded for**	**Source**
Janet Bickerton, a registered nurse at the Ally Centre of Cape Breton, says the clinic there offers safe supply to a "very small" number of clients, **but the clinic needs another doctor**	Collaboration Access	SS12
"It's not talking [about] having a party and 'Whoopee, we're going to get all high and have fun.' **This is talking about just being able to put your feet on the floor in the morning**."	Challenging misconceptions	SS12
Giulia DiGiorgio says the Cape Breton Association of People Empowering Drug Users has **everything it needs to offer safe supply, except a doctor willing to prescribe**	Access	SS12
CAPED is **run by people with lived experience** using illicit drugs and has Health Canada funding to offer programs to reduce the stigma from criminalizing people who need medical help in order to lead productive lives.	Reducing stigma	SS12
While it will be wonderful to see restrictions lifted, **we should seriously think about what this normal will look like** — and if we want to go back to the way things were before	Mental health & addictions worker perspective Rethinking ‘normal’	SS65

Findings

Characteristics of News Media Content

As noted, a total of 41 articles were sampled from three Nova Scotia news media providers. Table 3 displays the frequency and percentage of each newspaper as they appear in the data set. The sample included articles from the Cape Breton Post (37%, n=15), followed by The Chronicle Herald (34%, n= 14) and CBC News Nova Scotia (29%, n = 12).

Table 3

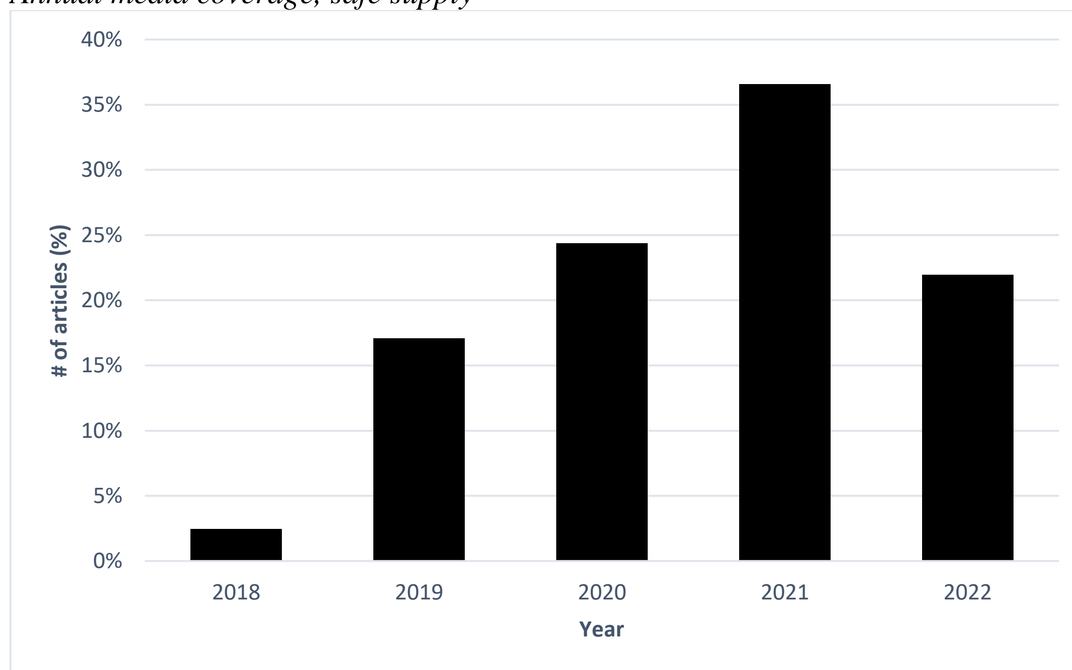
Frequency and percentage of each newspaper as they appeared in the data set

Newspaper	Frequency	Percentage
Cape Breton Post	15	37%
Chronicle Herald	14	34%
CBC News Nova Scotia	12	29%
Total	41	100%

Annual media coverage surrounding safe supply programs increased over time then decreased last year. Figure 1 displays the percentage of safe supply articles published per year, where 2018 represented 2% (n=1) of the sampled articles, 2019 represented 17% (n=7), 2020 represented 24% (n=10), 2021 represented 37% (n=15) and 2022 represented 22% (n=9). The increased number of published articles coincides with the rapid expansion of safe supply programming during 2020 and increased publication of scientific results in 2021. Many Canadians returned to pre-COVID lifestyles in 2022.

Figure 1

Annual media coverage, safe supply



News reports (85%, n=35) are the most common type of news article, followed by special features (10%, n=4), Opinion and commentary pieces are rare (2%, n=1 each). Overall, news media sources in Nova Scotia are presenting mostly positive (56%, n=23) or balanced (37%, n=15) news content. Just under half (46%, n=19) emphasize social justice and one third emphasize health when discussing safe supply. Negative, one-sided articles opposing safe supply or articles emphasizing crime are rare, with less than 5% receiving such a code in either category (N=41). Safe supply was the primary harm reduction issue discussed within the set, followed by safe injection or safe consumption sites (49%, n=20). Table 4 displays harm reduction interventions discussed over the entire period.

Table 4

Frequency and percentage of each harm reduction initiative as they appeared in the data set

Harm reduction initiative	Frequency	Percentage
Safe supply	41	100%
Safe consumption	20	49%
Naloxone	9	22%
OAT	5	12%
Needle exchange	6	15%
Alert	3	7%
Testing	5	12%

Changes in Narrative Framing over Time

I was curious to know whether any of these characteristics changed over time. The data was divided into three eras. Era One represents articles published pre-COVID (1 January 2018 - 12 March 2020). Era Two includes articles published during the first year of the pandemic in Canada (13 March 2020 – 13 March 2021). Era Three includes all articles published post-pandemic height (14 March 2021 – 31 December 2022). Table 5 displays Nova Scotia media coverage of harm reduction across all eras.

Prior to the COVID-19 pandemic in Canada, politics (38%) and health (38%) equally framed discussions about safe supply in news media content from Nova Scotia. Article titles from Era One emphasize political action and use military, combat style language. For example, articles from this era refer to the "frontlines of opioid addiction" and the creation of an "emergency task force" in Vancouver. Consistent with the 'war on drugs' approach, media frames the opioid crisis against the backdrop of fear, growing concerns and political pressure to stop the increased number of deaths. The total number of articles from Era One (n=8) represent 19% of the sample. Safe supply is not widely understood or discussed in Nova Scotia news media. Traditional medical interventions, like OAT, are more prominent in Era One news articles than in Eras Two and Three. The overdose crisis is mostly understood as a problem affecting western Canada.

Noticeable changes in volume and narrative framing emerge during Era Two, which coincides with the first year of living with COVID-19. No longer framed as a political issue, harm reduction interventions, including safe supply, are framed as health (45%) and social justice (27%) issues. Safe supply prescribing practices expanded across Canada during the pandemic and provided a unique opportunity to conduct a tremendous amount of research. As more people participate in safe supply programs, media attention increases. Article frequency also increased during Era Two, with articles appearing 11 times in 12 months, up from Era One that only had 8 articles over 26.5 months. Table 5 displays changes in type, tone, topic and harm reduction initiatives portrayed in Nova Scotia media coverage across all three eras.

Era Three presents the greatest shift in narrative framing. As research and advocacy efforts increase, positive coverage also increases with 64% of articles from Era Three coded as positive (up from 50% and 45% in Eras One and Two, respectively). Access to a safe supply of medical grade substances is framed as a social justice issue (59%). Persons in authority are routinely cited

in headlines as supporters of safe supply initiatives, including Chiefs of Police, retired police officers, senior citizens and Doctors Nova Scotia.

Table 5
Media coverage of harm reduction across eras, Nova Scotia (2018-2022)

	All 2018-2022 (N=41)	Era 1 1/1/2018 - 12/3/2020 (n=8)	Era 2 13/3/2020 - 13/3/2021 (n=11)	Era 3 14/3/2021- 31/12/2022 (n=22)
Type				
News report	85%	88%	100%	73%
Opinion	2%	0%	0%	9%
Commentary	2%	0%	0%	9%
Special feature	9%	13%	0%	9%
Tone				
Positive	56%	50%	45%	64%
Negative	5%	0%	9%	5%
Balanced	37%	50%	36%	32%
Neutral	2%	0%	9%	0%
Topics				
Health	34%	38%	45%	32%
Crime	5%	0%	9%	5%
Social justice	46%	25%	27%	59%
Politics	15%	38%	18%	5%
Interventions				
Safe supply	100%	100%	100%	100%
Safe consumption	49%	50%	56%	45%
Naloxone	22%	0%	36%	23%
OAT	12%	25%	9%	9%
Needle exchange/dist.	15%	25%	27%	5%
Alerts	7%	0%	18%	5%
Testing	12%	0%	0%	23%

Changes in Language Over Time

Stigmatizing terms include ‘substance abuse’ ‘junkie’ ‘drug addict’ ‘illicit drugs’ ‘street drugs’ ‘overdose’ and ‘drug offender’. Terms like ‘clean’ ‘dirty’ and ‘normal’ can also be stigmatizing when used to describe people who use substances. Negative social and moral judgements are attached to stigmatizing terms, that reinforce negative stereotypes that blame,

shame and label individuals while failing to consider the complexities underlying substance use and addiction. Person-centric, inclusive language is encouraged. For example, ‘substance use’ ‘person who uses substances’ ‘person with a substance use disorder’ ‘illegal substances’ ‘poisoning’ and ‘person convicted of an offence’ are preferred to the stigmatizing counterparts listed earlier. A qualitative analysis of language and content found within the sample revealed that changes in language have been observed over time, albeit inconsistently applied across the dataset.

Overall, Nova Scotia media sources mostly portrayed safe supply programs in a positive or balanced view, with an emphasis on health and social justice in the latter portion of the dataset. This evolution represents a change in narrative, transforming from one of a political issue to that of a social justice, health-based issue. Articles from Era Three frequently challenge systemic forms of stigma and call for an end of stigma against people who use substances. For example, one article provided a first-hand account from a person who uses substances interacting with the healthcare system:

> It's really, really obvious when healthcare staff ... learn or already know that you're a person who's addicted, you definitely **feel the difference in the way you're treated**.
>
> She kind of like sighed in disgust and she said, 'You people really bother me' and I said, 'You people? Sorry?' "Only a few months prior to that, I was wearing the same name tag she was, working on a different floor in the hospital. You **feel like you're being treated less than human**. (Dataset 1, p. 26)

News media content that shares firsthand experiences draws attention to the ways in which stigma presents itself in different settings. It also humanizes people who use substances by allowing their stories to be heard. Despite the improvements by journalists at incorporating different viewpoints, stigmatizing language is still used by interviewees. Doctors citing concerns with safe supply programs use stigmatizing language and beliefs that exclude people who use

substances from participating in their own healthcare journey. For instance, two different doctors in Nova Scotia were quoted as saying:

> Doctors would also have little control over the **cleanliness and safety of unsupervised injection**, which could increase transmission of diseases and lead to illness or death from sepsis (Dataset 1, p. 11)
>
> [S]he prefers to prescribe a replacement for addictive drugs. "In our current state, we need to focus on what has best evidence for patients with addiction and specifically with opioid use disorders, **the best evidence is for opiate agonist therapy**, meaning methadone or Suboxone," (Dataset 1, p. 11)

Terms of 'cleanliness' or panics surrounding increased disease transmission are rooted in pejorative misunderstandings of people who use substances as 'dirty' or uncapable of managing their own lives. It suggests that people who use substances need authoritative oversight because they do not know what is best for them. This is further emphasized in the second quote where one doctor states the opioid agonist therapy is the best form of treatment for opioid use disorder. Not all people who use substances want to stop. Safe supply is not necessarily a pathway for abstinence, it is a method for preventing death.

This theme presents itself throughout the data whereby news media content adopts a balanced or positive view of safe supply programs, but incorporates stigmatizing language from interviewees. Some article titles also contained stigmatizing terms, like 'drug user' when describing a positive change in harm reduction efforts. Across Era Three, more than a third (32%) of articles contain 'drug user' within their title. Only one uses the preferred terminology 'person who uses substances' or in this case 'patients with addictions'. For example, "Cape Breton man hopes new organization will help reduce stigma faced by drug users like him" is an article that challenges stigma and connotes hope, yet uses a stigmatizing term like 'drug user' in its title. The

same is true for additional articles titled “Sydney group opens office to help drug users and push for decriminalization” and “Stop criminalizing drug users”. I suspect the term ‘drug user’ is overrepresented in titles given it is shorter in length than its preferred counterpart ‘person who uses substances’.

Clear Messaging Makes Everyone Feel Safe

Four main actors are involved in the conversation surrounding safe supply in Nova Scotia: government officials, doctors, advocates and people who use drugs. A consistent theme noted by all: clear messaging makes everyone feel safe. The term ‘safe’ can mean different things to each party, but the underlying theme remains the same. The Collins (1998) English Dictionary defines safe as “secure, protected; uninjured, out of danger; not involving risk” (p. 367). Doctors feel secure participating in safe supply programs when they are supported by their regulatory bodies with clear, consistent messaging about its permissibility as a practice. When they are not supported by their regulatory bodies, doctors feel at risk of increased conflict and liability. For example, family and emergency room physicians from Nova Scotia noted:

> We're being pulled in two directions and honestly **at times it feels like we're going to be torn in half by the demands of the regulatory bodies and the demands of the patients**. There's absolutely no middle ground when it comes to narcotics and other controlled substances. (Dataset 1, p. 11)
>
> [D]octors want to **avoid conflict with the college of physicians and surgeons and the province's prescription monitoring program** regarding overprescribing. (Dataset 1, p. 11)

Throughout the dataset, doctors expressed frustration and confusion with conflicting messages. At the local level, the prescription monitoring program in Nova Scotia was designed to “promote the appropriate use of monitored drugs; and the reduction of the abuse or misuse of monitored drugs” (NSPMP, 2023). It had devastating consequences for some physicians who were

accused of overprescribing or contributing to the deaths of Nova Scotians who died by overdose. It created a culture of not prescribing, or only prescribing in very limited circumstances. These messages conflict with safe supply principles which promote narcotic prescriptions of medical grade substances to prevent death from consuming substances purchased in the illegal market.

At the national level, safe supply is authorized by Health Canada through federal government exemptions to the *Controlled Drugs and Substances Act*, but also criminalized by this same government, with RCMP, Public Safety Canada and Public Prosecution Service (Canada) all playing a role in prevention, detection and enforcement. It is confusing to have departments within the same level of government take vastly different approaches to the same controlled substances. More than a century of criminalization has created confusion around how society, including doctors, understand the relationship humans have with substances.

> "I'm calling again on the federal government, to take this to heart," said Henry. "To take the advice of the chiefs of police, who know that this an important step that we can move forward on together. And there is no more important time for us to do that than now." "Do most doctors do that? No," said Phillips, adding the **hesitance of primary care providers is compounded by lack of support from the regulatory bodies that license medical professionals**." (Dataset 1, p. 83)

Researchers and academics are comforted by the growing body of empirical evidence supporting safe supply programs in Canada. Studies across Canada observed positive outcomes in a variety of ways, which include preventing death, improved health outcomes and reducing homelessness and petty crime. Researchers feel safe sharing their results and advocating for increased, sustained access as a way forward. For example, two different news media stories included findings from recent Canadian studies:

> Safe supply is focused on saving lives by using existing pharmaceutical-grade medications as an alternative to highly toxic street drugs for people at risk of overdose. It can also help establish

> pathways to care and treatment for people with substance use disorder. (Dataset 1, p. 100)
>
> The session also highlighted the benefits safe, regulated supply has for drug users and the community as a whole. These include decreased petty crimes, improved health outcomes for substance users and decreased homelessness. (Dataset 1, p. 61)

Clients or patients also feel safe and supported when participating in safe supply programs, particularly when program eligibility, length and enrolment guidelines are clear. Nova Scotia news media included comments from advocates and patients, both of which expressed frustrations with limited access and resources. The people who are enrolled in safe supply and spoke with news media sources all reported improvements in their life. Safety, or lack thereof, is described by two different people who use substances:

> It's completely changed my life, one eighty," said Jane, not her real name. "It's finally made me **have hope for the future**. **I feel healthier. I gained weight. I started building back relationships, with my daughter** especially. My first grandchild's going to be born in November and it's the first Christmas I'm looking forward to in a long, long time. (Dataset 1, p. 14)
>
> The biggest barrier has been receiving sustainable funding from the province," he said. "**This isn't a service you want to give to substance users and take it away after three months**, (or) six months a year." (Dataset 1, p. 92)

Safe supply is the newest harm reduction initiative available in Canada. Doctors, advocates and people who use substances feel safe when clear messaging around its use is consistent across regulatory frameworks. Media has done a good job at framing issues in more positive, health-based terms. Public confidence is established when all parties have clarity.

Communities Thrive When Trusted

People who use substances are highly stigmatized, criminalized and subject to state surveillance, whether through criminal or medical interventions. Dataset one contained several

extracts from people who use substances describing feelings of shame, embarrassment, desperation and frustration. Existing programs, policies and interventions perpetuate negative associations between people who use substances and the archetypal drug addict, one who is untrustworthy, dirty and incapable of caring for themselves.

Throughout dataset one, I observed a broad theme rooted in trust, autonomy and choice. Communities thrive when trusted to make their own decisions. People who use substances trust other people who share similar lived experiences. This sentiment appeared in discussions about substance use, medical services and advocacy efforts. Recurring posts of “by us, for us” emerged throughout the set. When referring to a new safe consumption site opening in Sydney, patients and service providers share comfort and trust in services that are built by people who use substances for people who use substances:

> All staff will have lived experience with drug use and it is expected a sense of trust between them and the people who use the site will develop. (Dataset 1, p. 42)
>
> Right now, we're in a position where we're being supported to build our capacity to be able to **deliver our own services, by us, for us.** (Dataset 1, p. 28)
>
> Studies show that people want services to be provided by someone who has had similar experience: ‘**Nothing About Us Without Us**. (Dataset 1, p. 58)
>
> Funnelling funding into street-level organizations that already have built trusted relationships with populations that are often hard to reach and allowing them the ability to grow their organization... would be ideal. (Dataset 1, p. 55)

Many of these discussions also unfolded in the context of eliminating stigma in health care and criminal justice systems. Communities or networks of people who use substances and their advocates immediately recognized the positive impact safe supply programs had on people during

the early stages of the COVID-19 outbreak in Canada. In a news report published eight months into the pandemic, one interviewee noted:

> I think we're at a time in history where these things should be available to people that use drugs. It can totally change their lives. Instead of constantly being out on the street, trying to hustle, trying to steal, trying to rob banks … to get their drug … If you are doing this in a healthy way, it really keeps people safer. (Dataset 1, p. 73)

I also observed this theme in discussions about policy decisions. Again, people who use substances want to be involved in the decisions that effect their daily lives. They are the experts in understanding and describing what they need to survive or thrive. A person who used to have a substance use disorder described her current advocacy work as:

> Our main mission is to advocate and be the voice at tables where decisions are being made about our lives ... anything substance use related, be it detox or (other programs or policies). (Dataset 1, p. 61)

People who use substances thrive when their community is trusted to develop services and policies that impact them. Nova Scotia news media content developed this theme during the period under observation. Choice, trust, capacity and autonomy are all topics under the broader theme of communities thriving when trusted.

Discussion

Media influences government priorities, shapes public discourse and perceptions (Jay et al., 2021, Quan et al., 2020; Wild et al., 2019. Results from this study show that three Nova Scotia news media content providers reflected government priorities and shaped public discourses on safe supply in different ways during the period under review. Safe supply, as a topic for media coverage, was almost non-existent prior to the COVID-19 outbreak in Canada. Media coverage increased at the onset of the pandemic, which coincides with the implementation of strict public health measures and Health Canada's mass rollout of safe supply authorizations across Canada.

Nova scotia news media reflected federal and provincial government views about the appropriateness of safe supply during the pandemic to keep people safe and prevent the spread of a deadly virus. News media also reflected the increase in publicly and privately funded research during COVID-19. What was previously understood as a western Canada problem pre-COVID transformed into a local issue deserving of local consumption.

News media also shaped public discourse, as evidenced by the increase in opinion pieces post-COVID and shift in narrative framing from that of a political issue to one rooted in social justice. Themes surrounding future actions of clear messaging and trusted communities continue to persist. The COVID-19 pandemic pushed a lot of demands for change that were not on people's radar to the forefront. Coverage started to taper off more recently, as people return to 'normal', pre-COVID living.

Access to two data sources, The Chronicle Herald and Cape Breton Post, is restricted by the cost of a subscription. Alternatively, CBC News Nova Scotia news media content is publicly funded and accessible without a subscription. Volume of content was almost equally split between the three sources. My research examined changes in volume and language over time. Future research could compare differences between providers.

Limitations

My study was limited by the time allotted for completing an undergraduate honours thesis. The one-year honours program is divided into two terms. Term one is for developing a research proposal. Term two is for conducting research and writing a thesis. I could have easily spent months thematically analyzing the data collected in the first seven keyword searches which would have produced more themes over a broader spectrum of opioid related issues raised in the last five years.

The findings are also limited by a lack interrater reliability because I coded the data myself. I did review the corpus three different times to confirm assigned codes were appropriate. I returned one previously excluded article the set as a result. Finally, my findings are limited because I could not retrieve independent news media sources. Future iterations could compare content across time and between for-profit, public and independent news media sources.

Conclusion

In light of the dualling conceptualizations of 'illegal drugs' versus 'medical treatment' options, I wanted to know how Nova Scotia news media sources were characterizing the discussion. I analyzed three local sources for their content over a five-year period, which included eras pre; during; and post COVID-19. Safe supply was not a newsworthy topic pre-COVID. The increased volume of coverage coincided with the increased availability and empirical efficacy of safe supply programs implemented in Canada. I observed changes in narrative framing and use of stigmatizing language. Access to all forms of harm reductions efforts, including needle exchange, opioid agonist therapy and safe consumption sites is now understood as a social justice issue. Nova Scotia news media is not directly contributing to the stigmatization of people who use drugs.

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Appendix A

Coding Legend

Type

1 = News report (multiple sources included, unable to see writer's views)

2 = Commentary (author is a journalist, point of view evident)

3 = Opinion (author is a member of the public, point of view evident)

4 = Special feature (author is a journalist, in-depth report often spanning multiple days)

Tone

1 = positive (one-sided, pro-safe supply)

2 = negative (one sided, against safe supply)

3 = balanced (both views included)

4 = neutral (no position or views present)

Topic

1 = health

2 = crime

3 = social justice (fairness/advocacy)

4 = political

Harm reduction

1 = Safe supply

2 = Safe injection site / Overdose prevention site

3 = Naloxone

4 = Opioid agonist therapy

5 = Needle exchange