Ignored Inequities: The Case of British Columbia's "Stop Overdose" Anti-Stigma Campaign

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Abstract

Anti-stigma campaigns have become a common intervention for addressing the drug toxicity crisis in Canada. Recent reviews have shown a widespread trend where White, middle-class people who use drugs dominate the imagery and messaging of these campaigns, excluding marginalized people who use drugs who face disproportionate effects of substance use stigma. The current study investigates this troubling trend by examining the development process of the BC Government's "Stop Overdose" anti-stigma campaign. Developers' goal of shifting the focus away from "stereotypical" marginalized people who use drugs, the uncritical channeling of narratives about substance use, and the prioritization of both "relevance" and marketing-based knowledge may explain the campaign's counterintuitive focus on White, middle-class people who use drugs. In effect, these strategies, goals, and priorities obscure the experience of marginalized people who use drugs, naturalizing deep inequities which perpetuate the drug toxicity crisis. This study highlights a need for further research on anti-stigma campaigns, especially as government organizations continue to allocate significant resources to their development.

Keywords: substance use, stigma, anti-stigma campaign, inequity, critical analysis.

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Introduction

On April 27, 2016, Provincial Health Officer, Dr. Perry Kendall, and Minister of Health, Terry Lake, declared the "opioid overdose crisis" a public health emergency in British Columbia. In 2016, there were 805 opioid toxicity deaths in the province (Special Advisory Committee on the Epidemic of Opioid Overdoses, 2023). The "opioid overdose crisis"[1] – now generally referred to as the drug toxicity crisis – has only continued to worsen in BC. Since 2016, there have been over 11,000 opioid toxicity deaths (BC Coroners Service, 2023). As part of their emergency response efforts, the provincial government has aimed to identify what is perpetuating the drug toxicity crisis.

Many government organizations, public health experts and scholars have cited "stigma" toward people who use drugs as a major factor driving this crisis. Stigma is often described as a negative discrediting mark placed upon a person or group of people such that they are seen as "other" or bad (S. Friedman, et al., 2021; Link & Phelan, 2001). Traditional definitions emphasize that stigma is the sum of stereotyping (generalized, oversimplified beliefs about a group), prejudice (negative individual bias toward a person or group), and discrimination (negative treatment based on prejudicial beliefs) which creates and maintains a separation between stigmatized persons or groups and "mainstream" society (Paluck et al., 2021; Fischer, 2020; Link & Phelan, 2001).

[1] The term "drug toxicity crisis" (versus "opioid overdose crisis") better reflects the role of prohibitionist drug policy in creating incentive within the drug market to reduce production and transportation volumes (but maintain profit) by making more concentrated versions of opioids and other drugs (Canadian Drug Policy Coalition, CDPC, 2023; Giacomazzo et al., 2021). The term drug toxicity crisis removes blame from individual people who use drugs for consuming "too much" of a substance (i.e., overdosing) and acknowledges that people who use drugs are being harmed by stronger and more variable substances in the drug supply (CDPC, 2022).

More critical perspectives on stigma posit that the social construction of stigmatized identities begins at the structural level in rules, policies, and procedures that serve to restrict the rights of certain non-powerful groups while protecting the interests and ideology of dominant groups (S. Friedman et al., 2021; Wogen & Restrepo, 2020; Seear et al., 2017; Corrigan et al., 2004). In contrast to traditional understandings which tend to naturalize stigma (i.e., frame it as an expected or normal part of society), a critical perspective acknowledges that stigmatization is an active, functional process that legitimizes the subjugation of certain groups to others (Fraser et al., 2017).

The structural origins of stigma are evident in the process by which people who use drugs (specifically people who use opioids) became stigmatized within Canada. Post-colonization, in a developing Canadian society dominated by White, working-class Christians, opium was a standard ingredient in over-the-counter medicines used to treat several ailments (e.g., pain, insomnia, stomach issues; Malleck, 2015). Opium *smoking* was common among Chinese immigrants, often occurring in social settings referred to as "opium dens" (Malleck, 2015). This "exotic" method of consuming psychoactive opium was seen not only as a threat to Christian morality, but also to the idea of an up-and-coming nation of productive, rational citizens who practise self-control (Buchman et al., 2017; Malleck, 2015). To manage the "threat" that opium use posed to the identity and ideology of the dominant group, measures were implemented to control the dangerous opioid market (e.g., the Opium Act of 1908) while simultaneously signaling what kind of citizens were acceptable and valuable in Canadian society (Buchman et al., 2017; Seear et al., 2017).

Today, the structural nature of stigma toward people who use drugs is well-illustrated by Canada's drug laws. Under the Controlled Drugs and Substances Act (1996), opioids like heroin and fentanyl are considered Schedule I substances with possession, production, and distribution of such substances punishable by incarceration. Thus, Canadian criminal laws remain implicated in maintaining the ideological divide between the devalued, "deviant drug user" and the valued, "moral" citizen who abstains from illicit substances. In effect, many people who use drugs see their criminalization via such laws as the root cause of the stigma they experience in society (Scher et al., 2023; Livingston et al., 2022).

Although structural in origin, stigma is often manifested within the negative attitudes and beliefs about people who use drugs held by the general public (i.e., public stigma; Tsai et al., 2019). When government and public health bodies discuss stigma in the context of the drug toxicity crisis, they are often referring *only* to public stigma, positioning it as an individual-level problem rather than a harmful product of structural processes and power relations (S. Friedman et al., 2021; Fischer, 2020; Buchman et al., 2017). Nevertheless, government and health authorities argue that public stigma alone is incredibly harmful to people who use drugs, not only in a sociopsychological sense (i.e., by othering people who use drugs), but also when these negative attitudes and beliefs turn into actions (Tsai et al., 2019). From person to person, public stigma can be enacted in the language used when speaking about people who use drugs. For example, people who use drugs are demeaned as "junkies" or "moral failures" (S. Friedman, 2021). People also create physical distance between themselves and people who use drugs by

intentionally occupying different spaces than them (e.g., living in different neighbourhoods; S. Friedman, 2021; Link & Phelan, 2001).

Public stigma is further problematized as it is seen as a barrier for people who use drugs to seek and receive support from existing social services (Fischer, 2020). People who use drugs may come to expect and internalize stigmatization from the general public; that is, they may come to accept their devalued status (Gutierrez et al., 2020). When public stigma toward people who use drugs is expected and internalized by people who use drugs, it is thought to drive concealment of substance use, decreased service use or help seeking behaviours, and the adoption of harmful coping behaviours (e.g., increased substance use; Fischer, 2021; Gutierrez et al., 2020). In a 2018 press release, BC Provincial Health Officer, Dr. Bonnie Henry, highlighted this perspective on the role of stigma, stating, "There are multiple studies showing how stigma associated with drug use drives people to use alone or in settings where people may be unwilling to call 911 for emergency assistance . . . In order to encourage people to reach out for help – stigma, guilt and shame must be removed from the equation" (BC Government, 2018).

According to this narrative, the harmful effects of public stigma create a dire situation in which opioid use and the likelihood of drug toxicity death are exacerbated for a person who uses drugs (Fischer, 2020). As a result, government and public health bodies position public stigma as a major barrier for people who use drugs to seek support for substance use concerns and, thus, as a major driver of the drug toxicity crisis. This framing justifies individual-level interventions which attempt to address negative attitudes and beliefs toward people who us drugs. In effect, resources that might be better allocated to examining and addressing the upstream roots of stigma toward people who

use drugs (i.e., laws, policies, institutions) are instead diverted to downstream initiatives (e.g., educational initiatives, public service announcements).

Addressing Public Stigma

As the first province to declare the drug toxicity crisis a public health emergency, BC was also at the forefront of anti-stigma interventions. A province-wide press release on January 29, 2018, served as the official launch of the BC Ministry of Mental Health and Addictions' (BC MMHA) "Stop Overdose" campaign, a "public awareness campaign" that "discredits false stereotypes by showing that addiction can affect people from all walks of life" (BC Government, 2018). In the press release, BC Minister of Mental Health and Addictions, Judy Darcy, reinforced the individualistic narrative about the role of public stigma in the drug toxicity crisis stating, "Stigma around addiction is killing people . . . We need to knock down the walls of silence and encourage courageous conversations between friends, family and co-workers struggling with substance use, so they feel supported in seeking treatment and recovery" (BC Government, 2018).

The hallmark features of the "Stop Overdose" campaign were posters and video PSAs containing stock photo representations and actor portrayals of people who use drugs. Leveraging this imagery, the BC MMHA ascribed the following mission to the "Stop Overdose" campaign: breaking down stereotypes about overdose and people who use drugs, humanizing people who use drugs encouraging conversations about substance use, encouraging people who use drugs to seek support, and reaching a wide audience of BC residents (BC Government, 2018). The campaign also featured the tagline "people

who use drugs are 'real people'" which was intended to emphasize the campaign's goal of "humanizing people who use drugs" (BC Government, 2018).

The Social Psychology of "Challenging Stereotypes"

The "Stop Overdose" campaign had a marked focus on challenging stereotypes about people who use drugs. It appears that campaign developers understood stereotypes to be an important component of public stigma toward people who use drugs in BC. A brief review of stereotypes and strategies for addressing them may help contextualize this idea.

From a traditional social psychological perspective, Dovidio and colleagues (2010) define stereotypes as "associations and beliefs about the characteristics and attributes of a group and its members which shape how people think about and respond to the group" (p.7). Stereotypes can reflect beliefs about particular traits of a group (i.e., physical or emotional characteristics) as well as a group's broader social roles and norms (i.e., expected behaviours or qualities; Dovidio et al., 2010). Stereotypes about groups can be accurate or inaccurate, positive, or negative, but are most harmful when they are inaccurate and negative (Jussim et al., 2015; Stangor, 2015). Negative, inaccurate stereotypes can potentially lead to prejudice (i.e., negative personal bias toward a group) and discrimination (i.e., negative treatment based on prejudicial beliefs) toward a group and individual members of that group (Paluck et al., 2021; Stangor, 2015; Link & Phelan, 2001).

Given their potentially harmful effects, social psychologists have devoted significant attention to exploring strategies to reduce both the occurrence and harmful effects of stereotyping and prejudice. For example, intergroup contact is thought to

reduce negative bias by necessitating the formation of genuine and accurate impressions of group members rather than relying on inaccurate stereotypical information or prejudicial beliefs (Dovidio et al., 2010). Another strategy that has been used particularly within large-scale media interventions (including campaigns) is 'counter-stereotyping' (Mutz & Goldman, 2010). This involves presenting people with information that is inconsistent with their existing ideas about a group, ostensibly interrupting the application of negative stereotypes to that group (Mustafaj & Dal Cin, 2023; Prati et al., 2015).

Evidence on the efficacy of these strategies is mixed; much of the research has been conducted in laboratory-based experiments, raising questions about real-world validity (Stangor, 2015; Mutz & Goldman, 2010). Furthermore, Petsko and colleagues (2022) note that the process and manifestation of stereotyping (and prejudice) vary for different combinations of social groups. For example, stereotypes about White people who use drugs may be different from those about Black or Indigenous people who use drugs. It is not clear whether strategies for challenging stereotypes are able to account for the complexities of identification with multiple social groups (Petsko et al., 2022).

Ignoring Intersecting Stigmas

While the release of "Stop Overdose" marked a significant step in addressing substance use stigma in BC, the campaign faced criticism from people who use drugs. In a 2018 CBC News article, members of the Canadian Association of People Who Use Drugs (CAPUD) – an advocacy group made up of people with lived and living experience of substance use – stated that the campaign's message placed blame on individual drug users (Coulter, 2018). Additionally, marginalized people who use drugs

have commented on the imagery of the "Stop Overdose" campaign, stating that it is not actually about them; rather it is about people who use drugs whose social privilege protects them from the worst effects of substance use stigma (Neufeld et al. 2021).

Indeed, the imagery of the "Stop Overdose" campaign predominantly features people who use drugs who appear to be White and middle-class. This representation is troubling because White and middle-class people who use drugs do not experience the worst effects of substance use stigma and drug toxicity death – non-White, low-income people who use drugs do (Friedman & Hansen, 2022). More concerning still is that "Stop Overdose" is not alone in primarily featuring White, middle-class people who use drugs. In their analysis of 134 substance use anti-stigma campaigns released across Canada, Neufeld and colleagues (2021) found that approximately 75% of the individuals featured across these campaigns were white-appearing and a similar proportion appeared to belong to middle- or upper-class groups. When White, middle-class appearing people who use drugs are the focus of anti-stigma campaign imagery, this ignores the combined effects of race- and class-based marginalization with substance use stigma and drug toxicity death, shifting attention away from those most affected by the drug toxicity crisis (Neufeld et al., 2021; McGinty & Barry, 2020).

In Canada, substance use policy is inextricably linked to race- and class-based marginalization. An early example is the belief among colonial authorities that the use of alcohol by Indigenous peoples was a barrier to their assimilation (Campbell, 2008). Policies introduced to control liquor consumption among Indigenous people were also a means of controlling racial status to advance assimilation; under the Indian Act of 1876, an Indigenous person could not drink alcohol legally unless they revoked their "Indian"

status and became “Canadian” (Campbell, 2008). Those who kept their “Indian” status were considered unequal to Canadian “citizens”, justifying and perpetuating Indigenous subjugation to discriminatory colonial policy (e.g., segregation onto reserves, denial of the right to vote, expropriation of land; Marshall, 2015).

In more recent years, the link between substance use policy and race- and class-based marginalization has been maintained by the Canadian government’s “war on drugs”, resulting in intensified police surveillance and disproportionate incarceration rates of non-White Canadians experiencing economic marginalization (Owusu-Bempah & Luscombe, 2020; Khenti, 2014). For example, Marshall (2015) cites the emergence of Indigenous street gangs in Canadian urban centres as a form of resistance to manifestations of colonialism such as social dislocation, economic exclusion, and racialized poverty. However, the Safe Streets and Communities Act of 2012 authorized intensified police targeting of street gangs involved in illicit drug selling and the enforcement of mandatory minimum sentences for possession and trafficking (Marshall, 2015). From a law enforcement perspective, Indigenous street gangs made illicit substances more accessible to economically marginalized, Indigenous communities (Marshall, 2015). Indigenous street gangs were directly impacted by intensified police surveillance permitted under the Act, contributing to the overrepresentation of Indigenous people in the Canadian carceral system (Marshall, 2015). Indeed, while Indigenous people make up only 5 percent of Canada’s total population, recent offender profile data shows that they represent approximately 27 percent of inmates in federal and provincial custody[2] (Correctional Services of Canada, 2022).

[2] The dataset from Correctional Service of Canada (2022) includes individuals serving sentences of two or more years in federal and provincial custody.

A recent study by Owusu-Bempah and Luscombe (2020) further illustrates racial inequities in the enforcement of drug laws in Canada. The authors examined the 2015 arrest rates for minor possession of cannabis across three racial groups (Black, Indigenous, and White) in five major Canadian cities (Vancouver, Calgary, Regina, Ottawa, and Halifax), finding major disparities in all five locations. For example, in Calgary, Indigenous and Black people were arrested at an equal rate, but this was three times higher than the arrest rate for White people. Owusu-Bempah and Luscombe (2020) note that these disparities exist despite seemingly similar rates of self-reported cannabis use across racial groups in Canada. Similar patterns of targeted policing and surveillance have also been documented in the United States. For example, J. Friedman and colleagues (2021) found that, among people who inject drugs in California's Central Valley, those whose appearance conformed to that of a "stereotypical drug user" (e.g., non-White, homeless) experienced greater instances of police harassment.

Furthermore, there is an apparent "double standard" for how certain groups of people who use drugs are treated and represented. For example, White and middle-class people who use drugs are often considered "sick" (i.e., substance use is a health concern) but poor, racialized people who use drugs are more likely to be labelled as criminals (Buchman et al., 2017). Dollar (2019) further notes that White people who use drugs with low education and low income are more likely to receive punitive treatment for using drugs than White, middle- to high-income people who use drugs, but still receive more lenient treatment when compared to Black people who use drugs. Johnston (2020) highlights the role of the Canadian news media, questioning what the media is *not* doing and who we are *not* seeing in news stories related to the drug toxicity crisis. With a focus

on youth who use drugs, Johnston's analysis reveals how Canadian media tend to elevate the stories of White, middle-class youth, often referring to them as "innocent victims" of the drug toxicity crisis whereas racialized youth who use drugs (if portrayed in the news at all) are often referred to as "addicts" (Johnston, 2020). Netherland and Hansen (2016) observed a similar trend in American news media where stories of drug use and drug toxicity death about White people who use drugs were often framed as a tragedy of "wasted potential" while stories about Black and Latino people who use drugs took a blunt, impersonal tone which dehumanized these individuals.

Taken together, many people who use drugs (i.e., non-White, low-income people who use drugs) face the intersecting harms of racism, classism, and substance use stigma. Not only are these individuals made "bad" because of their race and/or class, but they are made "worse" because they also use drugs. Arguably, when Canadian drug policy so clearly produces disproportionate harms for marginalized people who use drugs, substance use anti-stigma initiatives should prioritize and attempt to address these inequities. However, the "Stop Overdose" campaign exemplifies that this perspective has perhaps not been widely adopted. In following from a narrative that positions public stigma as a major driver of the drug toxicity crisis, the "Stop Overdose" campaign not only fails to acknowledge the structural origins of stigma toward people who use drugs, but also effectively ignores the harmful effects of laws and policies that systemically target non-White, low-income people who use drugs. Additionally, by featuring images of people who use drugs that appear to be predominantly White and middle-class, the campaign further shifts attention away from these deep and intersecting inequities. It also diminishes empathy for poor people who use drugs and people of colour who use drugs,

perpetuating their status as “less-human”. This oversight is counterintuitive, but perhaps not so surprising.

The “Stop Overdose” campaign is not unlike the foregoing examples of media coverage in which compassionate stories about White, middle-class people who use drugs are elevated while the few stories about marginalized people who use drugs are further stigmatizing (Johnston, 2020; Netherland & Hansen, 2016). This disparity in media representation follows from a broader “double standard” in how marginalized people who use drugs are represented in society. The “Stop Overdose” campaign (and others like it) appear to mirror this wider societal trend in the underrepresentation, or misrepresentation, of non-White, low-income people who use drugs experiencing the worst effects of substance use stigma and the drug toxicity crisis. What can explain this trend? How and why do anti-stigma campaigns like “Stop Overdose” arrive at this outcome?

Critical Perspectives on Mass-Media Anti-Stigma Campaigns

Focusing on the “Stop Overdose” campaign is an excellent starting point to begin unravelling this puzzle. The BC government considered this campaign a successful initiative and it gained widespread recognition. In a report on the early impacts of the “Stop Overdose” campaign, the BC MMHA prided themselves on reaching 93.2% of the BC population across multiple media channels (i.e., TV, radio, social media; BC Government, 2018). The campaign materials were replicated or adopted by at least six other public health authorities in Canada, including the City of Toronto, Brockville Municipal Drug Strategy, Durham Region, Dufferin County, Simcoe-Muskoka District, and North Bay (Neufeld et al., 2021). Therefore, it seems as though the “Stop Overdose” campaign came to be considered a “gold standard” of substance use anti-stigma

campaigns (at least in Canada) from which several others followed. Given its scale, publicity, and overall influence, understanding how and why White-appearing, middle-class people who use drugs became the focus of the "Stop Overdose" campaign's imagery may have implications for the wider problematic trend where marginalized people who use drugs are underrepresented in substance use anti-stigma initiatives.

To facilitate this understanding, the internal development process of the "Stop Overdose" campaign may be a relevant area of examination. "Stop Overdose" was a mass media anti-stigma intervention, leveraging more than one media channel (e.g., TV, radio, print, social media) and targeting a large audience (BC Government, 2018; Clement et al., 2013). Admittedly, developers of mass media anti-stigma campaigns have a difficult task. All at once, they must create a concise message that a wide audience can digest, which translates the concept of stigma, and ultimately persuades people to change their attitudes and beliefs toward people who use drugs. Additionally, there is a lack of robust evidence to guide campaign developers in that endeavor. Indeed, much more research is needed to better understand if and how mass media strategies (e.g., campaigns) can be used to effectively reduce stigma (McGinty & Barry, 2020; Wooten & Rank-Christman, 2018; Clement et al. 2013). As a result, the imagery, messaging, and overall presentation of substance use anti-stigma campaigns are often grounded in nothing more than developers' intuition (McGinty & Barry, 2020).

Relying on developers' intuition alone to produce these campaigns can be problematic. McGinty and Barry (2020) caution that anti-stigma messages that are launched without adequate pre-testing of campaign materials with key stakeholder groups may produce harmful consequences and be a poor use of resources. Coulter's (2018)

CBC News article raises questions about the adequacy of the development process of the "Stop Overdose" campaign. In the article, the executive director of CAPUD recalled being invited to consult on the design of the original "Stop Overdose" ads, but the designs had already been created (and potentially finalized) when members arrived at the consultation meeting (Coulter, 2018). In this case, it is possible that campaign creators dismissed those with lived experience of substance use as key stakeholders and valuable sources of knowledge on reducing stigma.

The lack of evidence on reducing stigma using mass-media strategy and a reliance on campaign developers' intuition may, in part, explain how the "Stop Overdose" campaign became so focused on White, middle-class appearing people who use drugs. Examining the development process of this initiative would thus provide a window into campaign developers' (i.e.. government officials, marketing specialists) intuition and how decisions were made about the imagery and messaging of the "Stop Overdose" campaign from its early stages to its final result.

Whereas past research has mostly focused on addressing the efficacy of mass media anti-stigma initiatives (e.g., Meyer et al., 2020; Clement et al., 2013; Corrigan, 2012), the current study offers a unique perspective as there are very few in-depth, critical analyses of the ideas and processes involved in producing mass media campaigns (Khan, 2014). Furthermore, while analyses of media representations of people who use drugs (e.g., Johnston, 2020; Hansen & Netherland, 2016) can reveal broad patterns of double standards and inequity, they cannot explain how these patterns were produced. In-depth examination of the internal development process of a single anti-stigma campaign can address the gap in understanding how these problematic representations of substance

use and people who use drugs are shaped. This investigation will thus be guided by the following research question: What factors within the development process led to the "Stop Overdose" campaign focusing on White, middle-class people who use drugs?

The Marketing Perspective

Where empirical evidence on stigma reduction is limited and insights from lived experience are undervalued, campaign producers may effectively elevate the marketing perspective as the type of knowledge guiding campaign development. The BC MMHA partnered with marketing specialists from a firm called Traction Creative to produce the "Stop Overdose" campaign. Therefore, to facilitate a comprehensive examination of the development process of the "Stop Overdose" campaign, a brief review of the marketing perspective on mass media anti-stigma interventions may be beneficial.

There are well-established strategies and practises that marketing specialists often use when developing campaigns. In fact, Clement and colleagues (2013) suggest that mass media anti-stigma campaigns typically use the same or similar tactics as advertisements for commercial products. When these tactics are applied to social issues like substance use-stigma, it becomes "social marketing" (Campbell & Brauer, 2020; Clement et al., 2013). According to Campbell and Brauer (2020), the goal of social marketing intitatives are to target and change specific, undesirable behaviours among a population that contribute to a broader social issue. Social marketing thus typically involves two different types of outcome measures as follows: 1) outcomes related to addressing a given social issue, and 2) the target population's reception of the marketing intiative (e.g., awareness, recall, reach; Hastings & Domegan, 2023; Clement et al. 2013).

The “Stop Overdose” campaign is an excellent example of social marketing. As stated in the 2018 press release, the central message of “Stop Overdose” was that people who use drugs are “real people”, linked to the broader goal of humanizing people who use drugs (BC Government, 2018). Featuring images of people who use drugs alongside this campaign messaging aligns with a marketing tactic known as identity-based messaging (Oyserman, 2009). This tactic is usually leveraged when producers want their target audience to feel personally connected to a product or campaign message. Identity-based messaging follows from consumer behaviour theory which states that people tend to consume ideas, products, and symbols that feel relevant to groups or individuals that they identify with (Rank-Christman & Henderson, 2019; Maggioni, 2014; Oyserman, 2009). Identity-based messaging and consumer behaviour theory parallel psychology’s Social Identity Theory which posits that people tend to think, feel and act favourably toward social groups they subjectively identify with (i.e., their ingroups; Maggioni, 2014; Reicher et al., 2010). Thus, identity-based messaging (as used in campaigns) appears to hinge on the basic idea that if a campaign’s target audience can see themselves or someone they know represented in the campaign’s imagery or messaging, they will be more likely to absorb and be impacted by it.

However, humanizing people who use drugs (via identity-based messaging) may be complicated by a more marketing-based goal of aiming for “Stop Overdose” to reach a wide audience (BC Government, 2018). Campaign reach is certainly important – if many people do not see the campaign, its impact is arguably negligible. But how do campaign developers create a message that reaches and is relevant to the multitude of social identities represented within a broad target audience? Regarding the “Stop Overdose”

campaign, it is possible that choices had to be made about which kinds of social identities were relevant to most people in the target audience. In making these choices, certain identities may be inevitably excluded such as minority groups who may, in fact, be worst impacted by the social issue (i.e., substance use stigma) that the campaign targets. Without evidence-based guidance on reducing stigma through mass-media strategy, it is possible that the development process of the "Stop Overdose" campaign reflects a prioritization of marketing-based practise over a robust, inclusive approach to reducing substance use stigma. The pursuit of marketing goals and outcomes (e.g., campaign reach and relevance) and the decisions made to achieve them may conflict with – and ultimately outweigh – the pursuit of social goals (i.e., stigma reduction). This might explain the under-representation of those worst affected by substance use stigma and overdose death within the "Stop Overdose" campaign and leads to the second research question: Was the overarching goal of reducing stigma toward people who use drugs consistent with secondary goals and outcomes rooted in the marketing-based approaches to creating this campaign?

Methods

The current study is a critical, qualitative analysis of how the "Stop Overdose" campaign was developed.

Data

The data for this study come from a 320-page file containing fifteen documents related to the production of the "Stop Overdose" campaign. These data were obtained through a Freedom of Information (FOI) request to the BC Ministry of Mental Health and Addictions (BC MMHA), the branch of the BC provincial government responsible for

producing the "Stop Overdose" campaign. FOI requests are a provision under the Freedom of Information and Protection of Privacy Act (FIPPA) which holds companies and organizations accountable to the public by allowing Canadian citizens the right to access their records (FIPPA, 1985). FOI requests have thus far been under-utilized in qualitative inquiry, but Walby and Larsen (2011) argue that they can offer a direct and unique perspective for researchers to investigate the operations of government organizations (e.g., the BC MMHA). The initial FOI request to the BC MMHA was made in December 2019. The documents analyzed in this study were delivered in January 2022 in response to the following revised version of the request:

> *Original marketing strategy documents informing the stop overdose campaign, original draft creative options for the stop overdose campaign posters, all communications, excluding Senior Director Regan Hansen's emails[3], around the decision making process for selecting final stop overdose campaign poster imagery, focus group reports from consultation with key stakeholders leading up to the campaign release, communications around the scheduling of these consultation focus groups, behind the numbers service design report, media plans for stop overdose campaign including final costs for initial roll-out and subsequent campaign refreshes, all available public opinion research baseline and post launch reports pertaining to the stop overdose campaign, year end evaluation reports for year end assessments (2019 and 2020). (Date range for record search: From 1/1/2017 To 3/5/2020).*

The MMHA was not able to provide all records requested, namely email communications and consultation records. These records could not be obtained for the following reasons: 1) they were not found in the MMHA's search, and 2) certain company and organizational records are protected under FIPPA. As such, these data do not comprise a complete account of the "Stop Overdose" campaign's development

[3] Regan Hansen's email communications were excluded from the request because this individual had left the BC MMHA. According to the FOI analyst assigned to this request, the resources needed to search for and access these emails in Regan Hansen's absence would significantly delay the BC MMHA's response. Therefore, these emails were specifically excluded from the request.

process. However, the BC MMHA was required to provide a comprehensive response to the FOI request. The records forwarded (e.g., creative briefs, conceptual presentations) are relevant and substantial and provide a rich perspective on the BC MMHA's internal process of campaign production from its beginning to its end stages.

Table 1 lists the documents obtained, organized by relevant contextual information. For each document, I identified its authorship (i.e., the organization that created the document) and purpose (i.e., research, planning, campaign evaluation). I also categorized the documents by the development stage during which they were created: the pre-production stage (i.e., planning and conceptualizing the campaign), the production stage (i.e., designing and generating campaign materials), and the post-production stage (i.e., after campaign release). Finally, based on the content, authorship, purpose, and the development stage of each document, I was able to infer its intended audience (i.e., who the authors wanted the documents to be read by).

The fifteen documents span all three development stages (i.e., pre-production, production, post-production) and were primarily authored by the BC MMHA or Traction Creative. Twelve of sixteen documents were intended for an internal audience (i.e., the BC MMHA) as records of campaign strategy and decision-making. Indeed, most documents were categorized as "planning" documents (e.g., proposals, briefs) which contain ideas about, strategies for, and market testing of "Stop Overdose" campaign material.

Table 1

Campaign Development Documents with Contextual Information

Document Title	Author	Development Stage	Purpose	Intended Audience
Social Marketing Proposal	BC MMHA	Pre-Production	Planning	BC MMHA
Creative Brief – Overdose Social Marketing Campaign	BC MMHA	Pre-Production	Planning	Traction Creative
Media Buy Info	Traction Creative	Pre-Production	Planning	Traction Creative
Quantitative Baseline and Qualitative Findings	Traction Creative, Insights West	Pre-Production	Planning	BC MMHA
Opportunity Book	BC MMHA	Production	Research	External
Behind the Numbers	BC MMHA	Production	Research	External
Creative Platforms	Traction Creative	Production	Planning	BC MMHA
Topline Summary	Insights West	Production	Planning	Traction Creative, BC MMHA
Media Plan	BC MMHA	Production	Planning	Traction Creative, BC MMHA
2019-2020 Milestones and Accomplishments	BC MMHA	Post-Production	Evaluation	External
Campaign Activities and Early Impacts	BC MMHA	Post-Production	Evaluation	External
Opioid Research General Population (Fall 2019)	Insights West	Post-Production	Evaluation	BC MMHA
Quantitative Research Report (Post Wave 1)	Traction Creative, Insights West	Post-Production	Evaluation	BC MMHA
Quantitative Research Report (Post Wave 2)	Traction Creative, Insights West	Post-Production	Evaluation	BC MMHA
Opioid Research General Population (Fall 2019)	Insights West	Post-Production	Evaluation	BC MMHA

Note. Traction Creative is the marketing firm that the BC MMHA partnered with to create the "Stop Overdose Campaign". Insights West is a research organization that conducted quantitative and qualitative surveys to evaluate the "Stop Overdose" campaign post-release. The categorization "External" in the "Intended Audience" column refers to documents intended to be seen by those outside of the BC MMHA and Traction Creative.

Data Analysis

I used reflexive thematic analysis to identify and analyze patterns within the campaign development documents provided by the BC MMHA (Braun & Clarke, 2022; Braun & Clarke, 2006). Specifically, I aimed to identify underlying ideas, assumptions, and conceptualizations that shaped the content of these data (Braun & Clarke, 2006).

After closely reviewing the campaign development documents twice through, I began creating codes to organize these data according to the two guiding research questions. I used NVivo 12 data management and organization software for the coding process (QSR International, 2018). The final coding framework (with examples for each code and subcode) is provided in Appendix A. I recognized coding as an iterative process through which the initial codes were subject to change as analysis deepened. The "Annotations" and "Memos" functions in NVivo allowed me to record coding decisions and changes, to make connections between the data and theoretical and conceptual underpinnings, and to maintain researcher reflexivity (e.g., noting personal reactions).

The coding process and the eventual identification of themes in the data were informed by a critical realist perspective. Critical realism posits that there is one knowable reality which is filtered through multiple subjective interpretations of that reality (Botha, 2021; Braun & Clarke, 2022). This ontology also recognizes that knowledge is historically, culturally, and socially situated (Botha, 2021; Braun & Clarke, 2022). Drawing on this perspective, society is viewed as a network of "entities, structures, and practises which individuals reproduce or transform" (Botha, 2021). This enables researchers to identify causal processes in the social world by connecting individuals with structures (Botha, 2021; Elder-Vass, 2012). For the current analysis, the

critical realist perspective was beneficial as I attempted to interpret the development process of the "Stop Overdose" campaign (with particular focus on decisions made and strategies utilized by developers) while connecting this to broader social issues, practises, and systems. I acknowledged that the decisions campaign developers made and the strategies they used were influenced by their own subjectivities which may be shaped by wider social contexts (Elder-Vass, 2012). As the analyst, I recognize that my interpretations of these data are additionally filtered through the lens of my subjective positionality. Taken together, these subjective interpretations can provide the building blocks for understanding a single reality (i.e., the development process and outcome of the "Stop Overdose" campaign; Botha, 2021; Elder-Vass, 2012).

The analysis process was, in part, influenced by Intersectionality as a theoretical framework. Intersectionality posits that people who identify with multiple marginalized groups experience the effects of multiple systems of oppression in unique ways (Crenshaw, 1991). This suggests that non-White, low-income people who use drugs experience a unique and multiplicative form of discrimation and exclusion at the intersection of racism, classism, and substance use-related stigma. These individuals are thus marginalized by race- and class- based systems of oppression as well as deep legal and health inequities produced by Canadian drug policy (S. Friedman et al., 2021; Giacomazzo et al., 2021; Neufeld et al., 2021; McGinty & Barry, 2020). An intersectional lens helped me to position my analysis within the wider context of these social inequities and effectively problematize the "Stop Overdose" campaign for ignoring them.

Positionality

I was born and raised in a middle-class family near Toronto, Ontario. I identify as both a White, European settler and as Indigenous. As my upbringing was heavily influenced by European culture, I grew up in relative disconnect from my Indigenous ancestry and have a complicated relationship with this part of my identity. However, at a young age, I became aware of the structural oppression that Indigenous people and other marginalized groups endure in Canada. More recently, I have learned about the disproportionate and harmful effects of substance use and the drug toxicity crisis on the Indigenous population. Although I have no firsthand experience with illicit substance use and related stigmatization, it has affected people in my personal network.

Within this project, I discuss and focus on the harmful and intersecting effects of race- and class- based marginalization with substance use stigma. I acknowledge that I come from a place of relative privilege and will never be able to fully understand these experiences as I have not lived through them myself. My interest in examining how and why marginalized people become underrepresented in anti-stigma communications is influenced by a desire to call attention to this issue of inequity which affects members of my broader social groups as well as my personal connections. As a researcher with institutional resources, I can leverage my positioning to pursue this goal.

As I attempt to understand the ideas, perspectives, and processes behind the BC MMHA's "Stop Overdose" campaign, I must also acknowledge that I am not and have never been involved in a government organization. However, I do have four years of experience in strategic marketing for a private sector company, working on initiatives of the same scale (and larger) as the "Stop Overdose" campaign. My understanding of how

these initiatives are developed makes me well-positioned to critically analyze the data (i.e., campaign development documents) for this study and attempt to take the perspective of those involved in producing the "Stop Overdose" campaign. My professional experiences thus have also shaped my approach to this project.

Analysis

The fifteen internal documents provided via FOI request painted a unique and rich picture of the "Stop Overdose" campaign's development process. Through in-depth review of the documents, I was able to identify that developers' goal of shifting the focus away from the "stereotypical" marginalized drug user, the uncritical channeling of narratives about substance use, the prioritization of campaign "relevance", and an apparent exclusion of insights from relevant experts (e.g., people with lived and living experience of substance use) could explain the campaign's problematic focus on White, middle-class people who use drugs. These factors comprise the four major themes discussed in the following critical analysis.

In addition to offering accounts of campaign developers' evolving ideas, strategic approaches, and decisions, the campaign development documents also provided some insight into the wider social context in which the "Stop Overdose" initiative was created. Recognizing that this context was not central to but may still have borne influence on the creation of the campaign, I reviewed further information (e.g., news media reports, personal communications with key individuals) about the sociopolitical events occurring in BC at the time of the campaign's development. By combining information from the development documents, personal communications with government staff and stakeholders, and relevant news media, I was able to produce a summary (see Appendix

B) and timeline (see Appendix C) of potential contextual influences on the campaign's development. These appendices will be referred to throughout the following analysis and discussion where additional context may be beneficial.

Theme #1: Challenging stereotypes or naturalizing inequities?

The emphasis on White, middle-class appearing people who use drugs in the "Stop Overdose" campaign appears to be a strategy campaign developers used to challenge stereotypes among BC residents about what people who use drugs "look like". Campaign developers problematized a tendency among BC residents to associate drug use primarily with people experiencing economic marginalization (e.g., unhoused individuals), arguing that this was inaccurate. Campaign developers constructed the "marginalized drug user" as a misleading stereotype and aimed to introduce other conceptualizations of people who use drugs (e.g., someone's friend) to rectify this. However, this approach effectively masked real inequities where substance use-related harms (e.g., stigmatization, drug toxicity death) disproportionately affect marginalized groups.

Addressing "stereotypes" became a central part of the "Stop Overdose" campaign such that it was framed as a main goal of this initiative. But what did this mean to campaign developers and when and how did this emphasis on "challenging stereotypes" become a part of campaign strategy?

Among the documents I analyzed, the "Quantitative Baseline and Qualitative Findings" report authored by Insights West and Traction Creative provided both the earliest and most clear examples of how this narrative developed. The report was created in December 2017 (approximately one month before campaign launch; see Appendix C)

and contains findings from an Insights West survey primarily intended to measure perceptions, understanding, and concern about the "overdose" crisis among BC residents. It also contains a summary of four focus group meetings where candidate campaign materials were tested among small groups of BC residents from Vancouver and Kamloops (i.e., members of the target audience). These records allowed me to identify how campaign developers understood their survey and focus group findings and, through this, how they concluded that BC residents' perception of *who* a person who uses drugs could be was a problem that their campaign could address.

The campaign's ultimate emphasis on "challenging stereotypes" as an anti-stigma strategy seems to originate from the way campaign developers problematized an observed difference between how campaign developers and BC residents defined who drug users are. From comments made by focus group participants, Insights West interpreted a tendency among BC residents to focus on marginalized individuals when thinking about what a person who uses drugs looks like:

> *"The perception of a "user" often circled back to **street addicts** who choose to use drugs, despite an understanding that it impacts a broader scope of residents." – (Quantitative Baseline and Qualitative Findings, Insights West)*

Insights West's interpretation suggests that when BC residents thought about what a drug user "looks like" they defaulted to a "stereotyped" image of drug users as people who are economically marginalized and who they felt were to blame for their substance use. While the term "street addict" does not necessarily imply houselessness, developers used this language throughout the document to reference those who may obtain drugs from the "street" (i.e., illicit) supply, use drugs in public spaces (e.g., on the street), or who have stereotypical markers of "poverty" (e.g., unclean clothing, unkempt hair). The

phrasing *" . . . despite an understanding that it impacts a broader scope of residents"* indicates that campaign developers and BC residents alike understood that it was not only economically marginalized individuals who may use drugs. However, campaign developers saw BC residents' tendency to default to the "stereotypical" marginalized drug user as a barrier to acknowledging other conceptualizations of people who use drugs.

> *"Focus group discussions highlighted that while, intellectually, people understand the far-reaching effects of the crisis, there is still an underlying perception that the crisis primarily affects those on the street.* ***Opioid usage among families, friends, and coworkers were not necessarily top-of-mind****." – (Quantitative Baseline and Qualitative Findings, Insights West)*

Here, campaign developers suggest that the drug toxicity crisis is *not* primarily impacting marginalized people who use drugs and are subtly advocating for the importance and consideration of other groups of people who use drugs (e.g., family, friends). With this kind of rhetoric, campaign developers problematized the way BC residents consistently categorized drug users as marginalized individuals because of *who* this conceptualization does and does not include.

However, it is not just a "stereotype" that marginalized people who use drugs are worst affected by the drug toxicity crisis. At the time of campaign development, unfolding trends indicated that economically marginalized populations *were* in fact experiencing greater substance use related harms (e.g., drug toxicity death) compared to non-marginalized populations. A 2018 report published by the BC Coroner's Service contains demographic information about individuals who died of drug toxicity in 2016 and 2017. Of the 872 cases investigated, 13% of individuals who died of drug toxicity were living in supportive housing and 9% were experiencing houselessness (BC

Coroner's Service, 2018). Additionally, 51% of individuals were unemployed. This evidence is corroborated by a Statistics Canada report by Chu and colleagues (2023) using data from a cohort of BC residents who experienced both fatal and non-fatal drug toxicity events between January 1, 2014, and December 31, 2016. They found that 50.4% of females and 35.2% of males in the cohort were unemployed in the five years prior to their drug toxicity event (Chu et al., 2023). Seventy-five percent of females in the cohort earned less than $1,738 per year and 75% of males earned less than $10,770 per year. Additionally, about 50% of the cohort received social assistance funding at least once in the five years prior to their drug toxicity event (Chu et al., 2023).

Despite this reality, campaign developers framed marginalized people who use drugs as a "stereotypical" and inaccurate representation of what a drug user can look like. Furthermore, making the problem about categorizations of drug users naturalizes a distinction between marginalized "street addicts" and drug users who may be in other, more privileged social positions. The stigmatizing language used to refer to marginalized people who use drugs is a manifestation of this distinction where marginalized people who use drugs are devalued and dehumanized. In fact, the authors of the Insights West summary report used the stigmatizing terms "street addict" or "street affected" throughout, implying their acceptance of this out-dated language that does not centre the personhood of people who use drugs. More subtly, this type of language as used in the foregoing excerpt suggests that "street affected" people who use drugs could not also be someone's family member or friend; that is, the categories of family members or friends who use drugs were constructed as mutually exclusive with the category of marginalized people who use drugs.

Campaign developers also seemed to establish a clear dichotomy between the "drug addict" (in this case, constructed as a "street affected" individual) and the "average" person (constructed implicitly as someone who does not use drugs):

> *" . . . respondent comments on the opioid crisis circled back to street users. The resulting emotional distance between the drug addict and the average person is occupied by fear. As such, these ads* ***expand the definition*** *of who could be addicted to include friends and family." – (Qualitative and Baseline Findings, Insights West)*

This characterization uses the perceived separation between the general public and people who use drugs who are also experiencing economic marginalization to justify broadening the definition of what a drug user looks like. In the press release that served as the launch of the campaign, this is positioned as a way to "discredit false stereotypes" by showing that "addiction can affect people from all walks of life" (BC Government, 2018). The foregoing excerpt suggests that campaign developers' strategy would include emphasizing imagery of people who use drugs (e.g., friends, family, co-workers, etc.) whose social locations they felt target audience members would perceive as closer to them than marginalized people who use drugs.

This approach may seem akin to the aforementioned idea of 'counter-stereotyping' in which people are presented with information that is inconsistent with their existing ideas about a group (Mustafaj & Dal Cin, 2023; Prati et al., 2015). However, counter-stereotyping not only assumes that people's current ideas about a group are inaccurate, but also that that the information used to contradict those ideas is then more accurate. Campaign developers' approach arguably cannot be considered counter-stereotyping when the "stereotype" they aimed to target (i.e., that many people who use drugs experience marginalization) reflects a real inequity.

Nevertheless, feedback from participants in pre-campaign launch focus groups seemed to support campaign developers' idea of focusing on the "personal network" of target audience members. During focus group meetings, participants were asked to comment on three candidate campaign options – "Letters" (Figure 1), "Face" (Figure 2), and "Body" (Figure 3).

Figure 1

"Letters"

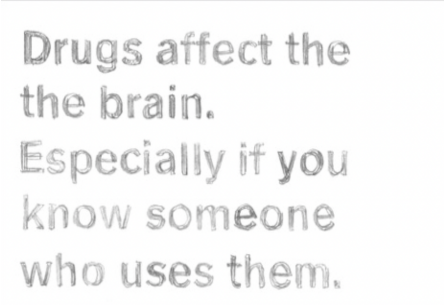


Figure 2

"Face"

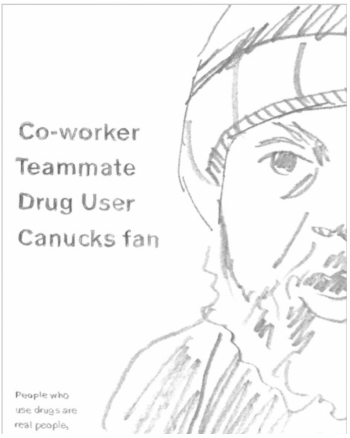


Figure 3

"Body"

Figure 4

Final Version

Note. This is one of four posters featured in the final version of the "Stop Overdose" campaign.

Based on focus group feedback, Insights West recommended that Traction Creative and the BC MMHA adopt "Body" as the campaign approach. However, the final version of the campaign more closely resembled 'Face', indicating that developers ultimately went against Insights West's recommendations (see Figure 4**)**. Insights West's conclusions about focus group participants' feedback on 'Face' reveal important clues about how and why this happened:

> *"'Face' was particularly liked by Vancouver respondents. They liked its clarity and directness, the implication the opioid crisis cuts across social boundaries while* ***removing focus from stereotypical portrayals of street affected addicts****. Respondents gravitated towards this theme but also said it has a subtle message that opioid addiction can affect everyone; in short: a broad, community view." – (Quantitative Baseline and Qualitative Findings, Insights West)*

This excerpt suggests that focus group participants preferred "Face" not only because it expanded the scope of who can be considered a drug user (e.g., into the 'community'), but because it also actively "removed focus" from "street affected addicts", which the campaign creators had constructed as a problematic and potentially misleading stereotype. Campaign creators positioned "Face" as an inclusive, community-focused approach. However, the final version of the campaign which predominantly features White, middle-class appearing people who use drugs indicates that their conceptualization of "everyone" may not encompass economically marginalized people who use drugs. Choosing 'Face' instead of the marketing firm's recommendation for 'Body' indicates that this decision was not just about featuring "non-stereotypical" representations of people who use drugs; there was an underlying importance placed on signalling who *is* (family and friends of the target audience) and who *is not* (marginalized

people who use drugs) included as a subject of humanization and de-stigmatization in the "Stop Overdose" campaign imagery.

These signals seemed to have been received by members of the target audience early on. In May of 2018, the BC MMHA published a report containing early-stage insights on campaign performance for stakeholders both within and outside of the MMHA. In this report, campaign developers highlight commentary from BC's Ministry of Public Safety and Solicitor General in which the use of stigmatizing and exclusionary language separates marginalized people who use drugs from other groups of people who use drugs. Campaign developers categorized this as positive feedback:

> *"I found that this messaging was really moving. It put it in perspective that it wasn't always tent city criminals that fall into the category . . ."* – (Campaign Activities and Early Impacts)

Additionally, while the message that people who use drugs may not exclusively be the "stereotypical" marginalized person seemed to be heard by BC residents initially, it is not clear how enduring this effect was. In their final campaign evaluation published in the fall of 2019 (see Appendix C), Insights West reported a statistically significant decrease in respondents' agreement that "people who use drugs could be people who live next door, people I work with, or in my family" since the previous evaluation in July of 2018 (Insights West, 2019). During the same time period, respondents' agreement that "people who use drugs are mainly poor, homeless, and unemployed" had increased (Insights West, 2019).

Although campaign creators suggest otherwise, it appears that their strategy did not necessarily serve to "expand" the definition of what a person who uses drugs "looks like" or challenge any stereotypes, at least not long-term. Rather, it seems that this

approach more readily shifted attention onto and prioritized other conceptualizations of drug users which, in this context, were constructed as existing in a totally separate sphere from "street affected" individuals.

Instead of challenging it, this strategy instead naturalized the stereotype of the "street affected addict" who is dehumanized relative to people who use drugs who may be in more privileged social positions. Indeed, it explicitly diverts attention from and, in effect, perpetuates the exclusion of people who use drugs experiencing economic marginalization who are among those worst affected by the drug toxicity crisis (Friedman & Hansen, 2022).

Theme #2: Marginalized people who use drugs are excluded when common narratives are channeled uncritically

Campaign developers intended to use the "Stop Overdose" campaign to challenge BC residents' understanding of drug use, overdose, and the experience of people who use drugs. Close analysis of internal campaign documents suggests that developers drew from widely accepted ideas about substance use and addiction to create a campaign message that was intended to be de-stigmatizing. Although broadly accepted, these narratives about substance use mask the inequities perpetuating the drug toxicity crisis and exclude the experience of marginalized people who use drugs. Here, I will focus on two common ideas about substance use that were uncritically channeled into the development process, and ultimately, the final version of the "Stop Overdose" campaign. First, I will discuss the narrative that substance use and drug toxicity death can "affect anyone" and second, the Brain Disease Model of Addiction (BDMA).

One of the clearest examples of the idea that substance use can "affect anyone" is from the initial Social Marketing Proposal document from the pre-production stage which contains early ideas about concepts and strategies for the "Stop Overdose" campaign. In this early stage, the project was framed more as a public service announcement built on five central themes, one of which was "anti-stigma" (see Appendix B). Under this theme, the key goal was to convey a message that opioid use and drug toxicity death "do not discriminate".

> *"ANTI-STIGMA - reinforce people-first language and the* ***reality that this can happen to anyone*** *. . . "* – (Social Marketing Proposal)

Theoretically, anyone could be affected by substance use and drug toxicity death. However, the associated harms of substance use (e.g., drug toxicity death) do discriminate along lines of existing health inequities driven by wider forces of societal exclusion and marginalization. As demonstrated in the foregoing section, the 2018 BC Coroner's Report using data from the time of the "Stop Overdose" campaign's development (2016-2017) showed that drug toxicity death disproportionately affected individuals experiencing economic marginalization (BC Coroner's Service, 2018). Likewise, a 2017 report by the First Nations Health Authority (FNHA) of BC revealed that Indigenous people who use drugs were three times more likely to die of drug toxicity than non-Indigenous people who use drugs in the province. These two examples demonstrate that data was available at the time of campaign development which confirmed the reality that harms associated with substance use do discriminate; people experiencing economic marginalization and legacies of colonial violence are disproportionately impacted. Nevertheless, the campaign creators were drawn to the

narrative that "this can happen to anyone", ignoring the inequities that those experiencing intersecting forms of marginalization face.

This "anyone can be affected" narrative continued to be an important message for developers to convey to BC residents, as made evident in the evaluation stage. In the final campaign evaluation conducted by Insights West in September 2019, developers asked respondents the following question: "What specific messages do you recall from the advertising you saw?". They supplied a predefined response list indicative of messages they wanted to convey to the general public via the campaign. Insights West concluded that the most remembered messaging of the campaign among BC residents was that "anyone can be affected".

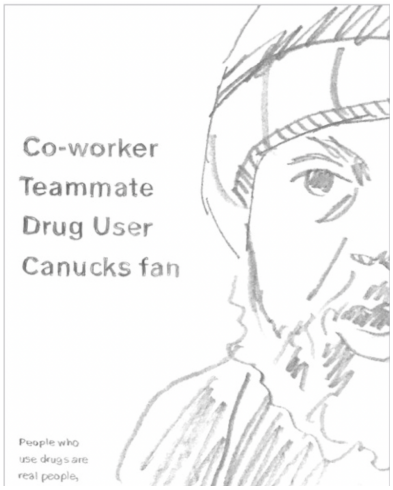
The imagery and messaging of the "Stop Overdose" campaign does not explicitly say "anyone can be affected". However, this narrative clearly informed the strategy behind the campaign and ultimately the message it conveyed to BC residents. Campaign developers adopted the strategy of "broadening the scope" of who could be considered a people who use drugs to include people's friends, family, and coworkers. Although "Body" was recommended as the official campaign imagery, developers emphasized how the candidate campaign option "Face" (see Figure 5) not only aligned with their strategy of "expanding" the definition of what a person who uses drugs looks like, but also with the narrative that "anyone can be affected":

> *"'Face' was particularly liked by Vancouver respondents. They liked its clarity and directness, the implication the opioid crisis cuts across social boundaries while removing focus from stereotypical portrayals of street affected addicts. Respondents gravitated towards this theme* ***but also said it has a subtle message that opioid addiction can affect everyone****; in short: a broad, community view." – (Quantitative Baseline and Qualitative Findings, Insights West)*

Ultimately, choosing campaign imagery that most closely reflected “Face” is another clue pointing to the importance developers placed on emphasizing this narrative through the “Stop Overdose” campaign.

Figure 5

“Face”



The second example of developers uncritically channeling common narratives is their use of ideas consistent with the Brain Disease Model of Addiction (BDMA). The BDMA purports that prolonged substance use produces changes in the brain which over time make a person psychologically and physiologically dependent on that substance (Volkow, et al., 2016). It suggests that the agency of people with the “disease of addiction” is diminished, and they are solely motivated by obtaining the substance which may lead to risky, unsafe, irrational and/or illegal behaviours. According to this model, addiction should be treated on an individual basis as a medical concern because of its physical markers and pathological patterns of behaviour.

Consistent with the BDMA as a model focused on problematic substance use (Hart, 2017), campaign developers use the term "addict" (rather than "person who uses drugs"), indicating a focus on people with substance use disorder, in particular. Furthermore, they subtly critique BC residents' understanding of "addiction" as a choice and as something that is directly tied to criminality. Indeed, it appears that campaign developers felt that they had something to teach BC residents in terms of how substance use and people with a substance use disorder ("addicts") should be understood:

> *"Further, they were more likely to admit that, in some way, addicts make a choice in using opioids. In short, respondents seemed to be at crossroads, wanting to feel compassionate about the problem but fearful of the addict and related criminal activity. They experienced difficulty fully acknowledging that* ***addicts act irrationally in the face of addiction***." - (Quantitative Baseline and Qualitative Findings, Insights West)

In this commentary on focus group discussions, campaign developers positioned BC residents' sense of fear about drug use and criminal activity as a barrier for "caring" about people with substance use disorders. Developers offer the idea that "addicts" are not in control of their behaviour as an apparent explanation for the association made between drug use and criminality, a perspective that is consistent with the BDMA.

Campaign developers' familiarity with the BDMA and their aim to convey this understanding to the general public was evident throughout various stages of campaign development. In particular, developers seem to ascribe several goals to the "Stop Overdose" campaign which are related to 'treatment', 'recovery', and 'support' – terms that are typically associated with physiological medical concerns. For example, in the early-stage Social Marketing Proposal document, "treatment" was another one of the five key themes on which the proposal was based:

> *"TREATMENT – ask once, get help fast.* ***Recovery*** *is possible."* - (Social Marketing Proposal)

Furthermore, in the Creative Brief (an official outline of campaign strategy), developers ascribe the following long-term goal to the "Stop Overdose" initiative:

> *"To address bias/stigma in interactions with people who use drugs as well as self-stigma, accessing help, prevention/youth.* ***To promote the treatment, harm reduction and support*** *that can support an individual asking once and getting help fast." –* (Creative Brief).

However, the clearest example of the "Stop Overdose" campaign being positioned as a means to convey that "addiction" is a health concern is in the press release that launched the initiative, solidifying the importance of this goal:

> *"It serves as a call to action for all British Columbians to stop seeing addiction as a moral failure and start seeing it as* ***a health issue that deserves compassion and support****. "* - (Press Release, BC Government)

While the BDMA may reduce victim blaming by attributing drug use and related behaviours to a medical explanation, it has major limitations (Hart, 2017; Hammer et al., 2013; Kalant, 2015). First, in being narrowly focused on problematic substance use (i.e., substance use disorder), the BDMA ignores substance use which may not meet the criteria of addiction but which still has associated risks (e.g., drug toxicity death; Hart, 2017). Second, the BDMA implies that "treatment" is always necessary, desirable, or available, but treatment may be less readily accessible for a marginalized person with a substance use disorder. For example, Hansen and Netherland (2016) highlight how non-White people with substance use disorders are more likely to be incarcerated rather than receive medical treatment for addiction compared to White people with substance use disorders. Third, by medicalizing substance use and framing it as an individual physiological problem, it ignores the role of social systems and structures in creating

oppressive conditions under which people may use substances to cope (Dollar, 2019). Additionally, by suggesting that people with substance use disorder are not in control of themselves, it may perpetuate the idea that drug users are dangerous while also taking away their agency as someone who found a viable way of adapting to inequitable conditions (Kelly et al., 2020).

As a model of addiction, the BDMA also encourages prohibitionist drug policy and the policing of people who use drugs to eliminate drugs from society and thereby the "roots" of this "disease" (Hart, 2017). The enforcement of this kind of policy is inequitable with economically and racially marginalized people who use drugs disproportionately surveilled and arrested for drug-related offenses compared to non-marginalized people who use drugs (e.g., J. Friedman et al., 2021; Marshall, 2015; Khenti, 2014). Additionally, prohibitionist policy creates incentive within the drug market to reduce production and transportation volumes (but maintain profit) by creating more concentrated (and therefore potent and unpredictable) versions of opioids and other drugs (Canadian Drug Policy Coalition, 2022; Giacomazzo et al., 2021).

Taken together, the BDMA and the narrative that "addiction can affect anyone" not only fail to acknowledge the deep social inequities that affect marginalized people who use drugs but also naturalize the broader ideologies and policies which perpetuate unequally distributed harms of the drug toxicity crisis. However, campaign developers believed these narratives to be accurate and placed importance on conveying such messages to BC residents through their campaign. Their strong presence throughout campaign development arguably underscores the strategies used in creating the "Stop Overdose" campaign and the goals ascribed to it which, in effect, frame substance use

and related harms as a physical health issue unrelated to structural inequities. When campaign strategy is informed by understandings of substance use which are not critical of the social conditions driving the drug toxicity crisis, it is perhaps unsurprising that the imagery in the "Stop Overdose" campaign excludes the experience of marginalized people who use drugs who are worst affected by them.

Theme #3: Humanizing (relevant) people who use drugs

One of the main goals ascribed to the "Stop Overdose" campaign was to "humanize" people who use drugs. Campaign developers wanted the general public to see people who use drugs as "real people". This message is evident in both the imagery and tagline of the campaign. Humanizing people who use drugs seemed to serve a wider strategic purpose, namely generating campaign impact and campaign recall, and making the campaign relevant to BC residents. According to campaign developers, humanizing people who use drugs would foster empathy among members of the target audience, making the campaign memorable and bringing the drug toxicity crisis "closer to home" (i.e., being relevant to the target audience; BC Government, 2018). However, making the campaign memorable and relevant to the target audience may mean that the effects of "humanization" (i.e., generating empathy) only work for certain groups of people who use drugs. It seems that this strategy leveraged empathy that already existed for people who use drugs in close social proximity to the target audience rather than generating empathy where it did not exist (i.e., for marginalized people who use drugs). In so doing, the development process of the "Stop Overdose" campaign perpetuated the exclusion of marginalized people who use drugs.

The idea of humanizing people who use drugs appeared for the first time in the

Social Marketing Proposal, a document containing initial concepts, strategies, and design for the campaign. A subsection labelled "creative considerations" included the following commentary from developers:

> *"Tactics need to connect to people emotionally to have impact, be memorable. Real faces, real stories can do this."* - (Social Marketing Proposal)

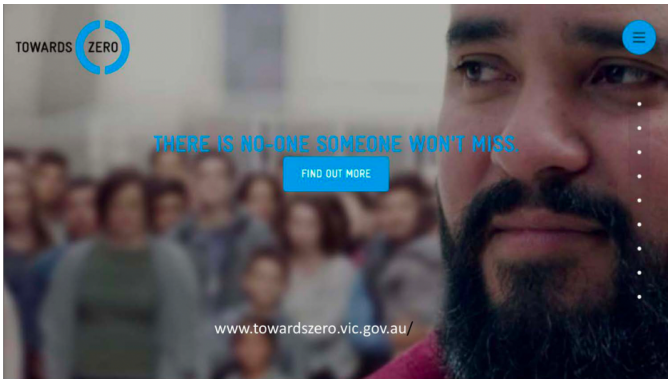
It seems that featuring "real people" was suggested early on as a creative tactic which would make the campaign memorable (i.e., fostering recall) and emotionally impactful amongst the target audience. Campaign developers also reference two initiatives which ran in Australia as further inspiration for creative approaches for the "Stop Overdose" campaign. One was Pennington Institute's "International Overdose Awareness Day" posters from 2017 (see Figure 6). The second was the Victoria Transport Accident Commission's "Towards Zero" campaign (see Figure 7) which was intended to promote road safety.

Figure 6

"International Overdose Awareness Day"

Figure 7

"Towards Zero"



Similar to these two Australian examples, the final version of the "Stop Overdose" campaign features human faces, with corresponding human attributes to create a "human narrative". This imagery is accompanied by the tagline "people who use drugs are real people". Thus, this strategy for the "humanization" of people who use drugs seemed to be viewed as impactful and memorable among campaign developers perhaps based on these examples of campaigns focused on health and safety promotion.

Campaign developers do not define "humanization" in the internal documents beyond encouraging the general public to see people who use drugs as "real people". However, there are clues about who campaign developers are talking about (and who they are not talking about) when they refer to "real people". Campaign developers were explicit about who their conceptualization of people who use drugs included, namely friends, family, coworkers, and neighbours of BC residents, not just "stereotypically" marginalized people who use drugs. Arguably, according to this definition, it is these people who use drugs whom campaign developers are referring to as "real people". Furthermore, the Australian campaigns from which developers drew inspiration appear to feature people of colour in their imagery whereas the "Stop Overdose" campaign does

not. This subtly suggests a particular choice made among campaign developers not to consider or include racialized individuals as "real people". Developers' idea of "real people" thereby excludes marginalized people who use drugs and naturalizes the reality in which they are dehumanized relative to people who use drugs in more privileged social positions.

In April 2018, Insights West conducted an evaluation survey of the general public to gauge whether there had been any changes in the perceptions, understanding, and concern about the overdose crisis among BC residents compared to their baseline survey from December 2017 (see Appendix C**)**. This early-stage evaluation reveals what campaign developers wanted the "Stop Overdose" initiative to achieve in an immediate, short-term timeline. Based on campaign developers' interpretation of the Post Wave 1 Survey findings, their strategy of highlighting "real people" was, in fact, working for those people who use drugs included in their definition. They indicated, as well, that this is the message they wanted BC residents to receive and remember. Importantly, there is no mention of marginalized people who use drugs.

> *"Those who have seen the posters are more likely to be* ***concerned about the crisis impacting their personal network of friends****."* – (Post Wave 1 Research, Insights West)
>
> *"Those who have seen/heard the TV/Radio ads as well as the posters are significantly more likely to see people who use drugs in a more constructive and empathetic manner."* – (Post Wave 1 Research, Insights West)

In the foregoing excerpt, campaign developers also note how BC residents were beginning to have more *empathy* for these people who use drugs (i.e., those in the personal network of BC residents). This conceptualization of a person who uses drugs includes those who are presumably in closer social proximity to BC residents than are

marginalized people who use drugs. It is possible that this social proximity more readily facilitated empathy for these people who use drugs among BC residents relative to marginalized people who use drugs who ostensibly exist in a separate social circle.

Thus, it seems campaign developers approved a strategy which actively took the focus away from marginalized people who use drugs as subjects of empathy. In the Quantitative Baseline and Qualitative Findings report, campaign developers made detailed interpretations of focus group participants' perceptions of each of the three mock-ups (i.e., "Letters", "Face", and "Body"). Regarding the "Face" mock-up, which the final version of the campaign most closely resembled, campaign developers note that this option, in fact, encourages empathy precisely because it took the focus off marginalized people who use drugs living in the Downtown Eastside (DTES) of Vancouver:

> *"Additionally, the execution was said to encourage empathy by thinking that the crisis is not necessarily localized in Vancouver's downtown east side"* – (Quantitative Baseline and Qualitative Findings, Insights West)

In effect, this excerpt indicates that BC residents could not feel empathy towards people who use drugs if they think only about marginalized people who use drugs in the DTES whose stigmatization and dehumanization is deeply entrenched in societal narratives[4].

[4] The Downtown Eastside (DTES) of Vancouver has often been represented as a community where there are high rates of substance use and where many residents are facing intersecting forms of marginalization (e.g., racial, economic). Residents of the DTES have long experienced various forms of oppression to which they have continually posed resistance (Boyd et al., 2019). However, this neighbourhood has become widely associated with the drug toxicity crisis as well as illicit activity and impoverishment, often framed as a place of destitution (Liu & Blomley, 2013). Portrayals of the DTES (e.g., in news media) have inspired contempt toward its residents from British Columbians living outside this area (Liu & Blomley, 2013).

Additionally, the Insights West documents observed how empathy already existed for people who use prescription opioids precisely because they are perceived to contribute to society and because their substance use is not necessarily visible[5]:

> *"Respondents demonstrated* ***more empathy for those addicted to prescription pain killers****. They explained that these are* ***high-functioning members of society*** *and their addiction is* ***out of sight and generally kept private****."* – (Post Wave 1 Research, Insights West)

Further, in the excerpt above it is evident that people using prescription opioids and people who use drugs from the illicit drug supply are constructed as distinct groups. In the quote, the empathy afforded to prescription opioid users seems to be a function of their percieved ability to make contributions to the social order (e.g., through employment) and to keep their substance use hidden from the general public. This implies a contrast with marginalized people who use drugs who may not be able to meet the expectations of a "high-functioning" member of society and who may use drugs in public spaces. Thus, the framing of the campaign's market research devalues marginalized people who use drugs and takes for granted their exclusion from the sense of empathy and concern that is afforded to other groups of people who use drugs. In effect, this naturalizes their ongoing dehumanization as they are not included as the "real people" the campaign claims to centre.

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[5] Obtaining opioids through prescription from a licensed healthcare professional implies legality and legitimacy of the source of the substance; those using prescription drugs are obtaining treatment for a medical problem (Buchman et al., 2017). Prescription opioid users are thus afforded a certain degree of social acceptance where illicit drug users are not. Because their drug use violates law, people who use the illicit drug supply may experience greater stigmatization than people who use drugs using prescription opioids (McCradden et al., 2019).

Taken together, it appears that the campaign strategy of humanizing (certain) people who use drugs was memorable and impactful insofar as it encouraged empathy for those that fit within campaign developers' conceptualization of a person who uses drugs and who BC residents already recognized as "human". Although humanizing people who use drugs was framed by campaign developers as a strategy for generating empathy (and subsequently impact and relevance), it seems instead that the existing "humanization" of these particular groups of people who use drugs among the target audience was what actually facilitated empathy.

In fact, the "Stop Overdose" campaign seems to employ a widely used marketing tactic known as identity-based messaging; if a product advertisement contains ideas or symbols that cue audience members' self- or group- based identity, then they will be more likely to purchase the product (Rank-Christman & Henderson, 2019; Oyserman, 2009). In the "Stop Overdose" campaign, it appears that identity-based messaging is used to promote the campaign's resonance with and impact on the target audience. Indeed, campaign developers give relevance to the target audience (in conjunction with being memorable) as direct reasoning for choosing certain campaign imagery. The following quote from campaign developers' detailed notes on the focus groups where they presented three different options for campaign approaches most clearly illustrates how recall, relevance, and humanizing people who use drugs converge:

> *". . . this drug addiction advertising is different because* ***it focuses on the reader rather than the user.*** *It instills a sense of empathy and reinforces that the opioid crisis affects many more people beyond the addicted.* ***The ads also bring the issue closer to home, reminding readers that an addict is not necessarily a "street person" but are also wives, husbands, sons and daughters****."* – (Quantitative Baseline and Qualitative Findings, Insights West)

This could have been an opportunity to humanize people who use drugs by reminding BC residents (i.e., the 'readers) that "street-affected" individuals may *also* be wives, husbands, and sons. However, it appears that campaign developers were keen to avoid reference to marginalized people who use drugs in any way. Instead, this excerpt appears to once again construct marginalized people who use drugs and people who use drugs in someone's personal network (e.g., husbands, wives) as mutually exclusive categories. This excerpt suggests that certain "humanizing" imagery was explicitly chosen, in part, for its relevance to the target audience; it includes social identities (e.g., wives, husbands, sons) that the general public can identify with and roles that may hold *importance* in their lives.

In conclusion, while humanizing people who use drugs was framed as an effective strategy for generating empathy, it appears that its effects did not extend toward marginalized people who use drugs who are worst affected by the drug toxicity crisis. This may, in part, follow from a focus on campaign relevance which prioritized the "needs" of the general public over and above a robust approach to "humanization" and stigma reduction. With relevance being heavily weighted while choosing campaign imagery, this may help explain the exclusion of marginalized people who use drugs from the final version of the "Stop Overdose" campaign.

Theme #4: A marketing exercise disguised as an 'anti-stigma' intervention

The literature on whether and how mass media campaigns can be used to reduce stigma is limited (McGinty & Barry, 2020; Clement et al., 2013). Because of this, campaign developers would not have been able to draw on robust, evidence-based strategies for producing the "Stop Overdose" campaign. Furthermore, developers appear

to have mostly been marketing specialists and government officials, not experts on stigma. After closely reviewing internal documents, it appears that marketing-based knowledge heavily influenced the approach to the "Stop Overdose" campaign. However, this was not seemingly because of the lack of evidence-based guidance, but rather because developers actively prioritized marketing-based knowledge and related goals over seeking guidance from relevant experts. In effect, potentially valuable contributions from people with lived or living experience of substance use and knowledge from the empirical stigma literature were excluded.

The prioritization of marketing-based goals was evident from the high importance campaign developers placed on achieving good campaign recall amongst the general public. In marketing practise, campaign recall refers to the number of people within the target audience that remember engaging with relevant campaign materials in some way (e.g., in-person, via social media, on the radio). For example, developers discussed the strategy of humanizing people who use drugs in terms of its potential to generate recall:

> *"Tactics need to connect to people emotionally to have impact, be memorable. Real faces, real stories can do this."* - (Social Marketing Proposal)

Additionally, measures of campaign recall were included in each of the four campaign evaluation surveys. It was considered a "key insight", highlighted by campaign developers in a summary section provided at the beginning of each report. The following is just one example from the Post Wave 2 evaluation:

> *"The advertising campaign has had tremendous awareness, with three-quarters of British Columbians having seen or heard at least one element of the campaign. Recall is consistent across age and gender groups over BC, indicating that the media plan was successful in ensuring that British Columbians of all walks of life were exposed to the message."* - (Post Wave 2 Research, Insights West)

Furthermore, in May of 2018, the BC MMHA published a report on early-stage measures of campaign performance. The report's intended audience appeared to be stakeholders both within and outside of the MMHA (e.g., the BC Ministry of Health, the Canadian Mental Health Association, international organizations). In this report, developers highlighted campaign recall as a significant indicator of campaign performance.

> *"Goal: Campaign Recall. Early Impacts: Campaign recall is already very strong. Over two-thirds (69%) of BC adults have seen/heard at least one element of the campaign. Campaign recall is the highest in the Metro-Vancouver area North of the Fraser (79% campaign recall)."* – (Campaign Activities and Early Impacts).

The fact that recall was highlighted so explicitly in a document intended for widespread review suggests it was positioned as an important measure of the campaign's overall *success.* Marketing and communications literature generally supports the importance of recall in public health-related mass media campaigns (O'Donnell & Brown, 2011; Randolph & Viswanath, 2004; Conway & Schaller, 2007). However, it seems problematic to associate campaign success primarily with recall; someone remembering campaign material is not the same as effectively or reliably reducing stigma. In fact, evidence from Insights West's evaluation reports suggest that there was only a small decrease in negative attitudes and beliefs about people who use drugs among BC residents after the initial months of the campaign, followed by an increase in stigma measures across BC as the campaign continued. For example, Insights West reported an overall statistically significant increase between the evaluations conducted in July 2018 and September 2019 in respondents' level of agreement with "people who use drugs

have made poor choices and deserve what they get" [6] (Insights West, 2019). Additionally, across the same time period, there was an overall statistically significant decrease in respondents' level of agreement that "people who use drugs can contribute to society in positive ways" (Insights West, 2019).

The prioritization of marketing-based goals like campaign recall seems to more broadly reflect an emphasis placed on marketing-based knowledge throughout the development of the "Stop Overdose" campaign. Campaign developers appeared to be mostly marketing and communications specialists, suggesting that they were familiar with and could effectively engage with information (e.g., research, strategy) rooted in marketing practise. Conversely, campaign documents suggest there was a limited role for the perspectives of people with lived and living experience of substance use as well as stigma experts in the development of this anti-stigma initiative.

The following excerpt from the Social Marketing Proposal suggests that developers may have *intended* to engage with people with lived and living experience in the early stages of campaign development.

> *"Seeking input from people with lived experiences. Nothing about us without us."* – (Social Marketing Proposal)

Actual engagement with people with lived and living experience during campaign development appears to be minimal. There are two documents included in the FOI response provided by the BC MMHA ("Opportunity Book" and "Behind the Numbers") which contain firsthand stories from people with lived and living experience, support

[6] This evaluation question is difficult to interpret as there are two components of the statement as follows: 1) people who use drugs have made poor choices and, 2) people who use drugs get what they deserve. It is difficult to ascertain if respondents were agreeing with just one, or both points when indicating their level of agreement with this statement. Regardless, Insights West interpreted the statement as a whole as an indicator of negative attitudes toward people who use drugs.

providers, and family members of people who use drugs. These documents were created through a collaboration between the BC MMHA and a person with lived experience described with the pseudonym “Voices”. Stories were collected between August 2017 and March 2018, suggesting that at least some of them would have potentially been accessible to and informative for campaign developers as they created the “Stop Overdose” campaign (see Appendix C). However, engagement with these stories during campaign development is questionable as they were likely published sometime in August of 2018, nearly eight months after the campaign was launched. These two documents contain what appears to be the only official contributions from people with lived and living experience in the course of campaign development. Other key documents (e.g., briefs, evaluation documents) do not mention any engagement with people with lived and living experience. Ultimately, this suggests that insights from people with lived and living experience may not have been meaningfully integrated into the early, important stages of the campaign development process.

Similarly, I found no evidence of consultation with stigma experts throughout the campaign documents. In fact, the only instance where robust expert insights were considered seems to be in the “Social Marketing Proposal”. Here, developers reference findings from empirical studies and experts in harm reduction regarding anti-drug public service announcements. They also referenced the Pennington Institute’s “International Overdose Awareness Day” posters from 2017 and the Victoria Transport Accident Commission’s “Towards Zero” campaign. At this time, ideas for the campaign resembled a public health initiative targeting individual people who use drugs to change their substance use behaviours. Thus, having expert insights and creative references which are

focused on promoting health and safety makes sense. However, this suggests that, as the campaign evolved from an awareness or drug prevention campaign into an "anti-stigma" campaign, developers did not then seek out relevant expert perspectives on addressing substance use stigma.

Thus the "Stop Overdose" campaign appears to have been largely informed by marketing practise because this was given priority, not because other forms of knowledge were unavailable. Consequentially, it seems a focus on achieving marketing-based goals (i.e., campaign recall) meant that some focus was taken away from reducing stigma despite this being labelled an "anti-stigma" initiative. Furthermore, campaign developers may have effectively ignored potentially valuable knowledge from people with lived and living experience and stigma experts, negating the possibility of their expertise to paint a realistic picture of who is worst affected by substance use and related stigma. Taken together, the imagery and messaging of the "Stop Overdose" campaign may reflect this approach where understanding and addressing stigma was clearly deprioritized relative to achieving marketing-based goals.

Discussion

Through in-depth examination of internal documents, I identified several key factors within the development process of the "Stop Overdose" campaign that might explain its counterintuitive focus on White, middle-class appearing people who use drugs. I argue that developers' goal of shifting the campaign's focus away from the "stereotypical" marginalized drug user, the uncritical channeling of narratives about substance use, and the prioritization of both campaign "relevance" and marketing-based knowledge led to the production of an anti-stigma campaign that obscures the experience

of people who use drugs facing intersecting forms of marginalization. In effect, these strategies, goals, and priorities naturalized deep inequities perpetuating the drug toxicity crisis. In the following, I will discuss these findings in relation to wider implications and future directions for research.

Adjusting the Lens on Stigma

This examination of the "Stop Overdose" campaign's development process revealed the importance of including more critical understandings of substance use and stigma in anti-stigma initiatives. Interventions like the "Stop Overdose" campaign are responsive to public stigma being positioned by government and public health bodies as a major driver of the drug toxicity crisis. This is an individual level understanding of stigma which cites negative attitudes and beliefs among the general public as creating shame, isolation, and increased harms for people who use drugs (Fischer, 2020; Gutierrez, 2020; Tsai et al., 2019). With public stigma informing and providing justification for the "Stop Overdose" campaign, it is perhaps not surprising that common understandings of substance use which operate at the individual level get channeled into this initiative, namely that "addiction does not discriminate" and that the reduced agency associated with addiction is best understood by framing it as a 'brain disease'. But neither of these narratives are able to account for the structural and systemic factors that create and perpetuate existing inequities for some groups of drug users (and not others).

The focus on public stigma may thus be problematic. More critical, structural perspectives on stigma highlight the role of past and present laws, policies, and wider social norms which produce disproportionate harms for people who use drugs facing intersecting forms of marginalization. Aligned with the structural perspective on stigma

are social perspectives on substance use which posit that substance use is a viable way for people to cope with or adapt to challenging personal and social conditions (Alexander, 2022; Weinberg, 2022). These perspectives point to the structures and systems in Canadian society (e.g., drug policy, the criminal legal system) as roots of substance use stigma and as the targets for intervention, rather than public stigma and the attitudes and beliefs of individual citizens.

Furthermore, when compared to public stigma, a structural understanding of stigma produces a different idea of *who* is most affected by substance use. By focusing on changing the attitudes and beliefs of those who *perpetuate* stigma, the public stigma perspective does not acknowledge disproportionalities in the *experience* of stigma. Indeed, instead of recognizing that marginalized people who use drugs are worst affected by substance use stigma, the "Stop Overdose" campaign othered and dehumanized marginalized people who use drugs relative to people who use drugs in more privileged social positions (e.g., people who use drugs in the target audience's personal networks). The devalued status of marginalized people who use drugs was naturalized in the campaign as it is in reality. Conversely, the structural perspective on stigma fundamentally acknowledges the disproportionate effects of substance use stigma and drug toxicity death on marginalized people who use drugs, readily suggesting who anti-stigma interventions should focus on and aim to benefit.

Government and public health organizations have a responsibility to address the health inequities that perpetuate the drug toxicity crisis. The "Stop Overdose" campaign instead exemplifies an approach that ignores them. Including the critical structural understanding of stigma in the development of anti-stigma initiatives may thus be

especially important. Doing so may avoid the construction of the association of the drug toxicity crisis with marginalized people who use drugs as a problematic "stereotype" and instead allow for this to be acknowledged as a reality. It may also help to position marginalized people who use drugs as those who need the most support, rather than those who exist in a separate sphere from other people who use drugs. The structural perspective on stigma does not naturalize the exclusion of marginalized people who use drugs but problematizes it.

Including Relevant People and Perspectives

I also observed some potentially harmful implications of an anti-stigma campaign where development appears to have been mostly grounded in marketing-based practises, namely a prioritization of campaign recall and relevance over effectively reducing stigma. In the "Stop Overdose" campaign, marketing metrics like campaign relevance and recall were highly prioritized. While it is helpful to monitor how the campaign is performing and being received by the general public, my in-depth review suggests that focusing on these metrics compromised the level of attention given to other important goals of the campaign: humanizing people who use drugs and reducing stigma. This seems problematic when "Stop Overdose" was explicitly labelled as an intervention intended to target substance use stigma and by extension, the worsening drug toxicity crisis.

The evidence base on effectively using mass media campaigns to reduce substance use stigma is limited (McGinty & Barry, 2020). Because of this, I had initially suggested that campaign developers may have been reliant upon their own intuition when deciding what stigma reduction strategies would be best for the "Stop Overdose"

campaign. However, I argue that there were still relevant sources of knowledge (e.g., stigma experts, people with lived and living experience of substance use) that campaign developers could have consulted to inform the Stop Overdose campaign. Instead of "defaulting" to their own intuition, they appear to have made the active choice to exclude important perspectives from the development process. Stigma experts and people with lived and living experience could have helped developers understand the experience of substance use stigma, allow perspectives from people who use drugs from different social positions (e.g., marginalized people who use drugs) to be shared, and allow developers to engage with evidence-based perspectives on addressing stigma.

Of particular concern is the exclusion of people with lived and living experience from the development process. The legitimacy of lived expertise is often questioned. It is not expertise in the "traditional" sense such that someone has some level of formal education that allows them to operate in their respective roles. The expertise of people with lived and living experience of substance use is qualified by their experiences and is not measurable by these "traditional" standards. However, this firsthand experience can be a robust source of information about the (inequitable) realities of substance use and the drug toxicity crisis (Greer & Ritter, 2019)

There is evidence that the BC MMHA engaged in a last-minute meeting with people with lived and living experience. According to a CBC News report (Coulter, 2018) and communication with people who attended this meeting (K. Lock, personal communication, April 24, 2022), members of the Canadian Association of People Who Use Drugs (CAPUD) – an advocacy group made of people with lived and living experience of substance use – were consulted by the BC MMHA on two candidate

designs for the “Stop Overdose” campaign posters. The CAPUD members involved in the consultation reportedly protested against both options, one of which was the version of the campaign released to the general public. Evidently, campaign developers dismissed the critical perspectives of CAPUD members. Furthermore, it is likely that they had already decided what version of the campaign would be launched prior to the consultation meeting with CAPUD. This consultation meeting occurred on January 25, 2018, just four days before the campaign was officially launched on January 29, 2018 (see Appendix C). It would be very difficult to finalize campaign materials based on consultation feedback within such a short time frame.

The “Stop Overdose” campaign appears to be an illustrative example of the consequences against which McGinty and Barry (2020) caution when anti-stigma messages are launched without adequate pre-testing with key stakeholder groups. Records of the consultation with CAPUD members were not included in the documents received in response to the FOI request, though they would have been responsive to my inquiry. It is possible that no record was composed. This raises questions about the value campaign developers placed on both the meeting and the insights gained from people who use drugs for the overall campaign development process. This is concerning given that people who use drugs are ostensibly the beneficiaries of the “Stop Overdose” campaign. The implications of excluding from the campaign development process those who could best highlight the realities and complexities of substance use and related stigma appears to be a final version of the campaign which is also exclusionary.

Strategic Uses of Mass Communication Campaigns by Governments

As stigma is a problem which begins at the structural level, structural interventions (e.g., drug policy changes) are important to advance. However, under Canada's current prohibitionist drug policy, we might consider the pressure that government bodies and other public health organizations face to do *something* to address the drug toxicity crisis that fits within the status quo. Surely government and public health bodies tasked with working on these initiatives are also politically motivated, wanting the general public they serve to perceive them positively. Indeed, this seems to have been a concern among the developers of the "Stop Overdose" campaign. In each of Insights West's campaign evaluation surveys, respondents were asked whether they felt the government (led by the BC New Democrat Party at the time; see Appendix B) was "doing enough" to address the overdose crisis. They found that BC residents who had seen the campaign were more likely to agree that the government was taking adequate action when compared with those who had not seen the campaign.

Over ten years ago, Corrigan (2012) described concerns that mass media interventions could facilitate "slacktivism" which he described as "feel-good measures that require minimal effort in support of a social cause and that have little meaningful effect other than yielding self-satisfaction". This suggests an additional, and somewhat cynical, interpretation of the "Stop Overdose" campaign. Mass media campaigns allow government and public health bodies to reach large subsets of the populations they serve and as a form of political advertising, may increase public perceptions that the government is adequately addressing this public health emergency. Since "Stop Overdose" was released in 2018, there have been over 100 local, provincial, and national

substance use anti-stigma campaigns released across Canada (Neufeld, 2021). Despite the lack of evidence on their efficacy, the vast majority of these campaigns were produced by government organizations or public health authorities receiving government funding. Compared to implementing meaningful systemic changes that can address the roots of the drug toxicity crisis, mass media anti-stigma campaigns are far less complex and can still mitigate public concern that the government is taking action on a significant public health emergency. This may be the extent of their goals. Therefore, it appears that government and public health bodies will continue to allocate substantial resources to these initiatives.

Future Research on Anti-Stigma Campaigns and Beyond

If mass media campaigns continue to be a common strategy for addressing substance use stigma, there is a need for further research to build a better understanding of how and why they continually exclude people who use drugs facing intersecting forms of marginalization. If addressing stigma through these initiatives is being positioned as a viable way to address the drug toxicity crisis, then it is important they benefit those worst affected by stigma and deeper health inequities.

The “Stop Overdose” campaign was a well-resourced initiative which garnered widespread attention and was replicated by organizations across Canada. Through this investigation, I have highlighted its problematic focus on White, middle-class people who use drugs and pointed to several potential factors within its development process which could explain how it came to centre people who use drugs who arguably do not experience the worst effects of substance use stigma. This investigation has thus demonstrated the utility of examining substance use anti-stigma campaigns and their development processes, an area where there is currently a dearth of research. I suggest

that more research into the development process of other campaigns is needed as disproportionately featuring White, middle-class people who use drugs in anti-stigma campaigns is a widespread trend (Neufeld, 2021). Identifying underlying reasons necessitates deepening our understanding about and building an evidence base of the processes (e.g., decisions, strategies) which produced individual initiatives contributing to this trend. Undertaking similar forms of analysis for other campaigns could highlight commonalities across the development processes of these initiative and identify areas for intervention.

Future critical analyses of substance use anti-stigma campaigns should not only be limited to initiatives that problematically and disproportionately represent White, middle-class appearing people who use drugs. It could be useful to examine substance use-anti-stigma campaigns in Canada that have been more successful at including the experiences of people who use drugs experiencing intersecting forms of marginalization. For example, the First Nations Health Authority (FNHA) of BC released a project entitled *"Increase the Support. Reduce the Harm*" in 2021 which focused on Indigenous people with lived and living experience of substance use and related stigma, acknowledging the role of intergenerational trauma and the need for culturally relevant support systems (FNHA, 2021). Additionally, the City of Edmonton in partnership with REACH Edmonton launched an exhibit-style anti-stigma campaign in 2021 where the general public could "walk in the shoes" of six people with lived and living experience of substance use (REACH Edmonton and City of Edmonton, 2021). Although the tagline of the campaign *"Addictions Don't Discriminate"* aligns with an overly simplistic narrative about substance use, the individuals featured in this campaign are much more diverse in

terms of race, class, and experience with substance use. Examining the development process of these campaigns could help identify factors that ultimately led to greater inclusion of people with lived and living experience of substance use who may also experience other forms of marginalization. It may also help identify how the approaches to these campaigns differ from the approach taken with campaigns like “Stop Overdose”.

This study evidenced potentially harmful implications of excluding people with lived and living experience of substance use from the development process of the “Stop Overdose” campaign. Thus, another avenue of research could explore and establish guidelines for more robust and inclusive campaign development processes. Practises for meaningfully involving people who use drugs have already been explored and well-established in several areas. One early example from 2008 is the “Nothing About Us Without Us” manifesto written by people who use drugs and organizations that support them (i.e., Canadian HIV/AIDS Legal Network, International HIV/AIDS Alliance, Open Society Institute, and the International Network of People Who Use Drugs). The manifesto advocated for the rights of people who use drugs to be consulted and to help make informed decisions about about government responses to the HIV, Hepatitis C, and illicit drug use emergencies. It called for people who use drugs to be treated as valuable and capable partners in this endeavor (Canadian HIV/AIDS Legal Network, Open Society Institute, & International HIV/AIDS Alliance, 2008). Another example written by and for people who use drugs is “Peerology”, a set of eleven guidelines for including people who use drugs in community organizations, policy decisions, and research (Baker et al., 2015). These guidelines include providing people who use drugs with the means to contribute (e.g., relevant information, technology), having trained allies present, and

making inclusion meaningful (i.e., not tokenistic; Baker et al. 2015). More recent work by Greer and colleagues (2018) demonstrates successful exploration and implementation of strategies for involving people who use drugs as research assistants and advisors ('peers') on projects related to substance use health promotion and drug policy. These practises include having people who use drugs themselves facilitate research, providing fair compensation, fostering connection through in-person meetings, and continually reflecting on power dynamics (e.g., between peers and academic researchers) throughout the research process (Greer, et al., 2018). Finally, the Design Justic Network (DJN) has established a set of ten principles that place marginalized groups at the centre of design processes (DJN, 2018). The DJN recognizes that marginalized groups are often adversely impacted by the design of everything from technology to community planning and policies, yet rarely have influence on these design decisions (DJN, 2018). The DJN principles include prioritizing those who are most impacted by projects over the intentions of the designer, viewing change as a process rather than a result, and viewing designers as facilitators rather than experts (DJN, 2018). Each of the above-mentioned examples of strategies and principles recognize the importance of involving those most directly and/or adversely affected by social issues and the projects that ostensibly aim to address them. Commitment to inclusive ideologies and practises like these may thus facilitate the development of substance use anti-stigma campaigns that capture and better address the realities of substance use stigma.

However, it is also important to think beyond mass media campaigns as an intervention for substance use stigma. Evidence has existed for over a decade questioning the efficacy of these types of initiatives to reduce stigma related to mental health

concerns. For example, Clement and colleagues (2013) conducted a Cochrane systematic review examining the effect of mass media interventions on reducing mental health-related stigma (specifically prejudice and discrimination). The authors found 22 studies that met their criteria for inclusion (though overall the quality of the evidence was rated as poor) and observed that the interventions had a small to medium effect in reducing prejudice and no clear evidence for the interventions' effect on discrimination; findings were mixed between an increase, decrease, and no effect on this outcome.

There is very little evidence on whether or not these types of interventions are effective for substance use stigma in particular due to both a lack of empirical research and a lack of evaluation by the organizations that have produced anti-stigma campaigns. However, if the detailed evaluations of the "Stop Overdose" campaign can be used as an indicator, the efficacy does not look promising as evidenced by an increase in stigmatizing attitudes and beliefs among BC residents during the course of the campaign. Examining the efficacy of these initiatives at reducing stigma could be complimentary to future research that examines their development processes. Together, the evidence for these studies could be used to decide whether it is worth investing resources into improving mass media anti-stigma intervention or whether it may be better to divert these resources to other strategies for addressing stigma and ultimately the roots of the drug toxicity crisis.

Limitations

One limitation of this study is that I was only able to examine records that were provided through the BC MMHA's response to the FOI request. The 15 documents that were provided are arguably the most important records and provided rich information.

However, having access to smaller-scale records (e.g., email communications, meeting notes) would have allowed me to see more explicitly what decisions were made during the development process of the "Stop Overdose" campaign, how they were made and by whom. This information could have provided valuable context for the findings discussed in this investigation.

While I was able to gather strong and compelling evidence for the decisions made, strategies used and ideas channeled into the "Stop Overdose" campaign using internal campaign development documents, some of the analysis I produced does rely heavily on my interpretation of these documents. Engaging with the campaign developers (e.g., through interviews) may be a more direct way of understanding and contextualizing the development process. Future research could consider including campaign creators. However, given their connection to larger government and public health organization there are potential barriers to accessing these individuals. Their organizational obligations may prevent them from participating in research. Additionally, individuals may no longer be in the same role or at the same organization as they were at the time of campaign development. There are also ethical implications of including campaign developers. For example, based on descriptions of what decisions were made and by whom, comments may be traceable back to certain individuals, even with proper anonymization of data.

Conclusions

This examination of the development process of the "Stop Overdose" campaign marks a promising step in examining the wider troubling and counterintuitive trend of how and why substance use anti-stigma campaigns are often unfocused on those worst affected by the drug toxicity crisis. Having demonstrated the importance of investigating

the development process in particular, this study opens up a relatively new and valuable avenue for future research on substance use ant-stigma initiatives. While I advocate for more structurally based interventions overall, I recognize that campaigns remain a relevant and widely used strategy and have thus proposed future directions which extend from this project. These include further explorations which advance our understanding of key factors (e.g., strategies, decisions, information consulted) that lead to a final product that masks deep inequities that exist for marginalized people who use drugs, but also those which lead to a final product more successful at acknowledging intersectionality in the experience of substance use stigma. This study highlights a need to shift the lens of stigma to a structural perspective and include people with lived and living experience in the development of substance use anti-stigma interventions. These could be important steps in creating critical, inclusive anti-stigma projects that address the realities of the worsening drug toxicity crisis and its disproportionate impacts on marginalized people who use drugs.

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Appendix A

Coding Framework with Examples

Top Level Code	Sub-Code *(References)*	Example
Sources of Campaign Influence *What sources of knowledge or influence were intended to be used or actually used to shape the campaign development process?*	General Public – *residents of BC (2)*	*"Insights West conducted four focus groups . . . respondents were recruited by Insights West using their Your Insights online panel and were selected to represent a mix of urban/rural perspectives"* (Quantitative Baseline & Qualitative Findings).
	Literature – *academic/scholarly works (5)*	*"Qualitative research is beginning to paint a picture of the stigma isolation, shame, mistrust and lack of connection many people battling substance use disorder and their loved ones face"* (Creative Brief).
	Professional Experts – *individuals/groups with professional or academic experience in marketing, stigma, substance use or harm reduction, for example (10)*	*"From new data on overdoses in BC and harm-reduction experts, there is enough evidence to identify several key target audiences"*(Social Marketing Proposal).
	People with Lived and Living Experience – *of substance use, overdose,*	*"Seeking input from people with lived experiences. Nothing about us without us"* (Social Marketing Proposal).

	or the related effects of stigmatization (7)	
	"Second-hand" Lived Experience – *friends and (biological or chosen) family of people who use drugs*(0)	*No references.*
Campaign Target Audience *How does the idea for target audiences change over time (e.g., prevention, influencers, people who use drugs, general public) and how does this get reflected in the campaign message?*	General Public – *residents of BC (6)*	*"GENERALPUBLIC. An ongoing awareness message of the crisis helps . . ."* (Social Marketing Proposal)
	People who use drugs – *people currently using drugs and who may be at risk of drug toxicity death (9)*	*"The campaign needs are shifting in an effort to change behaviour of those who are at high risk of dying"* . . . (Social Marketing Proposal).
	Friends and Family ("Influencers") of people who use drugs – *those considered to be closely connected to people who use drugs (7)*	*"FAMILY/FRIENDS Information-based messaging on the importance of connections: show how to identify if someone close is at risk; act with compassion, not judgment. Being connected is a protective factor"* (Social Marketing Proposal).
	Marginalized Communities – *people or groups of people known to*	*"Recognize that there will be First Nations and Indigenous people represented among all the audiences"* (Social Marketing Proposal).

be disproportionately affected by substance use and/or drug toxicity death (5)	
Healthcare Providers - t*hose that provide medical, psychological, or emotional support to people who use drugs(4)*	*"Engage diverse health care professionals to join the conversation on reducing stigma in their organizations"* (Opportunity Book).
Men Aged 30-50 – *living in BC (8)*	*"Continue to use the influence and positive appeal of Vancouver professional sports organizations to target diverse audiences. School programs reach youth, while in-arena ads and activation events help us effectively reach men 30-50"* (2019-2020 Milestones and Accomplishments).
Youth – *people under the age of 18 living in BC (3)*	*"YOUTH – information-based messaging on ways to deal with peer pressure, apply critical thinking and avoid risk . . . "* (Social Marketing Proposal).

Campaign Goals

How did goals evolve over time (consistent vs changing)? What explains any changes?

Internal - *Goals that are most relevant to and <u>initially</u> kept private to the campaign developers and their respective organizations.*	Campaign Recall - *Proportion of all the community members that view campaign material that remember doing so (18)*	*"Refresh creative to be memorable, cut through the clutter and create impact"* (Social Marketing Proposal).
	Engagement - *Interacting with campaign material (e.g., likes, comments, views) (12)*	*"People are starting to stay on the site longer (i.e., engagement is increasing). . . "* (Campaign Activities and Early Impacts).
	Reach - *total number of people estimated to have seen the campaign (11)*	*"Settings count – reinforce the message and reach by placing it where people are likely to encounter it often and are open to receiving the information"* (Social Marketing Proposal).
Public-Facing - *Goals that were shared with the general public and/or external organizations.*	Breaking Down Stereotypes - e*.g., about overdose, substance use, who people who use drugs are, what people who use drugs look like. (36)*	*"Break myths and perceptions that reinforce stigma and promote compassion"* (Creative Brief).
	Encouraging Conversations - e*ncouraging community members to talk about*	*" . . . with messaging aimed at increasing compassionate conversations"* (Creative Brief).

substance use with others (25)	
Humanizing - *helping community members to see people who use drugs as "real people" (e.g., friends, family members) (44)*	*"People need to know that people who use substances / overdose look just like you . . . Show the human face of the crisis, make it less anonymous . . . "* (Opportunity Book).
Increase Support-Seeking - *encouraging people who use drugs to reach out for support (26)*	*"To promote the treatment, harm reduction and support that can support an individual asking once and getting help fast* (Creative Brief).
Overdose Awareness - *Increasing public knowledge about overdose (48)*	*" . . . to produce the first phase of an awareness campaign ready for launch in January 2018 which focuses on friends, family and loved ones (influencers) of people who use drugs . . ."* (Creative Brief).
Reach - *aiming for the message of this campaign to be widespread (10)*	*"Partner organizations can deliver key messaging and resources to target audiences in settings where they are more receptive to the information (e.g., sports and recreation events, and music concerts and festivals"* (Social Marketing Proposal).
Reducing Stigma *(64)*	*"Goal – Reduce stigma towards people who use drugs"* (Campaign Activities and Early Impacts).

Reasons Behind Campaign Imagery *Why and how were the campaign images chosen?*	Avoidance - *a desire to avoid worsening negative perceptions and stigmatization by featuring stigmatized identities in the campaign imagery (0)*	*No references.*
	Challenging Stereotypes - *offering a different or opposing representation of the identities that people would stereotypically associate with substance use and overdose (6)*	*"Face was particularly liked by Vancouver respondents. They liked its clarity and directness, the implication that the opioid crisis cuts across social boundaries, while removing focus from stereotypical portrayals of street-affected addicts"* (Topline Summary).
	Emotional Impact - *stirring emotions within target audience members, lending to memorability and resonance (13)*	*"Tactics need to connect to people emotionally to have impact, be memorable. Real faces, real stories can do this"* (Social Marketing Proposal).
	Humanizing people who use drugs - *using imagery that allows audience members to see people who use drugs as real people (15)*	*"At the same time, Body is effective because it brings opioid addiction to a distinctly personal, and therefore, emotional level. As one Kamloops resident said, 'It could be my husband or daughter'"* (Topline Summary).

Importance - *imagery that conveys that some people who use drugs are more important than others (14)*	*"When asked what the ad was asking them to do, respondents said that readers should be empathetic and be supportive of addicts because it is more than just street-affected individuals"* (Quantitative Baseline & Qualitative Findings).
Relevance (To Target Audience) - *imagery that members of the target audience may identify with physically, emotionally and/ or ideologically (26)*	*"The advertising shifts focus from the addicts (typical) to the reader (novel). These ads represent a novel shift in focus away from drug abstinence and sets sights on how it could affect the emotional well-being of a non-addicted reader)"* (Quantitative Baseline & Qualitative Findings).

Appendix B

Contextual Information for "Stop Overdose" Campaign Development

The primary data for the formal analysis were internal campaign development documents provided through the Freedom of Information (FOI) request to the BC Ministry of Mental Health and Addictions (BC MMHA). However, the need to further explore and contextualize aspects of the development process led me to consider additional information and sociopolitical events occurring in the province of BC that are not necessarily central to the creation of the "Stop Overdose" campaign but that may still bear influence on its evolution. From the files received through the FOI request, personal communications with government staff and stakeholders, and review of relevant newsemedia, I was able to construct a chronological overview of potentially influential events and information. While this section is not directly responsive to my research questions, it provides necessary context for critical interpretation and analysis fo the "Stop Overdose" campaign's development process.

On April 27th, 2016, the BC Liberal government's Chief Medical Officer, Dr. Perry Kendall, and Health Minister, Terry Lake, declared the overdose crisis a public health emergency. This was the clearest indication that the BC government recognized a need for a structural level response to drug toxicity in the province. The majority – if not all – of the BC government's actionable responses to the drug toxicity crisis stemmed from this declaration.

By July 2016, the ruling BC Liberals had sanctioned a "Joint Task Force" composed of several smaller task groups responsible for specific areas of action surrounding the drug toxicity crisis. One of these groups, the Public Engagement Task Group (PETG) was comprised of members from several government organizations (e.g., the BC Ministry of Health, the BC MMHA, health authorities) and community organizations (e.g., British Columbia Centre on Substance Use). Occasionally, staff from marketing firms (e.g., Traction Creative) would attend the group meetings. The broader purpose of this team was to get BC residents to learn about, care about, and be involved in the response to the drug toxicity crisis. To meet these goals, the PETG was responsible for creating an overdose awareness campaign in 2016. In a document containing the detailed communications strategy (e.g., target audience, media types) for the awareness campaign, the PETG assigned the following objectives to this initiative:

" . . . help stem the rise in illicit drug overdoses, create greater understanding that this can happen to anyone, educate the public on how to prevent and respond to overdoses, reduce the stigma around illicit drug overdoses, create broader awareness of the Take Home Naloxone program, create broader awareness of the actions government is taking to reverse the trend in overdose, work with stakeholders to help disseminate the provincial campaign."

These objectives illustrate that reducing stigma towards drug use was on the PETG's "radar" at least as early as 2016. This quote also demonstrates a particular focus

on ensuring the public knows the government is taking action on the toxicity crisis (see our formal discussion section). Additionally, the formation of the PETG and putting this group in charge of an overdose awareness campaign suggests that marketing and communications iniatives were positioned as an important and central part of the BC government's response to the health emergency declaration.

By August/September 2016, the PETG had already developed and released an overdose awareness campaign which remained live until May 2017. This campaign was prevention-oriented, focusing on fentanyl overdose in particular as this substance was newly and increasingly being identified in the illicit drug supply at this time. The campaign included PSA posters (see Figure A1 for an example) and a website landing page. It also included videos featuring interviews with first responders (e.g., firefighters, paramedics, police officers), a mother who had lost a son to drug toxicity, and two people who described their journey from addiction to "recovery".

Figure A1

As the fentanyl overdose awareness initiative was wrapping up, it appears the PETG reconvened to strategize and plan for future initiatives. On March 13th, 2017, the PETG hosted a strategic planning meeting. At this meeting, Dr. Kora DeBeck from the BC Centre on Substance Use and Simon Fraser University and Dr. Cameron Wild from the University of Alberta delivered a presentation detailing recent empirical evidence on the ineffectiveness and potential consequences of anti-drug PSA's and education campaigns, including insights from at-risk youth. In the presentation, Drs. DeBeck and Wild highlighted the following potentially important guidelines for future public communications about the overdose crisis:

"1. Messages that are accurate, informative, and realistic seem to have more traction
2. Avoid inadvertently normalizing substance use
3. Avoid inadvertently reinforcing alienation and stigma
4. Avoid negative fear based images and messages (risk losing credibility)."

Three observations help contextualize the significance of this presentation for the eventual development of the "Stop Overdose" campaign later that year. First, to my knowledge, this meeting was the first time the PETG had sought expert consultation while planning a new marketing initiative. This contrasts with how the 2016 fentanyl awareness campaign appeared to have been planned quickly with some input from PETG stakeholders based on their frontline experience (e.g. asking law enforcement for details on the colour of fentanyl powders to accurately inform the creative). I have not heard anecdotal reports or reviewed internal evidence suggesting a similar expert consultation process took place in 2017 prior to the launch of the "Stop Overdose" initiative. Second, this presentation addresses concerns about the efficacy and productivity of the fentanyl awareness PSA that the PETG was presently in the process of wrapping up, urging a different approach. Third, the presentation content in particular appeared to be a direct reference point for the earliest government proposal for what would become the "Stop Overdose" campaign.

Based on the information available to me, it appears that the next relevant PETG meeting occurred in July, 2017. On this occasion, an early draft of the Social Marketing Proposal for the "Stop Overdose" campaign was presented. Ministry of Health staff were working on this segment as early as March 8th, 2017.

The Social Marketing Proposal details plans to refresh existing campaign materials (e.g., videos, posters and website) from the 2016/2017 prevention-focused fentanyl overdose awareness campaign. However, instead of maintaining the prevention focus, developers propose a public health *promotion* campaign to generate overdose awareness and educate people who use drugs about what they can do to minimize their risk of overdose, thus targeting individual behaviours of people who use drugs. The influence of the DeBeck and Wild presentation from the PETG meeting on March 13th, 2017 is apparent in the Social Marketing Proposal. This idea about "real faces, real stories, real impact" appears for the first time in this proposal. We also see the development of personas (Sam, Oliver, Walter, and Wendy) based on "real" profiles of people who use drugs. Proposing this idea of realistic portrayals of people who use drugs to create impact can be linked back the following key takeaway of the DeBeck and Wild presentation "*Messages that are accurate, informative, and realistic seem to have more traction."*

By August, 2017, it seems the PETG had initiated data collection for fieldwork projects that were positioned as related but not central to the "Stop Overdose" campaign. These projects include Behind the Numbers, Journey Map, and the Opportunity Book which I was able to access through the FOI request. In brief, these initiatives draw on the insights and stories of people with lived and living experience and support providers about their experience with substance use services and the barriers (e.g., substance use-

related stigma) people face when seeking help for substance use concerns. Although these were technically PETG projects, it seems that the MMHA took the lead on the execution.

On November 24, 2017 the Creative Brief (as seen in the FOI file) for the "Stop Overdose" campaign was published. The creative brief was meant to convey to the creative marketing team (Traction Creative) the developers' official direction regarding the vision, objective, and desired elements involved in the campaign. While it is natural for changes to be made during the development process of a campaign, the brief describes a notably different campaign than that which was illustrated in the Social Marketing Proposal in July. The nature of the differences is discussed throughout our formal analysis section. However, to briefly note one key change, it seems the individually targeted, health promotion-focused campaign from the Social Marketing Proposal became a socially-oriented, generally-targeted, campaign now focused on stigma reduction towards people who use drugs in the Creative Brief. Based on authorship of the brief, responsibility for the "Stop Overdose" campaign seemed to shift at this point to the BC MMHA rather than the (broader) PETG specifically.

To explain the shift in organizational responsibility for the above-mentioned projects and the fairly drastic change in direction of the "Stop Overdose" campaign, I began to consider the potential influence of wider social climate factors. This lead to a major contextual consideration of BC's provincial election in May 2017. The BC NDP won this election, replacing a BC Liberal government by October of the same year. The formation of the PETG was a Liberal response to the drug toxicity crisis and the NDP was not obligated to maintain this initiative. In fact, based on personal communications, it appears that the last PETG meeting was held on November 29, 2017, potentially indicating a dissolution of the group as the provincial government changed. It seems plausible that the responsibility for the new and ongoing projects were proactively shifted to the more stable government "ministry" structures (e.g., BC MMHA). An alternative explanation may simply be that the Ministry of Health and the BC MMHA were positioned to allocate more resources (e.g., budget, time, marketing capacity) relative to the other organizations involved in the PETG.

As for the change in plans for the "Stop Overdose" campaign, the Ministry of Health and the BC MMHA as government organizations would be directly subject to changing political ideologies. The NDP government may have pushed for a different direction for the "Stop Overdose" project than the one the Liberals had been taking (i.e. fentanyl awareness, overdose prevention) – one which focused more on social or public stigma toward people who use drugs. I considered the possibility that incoming data from the Behind the Numbers, Journey Map, and Opportunity Book projects had an influence on this change in direction. However, I argue in the formal analysis that this was unlikely as these projects were not published until August, 2018 – almost eight months after the launch of the campaign. Therefore, with some degree of confidence, I posit that the direction of these projects changed with the new administration. It seems plausible that the NDP wanted to reframe the issue of the "overdose crisis" through the social marketing messages of the "Stop Overdose" campaign, signalling a new political

perspective on the crisis. Thus, the new NDP government coming into power is an important source of wider social influence on the development of the "Stop Overdose" campaign.

To conclude, I have identified key information and events that provide a backdrop for the eventual development of the "Stop Overdose" campaign. Gathering and reviewing this information has allowed me to situate the creation of the "Stop Overdose" campaign within wider social and political changes and (to some extent) recent historical events. This background information allows a contextualization of the main, interpretive analysis of documents directly related to the "Stop Overdose" campaign's development.

Appendix C

"Stop Overdose" Campaign Development Timeline

April 27th, 2016

BC Chief Medical officer, Dr. Perry Kendall, and BC Minister of Health, Terry Lake, declare the overdose crisis a public health emergency.

July 2016

The Liberal BC government sanctions a Joint Task Force to facilitate the province's response to the overdose crisis. Smaller task groups are formed to take action in specific areas (e.g., the Public Engagement Task Group, PETG).

August 2016

The PETG hosts several strategic planning meetings to develop and finalize fentanyl overdose awareness communications to be released across the province.

September 2016 – May 2017

The BC government and PETG launch a fentanyl overdose awareness campaign.

March 8th, 2017

The Social Marketing Proposal document is created by BC Ministry of Mental Health and Addictions (BC MMHA) staff. The proposal is the first document directly related to the "Stop Overdose" campaign.

March 13th, 2017

As the fentanyl overdose awareness campaign wraps up, the BC MMHA and PETG hold the first meeting related to planning the "Stop Overdose" campaign.

May 9th, 2017

BC holds a provincial election.

June 29th, 2017

The results of BC provincial election are finalized; the BC New Democrat Party (NDP) wins.

~ July 2017

The Social Marketing Proposal is presented in a meeting including BC MMHA staff and PETG members.

~ August 2017

Fieldwork and data collection for Behind the Numbers, Journey Map, Opportunity Book projects begins.

October 2017

The BC NDP officially takes over provincial administration from the BC Liberals.

November 24th, 2017

The Creative Brief for the "Stop Overdose" campaign written by BC MMHA staff is published for the marketing firm (Traction Creative) contracted for this initiative.

Nov 29th, 2017

A progress report on the Behind the Numbers project is presented at a PETG meeting. This is the last record of PETG involvement in the "Stop Overdose" campaign.

December 14 – 24th, 2017

Insights West collects data for their Quantitative Baseline and Qualitative Findings survey. Measuring public perception of the overdose crisis, this is the first evaluation related to the "Stop Overdose" campaign.

December 19 – 20th, 2017

Focus groups are held in Vancouver and Kamloops (two in each city) to gather feedback on candidate campaign options (e.g., "Letters", "Body", "Face")

January 25th, 2018

Campaign developers host a meeting with members of the Canadian Association of People Who Use Drugs (CAPUD) to consult on candidate imagery and messaging for the "Stop Overdose" campaign.

January 29th, 2018

"Stop Overdose" campaign is launched. The BC MMHA's announces a partnership with the Vancouver Canucks to help promote the initiative.

February 26 – June 30th, 2018

Subsequent components of the campaign are launched in "waves". It appears Wave 1 occurred from February 26 – March, 31 2018 and Wave 2 from April 1 – June 30, 2018. In each wave, various marketing materials were released (e.g., posters, paid social media ads, TV and radio spots, Transit Police partnership, community partnerships, broadcast interviews).

April 12 – 18th, 2018

Insights West collects data for their Post Wave 1 campaign evaluation survey.

July 11 – 17th, 2018

Insights West collects data for their Post Wave 2 campaign evaluation survey.

~ August 2018

Behind the Numbers, Journey Map, Opportunity Book are published.

September 10 – 20th, 2019

Insights West conducts their final campaign evaluation survey.